Washington State Department of Health

# Non-Pharmaceutical Interventions (NPI) Implementation Guide

NPIs are mitigation strategies to limit and prevent exposure to disease. These include personal protective steps for everyday use, community containment, and environmental measures to control viral disease outbreaks and pandemics.

This guide will help you decide what NPIs to consider implementing in an outbreak. Public health officials will need to determine the appropriate set of interventions to implement in combination for a given incident.

This guide is intended for an Incident Management Team, the Department of Health, multi-agency coordination policy groups, and local health officers.

FEBRUARY 2020

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1 Intervention Overview, Implementation, and Operational Guidance

2 Staffing Models and Work Assignments

3 Logistics and Resources Required

# NPIs

This guide lists 13 interventions to mitigate the spread of a contagious disease, such as a novel virus. It is part of the state's Communicable Disease and Pandemic Response plan and includes personal, community, and environmental methods of control.

Its purpose is to help public health officials and partners choose which mitigation strategies to implement to limit and prevent the spread of novel respiratory diseases of concern.

**The interventions included are:**

1. Increase handwashing and use of alcohol-based sanitizer
2. Respiratory hygiene and cough etiquette
3. Keep distance from others (> 6 feet)
4. Frequently clean and disinfect surfaces
5. Remain home during a respiratory illness
6. Voluntary isolation of sick persons
7. Voluntary quarantine of contacts of sick persons
8. Involuntary isolation of sick persons
9. Involuntary quarantine of contacts of sick persons
10. Recommend or order cancellation of major public and large private gatherings
11. Recommend or order closure of schools, child care facilities, workplaces, and public buildings
12. Prevent non-emergency travel outside of the home
13. Establish cordon sanitaire

**Table 1** lists expected results on the spread of disease if each intervention were to be used, and gives examples of how each of the interventions can be done.

# Transmissibility, Severity

Each intervention lists a scaled measure of transmissibility and a scaled measure of clinical severity as identified by the CDC.

- **Transmissibility** is a scale of 1 to 5, with 5 being the most contagious
- **Clinical severity** is a scale of 1 to 7, with 7 being the most severe in terms of number of cases, number of hospitalizations, and fatality ratio.

The complexity of the interventions increases as transmissibility and clinical severity increase. **Table 1** connects these scales to each intervention and **Table 2** defines them.

# ESF-8 Supporting Agencies

These Emergency Support Function 8 (ESF-8) supporting agencies contribute to public health response efforts, including community mitigation strategies, in collaboration with the Department of Health as the lead agency for ESF-8.

- Department of Agriculture
- Department of Ecology
- Department of Enterprise Services
- Department of Fish and Wildlife
- Department of Labor and Industries
- Department of Licensing
- Department of Social and Health Services
- Department of Transportation
- Washington Military Department
- Washington State Health Care Authority
- Washington State Patrol
- Washington State Pharmacy Association
- Washington State Office of the Attorney General
- Washington State Hospital Association
- Washington State Pharmacy Association
- Washington State Disaster Medical Advisory Committee
- Northwest Healthcare Response Network
- Local Health Officers
- Local Emergency Management Agencies
- Tribal Governments

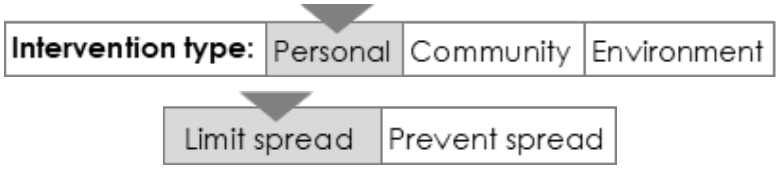
This guide was developed from the Communicable Disease and Pandemic Response Plan, Risk Matrix and Recommendations Table of Annex 4. (Document link — WA Emergency Management Division)

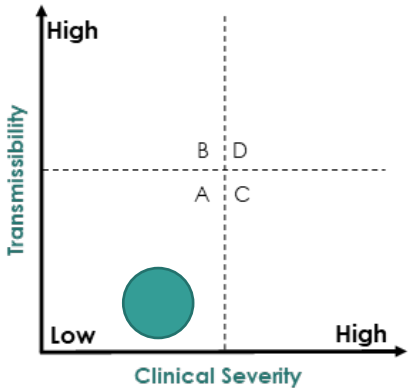
To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

## Intervention 1: Increase Handwashing and Use of Alcohol-Based Hand Sanitizer

Reduce probability of direct and indirect transmission of the disease by handwashing regularly with soap and water or using hand sanitizer.

| | |
|---|---|
| **Transmissibility (1-5)** | 1 |
| **Clinical severity (1-7)** | 1-4 |
| **Recommend implementing at** | A, B, C, D |




## Rationale for Use as Public Health Strategy

Hand hygiene reduces the transmission of viruses that occurs when one person touches another with a contaminated hand, or when a person touches an object or surface that's been contaminated and then touches their own nose or face with that hand before washing it.

**Success Factors:** Success depends on public education effectiveness, public compliance, and access to handwashing facilities and sanitizing stations.

**Possible Drawbacks:** None anticipated, although there is a potential concern about the supply chain for hand sanitizer and soap.

**Possible Benefits:** Quick and easy to implement; effective at reducing illness due to direct/indirect contact.

## Settings and Use

- Personal non-pharmaceutical interventions (NPIs) are everyday preventive actions that can help keep someone from getting and spreading respiratory illnesses transmitted by droplet routes.
- Use at homes, child care facilities, schools, workplaces, houses of worship, public transit, and other settings where people regularly gather.

## Jurisdictional Authority and Key Decision Makers

### Local

**Key Decision Makers:** Local health officer and local board of health, with the required assistance of health care providers have authority to control and prevent spread of contagious or infectious diseases within their jurisdiction and to inform the public about the nature of the disease and prevention methods.

**Applicable Law(s):**

- RCW 70.05.060 – Powers and duties of local board of health
- RCW 70.05.070 – Local health officer – powers and duties
- WAC 246-100-021 – Responsibilities and duties – Health care providers
- WAC 246-100-036 – Responsibilities and duties – Local health officers

### State

**Key Decision Makers:** The Secretary of Health has the same authority as a local health officer (LHO) to control and prevent the spread of disease (under RCW 43.70.130), and may exercise the authority in an emergency, when LHOs agree, or when LHOs fail or are unable to act, per RCW 43.70.130(7). This includes the authority to promote public health activities and educational campaigns.

**Applicable Law(s):**

- RCW 43.70.020(3) – Department created
- RCW 43.70.130 – Powers and duties of the Secretary of Health

### Tribal

Tribal governments have the authority and responsibility to control communicable disease on tribal lands and are expected to do so according to the laws, rules, and regulations of the tribal government.

## Decisional Objectives/Key Decision Points

- Determine financial responsibility for providing handwashing stations and/or hand sanitizer.
- Research/discuss resource procurement needs:
    - Local/state/national partners
    - Private/public partners
- Develop communication strategies and communication plans.
- Engage community partnerships to promote message.

## Implementation Methods

- **Create an inclusive public messaging campaign**
  - Work with communications team to create messages that:
    - Are culturally competent and at an appropriate reading level.
    - Are translated into the most spoken languages in the affected area.
    - Are relevant to the changing nature of the incident/outbreak.
  - Communicate on multiple platforms appropriate to the affected communities.
  - Connect with community leaders or representatives for advice and buy-in.
  - Provide messages to LHJs and other partners to share with their constituents.
  - Provide consistent messaging throughout the state via media outreach.
  - Encourage workplaces to make handwashing a priority among employees.

- **Create and distribute accessible, public messaging**
  - Display culturally appropriate messaging in public places.
    - Consider transit centers, health care facilities, schools, shopping centers, entertainment arenas, fitness centers, houses of worship, or other places as appropriate to the communities affected by the outbreak.
    - Connect with community leaders or representatives for advice.
    - Publications should be culturally competent, translated as needed, and at an appropriate reading level, and should include pictures/illustrations.

- **Place hand-washing or hand sanitizer stations in accessible areas**
  - Deploy disinfectant stations in the following or similar locations: Bus stations, transit centers, transportation hubs, health care facilities, schools, shopping centers, entertainment venues, workplaces
    - Prioritize areas of known exposure or at increased risk of exposure.

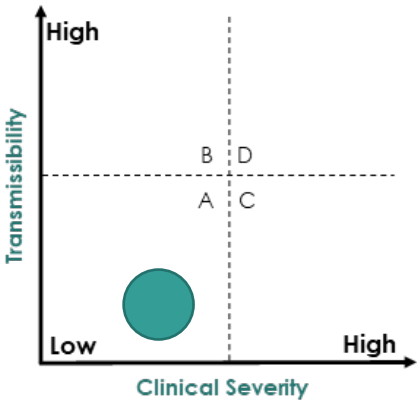
## Intervention 2: Respiratory Hygiene/Cough Etiquette

Reduce probability of droplet transmission of the disease by reducing the range of respiratory droplets and aerosols from coughs, sneezes, and other sources.

| | |
|---|---|
| **Transmissibility (1-5)** | 1 |
| **Clinical severity (1-7)** | 1-4 |
| **Recommend implementing at** | A, B, C, D |

| **Intervention type:** | Personal | Community | Environment |
|---|---|---|---|

| Limit spread | Prevent spread |
|---|---|




## Rationale for Use as Public Health Strategy

Respiratory etiquette is widely supported in literature and by studies, and is recommended by experts as a way to control the spread of disease. Droplets from those who do not cover their coughs or sneezes can travel up to six feet. Studies of influenza transmission and practical experience in controlling influenza outbreaks reinforce that respiratory hygiene is an important factor in infection control.

**Success Factors:** Success depends on public education effectiveness and public compliance.

**Possible Drawbacks:** None anticipated. There could be potential concerns about supply chain for tissues/alcohol-based hand sanitizer.

**Possible Benefits:** Quick and easy to implement; effective at reducing illness due to droplet transmission.

## Settings and Use

- Personal non-pharmaceutical interventions (NPIs) such as covering a cough are everyday preventive actions that can help keep persons from getting and spreading respiratory illnesses transmitted by droplets.
- Use at homes, child care facilities, schools, workplaces, houses of worship, public transit, and other settings where people regularly gather.

