

Home Isolation/Quarantine Assessment Tool

Instructions for Use by Public Health for Mandatory Isolation or Quarantine

This form must be completed for each individual placed in mandatory isolation or quarantine regardless of whether they are of the same family or placed in the same setting, i.e., home or alternate facility. The form is completed in person by the field epidemiologist or his/her designee when the order of confinement is presented to the individual.

A copy of this completed, signed form must be provided to the individual[s] under isolation or quarantine. This may mean taking the completed form back to office to make a copy and mail to the case/contact.

Person conducting assessment: *Enter the full name of the person completing this form.*

Title: *Enter the working/professional title of the individual completing this form, e.g., field epidemiologist, RN, LPN, EHP, volunteer.*

Date: *Enter the date on which this is completed – month, day and year.*

Case/contact name: *Enter the full legal name of the individual being placed in isolation or quarantine.*

DOB: *Enter the date of birth of the individual being placed in isolation or quarantine – month, day, year. Be sure that the year listed is not the current year.*

Case/contact classification: *Classification identifies whether the person is exhibiting symptoms of and infectious agent, e.g., the avian flu [isolation] or has been exposed to an infectious agent but has not yet exhibited symptoms [quarantine]. Indicate in the space provided either 'isolation' or 'quarantine.'*

Case/contact ID: *Enter the case number or chart number assigned to the individual being placed in isolation or quarantine.*

Home address: *Enter the street name and number of the residence of the individual being isolated or quarantined. If the address is a multiple unit dwelling, include an apartment or condo number.*

City/State/Zip: *Enter the city of residence and state. Enter the zip code; the 5-digit number is sufficient.*

Home Phone: *Enter the home phone number if it is a land line. A **landline, main line** or **fixed-line** is a telephone line which travels through a solid medium, either metal wire or optical fiber. Do not enter cell phone numbers here. Be sure to include the area code. E.g., 701-890-1234*

If there is no land line for the home, enter N/A.

Cell Phone: *Enter the number of a cell phone regardless of whether this is the sole or additional phone access number for the individual being placed in isolation or quarantine. A mobile cellular line is where the medium used is the airwaves. Be sure to include the area code. E.g., 701-123-4567*

If there is no cell phone, enter N/A.

Other Phone: *If there is more than 1 line coming into the residence of the individual being placed in isolation or quarantine or if another person or persons has a cell phone, enter those numbers. Please*

indicate whether the number or numbers are landlines or cell phones. Be sure to include the area code for each number identified.

If there are no other phones by which to contact the individual, enter N/A.

Email: Enter the email address of the individual being placed in isolation or quarantine, if he/she has one. Enter N/A if they do not have access to the Internet with an email account.

Alternate Contact: Enter the full name of any person identified as an emergency contact, caregiver or other who may assist in reaching the case/contact for monitoring/following up if the above information yields 'no answer.'

Alternate Home Number: Enter the phone number if it is a land line. Do not enter cell phone numbers here. Be sure to include the area code. E.g., 701-890-123. If there is no land line for the individual available, enter N/A.

Alternate Office Phone: Enter the phone number if it is a land line. Enter the phone number regardless of whether it is a landline or cell phone. Be sure to include the area code. E.g., 701-890-123. If there is no office phone, enter N/A.

Alternate's Cell Phone: Enter the number of a cell phone regardless of whether this is the sole or additional phone access number for the individual. Be sure to include the area code. E.g., 701-123-4567

If there is no cell phone, enter N/A.

Section A. The Case/Contact

1. Does the case/contact speak English as their primary language?
Answer yes or no. If yes, proceed to question 2. If no, answer a and b.
 - a. If no, what is their primary language? Many languages have "regionalisms," or differences in usage. For instance, a word that may be understood to mean something in Spanish for someone from Cuba may not be so understood by someone from Mexico. Be sure to identify the region and/or specific country of origin for the language.
 - b. If no, does the case/contact need an interpreter? Do not assume that the individual is fully fluent in English even if they can speak some English. Assess their understanding during the presentation of the educational pieces needed to accomplish the 2-week confinement.
2. Was the case/contact educated about:
Answer yes or not to each item a through e.
Check the box indicating 'written materials provided', if appropriate.

