

**Appendix B: Zone Plans for King County**

# Public Health Preparedness and Response Plan for Isolation and Quarantine in Zone 1 (North and East King County)

## I. OVERVIEW

### A. Authority, Command and Coordination

Public Health Seattle and King County (PHSKC) has been designated the lead agency in the event of a disease outbreak or biological event requiring isolation and quarantine (I&Q). Under WAC 246-100-036 the local health officer shall establish plans, policies, and procedures for instituting emergency measures necessary to prevent the spread of communicable disease or contamination, in consultation with local health care providers, health facilities, emergency management personnel, law enforcement agencies, and any other entity he or she deems necessary.

### B. Definitions

- **Isolation** refers to the separation of ill persons with a confirmed or suspected communicable disease from those who are healthy. Those identified for isolation are termed “**cases**”.
- **Quarantine** is the separation or restriction of activities of persons who are not ill but who are believed to have been exposed to a communicable disease and are therefore at highest risk of becoming infected. Those identified for quarantine are termed “**contacts**”.
- **Community Containment:** Isolation and quarantine measures are generally applied on an individual basis, though broader community containment measures may be applied to groups of persons or to communities during outbreaks characterized by extensive transmission. These interventions range from measures to increase social distance among community members (e.g. cancellation of public gatherings, use of masks, and implementation of community-wide "snow days") to community-wide quarantine.

### C. Conditions and Principles

Attending to the medical, legal, social, psychological, financial, and logistical challenges facing isolated or quarantined persons is key to the successful application of containment measures for those who have needs that they cannot meet on their own. Essential services and supplies for persons in isolation and quarantine include:

1. Food and water
2. Utilities (electricity, water, sewage, garbage collection, telephone, heating or air conditioning, internet, etc.)
3. Shelter (*NOTE: PHSKC is working to identify facilities for the isolation or quarantine of the homeless, travelers and others whose own homes/ households may be inappropriate*)
4. Medicines, medical supplies, medical consultation and care

5. Access to legal representation
6. Mental health and psychological support services
7. Faith-based services
8. Other supportive services (such as child care, laundry, banking, essential shopping, etc)
9. Social amenities (e.g. television, radio, internet access, reading materials)
10. Transportation
11. Financial support

Persons who do not require hospitalization for medical reasons should be isolated in their homes whenever possible. Likewise, a personal residence is generally the preferred setting for quarantine.

Isolation and quarantine are optimally performed with the consent and cooperation of the patient. However, pursuant to WAC 246-100-040, a local health officer or the Superior Court may issue an emergency detention order placing a person or group of persons into detention for purposes of isolation or quarantine.

## **II. ACTIVATION**

Healthcare facilities and medical providers will notify and coordinate with PHSKC when they have identified a suspected case of a communicable disease that might require isolation. Such facilities currently have infection control plans and protocol for infectious diseases, based on the Centers for Disease Control (CDC) guidelines, in order to protect patients, healthcare workers, and the community.

When, in the estimation of PHSKC staff, isolation or quarantine of a number of persons seems likely or imminent, the department will activate its Isolation and Quarantine Response Center (IQRC) to coordinate the placement, monitoring, assessment and support of individuals and households identified for isolation or quarantine with internal staff, legal and law enforcement systems, healthcare providers and community-based partners. PHSKC will establish communication with Zone 1 Cities at this juncture regarding the scope of the event and to request assistance if needed.

### **III. CONCEPT OF OPERATIONS FOR LOW LEVEL EVENT**

#### **A. Overview**

In the event of a public health emergency that requires isolation or quarantine of a small number of individuals (TBD), PHSKC will coordinate with local jurisdictions, medical providers and community-based service organizations to meet the health and human service needs of those individuals, optimally in their homes. The Crisis Clinic will function as the clearinghouse/broker of non-medical support services, and assist IQRC staff in obtaining needed services from appropriate community providers.

