

**Novel Coronavirus 2019 (COVID-19)
Quarantine Station Support Plan
Working Draft v1.0 (March 2020)**

State of Ohio COVID-19 Quarantine Working group

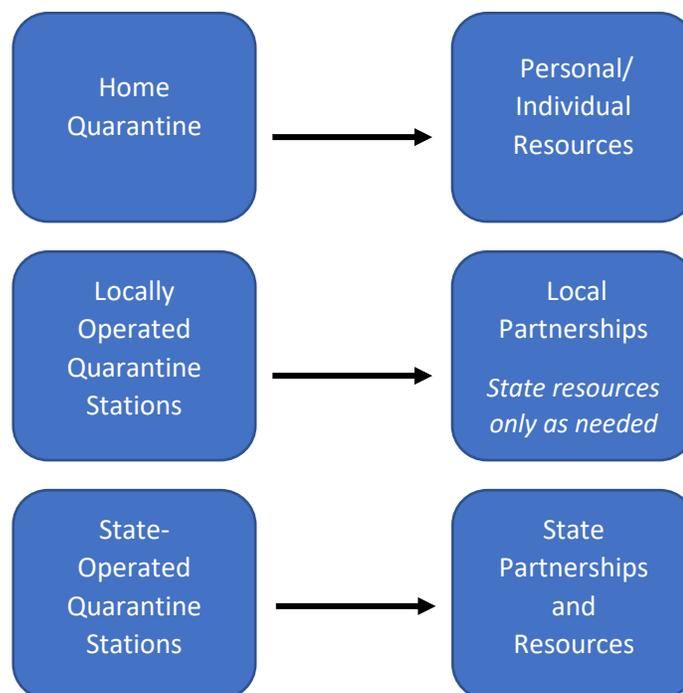
I. INTRODUCTION

The Quarantine Station Support Plan was developed to support the provision of guidance to local jurisdictions for the establishment of a comprehensive quarantine station designed to provide essential services. Quarantine stations will be utilized to limit the spread of COVID-19 within communities, and are not intended to support the relocation of long-term care facilities or hospitals, although these efforts may be supported by some of the strategies detailed herein. While this plan focuses on supporting Quarantine Stations, some of these considerations may provide limited guidance for isolation of individuals with minor illness, not requiring medical intervention.

The State of Ohio’s Quarantine Working Group identified nine (9) essential services required for the successful implementation of a quarantine station. The guidance in this Quarantine Station Support Plan will assist local jurisdictions and the State of Ohio in the development and operational management of quarantine operations within the State.

This plan anticipates that quarantine stations will be established at the local level through collaboration with local partners. If resource needs of a locally managed quarantine station are unable to be met by local sources, the State of Ohio will provide assistance, as requested. Should the need for mass quarantine require more direct State involvement, the State will consider opening a State-run quarantine center. The site of a State-run quarantine center will be based on the anticipated capacity and where locations with that capacity are available.

This plan details the support available from state agencies and partners that could be leveraged in both the support of locally run quarantine stations and the administration of a State-run station.



II. SITUATION

The threat from COVID-19 in Ohio requires planning for large-scale quarantine to minimize community spread and the (re)introduction of infection into communities. As this situation evolves and new guidance is released, this plan may be adapted and expanded to meet changing associated needs.

The Centers for Disease Control and Prevention (CDC) defines quarantine as “separating and restricting the movement of people who were exposed to a contagious disease to see if they become sick.” (US Department of Health and Human Services).

If self-quarantining within their own home is not a viable option (ex., co-habitation with a high-risk individual), it is the assumption that individuals will require assistance from their local jurisdiction for housing and provisions for the duration of their quarantine.

Quarantine stations are not intended for individuals who are currently symptomatic, are in the high-risk category, or require extensive medical care or assistance.

III. ASSUMPTIONS

This is an evolving pandemic that has warranted several states to declare a state of emergency.

The following are assumptions related to the COVID-19 pandemic:

- A.** Individuals will require local support while under quarantine.
- B.** Local resources will reach surge capacity at local quarantine stations and require state agency resources.
- C.** There will be shortages of PPE and medical supplies for quarantine station staff.
- D.** Ohio will experience clusters of affected communities / cities / regions.
- E.** There will be enough healthy individuals to staff the local quarantine stations.
- F.** Estimates indicate that 40% of employees will not report to work (healthy or not).
- G.** Sick employees will remain at home until they recover and are no longer contagious.
- H.** Antiviral medication and vaccines will not be available.
- I.** Individuals will be capable of caring for themselves while in quarantine and will not have significant impairments requiring higher levels of care.

IV. AGENCY COORDINATION ROLES AND RESPONSIBILITIES

The table below identifies the nine (9) essential resources required for a quarantine station and the associated resourcing components. The table depicts the expansion in the allocation of services as a local jurisdiction collaborates with local, regional and state partners for resources.

The list of local and state agencies will be updated as needed.

Resource	Component	Staffing Considerations	Potential Issues	Local Resources	State Resources
Housing	<ol style="list-style-type: none"> 1. State Parks 2. Hotels / motels 3. Universities 4. Military Barracks 	2+ personnel	<ol style="list-style-type: none"> 1. Site maintenance 2. Staffing availability 	<ul style="list-style-type: none"> ▪ Local hotels ▪ Long-Term Care facilities (evacuated) ▪ Schools / Private Colleges 	<ul style="list-style-type: none"> ▪ Ohio Department of Natural Resources (ODNR) ▪ Ohio National Guard (OHNG) ▪ State Colleges & Universities
Food	<ol style="list-style-type: none"> 1. Grocery Services 2. Volunteer meal services 3. Uber Eats 4. Grubhub 5. DoorDash 	3+ personnel	<ol style="list-style-type: none"> 1. Ability to cook at quarantined facility 2. Refrigeration capabilities in quarantine 3. Funding of delivery service 4. Preventing exposure in delivery of food to residents 	<ul style="list-style-type: none"> ▪ Voluntary Organizations Active in Disasters (VOAD) ▪ Local establishments 	<ul style="list-style-type: none"> ▪ VOAD ▪ State partner feeding operations
Water	<ol style="list-style-type: none"> 1. Normal water distribution system 2. Bottled water 	1+ person	Preventing exposure to staff in water delivery	<ul style="list-style-type: none"> ▪ Local Emergency Management Agency (EMA) 	<ul style="list-style-type: none"> ▪ Ohio EMA ▪ Ohio Department of Administrative Services (DAS)