## Jurisdictional Authority and Key Decision Makers

### Local

**Key Decision Makers:** Local health officer and local board of health, with the required assistance of health care providers have authority to control and prevent spread of contagious or infectious diseases within their jurisdiction and to inform the public about the nature of the disease and prevention methods.

**Applicable Law(s):**

- RCW 70.05.060 – Powers and duties of local board of health
- RCW 70.05.070 – Local health officer – powers and duties
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**Applicable Law(s):**

- RCW 43.70.020(3) – Department created
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### Tribal

Tribal governments have the authority and responsibility to control communicable disease on tribal lands and are expected to do so according to the laws, rules, and regulations of the tribal government.

## Decisional Objectives/Key Decision Points

- Determine financial responsibility for providing tissues, handwashing stations, and/or hand sanitizer.
- Research/discuss resource procurement needs:
  - Local/state/national partners
  - Private/public partners
- Develop communication strategies and communication plan.
- Engage community partnerships to promote key messages.

## Implementation Methods

- **Create an inclusive public messaging campaign**
  - Work with communications team to create messages that:
    - Are culturally competent and at an appropriate reading level.
    - Are translated into the most spoken languages in the affected area.
    - Are relevant to the changing nature of the incident/outbreak.

    - Communicate on multiple platforms appropriate to the affected communities
    - Connect with community leaders or representatives for advice and buy-in.
    - Provide messages to LHJs and other partners to share with their constituents.
    - Provide consistent messaging throughout the state via media outreach.
- **Create and distribute accessible, public messaging**
    - Display culturally appropriate messaging in public places.
        - Consider transit centers, health care facilities, schools, shopping centers, entertainment arenas, fitness centers, houses of worship, or other places as appropriate to the communities affected by the outbreak.
        - Connect with community leaders or representatives for advice.
        - Publications should be culturally competent, translated as needed, and at an appropriate reading level, and should include pictures/illustrations.
        - Flyers should be translated into locally appropriate languages.
- **Provide respiratory hygiene stations in accessible areas.**
    - Provide tissues and waste receptacle at every public hand sanitizer station in accessible areas.
    - Consider bus stations, transit centers, transportation hubs, health care facilities, schools, shopping centers, entertainment venues, etc.
        - Prioritize areas of known exposure or at increased risk of exposure.

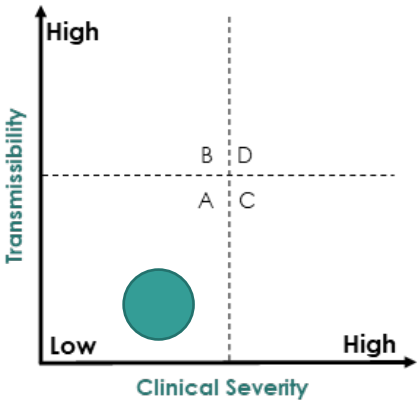
## Intervention 3: Keep distance from others (> 6 feet)

Reduce probability of direct and droplet transmission by reducing the number of interpersonal contacts.

| | |
|---|---|
| **Transmissibility (1-5)** | 1 |
| **Clinical severity (1-7)** | 1-4 |
| **Recommend implementing at** | A, B, C, D |

| **Intervention type:** | Personal | Community | Environment |
|---|---|---|---|

| Limit spread | Prevent spread |
|---|---|




## Rationale for Use as Public Health Strategy

Keeping distance from others is the most basic form of social distancing that reduce opportunities for person-to-person virus transmission and can help delay and slow the exponential growth of disease spread. It's a common-sense approach to limit disease spread by limiting contact and possible exposures. Droplets from those who do not cover their coughs or sneezes can travel up to six feet. Keeping distance from others if you are sick or from others who may be sick is limits possible spread.

Other more restrictive forms of social distancing are discussed in later interventions and include closure of buildings, isolation and quarantine. The optimal strategy may be to implement several social distancing measures simultaneously where groups of people gather.

**Success Factors:** Success depends on public education effectiveness and public compliance.

**Possible Drawbacks:** Certain cultural and religious groups may be unwilling or unable to comply due to conflict with cultural/religious norms or practices. Persons may feel anxious, worried, or fearsome due to being socially distant from others.

**Possible Benefits:** Quick and easy to implement; effective at reducing illness due to droplet transmission.

## Settings and Use

- Personal NPIs such as keeping distance from others who may be sick are everyday preventive actions that can help keep persons from getting and spreading respiratory illnesses transmitted by droplets. Diseases are transmitted by direct contact, indirect contact, droplet, and/or airborne routes. Ill persons can spread illness everywhere they go and surfaces they touch.
- Use at homes, child care facilities, schools, workplaces, houses of worship, public transit, and other settings where people regularly gather.
- Examples that reduce in-person contact include: telecommuting instead of meeting in-person, staggering work hours, spacing workers further apart at the worksite, limiting non-essential travel, and avoiding close contact with people who are sick.

## Jurisdictional Authority and Key Decision Makers

### Local

**Key Decision Makers:** Local health officer and local board of health, with the required assistance of health care providers have authority to control and prevent spread of contagious or infectious diseases within their jurisdiction and to inform the public about the nature of the disease and prevention methods.

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## Implementation Methods

- **Create an inclusive public messaging campaign**
  - Work with communications team to create messages that:
    - Are culturally competent and at an appropriate reading level.
    - Are translated into the most spoken languages in the affected area.
    - Are relevant to the changing nature of the incident/outbreak.
  - Communicate on multiple platforms appropriate to the affected communities
  - Connect with community leaders or representatives for advice and buy-in.
  - Provide messages to LHJs and other partners to share with their constituents.
  - Provide consistent messaging throughout the state via media outreach.
- **Create and distribute accessible, public messaging**
  - Display culturally appropriate messaging in public places.
    - Consider transit centers, health care facilities, schools, shopping centers, entertainment arenas, fitness centers, houses of worship, or other places as appropriate to the communities affected by the outbreak.
    - Connect with community leaders or representatives for advice.
    - Publications should be culturally competent, translated as needed, and at an appropriate reading level, and should include pictures/illustrations.
    - Flyers should be translated into locally appropriate languages.

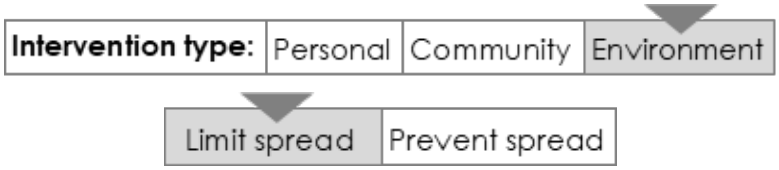
## Decisional Objectives/Key Decision Points

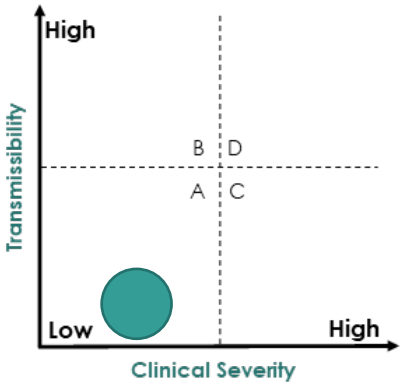
- Communication strategies and communication plan
    - Outreach to major employers
    - Community and faith-based partners
    - Schools, child care facilities, and other settings where people regularly gather
- Social distancing on public transit
- Social distancing for ill persons or the public at large

## Intervention 4: Frequently Clean and Disinfect Personal Surfaces

Reduce probability of indirect transmission of the disease by disinfecting fomites, or objects that can carry infection. This includes doorknobs, phones, keyboards, etc.

| | |
|---|---|
| Transmissibility (1-5) | 1 |
| Clinical severity (1-7) | 1-4 |
| Recommend implementing at | A, B, C, D |




## Rationale for Use as Public Health Strategy

Contact transmission (i.e., hand transfer of virus from contaminated objects to the eyes, nose, or mouth) is a recognized route of virus spread. The routine use of disinfection measures that eliminate viruses from contaminated surfaces might reduce the spread of viruses.

**Success Factors:** Success depends on public education effectiveness, public compliance, and access to appropriate disinfectants at home.

**Possible Drawbacks:** Lack of available cleaning supplies.

**Possible Benefits:** Environmental disinfection is effective at reducing illness due to indirect contacts (fomites).

## Settings and Use

- Environmental NPIs include routine disinfection of surfaces that helps to eliminate viruses from frequently touched surfaces and objects, such as phones, toys, keyboards, desks, and doorknobs.
- Disinfect homes, child care facilities, schools, workplaces, houses of worship, other settings where people regularly gather, and all frequently touched surfaces with a disinfectant labeled to kill viruses and bacteria.

## Jurisdictional Authority and Key Decision Makers

### Local

**Key Decision Makers:** Local health officer and local board of health, with the required assistance of health care providers have authority to control and prevent spread of contagious or infectious diseases within their jurisdiction and to inform the public about the nature of the disease and prevention methods.

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### Tribal

Tribal governments have the authority and responsibility to control communicable disease on tribal lands and are expected to do so according to the laws, rules, and regulations of the tribal government.

## Decisional Objectives/Key Decision Points

- Determine communication strategies and communication plan.
  - Outreach to major employers
  - Community and faith-based partners
- Research/discuss resource procurement needs, including fiscal responsibility:
  - Local/state/national partners
  - Private/public partners
- Engage business and community partnerships to implement and promote messages.

## Implementation Methods

- **Create an inclusive public messaging campaign**
  - Work with communications team to create messages that:
    - Are culturally competent and at an appropriate reading level.
    - Are translated into the most spoken languages in the affected area.
    - Are relevant to the changing nature of the incident/outbreak.
  - Communicate on multiple platforms appropriate to the affected communities
  - Connect with community leaders or representatives for advice and buy-in.
  - Provide messages to LHJs and other partners to share with their constituents.
- **Create and distribute accessible, public messaging**
  - Display culturally appropriate messaging in public places.
    - Consider transit centers, health care facilities, schools, shopping centers, entertainment arenas, fitness centers, houses of worship, or other places as appropriate to the communities affected by the outbreak.