#### **B. PHSKC will assure the following:**

1. In concert with healthcare providers, identify and evaluate status of cases; identify and monitor contacts of patients and determine whether quarantine of contacts is indicated
2. Coordinate with Crisis Clinic, community-based partners and Zone 1 Cities to establish the infrastructure to deliver essential goods and services to persons in I&Q
3. Coordinate with the Prosecuting Attorney's Office and Superior Court to issue legally binding isolation and quarantine orders
4. Assess the home environment to determine its suitability for isolation or quarantine
5. Identify and activate facilities to house persons for whom isolation or quarantine is indicated but who do not have access to an appropriate home setting
6. Support transition to I&Q site (home or facility) as needed
7. Deliver and explain educational materials in appropriate languages and literacy levels
8. Deliver and explain essential medical supplies
9. Monitor and evaluate isolated or quarantined individuals daily by phone for health status as well as unmet support needs and compliance with orders; coordinate and follow-up on delivery of goods and services as needs arise
10. Coordinate necessary medical care and follow-up with the appropriate medical provider
11. Coordinate with local providers for medications and medical supplies
12. Coordinate transfer to hospital for persons requiring acute care if needed
13. Provide interpreter services to isolated or quarantined persons, if needed
14. Ensure access to legal representation
15. Monitor the course and extent of the outbreak and evaluate the need for community containment measures
16. Coordinate with the law enforcement for the support necessary to enforce I&Q orders issued in their jurisdiction; notify PH legal team of suspected non-compliance
17. Provide training and personal protective equipment for law enforcement and other first responders, as needed
18. Provide training for community providers as needed, including training on Incident Command and infection control
19. Assure documentation of the needs and services provided for isolated and quarantined persons

20. Coordinate with health and human service providers to assure continuity of services for people with disabilities and special case-management needs
21. Coordinate risk communications and public information in concert with Emergency Management, partner Public Information Officers (PIOs), local jurisdictions and the media
22. Identify potential resources to support response partners

### **C. Crisis Clinic Responsibilities**

1. Coordinate with the American Red Cross, appropriate social service providers and businesses to provide food, shelter, and clothing on an emergency basis
2. Coordinate with Hopelink and the appropriate Zone 1 Cities to provide financial assistance to ensure the ongoing provision of basic utilities (water, electricity, garbage collection, and heating or air-conditioning) to residences of persons isolated or quarantined
3. Coordinate with Hopelink and other appropriate social service providers to provide basic supplies (clothing, food, and laundry services) to individuals who are isolated or quarantined.
4. Coordinate access to telephone services with for individuals who are isolated or quarantined, if needed
5. Provide access to mental health and other psychological support. Coordinate with King County Mental Health and local specialty providers, as needed.
6. Arrange with Child Care Resources for child care or other appropriate providers for elder care, if needed.
7. Arrange transportation with Hopelink if needed to access medical treatment or other critical services.
8. Coordinate with Department of Social and Health Services (DSHS) and other local social service agencies to provide temporary financial assistance for persons isolated or quarantined, if needed.(to legislate for unemployment and disaster relief)
9. Coordinate with local social service providers to ensure faith-based services and social amenities, e.g. television, radio, Internet access, and reading materials.

## **IV. CONCEPT OF OPERATIONS FOR LARGE-SCALE EVENT**

### **A. Overview**

In the event of a public health emergency that requires the isolation and quarantine of a large number of individuals, PHSKC will coordinate with King County Emergency Management to activate the Emergency Operations Center. If the event is Zone 1 specific, PHSKC will coordinate with the City of Bellevue Emergency Management, which will activate a Zone 1 Emergency Management Coordination Group, in keeping with the Regional Disaster Plan concept of operations. PHSKC will identify the community emergency measures necessary to respond to the outbreak and the Zone 1 Emergency Management Coordination Group will activate to coordinate the community response effort. Ongoing communication will be established between PHSKC and the

Zone 1 Emergency Management Coordination Group for the duration of the public health emergency.

## **B. PHSKC Responsibilities**

As noted above (III.B)

## **C. Zone 1 Emergency Management Coordination Group Responsibilities:**

**Assist the Crisis Clinic, if needed, in the following areas:**

1. Coordinate with the American Red Cross, other social service providers and businesses to provide food, shelter, and clothing on an emergency basis
2. Coordinate with local utility providers to ensure the ongoing provision of basic utilities (water, electricity, garbage collection, and heating or air-conditioning) to residences of persons isolated or quarantined
3. Coordinate with the appropriate community-based service providers to provide basic supplies (clothing, food, and laundry services) to individuals who are isolated or quarantined.
4. Coordinate access to telephone services with for individuals who are isolated or quarantined, if needed
5. Coordinate with King County Mental Health and local specialty providers to provide access to mental health and other psychological support, if needed.
6. Arrange with Child Care Resources for child care or local providers for elder care, if needed.
7. Arrange transportation with Hopelink if needed to access medical treatment or other critical services.
8. Coordinate with DSHS and other local sources to provide temporary financial assistance for persons isolated or quarantined, if needed.(to legislate for unemployment and disaster relief)
9. Coordinate with local social service providers to ensure faith-based services and social amenities, e.g. television, radio, Internet access, and reading materials.

