
CITY OF CHICAGO

RULES



QUARANTINE and ISOLATION

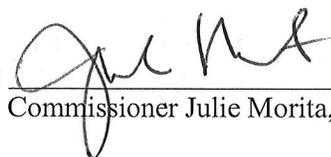
Last Updated: June 29, 2010



BY AUTHORITY VESTED IN THE COMMISSIONER OF THE DEPARTMENT OF PUBLIC HEALTH
PURSUANT TO 2-112-080, 2-112-170 and 2-112-160 THE FOLLOWING RULES REGARDING
QUARANTINE AND ISOLATION ARE ADOPTED HEREIN.

By Order of the Commissioner:

Signed:

A handwritten signature in black ink, appearing to read "Julie Morita", written over a horizontal line.

Commissioner Julie Morita, M.D.

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Effective: June 10, 2010

**CHICAGO DEPARTMENT OF PUBLIC HEALTH (“CDPH”)
QUARANTINE/ISOLATION REGULATIONS**

WHEREAS, the recent epidemic of SARS (“severe acute respiratory syndrome”), which has necessitated large scale quarantines in Asia and Canada, and the continued threat of bioterrorism, present public health issues that are unprecedented in modern times; and

WHEREAS, section 2-112-080 of the Municipal Code empowers the Commissioner to take whatever steps are necessary to address a health hazard that presents an immediate risk to the public health, and thus authorizes quarantine and isolation, where necessary; and section 2-112-170 further authorizes the Board of Health to quarantine and/or isolate persons having or reasonably suspected of having a communicable disease; and

WHEREAS, CDPH’s experience with isolation procedures in recent years has involved tuberculosis, specifically patients who have been non-compliant over a period of years, where isolation is the last resort for protecting the public from a continued and increasing threat of infection; and

WHEREAS, while the nature of the tuberculosis cases has allowed time and opportunity for securing a prior court order before enforcing an involuntary isolation, more urgent public health emergencies require a more expedited procedure for ensuring the public’s health, safety, and welfare;

NOW, THEREFORE:

Pursuant to my authority under section 2-112-160 to establish quarantine regulations whenever it is reasonably deemed necessary, I hereby issue the following rules and regulations to provide general procedural guidelines.

1. Definitions:

- “Dangerous communicable disease” is a disease that is considered by the Commissioner to be contagious and to potentially cause an epidemic or threaten serious illness or death to others if not controlled.
- “Observation and monitoring” involves health care personnel reviewing the current health status of a potentially infected individual, e.g., by checking vital signs at scheduled visits on a regular basis, usually daily, to determine whether further action is necessary to protect the public health.
- “Order of medical examination” is used where medically indicated to determine the health status of a potentially infected individual, by more extensive means, such as chest x-rays or blood tests.
- “Quarantine” involves a situation where a person or group of persons is reasonably believed to have been exposed to a dangerous communicable disease and is kept apart from others to prevent disease transmission.
- “Isolation” is used when a person who is reasonably believed to have contracted a dangerous communicable disease is kept separate from others to prevent disease transmission.
- “Physician’s order” is a medical order issued by a physician in the course of treating a patient, regarding which a patient’s compliance is voluntary.