        - Connect with community leaders or representatives for advice.
        - Publications should be culturally competent, translated as needed, and at an appropriate reading level, and should include pictures/illustrations.
- **Distribute disinfectant in accessible locations**
    - Deploy disinfectant stations in the following locations: Bus stations, transit centers, transportation hubs, health care facilities, schools, shopping centers, grocery stores, entertainment venues, and other areas where community members gather.
        - Prioritize areas of known exposure or increased risk of exposure.

## Decisional Objectives/Key Decision Points

- Determine communication strategies and communication plan.
    - Outreach to major employers
    - Community and faith-based partners
- Research/discuss resource procurement needs, including fiscal responsibility:
    - Local/state/national partners
    - Private/public partners
- Engage business and community partnerships to implement and promote messages.

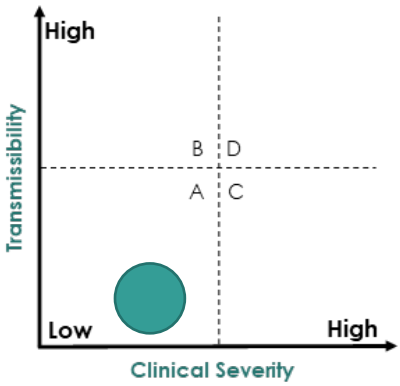
## Intervention 5: Remain Home When Sick with Respiratory Illness

Reduce probability of transmission by preventing contacts between well and sick people.

| | |
|---|---|
| Transmissibility (1-5) | 1 |
| Clinical severity (1-7) | 1-4 |
| Recommend implementing at | A, B, C, D |

| Intervention type: | Personal | Community | Environment |
|---|---|---|---|

| Limit spread | Prevent spread |
|---|---|




## Rationale for Use as Public Health Strategy

Staying home while sick will prevent spreading illness to others in your community. You can also create social distance at home and prevent spreading the illness to others in your household by staying in a specific room and away from your household members as much as possible and using a separate bathroom (if available).

**Success Factors:** Success depends on the individual's willingness and ability to stay home from work/school/events including access to paid sick leave.

**Possible Drawbacks:** Many members of the public will be reluctant to stay home due to risk of lost wages and limited or no access to paid sick leave.

**Possible Benefits:** This is a form of voluntary isolation which is extremely effective in reducing the spread of illness if ill persons comply consistently.

## Settings and Use

- Diseases are transmitted by direct contact, indirect contact, droplet, and/or airborne routes. Ill persons can spread illness everywhere they go and surfaces they touch.
- This NPI is used at home to stop spread of disease in public places. It can also be used by employers to request sick employees not come to work.

## Jurisdictional Authority and Key Decision Makers

### Local

**Key Decision Makers:** Local health officer and local board of health, with the required assistance of health care providers have authority to control and prevent spread of contagious or infectious diseases within their jurisdiction and to inform the public about the nature of the disease and prevention methods.

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### Tribal

Tribal governments have the authority and responsibility to control communicable disease on tribal lands and are expected to do so according to the laws, rules, and regulations of the tribal government.

## Decisional Objectives/Key Decision Points

- Communication strategies and communication plan.
  - Communicate with major employers.
  - Perform outreach to community and faith-based partners.
- Reference available guidance on duration of illness.
- Evaluate economic impact of ill persons without paid sick leave.

## Implementation Methods

- **Create an inclusive public messaging campaign**
  - Work with communications team to create messages that:
    - Are culturally competent and at an appropriate reading level.
    - Are translated into the most spoken languages in the affected area.
    - Are relevant to the changing nature of the incident/outbreak.
  - Communicate on multiple platforms appropriate to the affected communities
  - Connect with community leaders or representatives for advice and buy-in.
  - Provide messages to LHJs and other partners to share with their constituents.
  - Provide consistent messaging throughout the state via media outreach.
- **Create and distribute accessible, public messaging**
  - Display culturally appropriate messaging in public places.
    - Consider transit centers, health care facilities, schools, shopping centers, entertainment arenas, fitness centers, houses of worship, or other places as appropriate to the communities affected by the outbreak.
    - Connect with community leaders or representatives for advice.
    - Publications should be culturally competent, translated as needed, and at an appropriate reading level, and should include pictures/illustrations.
  - Co-locate messaging or publications with sanitizer stations and tissues.
- **Work with employers**
  - Have employers review and communicate their sick leave policies, flexible leave policies, and alternate work schedules with employees to encourage sick employees to stay home and prevent the spread of illness at work.
  - Use current relationships with employers to ask employees to stay home if they are ill.

- Suggest allowing employees to work from home. If this is already an option, consider working with HR to be more flexible and inclusive.
- Consider an emergency/temporary change in sick leave policy; allowing an employee to use sick leave proactively and earn it back retroactively.
    - This can decrease the hesitancy on the employees' part to stay home and increase participation in voluntary quarantine.

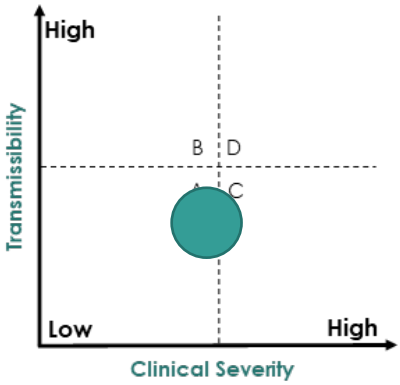
## Intervention 6: Voluntary Isolation of Sick Persons

Reduce probability of transmission by preventing contact between well and sick people.

| | |
|---|---|
| **Transmissibility (1-5)** | 2 |
| **Clinical severity (1-7)** | 2-5 |
| **Recommend implementing at** | A, B, C, D |

| **Intervention type:** | Personal | Community | Environment |
|---|---|---|---|

| Limit spread | Prevent spread |
|---|---|




## Rationale for Use as Public Health Strategy

Personal non-pharmaceutical interventions are everyday preventive actions that can help keep persons from getting and spreading respiratory illnesses transmitted by droplets. Voluntary isolation is a form of social distancing and prevents a sick person from infecting other people outside of their isolation location. Historically, isolation measures can help prevent the spread of infectious diseases by stopping the person-to-person spread of virus via contaminated droplets generated by coughs and sneezes, and have been shown to delay the peak of an influenza pandemic.

**Success Factors:** Effective education and ability to comply with request. Material routine support and services (e.g. laundry, food) and working with the employer may help compliance.

**Possible Drawbacks:** Non-compliance with voluntary isolation increases risk of disease transmission; isolation is difficult to enforce.

**Possible Benefits:** Isolation is extremely effective in consistently reducing the spread of illness. Voluntary isolation is “less restrictive” and more acceptable to the public.

## Settings and Use

- Voluntary isolation of a sick person involves remaining home, at a health care facility, or at another designated isolation facility.
- Isolation is used for persons infected with a contagious disease to separate them from people who are not sick.
- For isolation and quarantine measures, state law requires making reasonable efforts to obtain voluntary compliance unless doing so would create a risk of serious harm (WAC 246-100-040(1)(a)). It is good public health policy, and it's also legally required.

## Jurisdictional Authority and Key Decision Makers

### Local

**Key Decision Makers:**

Local health officer and local board of health, with the required assistance of health care providers have authority to control and prevent spread of contagious or infectious diseases within their jurisdiction and to inform the public about the nature of the disease and prevention methods.

Local health officers (and the Secretary of Health under the circumstances outlined in RCW 43.70.130(7)) have the authority to request isolation or quarantine under WAC 246-100-040. The health officer can authorize which people can enter the isolation or quarantine facility to provide medical care and/or meet the needs of the sick person. Any person who enters an isolation or quarantine facility without authorization is subject to quarantine by the health officer.

**Applicable Law(s):**

- RCW 70.05.060 – Powers and duties of local board of health
- RCW 70.05.070 – Local health officer – powers and duties
- WAC 246-100-021 – Responsibilities and duties – Health care providers
- WAC 246-100-036 – Responsibilities and duties – Local health officers
- WAC 246-100-040 – Procedures for isolation or quarantine
- WAC 246-100-045 - Conditions and principles for isolation or quarantine
- WAC 246-100-050 - Isolation or quarantine premises
- WAC 246-100-055 - Relief from isolation or quarantine

### State

In an emergency or when a local health officer consents or does not act, the Secretary of Health may exercise the same authority as a local health officer to control and prevent disease and issue isolation and quarantine orders. The Secretary also has authority to investigate disease outbreaks and advise local health officers on measures to be taken in response.

The State Board of Health (SBOH) has broad power to "adopt rules for the imposition and use of isolation and quarantine" (RCW 43.20.050(2)(e)). Local Health Officers and the Secretary of Health can issue isolation and quarantine orders based on SBOH rules.

**Applicable Law(s):**

- RCW 43.20.050 - Powers and Duties of the State Board of Health
- RCW 43.70.020(3) – Department created
- RCW 43.70.130 – Powers and duties of the Secretary of Health
- RCW 70.05.070 – Local health officer – powers and duties (can be exercised by Secretary)
- WAC 246-101-105 – Duties of the healthcare provider

### Tribal

Tribal governments have the authority and responsibility to control communicable disease on tribal lands and are expected to do so according to the laws, rules, and regulations of the tribal government.

**Federal**

The diseases subject to quarantine under federal law are determined by Executive Order. The most recent order published in the Federal Register includes severe acute respiratory syndromes and provides the basis for federal quarantine.

**Applicable Law(s):**

- 42 U.S.C. § 264 - Regulations to control communicable diseases
- 42 C.F.R. Part 70 - Interstate Quarantine
- 42 C.F.R. Part 71 - Foreign Quarantine
- Public Law 113-5 – Pandemic and All Hazards Preparedness Reauthorization Act
- 42 U.S.C. § 201 *et seq.* – Public Health Service Act

## Decisional Objectives/Key Decision Points

- Create communication strategies and plan for:
  - Health care providers
  - Major employers
  - Community and faith-based partners
- Create guidance and/or education resources for patients and health care providers, including monitoring forms.
- Identify isolation facility for individual(s).
- Determine need for material support and services to meet essential needs (food, laundry, utilities, prescription medication, social support, etc.) and who will authorize providing services.
- Movement plan for sick persons to a health care facility (if needed)
- Personal Protective Equipment (PPE) needed for persons providing support to sick persons in isolation.
- Determine type of monitoring:
  - Self-monitoring (what will be monitored, frequency, reporting)
  - Active monitoring (phone, video, or in-person; frequency; responsible staff)
  - Other type
- Plan the logistics for specimen collection and providing other medical services, if needed.
- Determine when to release from isolation and process for notification.