				<ul style="list-style-type: none"> ▪ Local Water Treatment Plant 	<ul style="list-style-type: none"> ▪ Ohio Environmental Protection Agency (EPA)
Transportation	<ol style="list-style-type: none"> 1. Vehicles to transport individuals to quarantine stations 2. Vehicles to transport individuals who become symptomatic while quarantined to medical care facilities 	2+ personnel	<ol style="list-style-type: none"> 1. Strategies to protect the driver from exposure 2. Decontamination of vehicles post transport 	<ul style="list-style-type: none"> ▪ Personal vehicle ▪ Local transit agencies ▪ Emergency Medical Services (EMS) 	<ul style="list-style-type: none"> ▪ Department of Developmental Disabilities (DODD) ▪ Ohio Department of Rehabilitation and Correction (ODRC) ▪ EMS
Communications	<ol style="list-style-type: none"> 1. Communicate messaging to quarantined individuals throughout facility 2. Resources for individuals to communicate (Wi-Fi / telephone) 2. Translation services 	1+ person	Site-dependent limited signal / connectivity	<ul style="list-style-type: none"> ▪ Cell phones ▪ Hard lines ▪ Amateur radio assets 	<ul style="list-style-type: none"> ▪ Private partnerships with Cellular providers for “Cell on Wheels” assets ▪ Amateur Radio Emergency Services ▪ Department of Administrative Services (DAS) ▪ Emergency Support Function 2 – Communications (ESF-2) ▪ ODJFS ▪ Office of Criminal Justice Services (OCJS)

<p>Support</p>	<ol style="list-style-type: none"> 1. Laundry 2. Cleaning Services 3. Disinfection Services 4. Sanitation Service/ Garbage 5. Translation Services 	<p>2+ personnel</p>	<ol style="list-style-type: none"> 1. Avoiding infection from pickup 2. Alternate strategies to not wash (packing 2-weeks of clothes) 3. Contracts for services 	<ul style="list-style-type: none"> Local admin services Local municipality garbage removal 	<p>DAS</p>
<p>PPE Procurement & Resupply</p>	<p>PPE, gloves, mask, gowns</p>	<p>1+ person</p>	<ol style="list-style-type: none"> 1. PPE and supply shortage 2. Strategies, beyond PPE, to prevent infection of staff 	<ul style="list-style-type: none"> Local Health District (LHD) EMA Hospital Rural Health Clinics (RHC) 	<ul style="list-style-type: none"> Emergency Support Function 7 – Logistics (ESF-7) DAS Strategic National Stockpile (SNS)
<p>Medical Care</p>	<ol style="list-style-type: none"> 1. COVID-19 Medical Assessments 2. Medication Pick-up & Delivery 3. Telehealth / tele-mental health 	<p>1+ person</p>	<ol style="list-style-type: none"> 1. Shortage of healthcare providers due to hospital surge 2. Bandwidth for telehealth 	<ul style="list-style-type: none"> LHDs Health Care Centers (HCCs) Hospital Federally Qualified Health Centers (FQHCs) 	<ul style="list-style-type: none"> Ohio Mental Health and Addiction Services (OMHAS) Emergency Support Function 8 – Public Health and Medical Services (ESF-8) agencies with medical staff
<p>Facility Security</p>	<p>Facility perimeter security and quarantine station access</p>	<p>2+ personnel</p>	<ol style="list-style-type: none"> 1. Media 2. Visitors 3. Non-compliant individuals 4. Family non-compliant w/ no contact 	<p>Local law enforcement agencies</p>	<ul style="list-style-type: none"> State Highway Patrol State law enforcement ODNR officers on ODNR-controlled properties
<p>Wastewater</p>	<ol style="list-style-type: none"> 1. Connection to public sewer 	<p>N/A</p>	<ol style="list-style-type: none"> 1. Functional connection to public sewer. 	<ul style="list-style-type: none"> Only if issues arise: <ul style="list-style-type: none"> Ohio Environmental 	<ul style="list-style-type: none"> Only if issues arise: <ul style="list-style-type: none"> Ohio EPA

	2. Permitted wastewater treatment onsite		2. Availability of properly functioning on-site wastewater treatment that can adequately treat the level of waste flow expected based on facility occupancy	Protection Agency (Ohio EPA) ○ Local Health Districts	○ Ohio Department of Health (ODH)
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The following list identifies key state partners to coordinate agency resources and staff in the event a local quarantine station is expanded to consolidate the operational efforts to be run at the state level. As other factors / complications arise, other state agencies may also be engaged, based on their normal regulatory authorities and responsibilities.

- A. ODH**
 - i. Provide guidance on public health orders and policy.
 - ii. Distribute SNS supplies.
 - iii. Ensure identification of staff to monitor signs and symptoms.
- B. EMA**
 - i. Provide state-allocated resource coordination.
- C. Ohio Highway Patrol**
 - i. Provide quarantine facility perimeter security (at State-owned facilities and backup to ODNR).
 - ii. Escort deliveries to quarantine station.
- D. Ohio National Guard**
 - i. Provide installation housing.
- E. VOAD**
 - i. Meal preparation and delivery (in coordination with partners).
 - ii. Grocery pick-up and delivery (in coordination with partners).
- F. DAS**
 - i. Ordering of additional supplies / resources.
 - ii. Development of support service contracts.
 - iii. Support with communications needs / radios.

G. OMHAS

- i. Telehealth counseling.
- ii. Assist in coordinating medication pick-up and delivery; as allowable by law.

H. ODNR

- i. Housing in Ohio State Park facilities.
- ii. Provide quarantine facility perimeter security on ODNR properties.

I. EMS & Fire Marshall

- i. Coordinate transportation of individuals with local EMS

V. COMPREHENSIVE RESOURCES (SHELTER REQUIREMENTS)

A. Quarantine Housing

Quarantine stations will be utilized for individuals who need to be monitored for potential COVID-19 infection. Quarantine stations will be self-contained and provide comprehensive services for essential living considerations. Quarantine stations are not intended as relocation options for long-term care facilities, hospitals, or acute care centers.