## **V. RISK COMMUNICATION and PUBLIC INFORMATION**

### **A. Overview**

An outbreak requiring mass I&Q would attract intense, unrelenting media interest. In the early stages of an outbreak, information and facts may be incomplete, yet the media will press for credible information and eye witness or victim stories. The public will want guidance and reassurance. Simplicity, credibility, verifiability and speed are required when communicating during the initial hours of an outbreak. PHSKC will ensure that the public and response partners are kept up-to-date at frequent intervals about the outbreak. It is essential that all agencies work with PHSKC to "speak in one voice" and avoid delivering public messages that are inaccurate or contradictory. Both inaccurate information and delays in communication would likely result in the acceleration of rumors, loss of public confidence and increased panic, and would possibly overwhelm first responders with "worried well". Risk communications will play a central role in the public's health, safety, level of concern, and most importantly, compliance with stopping the spread of disease.

## **B. PHSKC Responsibilities**

PHSKC will take the lead in determining the timing and content of public health information and the affected jurisdictions will verify facts and information with PHSKC's communication team before releasing information independently.

1. (Pre-event) Provide the Zone 1 Cities and community based agencies with the tools and training in the phases and steps of the Emergency Risk Communications Plan and activate the Joint Information Center
2. Verify the true magnitude of the situation as quickly as possible
3. Determine that communications about the situation as based on verified facts
4. Conduct notifications with Washington State Department of Health communications office, hospital public information officers, and other affected county, state, and local government communications officers
5. Develop and disseminate to response partners timely messages, fact sheets, press releases and other information and obtain approvals.
6. Ensure that communications acknowledge the event with empathy, explain and inform the public, in simplest terms, about the risk, and, establish organization/spokesperson credibility, provide courses of action
7. Release information to the media, the public, and public health partners
8. Monitor, maintain, and make adjustments in message development and information dissemination for the remaining life of the crisis

## **C. Zone 1 City Responsibilities:**

1. Develop a crisis/emergency risk communication plan.
2. Determine the functions needed to carry out the plan.
3. Determine the resources needed to carry out the plan.
4. Prepare the team to carry out the plan.
5. Coordinate with PHSKC before releasing information about the outbreak or isolation and quarantine procedures.
6. Speak to local efforts to respond to the emergency, protect residents and employees.

## **D. Community-Based Provider Responsibilities**

1. Develop a crisis/emergency risk communication plan, including determining audiences such as elected officials, partner agencies, internal staff, and mainstream and vulnerable populations in the community.
2. Determine the functions needed to carry out the plan.
3. Determine the resources needed to carry out the plan.
4. Prepare the team to carry out the plan.
5. Coordinate with PHSKC before releasing information about the outbreak or isolation and quarantine procedures.
6. Speak to local efforts to respond to the emergency, protect residents and employees.

DRAFT

Public Health Preparedness and Response Plan for Isolation and Quarantine in Zone 3  
(South King County)

March 7, 2005

## I. OVERVIEW

### A. Authority, Command and Coordination

Public Health Seattle and King County (PHSKC) has been designated the lead agency in the event of a disease outbreak or biological event requiring isolation and quarantine (I&Q). Under WAC 246-100-036 the local health officer shall establish plans, policies, and procedures for instituting emergency measures necessary to prevent the spread of communicable disease or contamination, in consultation with local health care providers, health facilities, emergency management personnel, law enforcement agencies, and any other entity he or she deems necessary.

### B. Definitions

- **Isolation** refers to the separation of ill persons with a confirmed or suspected communicable disease from those who are healthy. Those identified for isolation are termed “**cases**”.
- **Quarantine** is the separation or restriction of activities of persons who are not ill but who are believed to have been exposed to a communicable disease and are therefore at highest risk of becoming infected. Those identified for quarantine are termed “**contacts**”.
- **Community Containment:** Isolation and quarantine measures are generally applied on an individual basis, though broader community containment measures may be applied to groups of persons or to communities during outbreaks characterized by extensive transmission. These interventions range from measures to increase social distance among community members (e.g. cancellation of public gatherings, use of masks, implementation of community-wide "snow days") to community-wide quarantine.