## Implementation Methods

- **Health officer requests that a patient self-isolate**
  - Letter should be on official department letterhead, with a wet or electronic signature from the health officer. While a wet signature may be more impactful, it is not a legal requirement. It may be more efficient and avoid delay to use an e-signature under certain circumstances.
  - Letter should include additional information resources for providers, including phone numbers, websites, and other relevant resources.

- **Instruct health care providers to educate patients**
  - Work with communications teams to distribute a health alert to all providers in Washington.
    - Attach information or a publication to the alert that can be printed and displayed in waiting areas and treatment rooms.
    - Distribute a health alert to all relevant providers about the health officer's request.
- **Engage community organizations and faith-based organizations**
  - Work within already established relationships with community and faith-based partners.
    - If faith-based and community partners receive your health alerts, consider creating a separate alert for them with relevant information to the communities and individuals they serve.
    - Be willing to speak to their leadership/elders/members regarding the situation (within reason) and why we are making this ask.

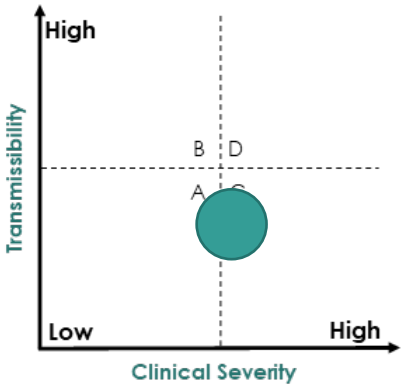
## Intervention 7: Voluntary Quarantine of Contacts of Sick Persons

Reduce probability of transmission in the event that the contact becomes contagious before symptoms developed.

| | |
|---|---|
| **Transmissibility (1-5)** | 2 |
| **Clinical severity (1-7)** | 2-5 |
| **Recommend implementing at** | A, B, C, D |

| **Intervention type:** | Personal | Community | Environment |
|---|---|---|---|

| Limit spread | Prevent spread |
|---|---|




## Rationale for Use as Public Health Strategy

Quarantine refers to the separation and restriction of movement of persons who, while not yet ill, have been exposed to an infectious agent and therefore may become ill. Quarantine of exposed persons is a public health mitigation strategy intended to stop the spread of infectious disease. It is effective in protecting the public from disease.

Certain infected (but not yet symptomatic) individuals may spread illness and could unknowingly infect friends, neighbors, and others in the community before symptoms begin. Therefore, all contacts exposed to a sick person could be asked to voluntarily stay home for a specified period of time to assess for early signs of infection. If other household members of the contact become ill during this period, then the time for voluntary home quarantine may be extended for another incubation period. Quarantine at a designated facility (in lieu of home setting) also can be considered.

**Success Factors:** Effective contact tracing and individual ability to comply with request. Material support with material routine support and services (e.g. laundry, food) and working with the employer may help to encourage compliance.

**Possible Drawbacks:** Non-compliance increases risk of disease transmission.

**Possible Benefits:** Quarantine may allow quick identification of a suspect case and helps to prevent exposures early in the course of illness.

## Settings and Use

- To avoid potential spread of the disease, consider use of voluntary quarantine for contacts who are exposed to a sick person but are not showing symptoms.
- Settings: At home or at a designated facility.
- For isolation and quarantine measures, state law requires making reasonable efforts to obtain voluntary compliance unless doing so would create a risk of serious harm (WAC 246-100-040(1)(a)). It is good public health policy, and it's also legally required.

## Jurisdictional Authority and Key Decision Makers

### Local

**Key Decision Makers:** Local health officer and local board of health, with the required assistance of health care providers have authority to control and prevent spread of contagious or infectious diseases within their jurisdiction and to inform the public about the nature of the disease and prevention methods.

Local health officers (and the Secretary of Health under the circumstances outlined in RCW 43.70.130(7)) have the authority to request isolation or quarantine under WAC 246-100-040. The health officer can authorize which people can enter the isolation or quarantine facility to provide medical care and/or meet the needs of the sick person. Any person who enters an isolation or quarantine facility without authorization is subject to quarantine by the health officer.

**Applicable Law(s):**

- RCW 70.05.060 – Powers and duties of local board of health
- RCW 70.05.070 – Local health officer – powers and duties
- WAC 246-100-021 – Responsibilities and duties – Health care providers
- WAC 246-100-036 – Responsibilities and duties – Local health officers
- WAC 246-100-040 – Procedures for isolation or quarantine
- WAC 246-100-045 - Conditions and principles for isolation or quarantine
- WAC 246-100-050 - Isolation or quarantine premises
- WAC 246-100-055 - Relief from isolation or quarantine
- WAC 246-101-105 – Duties of the healthcare provider

### State

In an emergency or when a local health officer consents or does not act, the Secretary of Health may exercise the same authority as a local health officer to control and prevent disease and issue isolation and quarantine orders. The Secretary also has authority to investigate disease outbreaks and advise local health officers on measures to be taken in response.

The State Board of Health (SBOH) has broad power to "adopt rules for the imposition and use of isolation and quarantine" (RCW 43.20.050(2)(e)). Local Health Officers and the Secretary of Health can issue isolation and quarantine orders based on SBOH rules.

**Applicable Law(s):**

- RCW 43.20.050 - Powers and Duties of the State Board of Health
- RCW 43.70.020(3) – Department created
- RCW 43.70.130 – Powers and duties of the Secretary of Health
- RCW 70.05.070 – Local health officer – powers and duties (can be exercised by Secretary)
- WAC 246-101-105 – Duties of the healthcare provider

### Tribal

Tribal governments have the authority and responsibility to control communicable disease on tribal lands and are expected to do so according to the laws, rules, and regulations of the tribal government.

**Federal**

The diseases subject to quarantine under federal law are determined by Executive Order. The most recent order published in the Federal Register includes severe acute respiratory syndromes and provides the basis for federal quarantine.

**Applicable Law(s):**

- 42 U.S.C. § 264 - Regulations to control communicable diseases
- 42 C.F.R. Part 70 - Interstate Quarantine
- 42 C.F.R. Part 71 - Foreign Quarantine
- Public Law 113-5 – Pandemic and All Hazards Preparedness Reauthorization Act
- 42 U.S.C. § 201 *et seq.* – Public Health Service Act

## Decisional Objectives/Key Decision Points

- Definition of "close contact" (including length of exposure to ill person, travel history, etc.)
- Location(s) of quarantine facility (home, government facility, etc.)
- Length of quarantine
- Communication strategies and plan
- Determine need for material services to meet essential needs (food, laundry, utilities, prescription medication, social support, etc.) and who will authorize providing these services.
- Plan for moving persons under quarantine to a health care facility if they develop symptoms
- Determine type of monitoring:
    - Self-monitoring (what will be monitored, frequency, reporting)
    - Active monitoring (phone, video, or in-person; frequency; responsible staff)
    - Other type
- Plan the logistics for specimen collection and providing other medical services, if needed.
- Determine when to release from quarantine and process for notification.

## Implementation Methods

- **Health officer request for person to self-quarantine**
    - Letter should be on official department letterhead, with a wet or electronic signature from the health officer. While a wet signature may be more impactful, it is not a legal requirement. It may be more efficient and avoid delay to use an e-signature under certain circumstances.
    - The letter should include additional resources for providers, including phone numbers, websites, and other relevant resources.
- **Engage community-based and faith-based organizations to support**
    - Work within already established relationships with community-based and faith-based partners.
        - Consider creating and sending a custom health alert for them with relevant information to the communities and individuals they serve.
        - Be willing to speak to their leadership/elders/members regarding the situation (within reason) and why we are making this ask.
- **Work with employers**
    - Use current relationships with employers to support employees in voluntary quarantine due to exposure to sick contacts.

        - Suggest allowing employees to work from home. If this is already an option, consider working with human resources to be more flexible and inclusive.
        - Consider an emergency/temporary change in sick leave policy; allowing an employee to use sick leave proactively and earn it back retroactively.
            - This can decrease the hesitancy on the employees' part to stay home and increase participation in voluntary quarantine.
- **Create a public messaging campaign**
    - Work with communications team to create messages that:
        - Are culturally competent and at an appropriate reading level.
        - Are translated into the most spoken languages in the affected area.
        - Are relevant to the changing nature of the incident/outbreak.
    - Communicate on multiple platforms appropriate to the communities of affected persons.
    - Provide messages to LHJs and other partners to share with their constituents.
    - Send a health alert to health care providers.

## Special Considerations

- Consider dedicating a phone line to answer questions that may follow the request for quarantine.
- Work with communications staff to translate materials as needed for community-based and faith-based organizations, community partners, and employers.
- Sovereign tribal nations may decide their own criteria for quarantine.
- Consider use of telemedicine options and home assessment teams for medical support and backup. The idea that medical health is available may help reduce anxiety.

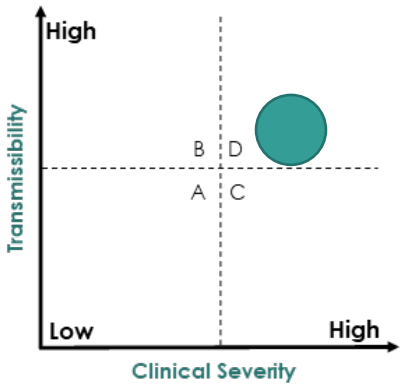
## Intervention 8: Involuntary Isolation of Sick Persons

Reduce probability of transmission by preventing contact between well and sick people.

| | |
|---|---|
| Transmissibility (1-5) | 3 |
| Clinical severity (1-7) | 5-6.5 |
| Recommend implementing at | D |

| Intervention type: | Personal | Community | Environment |
|---|---|---|---|

| Limit spread | Prevent spread |
|---|---|




## Rationale for Use as Public Health Strategy

Isolation prevents a sick person from infecting others outside of their isolation location. Historically, isolation measures have helped to prevent the spread of infectious diseases, such as influenza, by stopping the person-to-person spread of virus via contaminated droplets from coughs and sneezes.