2. Isolation.

- a. CDPH will provide to hospitals, physicians and other mandatory reporters a list of those dangerous contagious diseases and/or symptoms that require isolation and that shall trigger the application of these regulations.
- b. Immediately or as soon as reasonably possible upon seeing a patient with the listed diseases and/or symptoms, CDPH must be informed, by calling 311 and asking for the communicable disease person on call, or by other similar method. CDPH will communicate with the applicable hospital and physician regarding the current protocol for protecting the public's health, e.g., the time period recommended for isolation.
- c. Where the standard medical practice of a hospital and/or physician would be to isolate such a patient, and such a patient is placed in isolation while in the hospital, pursuant to a physician's orders, such isolation is voluntary and not at CDPH's direction.
- d. Where a hospital or physician receives any indication that a patient no longer consents to, or has left isolation against a physician's orders, the hospital or physician must inform CDPH, which will issue an enforceable order of isolation, upon a finding that there is no less restrictive and equally efficacious alternative to isolation.
- e. Alternatively, CDPH may issue an order of isolation, based on its knowledge of a situation, from whatever source, provided that the source of the information supporting isolation is deemed reliable by CDPH and that there is no less restrictive and equally efficacious alternative to isolation.
- f. In cases of apparent emergency, where a "first responder" (including police, fire, EMT, HazMat, or medical or hospital personnel, or other law enforcement or public health personnel,) forms a reasonable belief, based on the totality of the circumstances including, but not limited to, observation of symptoms, reliable information, and/or knowledge of current public health threats, that immediate isolation of an individual is reasonably necessary to prevent a significant risk to the public's health, safety and welfare, then the first responder may hold such person in isolation on a temporary emergency basis. Such emergency isolation shall be deemed equivalent to an emergency order of the Commissioner and shall be enforceable by all legal means.
 - i. Immediately or as soon as reasonably possible, the "first responder" must inform CDPH, which will issue an enforceable order of isolation, upon a finding that there is no less restrictive and equally efficacious alternative to isolation.
 - ii. A designated public health physician, or his or her designee, under his or her supervision, shall investigate the situation, by telephone or in person, within 2 hours of such contact, and may order isolation or a continuation of such measure where he or she finds that no less restrictive and equally efficacious alternative to isolation exists. CDPH's initial isolation order may be verbal, but to continue in effect, it shall issue a written isolation order, signed by a public health physician, as soon as reasonably practicable, but no later than within 24 hours of the commencement of isolation.
- g. Where issued, a written isolation order shall set forth the clinical and/or circumstantial facts supporting the need for isolation, the expected duration, including the indicators (such as return of negative lab reports, or expiration of the period in which the disease remains infectious following treatment) that will result in isolation no longer being necessary, and the location and conditions, and shall be signed by a public health physician.

- h. CDPH will attempt, where reasonably possible, to obtain a signed agreement form from each person it orders into isolation, acknowledging that the isolation is knowing and voluntary. The agreement form shall inform the affected persons of the importance to the public's health of their adherence to the isolation order, and shall further inform them that they have the right to refuse to agree to the isolation order, but that if they do so, CDPH will request the City of Chicago Corporation Counsel to file a petition in the Circuit Court of Cook County, as soon as reasonably practicable, to obtain a court order of isolation, and furthermore, that the CDPH order of isolation remains in effect pending the issuance of such a court order or denial of the petition. The isolation agreement form shall further inform the affected persons that in any such court proceeding, they have the right to have an attorney present and, if they cannot afford one, to petition the court for the appointment of an attorney to act on their behalf, and also have the right to present their own medical evidence. It further shall inform them that they may place a phone call to an attorney, family member or other representative as soon as reasonably practicable after receiving an order of isolation. In addition, the isolation order shall inform the affected persons that if they sign the agreement form, they are required to notify CDPH if they wish to withdraw agreement, prior to breaking isolation. Any breach of isolation prior to a court order allowing the end of isolation shall be a violation of the CDPH order and these regulations.