### C. Conditions and Principles

Attending to the medical, legal, social, psychological, financial, and logistical challenges facing isolated or quarantined persons is key to the successful application of containment measures for those who have needs that they cannot meet on their own. Essential services and supplies for persons in isolation and quarantine include:

1. Food and water
2. Utilities (electricity, water, sewage, garbage collection, telephone, heating or air conditioning, internet, etc.)
3. Shelter (*NOTE: PHSKC is working to identify facilities for the isolation or quarantine of the homeless, travelers and others whose own homes/ households may be inappropriate*)

4. Medicines, medical supplies, medical consultation and care
5. Access to legal representation
6. Mental health and psychological support services
7. Faith-based services
8. Other supportive services (such as child care, laundry, banking, essential shopping, etc)
9. Social amenities (e.g. television, radio, internet access, reading materials)
10. Transportation
11. Financial support

Persons who do not require hospitalization for medical reasons should be isolated in their homes whenever possible. Likewise, a personal residence is generally the preferred setting for quarantine.

Isolation and quarantine are optimally performed with the consent and cooperation of the patient. However, pursuant to WAC 246-100-040, a local health officer or the Superior Court may issue an emergency detention order placing a person or group of persons into detention for purposes of isolation or quarantine.

## **II. ACTIVATION**

Healthcare facilities and medical providers will notify and coordinate with PHSKC when they have identified a suspected case of a communicable disease that might require isolation. Such facilities currently have infection control plans and protocol for infectious diseases, based on the Centers for Disease Control (CDC) guidelines, in order to protect patients, healthcare workers, and the community.

When, in the estimation of PHSKC surveillance staff, some number of individuals are ordered isolated or quarantined, the department will activate its Isolation and Quarantine Response Center (IQRC) to coordinate with internal staff, legal and law enforcement systems, healthcare providers and community-based partners, the placement, monitoring, assessment and support of individuals and households identified for isolation or quarantine. PHSKC will establish communication with Zone 3 jurisdictions at this juncture and keep them informed regarding the scope of the event and request assistance if needed.

### **III. CONCEPT OF OPERATIONS FOR LOW LEVEL EVENT**

#### **A. Overview**

In the event of a public health emergency that requires isolation or quarantine of a small number of individuals, PHSKC will coordinate with local jurisdictions, medical providers and community-based service organizations to meet the health and human service needs of those individuals, optimally in their homes. The Crisis Clinic will function as the clearinghouse/broker of non-medical support services, guiding IQRC staff in addressing identified support needs with the appropriately equipped community provider.

#### **B. PHSKC will assure the following:**

1. In concert with healthcare providers, identify and evaluate status of cases; identify and monitor contacts of patients and determine whether quarantine of contacts if indicated
2. Coordinate with the Crisis Clinic, community-based partners and the Zone 3 jurisdictions to establish the infrastructure to deliver essential goods and services to persons in I&Q
3. Coordinate with the Prosecuting Attorney's Office and Superior Court to issue legally binding isolation and quarantine orders
4. Assess the home environment to determine its suitability for isolation or quarantine
5. Identify and activate facilities to house persons for whom isolation or quarantine is indicated but who do not have access to an appropriate home setting
6. Support transition to I&Q site (home or facility) as needed
7. Deliver and explain educational materials in appropriate languages and literacy levels
8. Deliver and explain essential medical supplies
9. Monitor and evaluate isolated or quarantined individuals daily by phone for health status as well as unmet support needs and compliance with orders; coordinate and follow-up on delivery of goods and services as needs arise
10. Coordinate necessary medical care and follow-up with the appropriate medical provider
11. Coordinate with local providers for medications and medical supplies
12. Coordinate transfer to hospital of persons progressing to need for acute care
13. Provide interpreter services to isolated or quarantined persons, if needed
14. Ensure access to legal representation
15. Monitor the course and extent of the outbreak and evaluate the need for community containment measures
16. Coordinate with the law enforcement for the support necessary to enforce I&Q orders issued in their jurisdiction; notify PH legal team of suspected non-compliance
17. Provide training and personal protective equipment for law enforcement and other first responders, as needed
18. Provide training for community providers as needed, including training in incident command and infection control
19. Identify potential resources to support response partners

20. Coordinate with health and human service providers to assure continuity of services for people with disabilities and special case-management needs
21. Assure documentation of the needs and their fulfillment for isolated and quarantined persons
22. Coordinate risk communications and public information in concert with Zone 3 jurisdictions, partner Public Information Officers (PIOs), local government and the media