Each quarantine station will provide separate living quarters with personal bathroom facilities for an individual or family group to prevent pathogen spread and reduce the possibility of further infection within the quarantine facility.

Quarantine stations will implement mobility considerations for safety and ease of access to each station and individual living quarters. If an individual requires a service animal, each quarantine station will determine the best way to support this need, as the Americans with Disabilities Act specifies that an individual cannot be separated from their service animal. If an individual become symptomatic and requires isolation and further medical monitoring, station staff should follow the procedures outlined in *Appendix II: Isolation Process*, for the care of service animals.

Quarantine stations will provide individual quarters cleaning supplies that are in accordance with EPA and CDC COVID-19 cleaning guidance. While occupying the living quarter it will be the individual's or family's responsibility to maintain a cleaning regimen to ensure mitigation of infection exposure.

Each quarantine station and individual quarters will be equipped with the ability to communicate (discussed further in Section E). Additionally, each quarantine station will determine exclusionary lines for perimeters as well employ screening for all staff and volunteers.

The list of facilities available for consideration as quarantine stations is maintained by *Ohio Homeland Security*. The facility operator will develop their own letter for their employees stating that said employees are essential to the state response for COVID-19.

B. Food:

Quarantine stations will query individuals about their dietary needs during intake process.

Quarantine stations will provide individuals three (3) meals a day for the duration of their quarantine. Local jurisdictions should leverage local partners and services for supply and distribution of food. Some resources available to local meal services include:

- i. Grub-hub
- ii. Local houses of worship
- iii. Uber Eats
- iv. Door Dash
- v. Local establishments

In a State-run station, the following local, regional and state partnerships would be allocated resources for food services:

- i. Food grocery procurement by local VOAD entities
- ii. Volunteer meals from Salvation Army or other local organizations
- iii. ESF-6 (Mass Care) and ESF-7 (Resource Support and Logistics) can provide coordination for volunteers / staffing and food grocery procurement, respectively

When delivering food, quarantine staff should place food outside the door of the quarantined residents, knock to announce the availability of food, and move the next destination. There should be no face-to-face between quarantine staff and residents. Consider the use of disposable food containers to eliminate the need to collect the dishes and eating utensils.

C. Water (ESF-7)

Quarantine stations will ensure that potable water will be available for handwashing, cooking, flushing toilets, showering / bathing and drinking water.

Local jurisdictions will utilize established procedures for additional water delivery if their local supply is depleted.

D. Transportation to quarantine facility

The most effective way for individuals to arrive at quarantine stations is by personal vehicle. If an individual does not have a mode of personal transportation, a request may be made for use of ODRC vehicles. ODRC will provide vehicles, drivers, and fuel cards for the use of transportation to and from a quarantine station.

E. Communication:

Communication throughout the quarantine station is imperative to minimize the necessity for face to face interaction between staff and quarantined individuals. Each quarantine station will implement a system to communicate to individuals through one of the following messaging systems:

- i. Overhead public address / intercom system
- ii. Group Short Message Service (texting) for information sharing
- iii. Amateur and/or Multi-Agency Radio Communication System (MARCS) radio
- iv. Land line (telephone)
- v. Mobile phones, if not already available to the residents

The type and means of communication will vary within each quarantine station and local jurisdiction. Local jurisdictions should, at a minimum, ensure that a means of mass communication is implemented for the exchange of pertinent information between quarantine staff and residents.

F. Support Services

The following list of support services will be provided at each quarantine station. This list is subject to change as COVID-19 response expands.

- i. Laundry: An individual requiring quarantine services will be required to supply a personal supply of clothing for 14 days with an expectation that they will package their items and return with them home for normal laundering in accordance with available ODH / CDC guidance. If the quarantine facility does not have bed linens available, the individual will be required to provide their own bedding; the individual cannot provide bedding, it will be procured. If laundry services are required, this contract will be developed and provided by local administration services (ESF-7).
If laundry services are required, ODH will provide guidance and recommendations on the process to launder clothing and linens.
- ii. Cleaning: While occupying an individual living quarter at a quarantine station, the individual or family will be required to maintain their own areas. Cleaning supplies will be provided by the quarantine station. Additional cleaning supplies and resources should be acquired through local partners and sister agencies before leveraging state resources.

Upon discharge of a quarantined individual in good health, their living space shall be cleaned before the next occupant begins quarantine in the space. Cleaning should be in accordance with CDC guidance for general cleaning. Services for cleaning can be facilitated through local jurisdictions' administration agency for development of janitorial and cleaning contracts.

If an individual should become symptomatic while occupying the quarantine station, the living quarters should be decontaminated in accordance with CDC sanitation and decontamination guidance outlined in *Appendix II: Isolation Process*.

When a quarantine station should expand to regional consolidation of resources, the state will run the quarantine station and all cleaning contracts will be written and developed by DAS.

- iii. Sanitation services: Each quarantine station will determine a means for garbage removal that addresses guidance from the LHD and Ohio EPA. Local jurisdictions should first utilize city / county garbage services.

If a quarantine station has onsite staff to handle removal of trash and garbage, it will be up to the local jurisdiction to provide quarantine staff with PPE and just in time training.

If a quarantine station should expand to require a consolidation of resources, the state will run the quarantine station and all garbage and sanitation contracts will be developed by DAS.

- iv. Translation services: If an individual utilizing the quarantine station requires translation services, it will be up to the housing jurisdiction to provide a translator. This service will vary dependent on each quarantine station's location and jurisdictional capability.

G. Personal Protective Equipment (PPE)

- i. The local jurisdiction should supply the quarantine station with PPE in accordance with current procurement plans and protocol. If available, medical PPE provided will include, but is not limited to:
 - a. N95 disposable respirators,
 - b. Goggles / face shield
 - c. Disposable gowns, and
 - d. Disposable gloves.
- ii. If a local jurisdiction requires additional resources, medical supplies may come from a variety of sources, including any of the following:
 - a. Existing supplies [Local entities, sister agencies, and RHC.]
 - b. Ohio Homeland Security's (OHS) Ohio Public-Private Partnership program (OP3)
 - c. DAS purchasing
 - d. Strategic National Stockpile
- iii. If a local jurisdiction is unable to adequately supply a quarantine station with PPE for the staff and residents, alternate means of medical assessments will be implemented to prevent exposure without the use of PPE.

