

## SPECIAL ARTICLE

## THE MEDICO-LEGAL PREREQUISITE FOR INITIATING QUARANTINE AND ISOLATION PRACTICES IN PUBLIC HEALTH EMERGENCY MANAGEMENT IN HOSPITALS IN GHANA

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### SUMMARY

Hospitals and other health facilities in Ghana do not appear to have standardized practices for quarantine and isolation in public health emergency management. This paper reviews the legislative framework governing the medico-legal prerequisites for initiating quarantine and isolation procedures as articulated in the Infectious Disease Act (Cap 78) 1908 amended, 1935, the Quarantine Act (Cap 77) 1915 amended, 1938, the Emergency Powers Act of 1994, (Act 472), and the National Disaster Management Act, 1996, (Act 517) in consonance with the 1992 Constitution of Ghana. The findings provide that

(1) The legislative framework outlines systematic standards and protocols to be followed in the committal of person or persons in quarantine and isolation during public health emergencies.

(2) These standards and protocols consider as imperative, the creation of standardized national templates for the initiation of quarantine and isolation measures.

(3) The non-compliance of the standards and protocols renders vulnerable medical facilities and hospitals with their personnel to the threat of medical mal-practice suits and breach of professional ethics.

This paper provides suggestions to hospital administrators and medical personnel of how to develop administrative templates in compliance with the law in managing public health emergencies. It also provides examples of such templates for possible adoption by hospitals and other health administrators.

**Keywords:** Quarantine, Isolation, Procedures, Public Health Emergency Management, Hospitals, Administrators

### INTRODUCTION

The invocation of health emergency powers is risk dependent. The implementation of quarantine or isolation procedures by a competent medical official is dictated by the nature of the health risk posed to the health and safety of the community at large. It does not extend to, and seems not to apply to, health interventions needed for the promotion, maintenance and protection of the health of an individual. This means that, there has to be a public health emergency or threat before quarantine or isolation order can stand a legal challenge and absolves the public health personnel from the charge of the abuse of ethics.<sup>1,2</sup> Therefore, the existence of a public health emergency is a basic prerequisite of the Emergency Powers Act, 1994 (Act 472) as well as the 1992 Constitution, Articles 31 through 32.

Public health aims to prevent diseases, prolong life, and promote health through organized efforts of society and organizations.<sup>3</sup> However, public health law is concerned with the preservation and codification of the standards and protocols established or to be established for the prevention of diseases, the prolongation of life and the promotion of health. It is also concerned with the reduction of existential threat to safety and security of a given community. It is the enforcement arm that stops encroachment to the legal framework affecting the health and safety of communities and populations. It achieves this goal by regulating the conduct of society, technological systems within a given population including criminal, negligence, product liability, personal injury and torts, as well as civil and humanitarian rights.<sup>4</sup> Public health laws provide the ethical framework for public health administration.

Public health emergency is defined by the supreme law of the land, the 1992 Constitution, article 31-33 to include a natural disaster or any situation in which any

action is taken or is immediately threatened to be taken by any person or body of persons which:

(a) is calculated or likely to deprive the community of the essentials of life; or

(b) renders necessary the taking of measures which are required for securing the public safety, the defense of Ghana, the maintenance of public order and of supplies and services essential to the life of the community.

The Infectious Disease Act and the Quarantine Act, are both supported by the definition contained in the Emergency Powers Act, 1994 (Act 472) Section 5 (a) and (b), and in consonance with the 1992 Constitution, Articles 31 and 32. Therefore, in this context, a public health medical emergency essentially is the immediate threat from an outbreak of infectious or contagious agent that poses a high risk of death or serious bodily harm to large numbers of people with risk of exposure because of high level of contagion and transmission of agent.

The following definitions are important in determining the type of emergency and order implicated:

**Infectious or contagious disease:** disease designated by the health authorities and environment as an infectious or contagious.