### **C. Crisis Clinic Responsibilities:**

1. Coordinate with the **American Red Cross, the Multi-Service Center, other social service providers, and businesses** to provide foods, shelter, and clothing on an emergency basis
2. Coordinate with the Multi-Service Center, Zone 3 jurisdictions, or public utilities to ensure the ongoing provision of basic utilities (water, electricity, garbage collection, and heating or air-conditioning) to residences of persons isolated or quarantined
3. Coordinate with the Multi-Service Center, other social service providers, and local businesses to provide basic supplies (clothing, food, and laundry services) to individuals who are isolated or quarantined
4. Coordinate access to telephone services with for individuals who are isolated or quarantined, if needed
5. Provide access to mental health and other psychological support. Coordinate with **King County Mental Health and local specialty providers**, if needed
6. Arrange with **Child Care Resources** for childcare or Senior Information and Assistance for elder care, if needed
7. Arrange transportation with **Access/Hopelink** if needed to access medical treatment or other critical services
8. Coordinate with **DSHS/ the Multi-Service Center** and other local sources to provide temporary financial assistance for persons isolated or quarantined, if needed
9. Coordinate with **local social service providers** to ensure faith-based services and social amenities, e.g. television, radio, Internet access, and reading materials.

## **IV. CONCEPT OF OPERATIONS FOR LARGE-SCALE EVENT**

### **A. Overview**

In the event of a public health emergency that requires the isolation and quarantine of a large number of individuals, PHSKC will coordinate with the King County Emergency Management to activate an Emergency Operations Center. If the event is Zone 3-specific, PHSKC will coordinate with Zone 3 cities and jurisdictions, which will activate a Zone 3 Emergency Management Coordination Group, in keeping with the Regional Disaster Plan concept of operations. PHSKC will identify the community emergency measures necessary to respond to the outbreak and the Zone 3 Emergency Management Coordination group will activate at the Regional Communication and Emergency Coordination Center (RCECC) to coordinate the community response effort

with regional partners. Ongoing communication will be established between PHSKC and Zone 3 Emergency Management Coordination Center for the duration of the public health emergency.

## **B. PHSKC Responsibilities**

As noted above (III.B)

## **C. Zone 3 Emergency Management Coordination Center Responsibilities** **Assist the Crisis Clinic, if needed, in the following areas:**

1. Coordinate with the **American Red Cross, other social service providers, and businesses** to provide food, shelter, and clothing on an emergency basis
2. Coordinate with the Multi-Service Center, Zone 3 jurisdictions, or public utilities to ensure the ongoing provision of basic utilities (water, electricity, garbage collection, and heating or air-conditioning) to residences of persons isolated or quarantined
3. Coordinate with the Multi-Service Center, other social service providers, and local businesses to provide basic supplies (clothing, food, and laundry services) to individuals who are isolated or quarantined
4. Coordinate access to telephone services with for individuals who are isolated or quarantined, if needed
5. Coordinate with **King County Mental Health, the Crisis Clinic and local specialty providers** to provide access to mental health and other psychological support, if needed
6. Arrange with **Child Care Resources** for childcare or Senior Services for elder care, if needed
7. Arrange transportation with **Access/Hopelink** if needed to access medical treatment or other critical services
8. Coordinate with **DSHS/ the Multi-Service Center** and other local sources to provide temporary financial assistance for persons isolated or quarantined, if needed
9. Coordinate with **local social service providers** to ensure faith-based services and social amenities, e.g. television, radio, Internet access, and reading materials.

## **V. RISK COMMUNICATION and PUBLIC INFORMATION**

### **A. Overview**

An outbreak requiring mass I&Q would attract intense, unrelenting media interest. In the early stages of an outbreak, information and facts may be incomplete, yet the media will press for credible information and eye witness or victim stories. The public will want guidance and reassurance. Simplicity, credibility, verifiability and speed are required when communicating during the initial hours of an outbreak. PHSKC will ensure that the public and response partners are kept up-to-date at frequent intervals about the outbreak. It is essential that all agencies work with PHSKC to "speak in one voice" and avoid delivering public messages that are inaccurate or contradictory. Both inaccurate information and delays in communication would likely result in the acceleration of

rumors, loss of public confidence and increased panic, and possibly overwhelm first responders with "worried well". Risk communications will play a central role in the public's health, safety, level of concern, and most importantly, compliance with stopping the spread of disease.

## **B. PHSKC Responsibilities**

PHSKC will take the lead in determining the timing and content of public health information and the affected jurisdictions will verify facts and information with PHSKC's communication team before releasing information independently.