H. Medical Care

- i. COVID-19 Medical Monitoring:

Quarantine staff will ensure completion of daily medical monitoring for quarantined individuals and their family. The process and method of obtaining medical assessments will be determined by the quarantine staff based on capacity, and situation.

Medical monitoring can be executed in the following ways:

- a. Residents of the quarantine facility may self-monitor and report to quarantine staff daily.
 - b. Quarantine stations can provide a screening room for clinical evaluation of individuals that provides in room sink, soap, and water. Assessment rooms will be equipped with PPE as well as alcohol-based hand rubs. After each scheduled assessment, quarantine staff must clean and disinfect the rooms surfaces in accordance with CDC guidelines.
 - c. Quarantine stations may implement a mobile clinical evaluation team that will schedule assessments for quarantined individuals at their living quarters. Staff will be in full contact PPE while in contact with individuals. Upon exiting the living quarters, assessment staff will doff all PPE and dispose appropriately.
- ii. Medication pickup and delivery

Under most circumstances, the individual is expected to bring a full supply of required medications necessary for their health maintenance.

In the event an individual entering a quarantine facility would need prescriptions filled / delivered, quarantine stations will work with quarantine staff and identified partners for the delivery of these medications.

All volunteers will coordinate with the quarantine facility staff to facilitate a secure hand off at the exclusion line so not to enter a quarantine zone.

- iii. Counseling Telehealth:

Local jurisdictions will identify counselors, in coordination with their local Alcohol, Drug, and Mental Health (ADAMH) boards, to provide mental health wellness checks via telehealth services for all quarantined individuals.

When requested by the local jurisdiction, state agency resources are available through telehealth OMHAS counselors.

I. Facility security:

Locally run quarantine stations will utilize local law enforcement for facility and exclusionary line security. Quarantine stations will identify an exclusion line for entry and access to the facility.

In the event that a quarantine station should expand and require state resources, the following partners can be utilized for security purposes:

- i. State Highway Patrol
- ii. ODNR will provide a security detail on ODNR controlled properties.
- iii. Private security options in accordance with local / state contracts, as applicable.

This guidance document was made possible by the collaboration of multiple partners throughout the State of Ohio who participated in the Quarantine Work Group.

APPENDIX I: PUBLIC HEALTH GUIDANCE FOR QUARANTINE STATIONS

This appendix provides public health guidance for quarantine station staff. As we know, this is an evolving pandemic with new data and information produced frequently. COVID-19 occurs through respiratory droplets, person-to-person contact (within about 6 feet), and from surfaces that have been contaminated with the virus.

Current science suggests that SARS-CoV-2 may remain viable for hours to days on a variety of surface types. Frequent cleaning and disinfection of surfaces is the best practice to prevent transmission of COVID-19 and other viral respiratory illness in a home or quarantine station / facility.

It is the intent of this appendix to provide the most current and accurate guidance available for the protection of quarantine staff, the quarantined individuals, volunteers, and service providers. This list of public health guidance is subject to change as the data and science evolves around this pandemic.

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LAUNDERING LINEN AND CLOTHING

Guidance for general household laundering (*Interim Recommendations for US Households with Suspected / Confirmed Coronavirus Disease 2019*)

<https://www.cdc.gov/coronavirus/2019-ncov/prepare/cleaning-disinfection.html>

Clothing, towels, linens and other items that go in the laundry

Wear disposable gloves when handling dirty laundry from an ill person and then discard the gloves after each use. If using reusable gloves, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other household purposes. Thoroughly wash [hands](#) immediately after gloves are removed.

- If no gloves are used when handling dirty laundry, be sure to wash hands immediately afterwards with soap and water for at least 20 seconds.
- If possible, do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.
- Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and then dry the items completely. Dirty laundry from an ill person can be washed with other people's items.
- Clean and disinfect clothes hampers according to guidance above for surfaces. If possible, consider placing a bag liner that is either disposable (can be thrown away) or can also be laundered.

Soiled linens or clothing

- Immediately remove and wash clothes or bedding that have blood, stool, or body fluids on them.
- Wear disposable gloves while handling soiled items and keep soiled items away from your body. Clean your hands (with soap and water or an alcohol-based hand sanitizer) immediately after removing your gloves.
- Read and follow directions on labels of laundry or clothing items and detergent. In general, using a normal laundry detergent according to washing machine instructions and dry thoroughly using the warmest temperatures recommended on the clothing label.

More on laundry, specifically for caregiver-type contact can be found in the Centers for Disease Control and Prevention (CDC) webpage titled “Preventing the Spread of Coronavirus Disease 2019 in Homes and Residential Communities”

At: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>

DISINFECTION/CLEANING COVID-19

It is recommended that quarantine stations follow the CDC guidance for cleaning and disinfecting for COVID-19. <https://www.cdc.gov/coronavirus/2019-ncov/prepare/cleaning-disinfection.html>

The CDC defines cleaning and disinfecting for household settings and general public as:

- **Cleaning** refers to the removal of germs, dirt, and impurities from surfaces. Cleaning does not kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.
- **Disinfecting** refers to using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface *after* cleaning, it can further lower the risk of spreading infection.

DISPOSAL OF WASTE AND TRASH

If an individual is healthy with no signs and symptoms, special considerations for handling trash are not necessary. Quarantine stations should provide a dedicated trash can in each living quarter with a liner for every quarantined individual.

Cleaning staff should use gloves when removing garbage bags, handling, and disposing of trash. Immediately wash hands after disposal of trash and gloves. When necessary, local jurisdictions will provide county-specific guidance regarding trash disposal.

FOOD SAFETY AND COVID-19

Ohio Department of Health (ODH) follows guidance in accordance with the CDC and Food and Drug Administration (FDA) for information regarding food safety and the COVID-19.