If no is checked for any of the items, specify which and for what reason.

List the item # followed by the reason why that particular piece was not reviewed.

3. Does the case/contact have a car?
Answer yes or no.

The availability of a car may increase the possibility that the individual may break isolation or quarantine if services and follow-up are not coordinated.

Section D. Household Contacts

1. Does the case/contact live alone?

Answer yes or no.

- a. Household members who cannot care for themselves?
 - i. Children?
 - ii. Disabled adult or elderly?
- b. Can other household member move to another household during the isolation/quarantine period?
Answer yes, no or not applicable to the above questions.

- c. Please list all current household members below:

Name Relationship Age Stay in Home; At Risk; Needs/Comments

Complete this section only if the answer to #1 is no. Enter the full name of each individual living in the residence. Enter the relationship and age of each individual living in the residence. Check if the individual will remain in the home. Check if the individual is at risk. Identify any needs of each individual that may reduce the risk of infection which may be provided through assistance/coordination by public health.

Section C. The House

1. Does the home have the following features?

- a. Internet access?
Answer yes or no.
 - i. Does this use the case/contact's only phone line?
Answer yes, no, or n/a.

Answer yes or no for the following:

- b. Television?
This can provide updated information, educational pieces and entertainment to prevent boredom while confined.
- c. Radio?
This can provide updated information, educational pieces and entertainment to prevent boredom while confined.
- d. Electricity?
If the answer is no, find out the reason for no electricity. Is it because of non-payment of the bill, utilities failure in the community or is the house not wired for electricity?

Answer yes or no to the items below.

- i. Refrigerator?
If no, are there other means to keep perishable foods, medications cool?
- ii. Oven?
Is the oven powered by gas or electricity? Are there other means for heating foods?
- iii. Microwave?
- iv. Heat?
How is the heat provided - by electricity, gas or wood-burning stove?
- v. Air conditioning?
- vi. Is there a washer/dryer on site?
If the answer is yes, circle the appliance which is in the home. If a dryer is not on site, how will washed items be dried?
 1. Enough laundry soap for isolation period?

Answer n/a if answered no to the above question.

- e. Potable water?
Is there running water from either a well or city water system to assure water for hydration and cooking? Does the individual have a supply of bottled water?
 - f. Enough disinfectant for the isolation period?
Does the individual have bleach [to mix with water], anti-bacterial gel, wet wipes with bleach or anti-bacterial soft soap.
 - g. Waste and sewage disposal [septic tank or sewer line]?
2. Does the home support effective isolation by:
- a. Having a separate bedroom for only the case/contact?
 - b. Have a separate air-handling system for I&Q area?
 - c. Separate bathroom that can be used only by the case?
 - d. The windows can be opened?
- Answer yes or no to each question above.*

Section D. Support

1. Are there pets in the home?
Answer yes or no.
- a. Can the case/contact take care of the pets while in isolation?
Answer yes, no or n/a. If yes, is there sufficient food? If a cat, is there sufficient cat litter and will the case/contact have the capability to maintain the litter box? If a dog, will the animal have to be walked or is there a fenced in yard to accommodate exercise, defecation and urination needs? Query about other types of pets – birds, gerbils, fish, etc.
2. Is there livestock which must be tended?
Answer yes or no. Does the case/contact have cattle, horses, poultry, etc. which need feed and water, etc?
- a. Can the case/contact take care of the livestock?
 - b. Does the case/contact have support from family, friends or neighbors to tend the livestock?
Answer yes, no or n/a.
3. Is the case/contact currently under care for a health condition, including mental health or behavioral health care?

Enter the name of the health condition for which the individual is being treated, along with the name and phone number (s) of the Dr. or other care provider who is treating them.

a. If yes, please list condition and provider's name: _____

b. Does the case/contact need prescription refills during the I&Q period?

If answer to 3 is no, write n/a here.

If so, what? _____

List the prescriptions which must be refilled during the I&Q period. Include name of medication, dosage and frequency of administration.

If the answer to #3 is no, write n/a here.

Where are the prescriptions maintained? _____

List what pharmacy(ies) maintains the prescription on file.

If the answer to #3 is no, write n/a here.

4. Does the case/contact have access to mental health services?

Answer yes or no.