**Quarantine:** involves a situation where an individual or group 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 is reasonably believed to have contracted a dangerous communicable disease is kept separate from others to prevent disease transmission.

**Observation and monitoring:** is when health care personnel are reviewing the current health status of a potentially infected individual to determine whether further action is warranted.

**Order:** is issued by a competent health official requiring that he has reason to believe that an individual has been exposed to an infectious or contagious disease, ordering him to seek appropriate and necessary evaluation or treatment under quarantine or isolation conditions.

In invoking quarantine and isolation powers, the legal framework requires a demonstration of both the presence and the absence of the intent to harm or potentially undermine the community's health. The presence of the intent to harm shows wilfulness. The absence of the intent to harm, however, demonstrates either ignorance of the medical or public health emergency or ignorance of the law. In addition to either the intent to harm or the absence of the intent to harm, the medico-legal standard also requires a show of existential threat to the health of the community. This distinction is ger-

mane to the nature of the committal modalities to be followed by the competent health official.

The following laws are, therefore, taken in consideration of the legal framework. The relevant parts are applied to the question of quarantine and isolation. The laws are: Infectious Disease Act, the Quarantine Act, the Emergency Powers Act, 1994 (Act 472) Section 5 (a) and (b), and the 1992 Constitution, Articles 31 and 32 as well as the Ghana Health Service and Teaching Hospital Act, 1996 (Act 525) Sections 2, sub-sections (h - l).

These laws further collectively inform the basis for the determination of the quarantinable period and the circumstances leading to isolation. The determination of the quarantinable period is dependent on risks, disease aetiology, symptoms, effects and treatment, the nature of the emergency and the duration of the continued threat to the community. Although these standards and protocols for the administration of quarantine and isolation in hospitals and medical facilities have been on the books for a long time, there appears to be little or no discussion or familiarity with the ethical expectations required by the medico-legal framework in Ghana. This paper may help to bridge the knowledge gap in instituting quarantine and isolation measures. It provides a step-by-step approach to the introduction of quarantine standards and protocols in medical and public health practice in Ghana. It demonstrates, by example, the development of templates for voluntary or enforced quarantine, the modalities for issuing isolation orders and the general compliance with the dictates of the law.<sup>5-7</sup> This paper is to identify the knowledge gap in medical and public health practice in Ghana with specific regard to the initiation of quarantine and or isolation modalities in public health emergencies.

## METHODS

There methodological approaches were used in this paper: systematic review of the laws, desktop review of quarantine and isolation cases, and internet search.

### *Systematic review*

A systematic review of the laws of Ghana was undertaken to isolate and identify those legislations affecting public health emergency administration. These included: Ghana Constitution of 1992, Emergency Powers Act 472, 1994, National Disaster Management Act 517, 1996, Infectious Disease Act (Cap 78) 1908 amended 1935, Quarantine Act (Cap 77) 1915 amended 1938, and the National Fire Prevention Law, LI 1724, 2003. Additionally, we also reviewed the following: the National Building Regulations, LI 1630, 1996, National Fire Prevention Law, LI 1724, 2003, National Building Regulations, LI 1630, 1996, Narcotics Drugs

Law, (P.N.D.C.L. 236), 1990, Medical and Dental Decree, N.R.C.D. 91, 1972, Ghana Health Service & Teaching Hospitals Act 525, 1996, National Health Insurance Regulations, LI 1809, 2004, Ghana Labour Act 651, 2003, Anti-Terrorism Act 762, 2008, Factories, Offices and Shops Act, Environmental Protection Agency, Food and Drug Law, Act

### Desktop review

The Ghana Law Reports from 1990 through 2002 were reviewed to analyze possible Quarantine and or isolation cases.

### Internet search

A systematic Internet search was also conducted using carefully designed keywords such as “quarantine, Ghana, public health emergency or isolation”, or “Ghana, public health emergency”. The results from the national search and legislative framework were compared with international best practices for edification and analysis.