Additional information can be found here: <https://www.fda.gov/food/food-safety-during-emergencies/food-safety-and-coronavirus-disease-2019-covid-19>

Coronaviruses are generally thought to be spread from person-to-person through respiratory droplets. Currently, there is no evidence to support transmission of COVID-19 through food.

At this time the FDA is not aware of reports where human illness has suggested COVID-19 was transmitted through food or food packaging. However, it is always important to follow good hygiene practices (i.e., wash hands and surfaces often, separate raw meat from other foods, cook to the right temperature, and refrigerate foods promptly) when handling or preparing food.

COVID-19 MEDICAL MONITORING & INFECTION CONTROL

Quarantine stations should implement a process to obtain and record individual medical assessments twice a day. Current information on clinical presentation suggests cases of COVID-19 vary in severity from asymptomatic infection to mild illness to severe or fatal illness. Individuals at quarantine stations should be medically stable and not require hospitalization. Quarantine staff should follow the CDC guidance for persons with COVID-19 under home isolation for a comprehensive list of clinical observations to monitor.

Patients may not initially require hospitalization. However, clinical signs and symptoms may worsen with progression to lower respiratory tract disease in the second week of illness; all individuals should be monitored closely. If an individual becomes symptomatic, quarantine staff should follow the guidelines in *Appendix II: Isolation Process*.

Medical assessment procedure and availability will vary at each quarantine station under the discretionary management of the locals and quarantine staff. If quarantine staff have the capacity to conduct medical assessments for quarantined individuals, then the quarantine staff should follow the CDC guidelines for proper infection control and PPE measures.

(<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/index.html>)

RELEASING PATIENTS FROM COVID-19 QUARANTINE STATIONS

Release from the quarantine station can occur 14 days after the quarantined individual's last contact with a confirmed case of COVID-19 or 14 days after return from an area with a COVID-19 related travel notice (if the quarantined person does not exhibit any symptoms). If a quarantined individual begins exhibiting symptoms while in the quarantine station, quarantine station staff should follow the guidance in *Appendix II: Isolation Procedures for Quarantine Station*.

In the event of staffing shortages, Health Care Providers / First Responders, and other Essential Personnel may be released before the 14-day period. This will occur in consultation with the engaged health department, upon confirmation of the staffing need. ODH is available for consultation as needed.

Local jurisdiction will, to the extent practical, provide linkage to local health and human services partners to support successful transition home, or to a home if pre-incident homeless.

APPENDIX 2: ISOLATION PROCEDURES FOR QUARANTINE STATIONS

This appendix identifies public health considerations and guidance that a quarantine station should implement if an individual becomes symptomatic while under quarantine. Public health will ensure access to standard operating procedures or guidelines for each quarantine station that include but are not limited to:

- Identifying and describing a process for medically monitoring a symptomatic individual,
- How to keep symptomatic individuals isolated from other quarantined individuals,
- When transport from the quarantine station to an isolation only facility or medical facility will be necessary, and
- Which support agency will provide the transportation.

Additionally, it will be the responsibility of public health to ensure that testing is conducted for the individual who becomes symptomatic, either while at their quarantine station or a medical facility.

The following considerations within this appendix will provide quarantine stations the necessary guidance on isolation procedures for a symptomatic COVID-19 individual at their location.

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CONSIDERATIONS FOR A SYMPTOMATIC INDIVIDUAL

COVID-19 symptoms may appear 2-14 days after exposure (based on the incubation period of MERS-CoV viruses.)

- Fever
- Cough

- Shortness of breath

If signs and symptoms of COVID-19 are identified in a quarantined individual, the following isolation guidelines should be implemented.

Seek medical attention if the follow signs and symptoms present:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

Persons at quarantine stations exhibiting any signs or symptoms should remain confined to their quarantine living quarters and be monitored for worsening conditions. The quarantine station staff will contact the Local Health District (LHD) and the individual's healthcare provider to determine a necessity for testing.

The quarantine station and LHD will assess the severity of the individual's condition to determine potential relocation and transportation needs. It is the responsibility of the LHD to define this procedure.

PERSONAL PROTECTIVE EQUIPMENT (PPE) CONSIDERATIONS

Quarantine staff should have the individual wear a facemask when being cared for by staff or while around other individuals or family members.

Medical personnel and quarantine staff members who care for a symptomatic individual should utilize the following PPE:

- Gloves
- Facemask (if the symptomatic individual is unable to don a mask due to difficulty breathing)
- Eye Protection (goggles, or a disposable face shield should be worn upon entry to care areas of symptomatic individuals)
- Gowns
 - Gowns should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities.

Upon exiting the room of a symptomatic individual, health care provider (HCP) should immediately wash their hands with soap and water for at least 20 seconds. If soap and water are not readily available, use hand sanitizer that contains at least 60% alcohol. HCP should avoid touching their eyes, nose, and mouth at all times. Guidance for properly removing PPE can be viewed at the following weblink: <https://www.youtube.com/watch?v=dyLEd9cng5U>.

If the quarantine station has no PPE available for medical assessments of a newly symptomatic individual, all attempts should be made by the quarantine station to acquire PPE, if the individual is to remain onsite. Quarantine stations will monitor the situation on a case-by-case scenario. If a medical assessment team is present onsite and able to assess and meet the needs of the symptomatic individual without conducting face to face contact, then this process should be utilized and implemented. When a quarantine station can no longer meet the needs of a symptomatic patient, then transportation requirements will need to be assessed and considered for additional definitive medical care.

TRANSPORTATION CONSIDERATIONS

Transportation from a quarantine station for further medical care, or transportation to an isolation facility, will be at the discretion of the engaged health department. The health department will coordinate transportation needs through their local EMA and utilize the resources identified in the Quarantine Station Support Plan.

While it would be preferable for the individual to self-transport, there may be conditions where the individual will require transportation. In this case, every consideration should be made to separate the driver from the symptomatic individual. If a vehicle with a driver and passenger partition cannot be acquired, the driver should be provided the appropriate PPE for transport.

DECONTAMINATION OF LIVING QUARTERS

Once the symptomatic individual has been relocated, the quarantine living quarters will need to be thoroughly cleaned and disinfected. If able, isolated individuals should clean high-touch surfaces in their isolation area (“sick room” and bathroom) every day; and quarantine station staff should clean and disinfect high-touch surfaces in other areas of the living space.