5. Does the case/contact normally require a caregiver?

Answer yes or no.

6. Does the case/contact have someone who can run errands?

Answer yes or no.

Section E. Recommendations

1. The _____ County Health Department recommends:

Enter the name of the health unit/department.

Home isolation.

Isolation in an alternate facility

Check one of the options above based on the assessment of the answers to the previous questions.

a. Reason for not recommending home isolation

If the option of alternate facility is chosen, the reason for choosing this option must be documented.

b. Preferred alternate facility

The name, address and contact information for the facility should be listed.

2. Disposition:

Case/contact agrees to adhere to isolation recommendations

Case/contact refuses to adhere to isolation recommendations

To the best of the reviewer's knowledge one of the above options must be checked.

3. Additional steps:

a. Did case/contact receive LHD Isolation/Quarantine Packet?

b. Did case/contact receive voluntary isolation letter?

c. Did case/contact receive Local Health Officer Order?

d. Did case/contact receive LHD Isolation Kit?

Check yes or no on all of the items above.

If no for any of the above, specify which one(s) and why

List the item # followed by the reason why that particular piece was not provided to the case/contact.

4. Additional Comments

Include any addition information/ comments which are not addressed previously in this document which may be pertinent in monitoring, assuring appropriate care or that needed support/services are provided to the case/contact.

Signature of Case/Contact

Date

Signature of Witness/Reviewer

Date

Have the case/contact sign and date the form as well as the reviewer who is recording the information.

North Dakota Department of Health

Home Isolation Assessment Tool

For Use by Public Health for Mandatory Isolation and Quarantine

Person conducting assessment _____ Title _____ Date _____
Case/Contact name _____ DOB _____
Case/Contact Classification _____ Case/Contact ID _____
Home address _____ City/State/Zip _____
Home Phone _____ Cell Phone _____
Other Phone _____ Email _____
Alternate Contact _____ Alternate's Home Number _____
Alternate's Office Phone _____ Alternate's Cell Phone _____

Section A. The Case/Contact

- 1. Does the case/contact speak English as their primary language? Y N N/A
a. If no, what is their primary language?
b. If no, does the case/contact need an interpreter?
2. Was the case/contact educated about: Written materials provided
a. Proper hand washing?
b. Appropriate use of surgical masks and gloves?
c. Methods of taking and reading their temperature?
d. Proper handling and cleaning of soiled laundry?
e. Cleaning and disinfection of their environment?

If no for any of the above, specify which one(s) and why

- 3. Does the case/contact have a car?
4. Is the case/contact currently employed?
a. Employer
b. Job description/title
c. Can the case/contact work from home?
d. Does the case/contact have paid time off for I/Q period?

Section B. Household Contacts

- 1. Does the case/contact live alone? Y N N/A
a. Household members who cannot care for themselves?
i. Children?
ii. Disabled adult or elderly?
b. Can other household member(s) move to another household during the isolation/quarantine period?

c. Please list all current household members below:

Name/Relationship	Age	Stay in Home	At Risk	Needs-Comments
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

Section C. The Home

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1. Does the home have the following features: | Y | N | N/A |
| a. Internet access? | <input type="checkbox"/> | <input type="checkbox"/> | |
| i. Does this use the case/contact's only phone line? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Television? | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. Radio? | <input type="checkbox"/> | <input type="checkbox"/> | |
| d. Electricity? | <input type="checkbox"/> | <input type="checkbox"/> | |
| i. Refrigerator? | <input type="checkbox"/> | <input type="checkbox"/> | |
| ii. Oven? | <input type="checkbox"/> | <input type="checkbox"/> | |
| iii. Microwave? | <input type="checkbox"/> | <input type="checkbox"/> | |
| iv. Heat? | <input type="checkbox"/> | <input type="checkbox"/> | |
| v. Air conditioning? | <input type="checkbox"/> | <input type="checkbox"/> | |
| vi. Is there a washer/dryer on site? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 1. Enough laundry soap for isolation period? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Enough disinfectant for isolation period? | <input type="checkbox"/> | <input type="checkbox"/> | |
| f. Potable water? | | | |
| g. Home will need additional food supplied in _____ days. | | | |
| h. Waste and sewage disposal (septic tank or sewer line)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Does the home support effective isolation by: | | | |
| a. Having a separate bedroom for only the case/contact? | <input type="checkbox"/> | <input type="checkbox"/> | |
| b. Having a separate air-handling system for I/Q areas? | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. Separate bathroom that can be used only by the case? | <input type="checkbox"/> | <input type="checkbox"/> | |
| d. The windows can be opened? | <input type="checkbox"/> | <input type="checkbox"/> | |