3. Quarantine.

- a. The duration and scope of quarantine may vary widely, depending on the disease and the risks presented.
 - i. *A few hours for assessment.* In some cases, persons believed to be exposed to a dangerous communicable disease may be held for a reasonable period of time for questioning, assessing risk, testing any potentially hazardous specimen, and obtaining contact information.
 - ii. *Time to provide treatment.* Where prophylactic treatment would prevent illness or disease transmission, quarantine may last until treatment has been provided.
 - iii. *The duration of the incubation period.* Where a risk is reasonably determined to be present, and treatment is not indicated or available, or is refused, then quarantine may be necessary for the duration of the incubation period, which is the time in which someone would be reasonably likely to contract the disease. The individual would be released as soon as reasonably practicable after the end of that time if he or she is not ill or contagious at that point. Anyone who does become ill or is contagious may be subject to isolation, as discussed above.
- b. Determining the need for a quarantine.
 - i. In cases of apparent emergency, “first responder,” (including police, fire, EMT, HazMat, or medical or hospital personnel, or other law enforcement or public health personnel) forms a reasonable belief, based on the totality of the circumstances including, but not limited to, observation, reliable information, and/or knowledge of current public health threat, that a person or group of persons may have been exposed to a dangerous communicable disease or other potentially life-threatening health risk, and that immediate quarantine of that person or group is reasonably necessary to prevent a significant risk to the public’s health, safety and welfare, including by providing the time and opportunity necessary to assess the extent of the danger, then the first responder may quarantine such persons on a temporary emergency basis. Such emergency quarantine shall be deemed equivalent to an emergency order of the Commissioner and shall be enforceable by all legal means.
 - ii. Immediately or as soon as reasonably practicable, CDPH must be contacted, by calling 311 and asking for the communicable disease person on call, or by other similarly urgent method.
 - iii. A designated public health physician, or his or her designee, under his or her supervision, shall investigate the situation, by telephone or in person, within 2 hours of such contact, and may order a quarantine or a continuation of such measure where he or she finds that no less restrictive and equally efficacious alternative to quarantine exists. The order may be given for one or more individuals or for a group of persons (e.g., the occupants of an affected office building). CDPH’s initial quarantine order may be verbal, but to continue in effect, it shall issue a written quarantine order, signed by a public health physician, as soon as reasonably practicable, but no later than within 24 hours of the commencement of quarantine.
 - iv. Alternatively, CDPH may issue an order of quarantine based on its knowledge of a situation, from whatever source, provided that the source of the information supporting quarantine is deemed reliable by CDPH and that there is no less restrictive and equally efficacious alternative to quarantine.
 - v. The written quarantine order shall list the names and identifying information of the persons affected where reasonably practicable, and if complete information is not available within

that time, shall describe the affected persons with as much specificity as reasonably available. The order shall set forth the facts supporting the need for quarantine, the date and time quarantine commenced, the expected duration, including the indicators (e.g., return of negative lab reports or expiration of stated incubation period) that will result in termination of the quarantine, the location of the quarantine (e.g., in the home or elsewhere), and any conditions on quarantine (e.g., limitations on visitors, requirements of allowing CDPH or other medical monitoring), and shall be signed by a public health physician.

- vi. The written quarantine order shall be given to each affected person; provided that in large scale quarantines, where individual notice is not reasonably practicable, the order for the large group may be posted in the affected place in a manner reasonably calculated to provide sufficient notice (e.g., if all occupants of an office building were required to be quarantined, the order should be posted within that building, in a location reasonably visible to the affected persons).
- vii. CDPH will attempt, where reasonably possible, to obtain a signed agreement form from each person it orders to be quarantined, acknowledging that the quarantine is knowing and voluntary. The agreement form shall inform the affected persons of the importance to the public's health of their adhering to the quarantine order, and shall further inform them that they have the right to refuse to agree to a quarantine order, but that if they do so, CDPH will request the City of Chicago Corporation Counsel to file a petition in the Circuit Court of Cook County, as soon as reasonably practicable, to obtain a court order of quarantine, and furthermore, that the CDPH order of quarantine remains in effect pending the issuance of a court order or denial of the petition. The quarantine agreement form shall further inform the affected persons that in any such court proceeding, they have the right to have an attorney present and, if they cannot afford one, to petition the court for the appointment of an attorney to act on their behalf, and also have the right to present their own medical evidence. It further shall inform them that they have the right to place a call to an attorney, family member or other representative as soon as reasonably practicable after receiving an order of quarantine. In addition, the quarantine order shall inform the affected persons that if they sign the agreement form, they are required to notify CDPH if they wish to withdraw agreement, prior to breaking quarantine. Any breach of quarantine, prior to a court order allowing the end of quarantine shall be a violation of the CDPH order and these regulations.