- Clean and disinfect: Routinely clean high-touch surfaces in the “sick room” and bathroom. Staff should clean and disinfect surfaces in common areas, but not inhabited bedrooms and bathrooms.
- If staff need to clean and disinfect a sick person’s bedroom or bathroom, they should do so on an as-needed basis or as PPE availability allows. Staff should wear a mask and wait as long as possible after the isolated individual has used the bathroom.

High-touch surfaces include phones, remote controls, counters, tabletops, doorknobs, bathroom fixtures, toilets, keyboards, tablets, light switches, and bedside tables.

- Clean and disinfect any areas that may have blood, stool, or body fluids on them.
- Household cleaners and disinfectants: Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant as recommended by CDC guidance.

- Be sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to ensure germs are killed. Many also recommend precautions such as wearing gloves and making sure you have good ventilation during use of the product.
 - Most EPA-registered household disinfectants should be effective. A full list of effective disinfectants can be found [here](#).

DISCONTINUATION OF ISOLATION PROCEDURES

Discontinuation of isolation procedures will follow guidelines for the discontinuation of Transmission-Based Precautions which will be determined through either a test-based or a non-test-based strategy as defined in the guidance below:

Non-Test-Based Strategy; for non-hospitalized patients and patients who are not severely immunocompromised, a non-test-based strategy is recommended to preserve testing supplies.

- At least three (3) days or 72 hours have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
- At least seven (7) days have passed since symptoms first appeared.

Test-Based Strategy; recommended for patients who are severely immunocompromised or being transferred to a healthcare facility.

- Resolution of fever without fever-reducing medications **and**
- Improvement in respiratory systems (cough, shortness of breath...) **and**
- A total of two negative specimens: Negative test results from an FDA EUA COVID-19 molecular assay for detection of SARS-CoV-2 NA from at least two consecutive nasopharyngeal swab specimens collected more than 24 hours apart.

Updates to CDC's recommendations for discontinuation of transmission-based precautions can be found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>.

ATTACHMENT I: INDIVIDUAL QUARANTINE ASSESSMENT

The following document will provide local jurisdictions and quarantine station staff a means to collect data and information on individuals requesting residence at a quarantine station.

QUESTIONNAIRE

1	Have you recently traveled? If yes: <ul style="list-style-type: none"> ▪ How long ago did you return? ▪ Where did you travel?
2	Have you been in contact with a confirmed COVID-19 case? If yes: <ul style="list-style-type: none"> ▪ When did their signs and symptoms begin? ▪ When were they tested? ▪ What type of contact did you have with the individual?
3	Are you currently experiencing any signs or symptoms of COVID-19 as defined by the CDC?
4	Are you looking for residency for yourself or yourself and family?
5	Do you have a companion animal? If yes: <ul style="list-style-type: none"> ▪ Type? ▪ Considerations?
6	Do you have personal transportation to the quarantine facility?
7	Do you have any healthcare considerations?
8	Are you currently under the care of your health care provider for causes not associated with COVID-19?
9	Do you have any behavioral / mental health needs?
10	Are you currently taking prescription medication?
11	Do you have any allergies?
12	Do you have special dietary needs?

ATTACHMENT II: QUARANTINE SITE CONSIDERATIONS CHECKLIST

Quarantine Station Site Considerations Checklist

This document was drafted as a guidance of many of the concerns and considerations for selecting an appropriate Quarantine Station and should be used in conjunction with the COVID-19 Quarantine Station Support Plan, Appendices, and Attachments.

Please note: This is a rough-draft guidance document for many of the considerations that need to be accounted for in selecting a Quarantine Station site, and some of the wrap-around services that should be considered. This will not take into account all conditions for all situations on the ground. Local jurisdictions will need to adapt this document to their needs.

LOCATION ASSESSMENT CHECKLIST			
Sub-headers	Checkbox	Planning Considerations and Guidance	Assessor Notes
HOT / WARM / COLD site	<input type="checkbox"/>	If warm / cold – how fast can utilities / infrastructure be provided?	
	<input type="checkbox"/>	By whom?	
Critical Infrastructure	<input type="checkbox"/>	Water – are potable and sanitary services available?	
	<input type="checkbox"/>	Heating Ventilation Air Conditioning (HVAC)?	

	<input type="checkbox"/>	Electric and/or gas / propane	
	<input type="checkbox"/>	Data connectivity	
	<input type="checkbox"/>	Communications infrastructure	
Safety and Security	<input type="checkbox"/>	Individual Security (possessions, personal safety)	
	<input type="checkbox"/>	Medical Information and Records	
	<input type="checkbox"/>	Vehicle Security	
	<input type="checkbox"/>	Building/Site security	
	<input type="checkbox"/>	Government facility?	
	<input type="checkbox"/>	Responsible party?	
	<input type="checkbox"/>	Natural Resource Officers (ODNR sites)	

	<input type="checkbox"/>	Ohio Highway Patrol (State Fairgrounds / other state-owned sites)	
	<input type="checkbox"/>	County Sheriff's Office (county fairgrounds / county property)	
	<input type="checkbox"/>	Local Law Enforcement	
	<input type="checkbox"/>	Contracted security?	
	<input type="checkbox"/>	Non-governmental facility?	
	<input type="checkbox"/>	Responsible party?	
	<input type="checkbox"/>	Agreements on post-use disposition (cleaning, disinfection, demolition)?	
	<input type="checkbox"/>	IT and Cyber Security (open Wifi, connectivity, etc)	

Other considerations	<input type="checkbox"/>	Site in or near county / community with impacted population?	
	<input type="checkbox"/>	Population willing to travel outside of home-county, if not?	
	<input type="checkbox"/>	Steps required to mandate?	
	<input type="checkbox"/>	ADA accessible (includes considerations for service animals)?	
	<input type="checkbox"/>	Individual rooms / bathrooms (if needed for transition to isolation) or is this congregate for quarantine only?	
	<input type="checkbox"/>	Notes:	