**Success Factors:** Success depends on health care facility and/or public health system ability to implement. Clearly communicate with affected communities about the rationale for use of isolation, and the responsibility for public officials to protect the safety and health of a community from communicable illnesses of high severity and high transmissibility.

**Possible Drawbacks:** Involuntary isolation is extremely restrictive and resource intensive. It limits personal liberties and can be controversial.

**Possible Benefits:** Isolation is effective in reducing the spread of illness. Use of involuntary isolation is a method to force compliance to the measure.

## Settings and Use

- Isolation separates sick persons with a contagious disease from people who are not sick.
- Involuntary isolation is only recommended when an individual is not reliable or compliant with voluntary isolation for a disease that is highly severe and highly transmissible.
- For isolation and quarantine measures, state law requires making reasonable efforts to obtain voluntary compliance unless doing so would create a risk of serious harm (WAC 246-100-040(1)(a)). It is good public health policy, and it's also legally required.

## Jurisdictional Authority and Key Decision Makers

**Local, State**

**Key Decision Makers:** The local health officer and/or Secretary of Health may issue a detention order for involuntary isolation when they have reason to believe the person is infected with a communicable disease and poses a serious and imminent risk to the health and safety of others if not isolated. The local health officer must first make reasonable efforts to obtain voluntary

compliance, unless doing so would create a risk of serious harm. An order directly from a local health officer may last for up to 10 days. A court may order a longer period of isolation. Violation of an isolation order is a misdemeanor for which individuals may be arrested, fined, and imprisoned up to 90 days.

Local health officers, and the Secretary of Health under the circumstances outlined in RCW 43.70.130(7), have the authority to request isolation or quarantine under WAC 246-100-040. The health officer can authorize which people can enter the isolation or quarantine facility to provide medical care and/or meet the needs of the sick person. Any person who enters an isolation or quarantine facility without authorization is subject to quarantine by the health officer.

The State Board of Health (SBOH) has broad power to "adopt rules for the imposition and use of isolation and quarantine" (RCW 43.20.050(2)(e)). Local Health Officers and the Secretary of Health can issue isolation and quarantine orders based on SBOH rules.

**Applicable Law(s):**

- WAC 246-100-036 – Responsibilities and duties – Local health officers
- WAC 246-100-040 – Procedures for isolation or quarantine
- WAC 246-100-045 - Conditions and principles for isolation or quarantine
- WAC 246-100-050 - Isolation or quarantine premises
- WAC 246-100-055 - Relief from isolation or quarantine
- WAC 246-100-070 – Enforcement of local health officer orders
- WAC 246-101-105 – Duties of the healthcare provider
- RCW 43.20.050 - Powers and Duties of the State Board of Health
- RCW 43.70.020(3) – Department created
- RCW 43.70.130 – Powers and duties of the Secretary of Health
- RCW 70.05.060 – Powers and duties of local board of health
- RCW 70.05.070 – Local health officer – powers and duties
- RCW 70.05.120(4) – Violations – Remedies - Penalties (misdemeanor for violation of an order)

**Forms (find all instructions and forms on DOH's website):**

- Emergency Involuntary Detention Order (Word)
  In addition to the form available at the link above, a COV-19 specific involuntary detention order is available. Please contact DOH for use.
- Confidential Schedule (Word)
  A local health officer may issue an isolation order immediately. Such an order is subject to court challenge. A court order is required to isolate an individual for longer than 10 days. Law enforcement may arrest an individual for violating a local health officer's or a court order. A court order is also enforceable through contempt proceedings.

  When no attempt is made to seek voluntary compliance due to the serious and imminent risk to the public, use the following forms:
- Summons (Word)
- Detention ex parte petition (Word)
- Confidential schedule (Word)
- Declaration supporting ex parte detention petition (Word)
- Order ex parte for involuntary detention (Word)

When voluntary compliance was sought, but the individual refused or otherwise indicated they would not comply, use the following forms:

- Summons (Word)
- Detention ex parte petition when voluntary detention refused (Word)
- Confidential schedule (Word)
- Declaration supporting ex parte detention petition when voluntary detention refused (Word)
- Order ex parte when voluntary detention refused (Word)

**Tribal**

Tribal governments have the authority and responsibility to control communicable disease on tribal lands and are expected to do so according to the laws, rules, and regulations of the tribal government. Tribal nations may decide their own criteria for isolation.

**Federal**

The diseases subject to quarantine under federal law are determined by Executive Order. The most recent order published in the Federal Register includes severe acute respiratory syndromes and provides the basis for federal quarantine.

**Applicable Law(s):**

- 42 U.S.C. § 264 - Regulations to control communicable diseases
- 42 C.F.R. Part 70 - Interstate Quarantine
- 42 C.F.R. Part 71 - Foreign Quarantine
- Public Law 113-5 – Pandemic and All Hazards Preparedness Reauthorization Act
- 42 U.S.C. § 201 *et seq.* – Public Health Service Act

## Decisional Objectives/Key Decision Points

- Language for health officer order and involuntary detention court orders.
- Location(s) for isolation.
- Personal Protective Equipment (PPE) requirements for health care workers providing care for sick persons.
- Determine need for material services to meet essential needs (food, laundry, utilities, prescription medication, social support, etc.) and who will authorize providing these services.
- Plan of moving sick persons under isolation to treatment facility, if isolated outside of a health care facility.
- Plans and logistics for specimen collection or providing other medical services, if needed.
- Communication strategies and plan to communicate decisions
    - Affected individuals and community members
    - Public, media, public officials
- Due process: understand and prepare for the rights of the affected patient if due process is initiated. Communicate steps for due process, such as administrative hearings, court review, or notification of right to object. Protect patient rights to privacy and restrictions on who can and cannot be notified (e.g., family member, employer)
- Plan to manage non-compliance with isolation. Identify progressively restrictive steps, up to court-ordered detention. Identify decision point for ordering person to a more restrictive location. Identify who will issue order and transport process.
- Determine when to release from isolation and process for notification.

## Implementation Methods

- **Health officer order for emergency detention**
  - Once the person is ordered into isolation, the local health officer should seek a court order and must consider individual rights to due process. Seeking a court order quickly is a good idea if isolation sought is more than 10 days.
  - The needs of a person isolated or quarantined must be addressed to the greatest extent possible in a systematic and competent fashion, including, but not limited to, providing adequate food, clothing, shelter, means of communication with those in isolation or quarantine and outside these settings, medication, and competent medical care. Cultural and religious beliefs should be considered in addressing their needs.
- **Standing orders within a hospital**
  - Work with the hospital facility or designated health care provider and the health officer to create standing orders for the care of individuals in involuntary isolation.

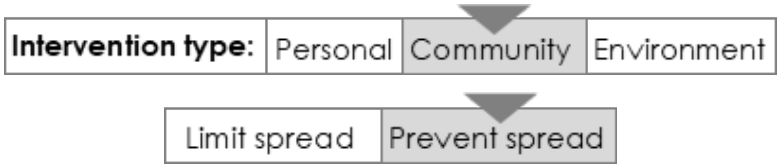
## Special Considerations

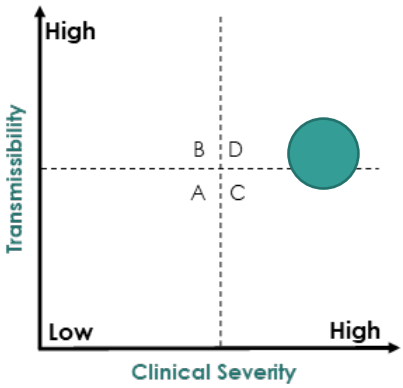
- Food, water, basic needs, and other support services for isolated patients.
- This intervention requires detailed coordination between state and local government officials.
- Court orders for involuntary isolation may be required.
- Tribal nations may decide their own criteria for isolation.
- When the individual is released, consider providing them with a letter that recognizes their release so they will not be mistakenly reported as not complying with the isolation order.

## Intervention 9: Involuntary Quarantine of Contacts of Sick Persons

Reduce probability of transmission in the event that the contact becomes contagious before symptoms developed.

| | |
|---|---|
| Transmissibility (1-5) | 3 |
| Clinical severity (1-7) | 5-6.5 |
| Recommend implementing at | D |




## Rationale for Use as Public Health Strategy

Quarantine refers to the separation and restriction of movement of persons who, while not yet ill, have been exposed to an infectious agent and therefore may become infectious. Quarantine of exposed persons is a public health strategy intended to stop the spread of infectious disease. Quarantine is medically very effective in protecting the public from disease.

Certain infected but not yet symptomatic individuals may unknowingly infect friends, neighbors, and others in the community before becoming symptomatic.

In situations of highly transmissible and clinically severe infections where there are asymptomatic contacts who are not willing to quarantine, authorities may want to consider involuntary quarantine of contacts of sick persons to prevent possible disease spread, especially for novel pathogens of concern.

**Success Factors:** Success depends on health care facility and/or public health system ability to implement.

**Possible Drawbacks:** Involuntary quarantine is extremely restrictive and resource intensive.

**Possible Benefits:** Quarantine is extremely effective in reducing the spread of illness. Non-compliant persons can be prevented from spreading the disease.

## Settings and Use

- Consider using involuntary quarantine for contacts who are not reliable or compliant and who were exposed to a sick person but are asymptomatic to avoid potential spread of disease.
- Involuntary quarantine at a designated facility is only recommended when an individual is not reliable or compliant.