4. Other alternatives.

- a. *Order for a medical examination.* There may be situations where CDPH determines that a medical examination is necessary to determine the medical status of a person who has been potentially exposed to someone with a dangerous communicable disease and/or has traveled in an area affected with such a disease and/or has symptoms indicating the presence of such a disease.
 - i. Where CDPH reasonably determines that undertaking and obtaining the results from such an examination is necessary to protect the public's health and that there is no less restrictive and equally efficacious means of doing so, CDPH shall issue a written order for a medical examination. The order shall explain the nature and extent of the examination required, as known at the time of the order, and the public health reasons therefore, and shall be signed by a public health physician.
 - ii. CDPH will attempt, where reasonably possible, to obtain the person's signed informed voluntary agreement to the medical examination. The agreement form shall inform the affected person of the importance to the public's health of the medical examination, and shall further inform the person that he or she has the right to refuse to agree to an order for a medical examination, but that upon such refusal, CDPH will request the City of Chicago Corporation Counsel to file a petition in the Circuit Court of Cook County, as soon as practicable, to obtain a court order for a medical examination. Further, the order for a medical examination shall inform the affected person that if he or she refuses to agree, that it may be necessary to quarantine or isolate the person, following the procedures for

quarantine and isolation outlined above, until the court issues an order for medical examination or denies the petition. If the court denies the petition, CDPH may issue a quarantine or isolation order where necessary to protect the public's health. The agreement form for a medical examination also shall inform the person that in any such court proceeding, he or she has a right to have an attorney present, and if he or she cannot afford one, the right to petition the court to appoint an attorney to act on his or her behalf, and also has the right to present medical evidence; and further, that he or she has the right to place a call to an attorney, family member or other representative as soon as reasonably practicable after issuance of the order.

- b. *Observation and monitoring:* There may be situations where CDPH reasonably determines that observation and monitoring of those potentially exposed to someone with a dangerous communicable disease are adequate means of protecting the public's health, until such time as the risk of contracting the disease is over or other measures become necessary. In such cases, CDPH may issue a written order for observation and monitoring and attempt to obtain signed voluntary informed agreement to such order, following the same procedures as set forth above for medical examinations.

5. Conditions for Quarantine/Isolation

- a. CDPH shall order quarantine, isolation, medical examinations, and/or observation and monitoring only where there is clear and convincing medical or public health epidemiological evidence that doing so is necessary for the protection of the public health, safety and welfare and that no less restrictive and equally efficacious alternative reasonably exists in the applicable time frame.
- b. Orders of quarantine, isolation, medical examinations, and/or observation and monitoring shall be for the shortest reasonable time period and using the least intrusive method that is reasonably compatible with protecting the public's health, safety and welfare (e.g., where it reasonably appears to be equally effective, a person may be ordered quarantined in his/her home, rather than being sent to a group quarantine facility).
- c. Where quarantine or isolation are outside the person's home, or where other circumstances make it necessary, CDPH will address as reasonably as possible the basic needs of persons quarantined and isolated, including adequate food, clothing, shelter, means of communication, medical care, sanitation, hygiene and respect for cultural and religious beliefs.
- d. CDPH has the authority to, and generally shall, keep separate persons who are already ill and have been isolated from those who are not yet ill and have been quarantined. CDPH may establish a policy to cover certain situations where family members or other affected persons knowingly choose to be exposed to a person in isolation. CDPH will make reasonable efforts to monitor those quarantined and isolated in order to make reasonable assessments of the affected persons' health status. CDPH orders also may specify who is allowed to enter and leave the quarantine and/or isolation premises (e.g., relatives, physicians).