TRANSPORTATION ASSESSMENT CHECKLIST

Sub-headers	Checkbox	Planning Considerations and Guidance	Assessor Notes
Self Transport	<input type="checkbox"/>	<p>Yes: In an ideal world, this would be the preference, as it eliminates exposure to a transportation driver. Will not be the case for all in need?</p>	
	<input type="checkbox"/>	<p>No: Tracking of evacuees? Return of evacuees to home site once quarantine complete? Forward movement to higher level of care if isolation / illness necessitates it?</p>	
Equipment	<input type="checkbox"/>	<p>Easier to clean, the better ~ vinyl seats, no carpeting</p>	

Equipment – Smaller Options	<input type="checkbox"/>	Current anticipation does not project transporting large numbers of individuals from single locations	
	<input type="checkbox"/>	“Lower” class of license needed	
	<input type="checkbox"/>	(Standard Class D, possibly a Class C. Class B depending on capacity and air brakes?)	
	<input type="checkbox"/>	Passenger endorsements not required for vehicles transporting < 15 (including driver)	
	<input type="checkbox"/>	Easier to clean?	

	<input type="checkbox"/>	More efficient / less costly to operate	
Equipment – Larger Options	<input type="checkbox"/>	evacuating a facility (Skilled Nursing Facility / Long-Term Care / Congregate housing)?	
	<input type="checkbox"/>	School buses?	
	<input type="checkbox"/>	Transit buses?	
	<input type="checkbox"/>	Charter buses? Cleaning /disposition , return to service	
	<input type="checkbox"/>	Options for social distancing, if individuals are able to load / disembark through the back of the bus, away from the driver?	
	Fueling Considerations	<input type="checkbox"/>	Local transportation / motor pool garages?
<input type="checkbox"/>		Fuel cards / training on system	
<input type="checkbox"/>		On the economy?	
<input type="checkbox"/>		Fuel cards provided by equipment owner? By jurisdiction? By state (if applicable)	
<input type="checkbox"/>		Reimbursement or direct billing?	
<input type="checkbox"/>		Mobile fueling between operations?	
<input type="checkbox"/>		Back up payment / reimbursement option if primary fails / not accepted?	

Drivers	<input type="checkbox"/>	equipment provider sending drivers to operate during operations or only to deliver vehicle?	
	<input type="checkbox"/>	Safety / training considerations as in "Providers" below	
	<input type="checkbox"/>	Verifying licensure	
	<input type="checkbox"/>	Hours of service (HOS) requirements?	
	<input type="checkbox"/>	Even without HOS, responsibility remains with operator to ensure drivers are adequately rested, fit, not ill, or under a duress that could impede safe operation	
	<input type="checkbox"/>	Insurance responsibility if vehicle / driver not from same provider?	
Attendants	<input type="checkbox"/>	Should not be needed unless individuals require acute medical care	
	<input type="checkbox"/>	Would EMS be involved at this point?	
	<input type="checkbox"/>	Transportation to another medical facility, not general quarantine facility?	
Vehicle Maintenance	<input type="checkbox"/>	If usage of vehicles continues for an extended length of time / mileage / hours of equipment operation, is maintenance required?	
	<input type="checkbox"/>	Responsible party for provision?	
	<input type="checkbox"/>	Direct payment / reimbursement?	
	<input type="checkbox"/>	Rotation of vehicles out for owner to provide?	
	<input type="checkbox"/>	User providing?	

Cost and Reimbursement	<input type="checkbox"/>	Damage / maintenance documented and accounted for?	
	<input type="checkbox"/>	Verification of cleaning / disinfection?	
Other Considerations	<input type="checkbox"/>	Notes:	

CARE FOR DEPENDENTS AND PROPERTY ASSESSMENT CHECKLIST

Sub-headers	Checkbox	Planning Considerations and Guidance	Assessor Notes
Considerations	<input type="checkbox"/>	Older adult	
	<input type="checkbox"/>	Adult with Access / Functional Need(s)	
	<input type="checkbox"/>	Dependent / minor child(ren)	
	<input type="checkbox"/>	Minor or adult child(ren) with AFN	
	<input type="checkbox"/>	Service Animals	
	<input type="checkbox"/>	Non-service animals	
	<input type="checkbox"/>	Farm animals / livestock	
	<input type="checkbox"/>	Personal animals	
	<input type="checkbox"/>	Security for evacuees' homes and/or businesses they may fear to leave alone for 14 days +/-?	

Other Considerations	<input type="checkbox"/>	Notes:	
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ON-SITE SERVICES ASSESSMENT CHECKLIST

Sub-headers	Checkbox	Planning Considerations and Guidance	Assessor Notes
Providers	<input type="checkbox"/>	On-site employees?	
	<input type="checkbox"/>	Contractors?	
	<input type="checkbox"/>	Need to find?	
Provider Considerations	<input type="checkbox"/>	Voluntary Organizations Active in Disasters?	
	<input type="checkbox"/>	Ohio National Guard (jurisdictions cannot request OHNG specifically – they may request a capability that will be filled by the most appropriate resource available)?	
	<input type="checkbox"/>	Government employees from other agencies / divisions?	
	<input type="checkbox"/>	Transportation for individuals?	
	<input type="checkbox"/>	Safety / exposure / PPE?	
	<input type="checkbox"/>	PPE is your last line of defense, not your first.	
	<input type="checkbox"/>	Training	
	<input type="checkbox"/>	Safety considerations	
	<input type="checkbox"/>	How to protect self / residents from exposure, infection	

	<input type="checkbox"/>	Risk management	
	<input type="checkbox"/>	Emergency procedures	
	<input type="checkbox"/>	Severe Weather / active aggressor / fire / attempt to break quarantine / isolation / site-specific?	
	<input type="checkbox"/>	Site management considerations	
	<input type="checkbox"/>	Adequate training for lines of work: quarantine center monitoring / support or wrap-around services	
	<input type="checkbox"/>	Shifts / coverage	
	<input type="checkbox"/>	Worker' illness / unavailability	
Quarantine Operations	<input type="checkbox"/>	Providers? (list / ancillary considerations above)	
	<input type="checkbox"/>	Additional training:	
	<input type="checkbox"/>	Information to record / how to collect and record	
	<input type="checkbox"/>	Where reported to	
	<input type="checkbox"/>	Timeline for reporting	
Medication provision? Durable Medical Equipment? Accommodations for Service Animals	<input type="checkbox"/>	Service animals are to stay with individual at all times – must be planned for in accordance with ADA	
	<input type="checkbox"/>	Ideal world – individuals bring adequate quantities of medication / necessary DME	
	<input type="checkbox"/>	Real world – How are needs met?	
	<input type="checkbox"/>	DME stockpiles? Diverse needs / equipment / options / providers	