## RESULT

### Result from the systematic review of national laws

The systematic review of the national legislation affecting public health administration revealed the following findings summarized and presented in Table 1.

The main themes, however, are that:

- (1) There is a nexus between the principal legislation on disaster and emergency management in general and the implications for quarantine and isolation in specific situations.
- (2) The 1992 Constitution set out a step-by-step standard for the practice of quarantine and isolation measures in Ghana, the non-compliance of which could result in the encroachment of the ethical and constitutional rights of patients.
- (3) Most importantly, the goal of these standards appear to provide immunity for the competent public health official with the responsibility to issue quarantine and isolation measures, against charges of the abuse of conventional ethical standards such as autonomy, non-maleficence, informed consent, due process and social justice, provided these standards are followed.
- (4) A failure in compliance with these constitutionally sanctioned standard protocols for quarantine and isolation could lead to charges of the abuse of human rights, patient rights not to be isolated, quarantined and treated against the will of the patient isolated and quarantined.
- (5) The research revealed that as a general constitutional rule, unless there is a formal declaration of a national state of emergency, quarantine and isolation measures couldn't be issued. This limitation seemed to suggest that in isolated, non-nationwide state of medical emergency, a competent public health official under

the general duty of care imposed on the Ghana Health Service and Teaching Hospital Act, 1996 (Act 525) Sections 2, sub-sections (h - l), quarantine and isolation measures can be issued in individual or limited but temporary cases.

(6) Finally, there could be costly legal consequences due to the non-compliance with the standards set out in the constitution for the practice of isolation and quarantine measures in a declared nationwide, regional or district emergency situation.

The portions of the legislation cited in Table 1, which deal with disaster and emergency work towards the Articles 31 through 33 of the 1992.

### Other legislation affecting quarantine and isolation situations

Just as it was in Table 1, in Table 2, the laws run in consonance with the 1992 Constitution of Ghana.

### Result from desktop review and Internet search

We found that the review of cases reported in the Ghana Law Reports from 1990 through 2002 provided no specific case for analysis. Historically, the only time Ghana has issued a formal emergency declaration was in the 1960's during the railway strike. Although there have been quite a few politically inspired state of emergencies that have been issued in the past and which resulted in political isolation, this is not the subject of this investigation. Even then, there is no recorded evidence to support public health and medically necessitated quarantine and isolation of persons that are part of the public access information today.

We also found that the “National Preparedness and Response Plan for Avian and Human Pandemic Influenza: 2005-2006”, which was prepared by the Ghana Health Service in conjunction with many other national and international stakeholders did not mention the constitutional prerequisites in case of quarantine and isolation, even though contingencies for both quarantine and isolation were in fact planned in that document. We surmise that the silence on the constitutional requirements in that document might have been justified by compliance with the mandate articulated under the Ghana Health Service and Teaching Hospital Act, 1996 (Act 525) Sections 2, sub-sections (h - l). A liberal reading or interpretation of Section 2 of Act 525 supports the justification that quarantine and isolation measures can be issued in individual or limited but temporary cases, in the absence of a nationally declared state of emergency. We also found that although forced isolation is practiced in Ghana at the ports and harbors, at Ghana's borders and hospitals, the practice does not appear to operate in consonance with the requirements of the 1992 Constitution.

**Table 1** Assessment of Disaster and Emergency Management Legislations and their implications for quarantine and isolation modalities