Section D. Support

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| | Y | N | N/A |
| 1. Are there pets in the home? | <input type="checkbox"/> | <input type="checkbox"/> | |
| a. Can the case/contact take care of the pets while in isolation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there livestock which must be tended? | <input type="checkbox"/> | <input type="checkbox"/> | |
| a. Can the case/contact take care of the livestock? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does the case/contact have support from family, friends or neighbors to tend the livestock? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the case/contact currently under care for a health condition, including mental health or behavioral health care? | <input type="checkbox"/> | <input type="checkbox"/> | |

- a. If yes, please list condition and provider's name: _____
- b. Does case/contact need prescription refills during I/Q period?
 If so, what? _____
 Where are the prescriptions maintained? _____
- 4. Does the case/contact have access to mental health services?
- 5. Does case/contact normally require a caregiver?
- 6. Does the case/contact have someone who can run errands?

Section E. Recommendations

- 1. The _____ County Health Department recommends:
 - Home isolation.
 - Isolation in an alternate facility
- c. Reason for not recommending home isolation: _____

- d. Preferred alternate facility _____

- 2. Disposition:
 - Case/Contact agrees to adhere to isolation recommendations
 - Case/Contact refuses to adhere to isolation recommendations

- 3. Additional steps: **Y N**
 - a. Did case/contact receive LHD Isolation/Quarantine Packet?
 - b. Did case/contact receive voluntary isolation letter?
 - c. Did case/contact receive Local Health Officer Order?
 - d. Did case/contact receive LHD "Isolation Kit"?
 If no for any of the above, specify which one(s) and why

4. Additional Comments

 Signature of Case/Contact

 Date

 Signature of Witness/Reviewer

 Date

(Adapted from the Spokane Regional Health District form for this purpose 03/05)

Discharge from Isolation (Attachment 1/Section III and IV)

Recovered case/contacts may continue to be infectious (e.g., for influenza, shed virus from the respiratory tract or from feces) after overt clinical symptoms have stopped. The X County Health Department Administrator/Health Officer/Designee will adhere to quarantine and isolation timeframe requirements recommended by the Centers for Disease Control and Prevention. To avoid transmission after release from isolation/ hospital, case/contacts shall remain in quarantine (home or other appropriate facility) for the length of the incubation period of the disease. Recovered case/contacts may or may not have developed immunity and may or may not still be infectious and thus must be educated by X County Health Department Administrator/Designee/Health Officer about their health risks, the risks they present to their community, and the possibility that they may become re-infected if further exposed to the infectious agent.

b) Discharge from Quarantine (Attachment 1/Section III and IV)

Individuals shall be quarantined for a sufficient period of time—typically at least the length of the pathogen’s incubation period—to ensure they did not contract the disease. The incubation period is the time interval between infection (i.e., introduction of the infectious agent into the susceptible host) and the onset of the first symptom of illness known to be caused by the infectious agent. If a person does not develop symptoms during this period, he or she can be assumed uninfected and return to normal activities.

In some cases, the pathology of the infectious agent may be unknown. In those instances, the X County Health Department Administrator/Designee/Health Officer shall implement longer quarantines at first, and then reduce the time for quarantine when the causal agent has been identified and its pathology is known. The initial quarantine period shall be governed by clinical diagnosis, symptoms, timeframe for presumptive laboratory and confirmatory laboratory results, disease duration, course of treatment, and requirements as recommended by the CDC. The decision to discharge an individual being held in isolation or quarantine will be made by the X County Health Officer/Designee after evaluation of the individual for disease symptoms following timeframe guidance provided by CDC. The X County Health Officer/Designee will issue a release order (hand delivered or by phone) to the individual in quarantine or isolation of release when all provisions of NDCC 27.7-06 have been met.