		<p>☐☐DME requirements for electric, mounting of equipment, or other infrastructure needs? • Do complete lists of 'recommended items' exist?</p> <ul style="list-style-type: none"> • Even still ~ will not be all-inclusive o Would it be cost prohibitive? o Contracts in place for rapid acquisition 	
	<input type="checkbox"/>	American Red Cross guidance from sheltering doctrine?	
Medication	<input type="checkbox"/>	not brought, can pharmacy provide?	
	<input type="checkbox"/>	No refills? Primary Care Provider call in?	
	<input type="checkbox"/>	If Primary Care Provider is N/A, will someone else write script?	
	<input type="checkbox"/>	Need complete access to medical records?	
	<input type="checkbox"/>	Secure method for transmission of records from PCP to new / emergency care provider?	
	<input type="checkbox"/>	Medical records N/A? Next steps?	
	<input type="checkbox"/>	If pharmacy can provide, who can pick up?	
	<input type="checkbox"/>	Signature requirement?	
	<input type="checkbox"/>	Controlled substances – additional considerations?	
	<input type="checkbox"/>	How is payment / reimbursement handled?	
Food Preparation and Providers	<input type="checkbox"/>	Providers? (list / ancillary considerations above)	
	<input type="checkbox"/>	Preparation site / capabilities?	
	<input type="checkbox"/>	# Meals per day adequate for maximum anticipated population?	

	<input type="checkbox"/>	Procurement off-site then transportation to site for distribution	
	<input type="checkbox"/>	MREs / Shelf-stable / frozen meals and microwaves?	
	<input type="checkbox"/>	Procurement of food to prepare?	
	<input type="checkbox"/>	Local food banks?	
	<input type="checkbox"/>	USDA from schools?	
	<input type="checkbox"/>	Contractors (Sysco, GFS, Giant Eagle / Kroger, etc.)	
	<input type="checkbox"/>	Donation (from other VOADs / NGOs)?	
	<input type="checkbox"/>	Where are they getting their food from? Same as above?	
	<input type="checkbox"/>	Additional training required?	
	<input type="checkbox"/>	Local Health Department sign off?	
	<input type="checkbox"/>	If OHNG / Military provided – can their inspectors sign off	
<input type="checkbox"/>	Coordinate through local health district, may be possible		
Laundry Facilities	<input type="checkbox"/>	Individuals should bring adequate clothing for 14-days in quarantine and necessary linens for bedding	
	<input type="checkbox"/>	If laundry facilities are not on-site, are they accessible?	
	<input type="checkbox"/>	“Quarantine” linens (place in bags) and have owner take home at end of stay?	
	<input type="checkbox"/>	Linens from contractors like Economy? Turn-key solution? Cost becomes a factor	

Other Considerations	<input type="checkbox"/>	Notes:	
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RECREATION ASSESSMENT CHECKLIST

Sub-headers	Checkbox	Planning Considerations and Guidance	Assessor Notes
Recreation	<input type="checkbox"/>	If individuals are required to be on-site, away from their homes for 14 days +/-, there has to be something for them to do	
	<input type="checkbox"/>	Are games provided to rooms?	
	<input type="checkbox"/>	Can people bring Xbox, Playstation, Netflix, etc	
	<input type="checkbox"/>	Is there space to be outdoors including room entry/exit without entering common space	
Other Considerations	<input type="checkbox"/>	Notes	

MENTAL HEALTH ASSESSMENT CHECKLIST

Sub-headers	Checkbox	Planning Considerations and Guidance	Assessor Notes
Mental Health	<input type="checkbox"/>	Individuals may come to site with existing mental health conditions	
	<input type="checkbox"/>	Individuals may come to site with existing addiction(s)	

	<input type="checkbox"/>	Individuals may develop mental health conditions due to 'isolation' from friends, families, careers, pets, etc. and/or fear of disease / illness	
Other Considerations	<input type="checkbox"/>	Notes:	

TRANSITION TO ISOLATION ASSESSMENT CHECKLIST

Sub-headers	Checkbox	Planning Considerations and Guidance	Assessor Notes
Transition to isolation	<input type="checkbox"/>	Most quarantine sites will not have capacity, space, appropriate equipment (negative pressure rooms, as an example), or access to medical providers to establish isolation wards	
	<input type="checkbox"/>	If individuals fall ill / register as confirmed cases ~ transportation to an appropriate facility will be necessary	
	<input type="checkbox"/>	Medical providers	
	<input type="checkbox"/>	Treatment provision	
	<input type="checkbox"/>	Increased staffing, supplies, PPE, medication, medical equipment needs	
	<input type="checkbox"/>	Testing / diagnostic equipment	
	<input type="checkbox"/>	Treatment of comorbid conditions?	

Other Considerations	<input type="checkbox"/>	Notes:	
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MANDATORY QUARANTINE AND LEGAL ASSESSMENT CHECKLIST

Sub-headers	Checkbox	Planning Considerations and Guidance	Assessor Notes
Joint Agreements	<input type="checkbox"/>	Health Commissioners willing to play ball and accept cases / issue quarantine orders for those from outside of host jurisdiction?	
	<input type="checkbox"/>	Transportation through a county where the order does not exist en route to destination county ~ does this present legal problems?	
Quarantine Enforcement	<input type="checkbox"/>	LE required? 'Deputized' private security / site security?	
	<input type="checkbox"/>	Legal foundations similar to civil commitments?	
	<input type="checkbox"/>	Repercussions from trying to break quarantine?	
	<input type="checkbox"/>	Individuals not under quarantine trying to get in?	
Other Considerations	<input type="checkbox"/>	Notes:	