Legislations	Disaster and Emergency Management and implications for quarantine and isolation issues	Gaps
Emergency Powers Act, 1994 (Act 472)	Modalities for declaration of disaster also affects the modalities of quarantine and isolation in a declared emergency	Quarantine and isolation laws
National Disaster Management Organization Act, 1996, (Act 517)	National mechanism for disaster/emergency management	Pathways for isolation and quarantine
National Buildings Regulations, (LI 1630)	Provision of national building code	Management of condemned houses
Local Government Act, 1993 (Act 462)	<ul style="list-style-type: none"> <li>Community-based disaster and emergency reduction strategies</li> <li>Resource allocation for disaster intervention, enforcement mechanism for breaches and public endangerment</li> <li>Immunities from civil liabilities</li> </ul>	Quarantine and isolation laws
Environmental Protection Act, 1994 (Act 490)	Environmental prohibitions and enforcement mechanisms	Specific modalities for quarantine and isolation, passing on the cost of environmental hazards etc. to the causal entity.
Road Traffic Act, 2004 (Act 683)	<ul style="list-style-type: none"> <li>General conduct of driver and vehicular behavior</li> <li>Public safety and security matters.</li> </ul>	Transportation of hazardous material and chemicals should be incorporated into quarantine and isolation provisions.
Minerals and Mining Act, 2006 (Act 703)	<ul style="list-style-type: none"> <li>Handling of radioactive material, enforcement mechanism for breaches and encroachment, and radiological pollution.</li> <li>Land uses, water rights, treatment of mining tailings and other issues that impact public health and safety</li> </ul>	Specific modalities for quarantine and isolation, passing on the cost of environmental hazards etc. to the causal entity.
Infectious Disease Act 1908 amended 1935, (CAP 78)	<ul style="list-style-type: none"> <li>Treatment of risk of transmission of diseases and civil and criminal treatment of those found to have transmitted infectious disease to others and its public health and law implications</li> <li>Rights, duties and privileges of medical staff, first responders and volunteers, as well as immunities and protections limitations</li> </ul>	Set out standards for the management of the civil and constitutional rights of the patients, together with immunity provisions for the health care providers in emergencies.
Quarantine Act, 1915 amended 1938, (CAP 77)	Shares similar legislative impetus with the Emergency Powers Act 472 in terms of the abridgement of the rights of citizens for the common good when the community is facing the threat of a medical emergency or an actual emergency	Set out standards for the management of the civil and constitutional rights of the patients, together with immunity provisions for the health care providers in emergencies.
West African Gas Pipeline Act, 2004, (681)	<ul style="list-style-type: none"> <li>Operations under nationally declared state of emergency</li> <li>Works in consonance with Article 31 of the 1992 Constitution</li> <li>Directly impact Act 517 and disaster management in Ghana and the sub-region.</li> </ul>	Isolation and evacuation provisions and standards for needs assessment of potential evacuees.
National Petroleum Authority Act, 2005 (691)	Directly impacts on Act 517 and emergency management	Isolation and evacuation provisions and standards for needs assessment of potential evacuees.
Workmen's Compensation Law, 1987 (PNDC, 1987)	Best option for the protection of all workers and not only those engaged in emergency and disaster management.	Comprehensive law on Occupational Health and Safety which would set standards for safety and their remedies.
Medical and Dental Decree, 1972 (NRCD, 91)	<ul style="list-style-type: none"> <li>Medical personnel is essential in disaster and emergency intervention</li> <li>Directly impacts on Act 517 during the Emergency and Post-emergency phases of disasters</li> </ul>	Immunity and indemnity provisions for first responders and healthcare workers in general
Volta River Authority Act 1961, as amended, 2005 (act 46) as (a692)	<ul style="list-style-type: none"> <li>Provision of electricity (impacts disaster and emergency management)</li> <li>Complements Act 517 as well as many others.</li> </ul>	None
Labor Act, 2003, (Act 651)	Directly impacts on Act 517, civil unrest, national development and consequence management after a major disaster.	None
Ghana Civil Aviation Act, 2004 (Act 678)	Act affects disaster and emergency management due to the nature of the operations of aerodromes, the presence of highly flammable aviation fuel and the uses of airports.	Due to the potentiality of pipeline explosion, this Act should have incorporated isolation and evacuation provisions and standards for needs assessment of potential evacuees
Ghana Meteorological Agency Act, 2004 (Act 682)	Provision of early and continuous warnings	Incorporation into Act 517
Civil Liability Act, 1963 (176)	Provision of liabilities arising out of disasters and emergencies	Incorporation into Act 517

NB: "None" in "Table 1 means there is nothing in the law that applies to quarantine and isolation.