## Jurisdictional Authority and Key Decision Makers

**Local, State**

**Key Decision Makers:** The local health officer and/or Secretary of Health may issue a detention order for involuntary quarantine when they have reason to believe the person is, or is suspected

to be, infected with or exposed to a communicable disease and poses a serious and imminent risk to the health and safety of others if not quarantined. The local health officer must first make reasonable efforts to obtain voluntary compliance, unless doing so would create a risk of serious harm. An order directly from a local health officer may last for up to 10 days. A court may order a longer period of quarantine. Violation of a quarantine order is a misdemeanor for which individuals may be arrested, fined, and imprisoned up to 90 days.

Local health officers, and the Secretary of Health under the circumstances outlined in RCW 43.70.130(7), have the authority to request isolation or quarantine under WAC 246-100-040. The health officer can authorize which people can enter the isolation or quarantine facility to provide medical care and/or meet the needs of the sick person. Any person who enters an isolation or quarantine facility without authorization is subject to quarantine by the health officer.

The State Board of Health (SBOH) has broad power to "adopt rules for the imposition and use of isolation and quarantine" (RCW 43.20.050(2)(e)). Local Health Officers and the Secretary of Health can issue isolation and quarantine orders based on SBOH rules.

**Applicable Law(s):**

- WAC 246-100-036 – Responsibilities and duties – Local health officers
- WAC 246-100-040 – Procedures for isolation or quarantine
- WAC 246-100-045 - Conditions and principles for isolation or quarantine
- WAC 246-100-050 - Isolation or quarantine premises
- WAC 246-100-055 - Relief from isolation or quarantine
- WAC 246-100-070 – Enforcement of local health officer orders
- RCW 43.20.050 - Powers and Duties of the State Board of Health
- RCW 43.70.020(3) – Department created
- RCW 43.70.130 – Powers and duties of the Secretary of Health
- RCW 70.05.060 – Powers and duties of local board of health
- RCW 70.05.070 – Local health officer – powers and duties
- RCW 70.05.120(4) – Violations – Remedies - Penalties (misdemeanor for violation of an order)

**Forms (find all instructions and forms on DOH's website):**

- Emergency Involuntary Detention Order (Word)
  In addition to the form available at the link above, a COV-19 specific involuntary detention order is available. Please contact DOH for use.
- Confidential Schedule (Word)
- A local health officer may issue an isolation order immediately. Such an order is subject to court challenge. A court order is required to isolate an individual for longer than 10 days. Law enforcement may arrest an individual for violating a local health officer's or a court order. A court order is also enforceable through contempt proceedings.

  When no attempt is made to seek voluntary compliance due to the serious and imminent risk to the public, use the following forms:
- Summons (Word)
- Detention ex parte petition (Word)
- Confidential schedule (Word)
- Declaration supporting ex parte detention petition (Word)

- Order ex parte for involuntary detention (Word)

When voluntary compliance was sought, but the individual refused or otherwise indicated that he or she would not comply, use the following forms:

- Summons (Word)
- Detention ex parte petition when voluntary detention refused (Word)
- Confidential schedule (Word)
- Declaration supporting ex parte detention petition when voluntary detention refused (Word)
- Order ex parte when voluntary detention refused (Word)

**Federal**

The diseases subject to quarantine under federal law are determined by Executive Order. The most recent order published in the Federal Register includes severe acute respiratory syndromes and provides the basis for federal quarantine.

**Applicable Law(s):**

- 42 U.S.C. § 264 - Regulations to control communicable diseases
- 42 C.F.R. Part 70 - Interstate Quarantine
- 42 C.F.R. Part 71 - Foreign Quarantine
- Public Law 113-5 – Pandemic and All Hazards Preparedness Reauthorization Act
- 42 U.S.C. § 201 *et seq.* – Public Health Service Act

**Tribal**

- Tribal governments have the authority and responsibility to control communicable disease on tribal lands and are expected to do so according to the laws, rules, and regulations of the tribal government. Tribal nations may decide their own criteria for isolation.

## Decisional Objectives/Key Decision Points

- Language for health officer order and involuntary detention court orders.
- Definition of "close contact" (including length of exposure to ill person, travel history, etc.)
- Location(s) of quarantine facility (home, government facility, etc.)
- Length of quarantine
- Communication strategies and plan
- Determine need for material services to meet essential needs (food, laundry, utilities, prescription medication, social support, etc.) and who will authorize providing these services.
- Plan to move persons under quarantine to a health care facility if they develop symptoms
- Plans and logistics for specimen collection or provision of other medical services, if needed.
- Active monitoring for persons under quarantine

## Implementation Methods

- **Health officer order for emergency detention**
    - Once the person is ordered into quarantine, the local health officer should seek a court order and must consider individual rights to due process. Seeking a court order quickly is a good idea if isolation sought is more than 10 days.
    - The needs of a person isolated or quarantined must be addressed to the greatest extent possible in a systematic and competent fashion, including, but not limited to, providing adequate food, clothing, shelter, means of communication with those in isolation or

quarantine and outside these settings, medication, and competent medical care. Cultural and religious beliefs should be considered in addressing their needs.

- **Standing orders within a hospital**
    - Work with the hospital facility or designated health care provider and the health officer to create standing orders for the care of individuals in involuntary quarantine.

## Special Considerations

- Food, water, basic needs, and other support services for quarantined individuals.
- This intervention will require detailed coordination between state and local government officials.
- Court orders for involuntary isolation may be required.
- Tribal nations may decide their own criteria for isolation.
- When the individual is released, consider providing them with a letter that recognizes their release so they will not be mistakenly reported as not complying with the quarantine order.

## Decisional Objectives/Key Decision Points

- Language for health officer order and involuntary detention court orders.
- Definition of “close contact” (including length of exposure to ill person, travel history, etc.)
- Location(s) of quarantine facility (home, government facility, etc.)
- Length of quarantine
- Communication strategies and plan
- Determine need for material services to meet essential needs (food, laundry, utilities, prescription medication, social support, etc.) and who will authorize providing these services.
- Plan to move persons under quarantine to a health care facility if they develop symptoms
- Plans and logistics for specimen collection or provision of other medical services, if needed.
- Active monitoring for persons under quarantine

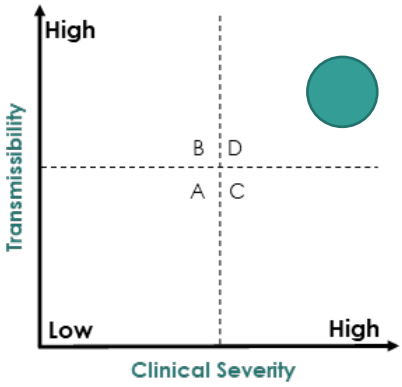
## Intervention 10: Recommend or Order Cancellation of Major Public and Large Private Gatherings

Reduce probability of transmission by reducing the number of the interpersonal contacts.

| | |
|---|---|
| Transmissibility (1-5) | 4 |
| Clinical severity (1-7) | 5-7 |
| Recommend implementing at | D |

| Intervention type: | Personal | Community | Environment |
|---|---|---|---|

| Limit spread | Prevent spread |
|---|---|




## Rationale for Use as Public Health Strategy

Social distancing measures, such as cancellation or postponement of mass gatherings, reduce opportunities for person-to-person virus transmission and can help delay the spread and slow the exponential growth of disease spread. The optimal strategy is to implement these measures simultaneously in places where people gather.

Canceling mass gatherings, in combination with other social distancing measures (e.g., patient isolation, quarantine of exposed persons, and school closures), may help reduce virus transmission.

**Success Factors:** Success depends upon event sponsor compliance and authorities' ability to enforce effectively.

**Possible Drawbacks:** May result in revenue loss, public outrage, or political backlash, and may disproportionately affect certain cultural and community groups.

**Possible Benefits:** Reduces opportunities for widespread disease transmission by reducing interpersonal contacts and increasing social distance.

## Settings and Use

- Social distancing measures can be implemented in a range of community settings, including public places where people gather (e.g., parks, houses of worship, theaters, sports arenas).
- Modifying, cancelling, or postponing events is an approach that might reduce face-to-face contact in community settings.

## Jurisdictional Authority and Key Decision Makers

**Local**

**Key Decision Makers:** Local health officer and local board of health have authority to control and prevent spread of contagious or infectious diseases within their jurisdiction and to inform the public about the nature of the disease and prevention methods. This includes issuing orders to cancel events.

**Key Stakeholders:** Decision should be made in coordination with local elected officials (such as mayor, city council, county council, and/or county executive), emergency managers, local law enforcement, impacted businesses, proprietors, cultural and religious leaders, event sponsors and event organizers.

**Applicable Law(s) for Decision Makers:**

- RCW 70.05.060 – Powers and duties of local board of health
- RCW 70.05.070 – Local health officer – powers and duties
- WAC 246-100-036 – Responsibilities and duties – Local health officers
- WAC 246-100-070 – Enforcement of local health officer orders

## State

**Key Decision Makers:** In an emergency or when a local health officer consents or does not act, the Secretary of Health may exercise the same authority as a local health officer to control and prevent disease and issue orders to cancel events. The Secretary of Health also has the authority to promote public health activities and educational campaigns.

The Governor has broad authority to proclaim a state of emergency in order to preserve life, health, property, or the public peace (RCW 43.06.220). A governor declared emergency could trigger limitations such as curfews, prohibitions of people on streets and open areas, limit use of streets, highways or public ways; or other broad restrictions outlined by the law, such as prohibiting travel.

Washington's laws against discrimination are outlined in RCW 49.60. Public officials should consider how communities may be impacted and take action to remove stigma that may marginalize or discriminate against groups.

**Applicable Law(s):**

- RCW 43.06.220 – State of emergency – powers of governor pursuant to proclamation
- RCW 43.70.020(3) – Department created
- RCW 43.70.130 – Powers and duties of the Secretary of Health
- RCW 70.05.070 – Local health officer – powers and duties (can be exercised by Secretary)
- RCW 49.60 – Discrimination – Human Rights Commission

## Tribal

Tribal governments have the authority and responsibility to control communicable disease on tribal lands and are expected to do so according to the laws, rules, and regulations of the tribal government. They may decide their own criteria for canceling large gatherings.

## Federal

**Key Decision Makers:** The federal government has independent authority when emergencies cross state and national borders.