1. (In advance of an event) Provide Zone 3 jurisdictions and agencies with the tools and training in the phases and steps of the Emergency Risk Communications Plan and activate the Joint Information Center
2. Verify the true magnitude of the situation as quickly as possible
3. Determine that communications about the situation as based on verified facts
4. Conduct notifications with Washington State Department of Health communications office, hospital public information officers, and other affected county, state, and local government communications officers
5. Develop and disseminate to response partners timely messages, fact sheets, press releases and other information and obtain approvals
6. Ensure that communications acknowledge the event with empathy, explain and inform the public, in simplest terms, about the risk, and, establish organization/spokesperson credibility, provide courses of action
7. Release information to the media, the public, and public health partners
8. Monitor, maintain, and make adjustments in message development and information dissemination for the remaining life of the crisis

## **C. Zone 3 Jurisdictions' Responsibilities:**

1. Conduct a needs assessment for crisis and emergency risk communication (see forms in packet).
2. Develop a crisis/emergency risk communication plan, including determining audiences such as elected officials, partner agencies, internal staff, and mainstream and vulnerable populations in the community.
3. Determine the functions needed to carry out the plan.
4. Determine the resources needed to carry out the plan.
5. Prepare the team to carry out the plan.
6. Coordinate with PHSKC before releasing information about the outbreak or isolation and quarantine procedures.
7. Speak to local efforts to respond to the emergency, protect residents and employees.

## **D. Community-Based Provider Responsibilities**

1. Conduct a needs assessment for crisis and emergency risk communication (see forms in packet)
2. Develop a crisis/emergency risk communication plan, including determining audiences such as elected officials, partner agencies, internal staff, and mainstream and vulnerable populations in the community

3. Determine the functions needed to carry out the plan
4. Determine the resources needed to carry out the plan
5. Prepare the team to carry out the plan
6. Coordinate with PHSKC before releasing information about the outbreak or isolation and quarantine procedures
7. Speak to local efforts to respond to the emergency, protect residents and employees.

# Public Health Preparedness and Response Plan for Isolation and Quarantine in Zone 5 (City of Seattle)

May 16, 2005

## I. OVERVIEW

### A. Authority, Command and Coordination

Public Health Seattle and King County (PHSKC) has been designated the lead agency in the event of a disease outbreak or biological event requiring isolation and quarantine (I&Q). Under WAC 246-100-036 the local health officer shall establish plans, policies, and procedures for instituting emergency measures necessary to prevent the spread of communicable disease or contamination, in consultation with local health care providers, health facilities, emergency management personnel, law enforcement agencies, and any other entity he or she deems necessary.

### B. Definitions

- **Isolation** refers to the separation of ill persons with a confirmed or suspected communicable disease from those who are healthy. Those identified for isolation are termed “**cases**”.
- **Quarantine** is the separation or restriction of activities of persons who are not ill but who are believed to have been exposed to a communicable disease and are therefore at highest risk of becoming infected. Those identified for quarantine are termed “**contacts**”.
- **Community Containment:** Isolation and quarantine measures are generally applied on an individual basis, though broader community containment measures may be applied to groups of persons or to communities during outbreaks characterized by extensive transmission. These interventions range from measures to increase social distance among community members (e.g. cancellation of public gatherings, use of masks, and implementation of community-wide "snow days") to community-wide quarantine.

### C. Conditions and Principles

Attending to the medical, legal, social, psychological, financial, and logistical challenges facing isolated or quarantined persons is key to the successful application of containment measures for those who have needs that they cannot meet on their own. Essential services and supplies for persons in isolation and quarantine include:

1. Food and water
2. Utilities (electricity, water, sewage, garbage collection, telephone, heating or air conditioning, internet, etc.)
3. Shelter (*NOTE: PHSKC is working to identify facilities for the isolation or quarantine of the homeless, travelers and others whose own homes/ households may be inappropriate*)
4. Medicines, medical supplies, medical consultation and care

5. Access to legal representation
6. Mental health and psychological support services
7. Faith-based services
8. Other supportive services (such as child care, laundry, banking, essential shopping, etc)
9. Social amenities (e.g. television, radio, internet access, reading materials)
10. Transportation
11. Financial support

Persons who do not require hospitalization for medical reasons should be isolated in their homes whenever possible. Likewise, a personal residence is generally the preferred setting for quarantine.

Isolation and quarantine are optimally performed with the consent and cooperation of the patient. However, pursuant to WAC 246-100-040, a local health officer or the Superior Court may issue an emergency detention order placing a person or group of persons into detention for purposes of isolation or quarantine.

## **II. ACTIVATION**

Healthcare facilities and medical providers will notify and coordinate with PHSKC when they have identified a suspected case of a communicable disease that might require isolation. Such facilities currently have infection control plans and protocol for infectious diseases, based on the Centers for Disease Control (CDC) guidelines, in order to protect patients, healthcare workers, and the community.