This oversight may explain why even the august team that put the 2005 “National Response for Avian and Pandemic Influenza” together did not consider it as mandatory. In this situation, the inference may be drawn that in the event of an actual isolation and quarantine case, the Ghanaian authorities would not have observed the full ethical and constitutional imperatives. Such an outcome would not have been attributable to the want of care but for the lack of familiarity with these mandates. Unfortunately, ignorance of the constitutional requirements cannot be grounds for immunity from liability against the claim of the abuse of autonomy, due process and informed consent.

When the review was extended to internet search, there were a few cases from other common law jurisdictions such as the United States of America and the United Kingdom. The main issues raised and discussed in those cases revolved around the ethical precepts in quarantine and isolation and whether or not these precepts were observed. For want of space, we concentrated our work on what the national laws say with re-

spect to these precepts and what the specific provisions are. We looked to the 1992 Constitution, articles 31 through 33 for instruction and direction. The following are the broad as well as step-by-step approaches dictated by the 1992 Constitution for the invocation of quarantine and isolation situations:

#### Circumstances for Quarantine or Isolation

The 1992 Constitution provides for isolation and quarantine. This is more specifically stated in the Infectious Diseases Act, Cap. 78, (1908 amended 1924) Section 12 that, “It shall be lawful for a medical officer to cause any person suffering or suspected to be suffering from an infectious disease, whether in an infected area or not, to be removed to a Government hospital or other place provided by the Government, and to detain such person until he can be discharged with safety to the public”. By implication, this mandate allows the following: (i) holding for assessment, (ii) holding for treatment, (iii) holding for incubation to pass where treatment is not available or refused or not indicated.

**Table 2** Summary of National Legislations dealing with emergency responses

Legislation	Relationship to emergency response	Gaps
National Fire Prevention Law, 2003, (LI 724)	Operations of leading first responder agency	Provision for fiscal limitation ensure proper resourcing of its operations and equipment needs
Appropriations Act, 2003 (Act 643)	Sub-vented organizations in Ghana are subject to the Appropriations Act.	None
Narcotics Drug Control, Enforcement and Sanctions law, 1990, (PNDC L 236)	<ul style="list-style-type: none"> <li>• Drug trafficking, drug courier and its related activities</li> <li>• Drug cells and terrorist cells</li> </ul>	None
National Health Insurance Regulations, 2004, (LI 1809)	Regulations of public health, emergency and disaster intervention	Incorporation of quarantine and isolation provisions
National Identification Authority Act, 2006, (Act 707)	Provision of total number and identification of residents in a particular community	None
Whistleblower Act, 2006, (Act 720)	<ul style="list-style-type: none"> <li>• Corruption and misappropriation in the allocation of resources for humanitarian emergency</li> <li>• Protection of informers and whistleblowers on corrupt activities.</li> </ul>	<ul style="list-style-type: none"> <li>• Provision for the sequestration of key informants in highly sensitive whistleblower cases</li> <li>• Provision for the needs of the whistleblower.</li> </ul>
Public Procurement Act, 2003 (Act 663)	Compliments Act 720 and Act 643	None
Ghana Health Service Act, 1996 (Act 526)	Provision of curative, preventive and promotional health services	<ul style="list-style-type: none"> <li>• Provision of national emergencies</li> <li>• Standards for the invocation of quarantine and isolation with budgetary responsibilities well laid out.</li> </ul>
Factories, Offices and Shops Act, 1970 (Act 328)	Provision of conditions and welfare of people in their workplaces where all kinds of emergencies and disasters could occur.	Incorporation of occupational health and safety issues, including injuries and occupational diseases
Ghana Maritime Security Act, 2004 (Act 675)	Provision for maritime security	None
Police Service Administration Regulations, 1974 (LI 880)	Provision of security and peace for citizens	None
Banking Act, 2004 (Act 673)	Banks and financial institutions are vulnerable both in peace time and in emergency.	None
Financial Administration Act, 2003 (Act 654)	Financial protection for private and public banking entities.	None
Criminal Code Act, 1960 (Act 29)	Citizens general protections	None
National Commission on Small Arms and Light Weapons Act, 2007 (Act 736)	Appropriate acquisition of small arms and light weapons	None