**Applicable Law(s):**

- 42 U.S.C. § 247d – Public health emergencies
- 42 U.S.C. § 264 - Regulations to control communicable diseases
- 28 CFR Part 35 – Nondiscrimination on the Basis of Disability in State and Local Government Services

## Decisional Objectives/Key Decision Points

- Establish guidance/requirements needed to request or order the cancellation of gatherings.
- Identify affected events and disproportionately impacted communities.
    - Research upcoming cultural and religious holidays, observances, and events.
    - Assess economic impact for both individuals and larger communities (loss of wages, tourism revenue)
- Plan community engagement efforts, methods, and approaches that are responsive to the needs, preferences, and values of the community.
- Develop strategies to gain buy-in from event organizers and leadership
- Plan for enforcement of cancellations
    - Partner with trusted community leaders
    - Assess need, benefit, and potential unintended consequences of working with law enforcement/security personnel.
    - Create mitigation strategies, as needed, to address any real, potential, or perceived issues or consequences of enforcement activities.
- Determine whether events should be pre-emptively canceled.
- Proactively address unintended consequences that inequitably impact historically marginalized individuals and communities may further erode trust with governmental systems needed for overall public health and future response efforts.
- Ensure all strategies, communications, and engagement are culturally and linguistically appropriate and meet readability and accessibility guidelines.

## Healthcare Considerations

- Consider impact on the healthcare system and their current capacity and if the intervention would reduce or increase burden.
- Determine if implementation would mitigate burden on health care system to maintain essential medical services, especially for underserved populations.
- Identify if this would decrease or increase absenteeism among health care workers.
- Potential legal and ethical issues involving altered standards of care.

## Implementation Methods

- **Health officer order or request that major government-sponsored events/gatherings be cancelled or postponed.**
    - Meet with event organizers, committees and employees.
        - Explain the situation
        - Offer alternatives, if any, including new location, rescheduling the event, or changing entrance rules.
    - Government-sponsored events or gatherings may be affected anyway due to the Continuity of Operations Plan.
    - Work with public information officers/communication teams to get the information out with relevant Q&As and FAQs
- **Create and distribute accessible, public messaging about closures**
    - General messaging about why these measures are being taken.

        - Work with communications team to create messages that:
            - Meet readability and accessibility guidelines.
            - Are culturally and linguistically relevant.
            - Are translated into the most spoken languages in the affected area.
            - Are relevant/adaptable to the changing nature of the incident/outbreak.
        - Communicate through multiple platforms and channels appropriate to the affected communities
        - Engage with community leaders or representatives for advice and buy-in.
        - Provide messages to LHJs and other partners to share with their constituents.
        - Provide consistent messaging throughout the state via media outreach.
        - Develop tailored messaging for disproportionately impacted communities.
    - Specific messaging about the cancellation of specific events.
        - Display appropriate messaging in places where attendees may see them.
        - Work with event organizers and to use their communication methods.

## Special Considerations

- Requires excellent and effective communication mechanisms to notify community of details and rationale. Communications must be culturally relevant and in a language and format that the audience can understand to be effective.
- Any attempts to implement social distancing in cultural & religious gatherings should be informed by cultural & religious leaders.
- Canceling events could affect civic participation and social cohesion. It could also create an opportunity for discrimination if only certain events are closed.
- Postponing the event may benefit or negatively impact employees as well as attendees or participants, depending on the event and the individual's role.
- This intervention will require detailed coordination between state, local government officials, and community organizations/leaders/groups.
- This intervention will require detailed coordination with the event organizers and planners.
- Cancellation of large events may affect individual income, revenue, employment, economic opportunity, and commerce.
- Coordination with the Office of the Governor and/or local government leadership may be needed.
- There should be consistency in which events are cancelled. Cancellation should not be based on the communities likely to attend or work at the event.
- Culturally and religiously diverse communities may be disproportionally impacted.
- Families on the brink of housing insecurity may be disproportionately impacted by loss of wages, potentially increasing risk of missing rent payments, potentially increasing risk of eviction and homelessness. Homeless individuals already experience barriers to health care, services, and information.
- Unintended consequences that inequitably impact historically marginalized individuals and communities may further erode trust with governmental systems needed for overall public health and future response efforts.

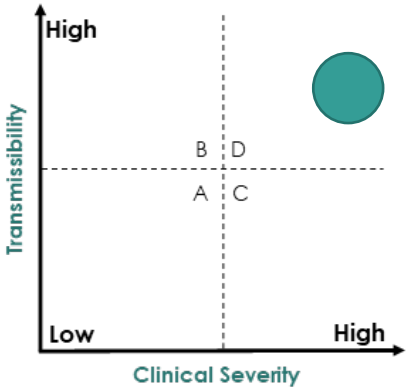
## Intervention 11: Recommend or Order Closure of Public or Private Sites within impacted communities

Viruses quickly and easily spread in places where people gather in close contact, such as schools, child care facilities, workplaces, and public buildings. Dismissing or closing such facilities may be considered to limit disease spread by reducing the number of interpersonal contacts.

| | |
|---|---|
| Transmissibility (1-5) | 4 |
| Clinical severity (1-7) | 5-7 |
| Recommend implementing at | D |

| Intervention type: | Personal | Community | Environment |
|---|---|---|---|

| Limit spread | Prevent spread |
|---|---|




## Rationale for Use as Public Health Strategy

Social distancing measures, including closure of buildings, reduce opportunities for person-to-person virus transmission and can help delay the spread and slow the exponential growth of disease spread. If disease spread is occurring in a school, child care facility or public building, dismissing students, staff, or the public from these locations or closing the locations early can limit further spread. The optimal strategy may be to implement several social distancing steps simultaneously where large groups of people gather.

**Success Factors:** Early implementation of dismissals or closures to limit spread. Facility compliance and authorities' ability to enforce effectively.

**Possible Drawbacks:** May result in missed school days, revenue loss, public outrage, or political backlash. It may disproportionately affect certain cultural and community groups. Low income and other vulnerable communities may be put at risk for non-outbreak related harm if they are unsupervised, don't have access to an adult caretaker, or cannot communicate with the outside world if there is an emergency. It may cause disruption for families and communities. Adults may experience missed work and loss of income from their workplace closure or to stay home to care for children.

**Possible Benefits:** Reduces opportunities for widespread disease transmission by reducing interpersonal contacts and increasing social distance.

## Settings and Use

Specific priority settings include schools, child cares, workplaces, meetings, and other places where people gather (e.g., parks, religious institutions, theaters, and sports arenas).

Early dismissal or closing facilities is a social distancing measure that may reduce face-to-face contact in community settings to reduce the spread of diseases transmitted by contact, droplets, or air. Choose social distancing measures depending on the severity of the disease.

**School or child care:** Examples of social distancing, closures and dismissals could include:

- Dismissing or cancelling classes and use web-based distance learning instead
- Pre-emptive, coordinated school closures or dismissals at child care facilities, K–12 schools, and institutions of higher education.
- Canceling school concerts, after-school programs, or sporting events.

**Workplaces and public buildings:** Many work settings involve shared work space, equipment, and face-to-face contact. Public buildings can bring many people into close contact. Examples of social distancing for these settings include telecommuting and remote-meeting options in workplaces.

## Jurisdictional Authority and Key Decision Makers

### Local

**Key Decision Makers:** Local health officer and local board of health have authority to control and prevent spread of contagious or infectious diseases within their jurisdiction and to inform the public about the nature of the disease and prevention methods.

When there is a potential for an outbreak within a school or childcare center, local health officers have the authority to order school superintendents and childcare center administrators to close their facilities, cancel events, and/or exclude students, staff, and volunteers.

**Key Stakeholders:** Decision should be made in coordination with school superintendents, boards of education, local elected officials (such as mayor, city council, county council, and/or county executive), child care administrators, private sector, emergency managers, local law enforcement, impacted businesses, proprietors, event sponsors and event organizers.

**Applicable Law(s):**

- RCW 70.05.060 – Powers and duties of local board of health
- RCW 70.05.070 – Local health officer – powers and duties
- WAC 246-100-021 – Responsibilities and duties – Health care providers
- WAC 246-100-036 – Responsibilities and duties – Local health officers
- WAC 246-100-070 – Enforcement of local health officer orders
- WAC 246-110-020 – Control of contagious disease (schools and childcare centers)

### State

**Key Decision Makers:** In an emergency or when a local health officer consents or does not act, the Secretary of Health may exercise the same authority as a local health officer to control and prevent disease. The Secretary of Health also has the authority to promote public health activities and educational campaigns.

**Applicable Law(s):**

- RCW 43.70.020(3) – Department of Health created
- RCW 43.70.130 – Powers and duties of the Secretary of Health
- RCW 70.05.070 – Local health officer – powers and duties (can be exercised by Secretary)

- RCW 49.60 – Discrimination – Human Rights Commission

**Tribal**

- Tribal governments have the authority and responsibility to control communicable disease on tribal lands and are expected to do so according to the laws, rules, and regulations of the tribal government. They may decide their own criteria for canceling school, child care, and tribal facilities.

**Federal**

**Key Decision Makers:** The federal government has independent authority when emergencies cross state and national borders.

**Applicable Law(s):**

- 42 U.S.C. § 247d – Public health emergencies
- 42 U.S.C. § 264 - Regulations to control communicable diseases
- 28 CFR Part 35 – Nondiscrimination on the Basis of Disability in State and Local Government Services

## Decisional Objectives/Key Decision Points

- Scale of closures (e.g. specific schools, districts, ages, geographic regions)
- Identify affected facilities
- Determine whether closure is limited to certain at-risk groups or applies to the general public.
- Length of closure
- Determine building cleaning protocols, if needed.
- Personal Protective Equipment (PPE), if any, for persons cleaning closed facilities
- Communication strategies and plan
- How to get employer engagement and buy-in

## Healthcare Considerations

- Consider impact on the healthcare system and their current capacity and if the intervention would reduce or increase burden.
- Determine if implementation would mitigate burden on health care system to maintain essential medical services, especially for underserved populations.
- Increase in absenteeism among health care workers if schools and childcare are closed.
- Potential legal and ethical issues involving altered standards of care.