When, in the estimation of PHSKC staff, isolation or quarantine of a number of persons seems likely or imminent, the department will activate its Isolation and Quarantine Response Center (IQRC) to coordinate the placement, monitoring, assessment and support of individuals and households identified for isolation or quarantine with internal staff, legal and law enforcement systems, healthcare providers and community-based partners. PHSKC will establish communication with Zone 5 Emergency Operations Center (EOC) Duty Officer at this juncture and keep her/him informed regarding the scope of the event and request assistance if needed.

### **III. CONCEPT OF OPERATIONS FOR LOW LEVEL EVENT**

#### **A. Overview**

In the event of a public health emergency that requires isolation or quarantine of a small number of individuals (TBD), PHSKC will coordinate with local jurisdictions, medical providers and community-based service organizations to meet the health and human service needs of those individuals, optimally in their homes. The Crisis Clinic will function as the clearinghouse/broker of non-medical support services, and assist IQRC staff in obtaining needed services from appropriate community providers.

#### **B. PHSKC will assure the following:**

1. In concert with healthcare providers, identify and evaluate status of cases; identify and monitor contacts of patients and determine whether quarantine of contacts is indicated
2. Coordinate with Crisis Clinic, community-based partners and Seattle EOC Duty Officer to establish the infrastructure to deliver essential goods and services to persons in I&Q
3. Coordinate with the Prosecuting Attorney's Office and Superior Court (Amy Eiden to clarify if a Seattle Law department role) to issue legally binding isolation and quarantine orders
4. Assess the home environment to determine its suitability for isolation or quarantine
5. Identify and activate facilities to house persons for whom isolation or quarantine is indicated but who do not have access to an appropriate home setting
6. Support transition to I&Q site (home or facility) as needed
7. Deliver and explain educational materials in appropriate languages and literacy levels
8. Deliver and explain essential medical supplies
9. Monitor and evaluate isolated or quarantined individuals daily by phone for health status as well as unmet support needs and compliance with orders; coordinate and follow-up on delivery of goods and services as needs arise
10. Coordinate necessary medical care and follow-up with the appropriate medical provider
11. Coordinate with local providers for medications and medical supplies
12. Coordinate transfer to hospital for persons requiring acute care if needed
13. Provide interpreter services to isolated or quarantined persons, if needed
14. Ensure access to legal representation
15. Monitor the course and extent of the outbreak and evaluate the need for community containment measures
16. Coordinate with the law enforcement for the support necessary to enforce I&Q orders issued in their jurisdiction; notify PH legal team of suspected non-compliance
17. Provide training and personal protective equipment for law enforcement and other first responders, as needed
18. Provide training for community providers as needed, including training on Incident Command and infection control
19. Assure documentation of the needs and services provided for isolated and quarantined persons

20. Coordinate with health and human service providers to assure continuity of services for people with disabilities and special case-management needs
21. Coordinate risk communications and public information in concert with Emergency Management, partner Public Information Officers (PIOs), local government and the media
22. Identify potential resources to support response partners

### **C. Crisis Clinic Responsibilities**

1. Coordinate with the American Red Cross, appropriate social service providers and businesses to provide food, shelter, and clothing on an emergency basis
2. Coordinate with the appropriate agencies to provide financial assistance to ensure the ongoing provision of basic utilities (water, electricity, garbage collection, and heating or air-conditioning) to residences of persons isolated or quarantined
3. Coordinate with the appropriate social service providers to provide basic supplies (clothing, food, and laundry services) to individuals who are isolated or quarantined.
4. Coordinate access to telephone services with for individuals who are isolated or quarantined, if needed
5. Provide access to mental health and other psychological support. Coordinate with King County Mental Health and local specialty providers, as needed.
6. Arrange with Child Care Resources for child care or Senior Information and Assistance for elder care, if needed.
7. Arrange transportation with Seattle Access Transportation providers or Hopelink if needed to access medical treatment or other critical services.
8. Coordinate with Department of Social and Health Services (DSHS) and other local social service agencies to provide temporary financial assistance for persons isolated or quarantined, if needed.(to legislate for unemployment and disaster relief)
9. Coordinate with local social service providers to ensure faith-based services and social amenities, e.g. television, radio, Internet access, and reading materials.