NB: “None” in “Table 1 means there is nothing in the law that applies to quarantine and isolation.

### **Ethical Precepts Implicated in Quarantine/Isolation**

Ethical precepts such as beneficence, non-maleficence, autonomy, due process, informed consent and right to privacy, which are implicated in routine medical practice, are also dynamic in public health emergencies. These are to be evaluated, at least in the administration of public health emergencies, against ethical tools such as utility, competing rights, exceptions, choice, social justice, common good versus community's rights, in consonance with Article 31 of the constitution.

### **Holding Compliance with the legislative framework**

The law provides that the competent public health official does the following constitutionally mandated step-by-step approaches, before, during and after the invocation of quarantine and isolation measures:

- i. Provide and document the identity of the person or persons so held within 24 hours after the commencement of the restriction, (Emergency Powers Act, Section 8. (1)(a).
- ii. Issue a written statement showing the grounds for the restriction in a language understood by the person so held, (Emergency Powers Act, Section 8. (1)(a).
- iii. Inform the available next of kin of the person or persons held, (Emergency Powers Act, Section 8. (1)(b).
- iv. Publish in the Gazette or media within 10 days he or they have been restricted, giving particular reasons for the restrictions, (Emergency Powers Act, Section 9. (1).
- v. The publication would show that there was no less restrictive alternative, (Emergency Powers Act, Section 9. (1)(2).
- vi. The statement would show the magnitude of the public health threat and the extent to which the community resources could be overwhelmed.
- vii. The competent public health official shall ensure that within 10 days the case shall be reviewed by a tribunal composed of 3 Justices of the Superior Court, (Emergency Powers Act, sections 8. (1)(a), and 9 (1-3).
- viii. Ensure that the person or persons held is or are given the right to counsel, and where indigent, counsel is provided, (Emergency Powers Act, Section 9. (1)(3).
- ix. Ensure the appearance of the held at his or their hearing or by counsel,
- x. Finally, provide a statement of legal authority under which the committal order was issued, (Emergency Powers Act, sections 8 & 9).

### **Expenses and provision of basic amenities**

The competent public health official shall provide for the care of the person or persons held giving food, clothing, shelter cost, the means of communication,

medical care, sanitation and hygiene and the respect for the cultural and religious beliefs of the person held.

### **Remedy in case of Refusal, Unavailability, or Non-indication of Treatment**

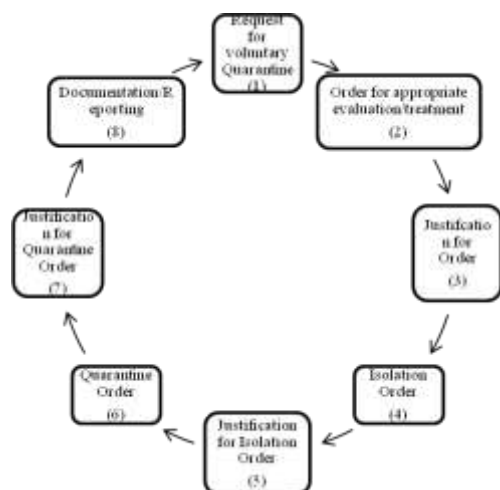
The Infectious Disease Act, the Quarantine Act, the Emergency Powers Act, 1994 (Act 472) Section 5 (a) and (b), and in consonance with the 1992 Constitution, Articles 31 and 32, provide the competent public health official to hold for observation, or hold for incubation to end in suspected cases of disease threat to the community. The Ghana Health Service and Teaching Hospitals Act, 1996 (Act 525) Section 2, Sub-sections (h) and (l) also place additional obligations on the competent public health official to "establish effective mechanisms for disease surveillance, disease prevention and control". It further asks of the competent public health official in sub-section (l) to "perform any other function that is relevant to the promotion, protection and restoration of health". Although it appears that in order to achieve this mandate, there does not need to be a Presidential declaration of a state of emergency, compliance with due process is required in order to hold a suspected case for observation or treatment. The Emergency Powers Act Sections 7 through 9 require that the individual should be provided with a description of the least intrusive alternative and the reasons for taking the restrictive action, among other entitlements.