6. Involuntary Quarantine/Isolation and Court Orders:

- a. Where the affected person knowingly and voluntarily signs an agreement form agreeing to a CDPH order for quarantine, medical examination, observation and monitoring, or isolation, it is not necessary to obtain any court order. Nor is it necessary to seek a court order where a person is in voluntary isolation in a hospital pursuant to a physician's orders.
- b. If a person refuses to agree to a CDPH order for quarantine or isolation, then CDPH will request the City of Chicago Corporation Counsel to file, as soon as reasonably practicable, but no later than 48 hours after the commencement of quarantine or isolation, a petition in the Circuit Court of Cook County for a court order of quarantine or isolation. If a person who signed an agreement form communicates withdrawal of agreement, CDPH will request the City of Chicago Corporation Counsel to file such a court petition, as soon as reasonably practicable, but no later than 48 hours after receiving such communication. Where exigent circumstances impede the ability to file a petition within these time frames, CDPH a petition will be filed as soon as reasonably practicable thereafter.

- c. Such court petition shall state the facts in support, explaining the medical reasons why allowing the affected person to remain in the community poses a danger to the public health, safety and welfare. The petition also shall set forth the circumstances of the quarantine or isolation, the expected duration, and the conditions for termination, and shall attach a copy of the CDPH order and, where reasonably practicable, an affidavit from a CDPH public health physician, and such further evidence as may be useful and available.
- d. Where a person refuses to agree to a CDPH order for a medical examination or for observation and monitoring, the procedures will be the same as above, except that the medical examination or observation and monitoring shall not commence without a prior court order. Instead, where necessary to protect the public's health, the person may be held in quarantine or isolation pending the court's decision, as set forth in Sections 3 and 5 of these regulations.

7. Violations

- a. Noncompliance with any CDPH quarantine, isolation or monitoring and observation order shall be a violation of these regulations. Under MCC Section 2-112-340, violators are subject to fines of not less than \$100 and up to \$500 per offense, and each day that such an order is violated shall constitute a separate offense. Violators are subject to arrest.
- b. All CDPH quarantine, isolation and monitoring and observation orders shall be in effect during the time period or set of circumstances specified therein, unless and until a court or CDPH issues an order modifying or terminating them.
- c. The procedures set forth herein apply to situations where CDPH issues an order and/or obtains a written agreement. From time to time, CDPH may issue recommendations and policies concerning the circumstances under which persons should quarantine or isolate themselves, or undertake other disease control behaviors. Such general recommendations are not enforceable as CDPH orders and do not require CDPH to request the City of Chicago Corporation Counsel to petition any court.

8. General:

- a. These regulations provide a general procedural framework, and may be supplemented from time to time with more specific guidance to hospitals and physicians, among others, about specific diseases, their symptoms, and protocols.
- b. These regulations apply to many different circumstances and cannot anticipate all potential future public health emergencies. Thus, from time to time, CDPH may follow the procedures in substantial part, allowing for such variations as are reasonably required to respond to an immediate risk to the public health, safety, and welfare.

Dated: February 18, 2004

John L. Wilhelm, M.D., MPH
Commissioner
Chicago Department of Public Health

Chicago Board of Health Notice of Regulation Promulgated for the Administration of Sections 2-112-080, 2-112-170, and 2-112-160 of the Municipal Code of Chicago

Chicago Department of Public Health Emergency Regulations

Pursuant to its powers under Section 2-112-110 of the Municipal Code, the Chicago Board of Health hereby adopts the following as Emergency Regulations:

1. To clarify existing Code provisions, the Board hereby states that the Commissioner of the Department of Public Health has the [ordinance] authority, under section 2-112-080 of the Municipal Code, to quarantine and/or isolate persons having or suspected of having contagious diseases that threaten the public health with an immediate and potentially severe risk.
2. In addition, to the extent that Code section 2-112-170 gives more specific authority to the Board to quarantine and/or isolate persons having or suspected of having a communicable disease, the Board hereby delegates that authority to the Commissioner, who is better situated for taking urgent action.
3. The Commissioner shall report to the Board at its next regularly scheduled meeting, or any special meeting called by the Board, any instances in which the Commissioner has authorized quarantine or isolation of a person or persons pursuant to the delegated authority granted herein.
4. The Board also recognizes the Commissioner's authority, under section 2-112-160, to promulgate quarantine regulations.

For further information, contact:

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