## **IV. CONCEPT OF OPERATIONS FOR LARGE-SCALE EVENT**

### **D. Overview**

In the event of a public health emergency that requires the isolation and quarantine of a large number of individuals, PHSKC will coordinate with King County Emergency Management to activate the Emergency Operations Center. If the event is Zone 5 specific, PHSKC will coordinate with the Seattle EOC Duty Officer, who will coordinate with EOC in keeping with the Seattle Disaster Readiness and Response Plan concept of operations. PHSKC will identify the community emergency measures necessary to respond to the outbreak and the Seattle EOC will activate to coordinate the community response effort. Ongoing communication will be established between PHSKC and Seattle EOC for the duration of the public health emergency.

## **E. PHSKC Responsibilities**

As noted above (III.B)

## **F. Zone 5 Emergency Management Coordination Responsibilities:**

**Assist the Crisis Clinic, if needed, in the following areas:**

1. Coordinate with the American Red Cross, other social service providers and businesses to provide food, shelter, and clothing on an emergency basis
2. Coordinate with Seattle City Light, Seattle Public Utilities or appropriate community based agencies to ensure the ongoing provision of basic utilities (water, electricity, garbage collection, and heating or air-conditioning) to residences of persons isolated or quarantined
3. Coordinate with the appropriate community-based service providers to provide basic supplies (clothing, food, and laundry services) to individuals who are isolated or quarantined.
4. Coordinate access to telephone services with for individuals who are isolated or quarantined, if needed
5. Coordinate with King County Mental Health and local specialty providers to provide access to mental health and other psychological support, if needed.
6. Arrange with Child Care Resources for child care or Senior Services for elder care, if needed.
7. Arrange transportation with Seattle Access Transportation providers or Hopelink if needed to access medical treatment or other critical services.
8. Coordinate with DSHS and other local sources to provide temporary financial assistance for persons isolated or quarantined, if needed.(to legislate for unemployment and disaster relief)
9. Coordinate with local social service providers to ensure faith-based services and social amenities, e.g. television, radio, Internet access, and reading materials.

## **V. RISK COMMUNICATION and PUBLIC INFORMATION**

### **A. Overview**

An outbreak requiring mass I&Q would attract intense, unrelenting media interest. In the early stages of an outbreak, information and facts may be incomplete, yet the media will press for credible information and eye witness or victim stories. The public will want guidance and reassurance. Simplicity, credibility, verifiability and speed are required when communicating during the initial hours of an outbreak. PHSKC will ensure that the public and response partners are kept up-to-date at frequent intervals about the outbreak. It is essential that all agencies work with PHSKC to "speak in one voice" and avoid delivering public messages that are inaccurate or contradictory. Both inaccurate information and delays in communication would likely result in the acceleration of rumors, loss of public confidence and increased panic, and possibly overwhelm first responders with "worried well". Risk communications will play a central role in the public's health, safety, level of concern, and most importantly, compliance with stopping the spread of disease.

## **B. PHSKC Responsibilities**

PHSKC will take the lead in determining the timing and content of public health information and the affected jurisdictions will verify facts and information with PHSKC's communication team before releasing information independently.

1. (Pre-event) Provide the City of Seattle and community based agencies with the tools and training in the phases and steps of the Emergency Risk Communications Plan and activate the Joint Information Center
2. Verify the true magnitude of the situation as quickly as possible
3. Determine that communications about the situation as based on verified facts
4. Conduct notifications with Washington State Department of Health communications office, hospital public information officers, and other affected county, state, and local government communications officers
5. Develop and disseminate to response partners timely messages, fact sheets, press releases and other information and obtain approvals.
6. Ensure that communications acknowledge the event with empathy, explain and inform the public, in simplest terms, about the risk, and, establish organization/spokesperson credibility, provide courses of action
7. Release information to the media, the public, and public health partners
8. Monitor, maintain, and make adjustments in message development and information dissemination for the remaining life of the crisis

## **C. Zone 5 Responsibilities:**

1. Develop a crisis/emergency risk communication plan.
2. Determine the functions needed to carry out the plan.
3. Determine the resources needed to carry out the plan.
4. Prepare the team to carry out the plan.
5. Coordinate with PHSKC before releasing information about the outbreak or isolation and quarantine procedures.
6. Speak to local efforts to respond to the emergency, protect residents and employees.

## **E. Community-Based Provider Responsibilities**

1. Develop a crisis/emergency risk communication plan, including determining audiences such as elected officials, partner agencies, internal staff, and mainstream and vulnerable populations in the community.
2. Determine the functions needed to carry out the plan.
3. Determine the resources needed to carry out the plan.
4. Prepare the team to carry out the plan.
5. Coordinate with PHSKC before releasing information about the outbreak or isolation and quarantine procedures.
6. Speak to local efforts to respond to the emergency, protect residents and employees.