### **Issuance of the Order**

In issuing the committal order, the proper terminology is essential. In epidemiology, the term "suspected cases" is a term of art and could constitute ground for public health restriction. In law, a '**suspect**' or **suspected case** is not grounds to detain someone. The standard for restriction in law, therefore, is probable cause. Probable cause simply means "state of facts found to exist upon reasonable inquiry as the given case renders convenient and, which would induce a reasonably intelligent and prudent person to believe, in a criminal case, that the accused person had committed the crime charged; or, in civil case that a cause of action exists" (Black's Law Dictionary: 1979, pp 108:4).

### **Template for Requesting for a Voluntary Quarantine**

The research found that there are no templates developed for use by the competent public health official in quarantine and isolation situations. In this case, the official may be compelled to adopt ad hoc measures that may not be guided by experience, the benefit of deliberation and history. Efforts should be made to design appropriate forms for requesting voluntary quarantine and for the Statement justifying the order. We have also pictorially depicted the sequence of the Quarantine and the isolation cycle in Figure 1.



**Figure 1** A typical 8-step flowchart of quarantine and isolation cycle

## DISCUSSION

This paper has identified the knowledge gap in medical and public health practice with regards to the conduct of public health emergencies. It has also demonstrated in a step-by-step manner, the modalities for issuing an order for quarantine or isolation as demanded by the constitution of Ghana.

Due to the fact that Ghana has not had the occasion to management large-scale public health emergency in the past, the existing legal framework on quarantine and isolation is taken for granted. There is also a systemic lack of familiarity with the constitutional requirements for quarantine and isolation as evidenced by the lack of discussion in the nation's medical literature, hospital administration and health policy as well as reported court cases. No national templates have been developed for standardization of quarantine or isolation orders. Although there have been instances where outpatients to clinics and hospitals have been restricted, such restrictions were effected in an ad hoc manner and without regard to the constitutional requirements. However, when the Ghana Health Service and Teaching Hospitals Act, 1996 (Act 525) Section 2, Subsections (h) and (l) are given a liberal construction, it appears in the meantime, there appears to be legal and philosophical basis for the practice of quarantine and isolation in the health care delivery system in Ghana.

## RECOMMENDATIONS

### *To the Ghana Health Service*

It is imperative for the Service to familiarize its operations and personnel with the modalities of quarantine and isolation.

It should develop templates for the following:

1. Request For Voluntary Quarantine
2. Order to seek Appropriate and Necessary Evaluation and Treatment
3. Statement establishing basis of Order
4. Isolation Order
5. Statement justifying Isolation Order
6. Quarantine Order
7. Statement justifying Quarantine Order
8. Report to appropriate authorities

### *To hospitals and health posts*

It is important for them to train their personnel on public health legislation affecting their operations in emergencies. They should develop templates as those indicated to the Ghana Health Service.

## Study Limitation

The study was limited by the lack of national illustrative cases in reported law or the national literature to use in the review and discussion of the issues of quarantine and isolation. Nonetheless, the results are still relevant to emergency management in the nation.

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