## Implementation Methods

- **Local health officials and local school administrators work closely together in decision making to implement closures and dismissals**.
    - Include communication to parents and the public in case of school or child care closure.
    - Include communication to employees in case of a workplace closure.
- **Communicate to the media, partners, and the public about any facility or building closure.**
    - Create culturally relevant publications in all needed languages.
    - Work through the building or organization's communication channels.
    - Communicate on multiple platforms appropriate to the affected communities

- Provide consistent messaging throughout the state via media outreach.

## Special Considerations

- Local health policies and risk communication strategies should take into account community attitudes and acceptance of preventive behaviors related to social distancing, which might differ across racial/ethnic, cultural, and economic groups.
- Strategies can be used in settings like schools (e.g., closure), workplaces (e.g., phone conferences instead of in-person meetings), and mass gatherings (e.g., postponement or cancellation) to reduce spread and infections. Multiple social distancing measures can be implemented simultaneously.
- Regarding school and child care closures, public officials should make decisions that balance local benefits and potential harms and consider timing, flexibility, and modifications to intervention based on the severity of local conditions.
- Requires advanced planning and preparation, as well as political leadership; collaboration between public health and emergency management agencies; coordination with schools, child care, businesses, nongovernmental organizations, and community- and faith-based organizations; and clear communication with the public.
- Cancelling school, child care facilities, workplaces, and public buildings would reduce income for staff working in those locations. Additionally, this could impact the income of working parents left without childcare and school and impact the ability for students to learn.
- Consider options for students who receive free or reduced-price student lunches to continue receiving meals during missed school days. Families experiencing housing insecurity or homelessness may need additional and proactive planning to ensure children are able to access alternative meals during closures.
- Unintended consequences that inequitably impact historically marginalized individuals and communities may further erode trust with governmental systems needed for overall public health and future response efforts.
- Ensure all strategies, communications, and engagement are culturally and linguistically appropriate and meet readability and accessibility guidelines.

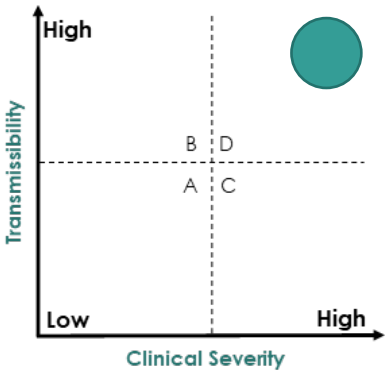
## Intervention 12: Prevent Non-Emergency Travel Outside the Home

Limiting travel outside of the home will reduce probability of the transmission by reducing the numbers of the interpersonal contacts. Travel should be restricted to emergency use only.

| | |
|---|---|
| **Transmissibility (1-5)** | 5 |
| **Clinical severity (1-7)** | 5.5-7 |
| **Recommend implementing at** | D |

| **Intervention type:** | Personal | Community | Environment |
|---|---|---|---|

| Limit spread | Prevent spread |
|---|---|




## Rationale for Use as Public Health Strategy

This intervention is a more extreme measure of social distancing, which reduces occasions for person-to-person virus transmission to help delay the spread and slow the exponential growth of a pandemic.

**Success Factors:** Success depends upon compliance and authorities' ability to enforce effectively.

**Possible Drawbacks:** Will prevent the operation of public entities and private businesses; the effect will be felt economically by employees as loss of income, and the public as lack of commodity availability. Revenue loss; public outrage; and political backlash are possible. Travel restrictions may disproportionately affect certain cultural and community groups.

**Possible Benefits:** Reduces opportunities for direct or indirect disease spread, and may prevent a disease from entering new geographical region.

## Settings and Use

- Travel restrictions are conditionally recommended during an early stage of a localized and extraordinarily severe pandemic for a limited period of time. Before implementing, consider cost, acceptability and feasibility, as well as ethical and legal considerations, in relation to this measure.
- This intervention should be considered when less-restrictive interventions have failed or to prevent disease introduction into new geographical areas.

## Jurisdictional Authority and Key Decision Makers

### Local, State

**Key Decision Makers:** Local governments have police power to protect the public health under the U.S. Constitution's 10th Amendment, granting authority to implement restrictions on private rights for the sake of public welfare, order, and security. It also includes reasonable regulations to protect public health and safety. Under the 10th Amendment, police powers resides with state and local authorities unless specifically delegated to federal government. Local governments

may need to collaborate with state and federal partners as the complexity of the emergency increases. Local governments may request support from the state.

The Governor has broad authority to proclaim a state of emergency in order to preserve life, health, property, or the public peace (RCW 43.06.220). A governor declared emergency could trigger limitations such as curfews, prohibitions of people on streets and open areas, limit use of streets, highways or public ways; or other broad restrictions outlined by the law, such as prohibiting travel.

Washington's laws against discrimination are outlined in RCW 49.60. Public officials should consider how communities may be impacted and take action to remove stigma that may marginalize or discriminate against groups.

**Key Stakeholders:** Decision should be made in coordination with local elected officials (such as mayor, city council, county council, and/or county executive), private sector, emergency managers, local law enforcement, school superintendents, boards of education, health care, and transportation agencies.

**Applicable Law(s):**

- RCW 43.06.220 – State of emergency – powers of governor pursuant to proclamation
- RCW 43.70.020(3) – Department created
- RCW 43.70.130 – Powers and duties of the Secretary of Health
- RCW 70.05.060 – Powers and duties of local board of health
- RCW 70.05.070 – Local health officer – powers and duties
- RCW 49.60 – Discrimination – Human Rights Commission
- WAC 246-100-021 – Responsibilities and duties – Health care providers
- WAC 246-100-036 – Responsibilities and duties – Local health officers
- WAC 246-100-070 – Enforcement of local health officer orders

## Tribal

Tribal governments have the authority and responsibility to control communicable disease on tribal lands and are expected to do so according to the laws, rules, and regulations of the tribal government.

## Federal

**Key Decision Makers:** The federal government has independent authority when emergencies cross state and national borders.

**Applicable Law(s):**

- 42 U.S.C. § 201 *et seq.* – Public Health Service Act
- 42 U.S.C. § 247d – Public health emergencies
- 42 U.S.C. § 264 - Regulations to control communicable diseases
- 28 CFR Part 35 – Nondiscrimination on the Basis of Disability in State and Local Government Services
- Public Law No. 116-22 – 2019 Pandemic and All-Hazards Preparedness and Advancing Innovation Act (PAHPAIA)
- Public Law 113-5 – Pandemic and All Hazards Preparedness Reauthorization Act

## Decisional Objectives/Key Decision Points

- Define "essential travel"
- Define geographic location for ban on non-essential travel and length of ban.
- Communication strategies and communication plan
- Enforcement plan in coordination with law enforcement
    - Personal Protective Equipment (PPE) needed for enforcement officials
- Movement plan for individuals with essential travel needs
- Consider support of elected officials in issuing the order
- Consider how individual or community will access emergency services, if needed, during the restriction period
- Determine need for material support and services to meet essential needs (food, laundry, utilities, prescription medication, social support, etc.) and who will authorize providing services.
- Plans and logistics for specimen collection or providing other medical services, if needed.

## Healthcare Considerations

- Consider impact on the healthcare system and their current capacity and if the intervention would reduce or increase burden.
- Determine if implementation would mitigate burden on health care system to maintain essential medical services, especially for underserved populations.
- Increase in absenteeism among health care workers if schools and childcare are closed.
- Potential legal and ethical issues involving altered standards of care.

## Implementation Methods

- Health officer order to the public to cease all non-essential travel.
- Work with law enforcement agencies to enforce.
    - Enforcement must be feasible and within the capabilities of the agency.
- Distribute messaging to help the public understand the reason for the measure and what to do.
    - Ensure messaging is culturally and linguistically appropriate for any groups disproportionately affected by the travel restriction. Ensure messaging is accessible for individuals with disabilities and available in alternative formats.

## Special Considerations

- Consider obtaining support of elected officials in issuing such a restrictive order.
- This intervention will require detailed coordination between state and local government officials.
- Law enforcement will be necessary to enforce the travel ban.
- Schools, transit services, and places of work will be affected.
- Sovereign tribal nations may decide their own criteria for non-emergency travel.
- Consider possible impacts to the health care system, such as an increase in people seeking care.
- Plan in advance any services needed to support the community during the restriction period.

- Unintended consequences that inequitably impact historically marginalized individuals and communities may further erode trust with governmental systems needed for overall public health and future response efforts.
- Ensure all strategies, communications, and engagement are culturally and linguistically appropriate and meet readability and accessibility guidelines.

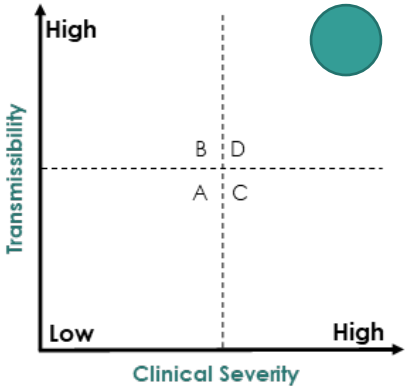
## Intervention 13: Establish a Cordon Sanitaire

Contains a communicable disease within specific geographical boundaries. Legally enforceable order that restricts movement into or out of an area of quarantine to reduce spread in and to persons outside affected area.

| | |
|---|---|
| **Transmissibility (1-5)** | 5 |
| **Clinical severity (1-7)** | 5.5-7 |
| **Recommend implementing at** | D |

| **Intervention type:** | Personal | Community | Environment |
|---|---|---|---|

| Limit spread | Prevent spread |
|---|---|




## Rationale for Use as Public Health Strategy

A cordon sanitaire is the restriction of movement of people in or out of the defined geographic area in order to contain disease within specific geographical boundaries. It is created around an area experiencing an outbreak or disease to prevent spread. This is a form of isolation and quarantine when applied to all inhabitants of an area as a sanitary barrier.

**Success Factors:** Success depends upon compliance and authorities' ability to enforce effectively. It also depends on engaging affected people to communicate the reason for the measure and gain their support for complying.

**Possible Drawbacks:** Controversial because it infringes on personal freedom of movement. May lead to feeling isolated or result in the isolation of an entire community. People could be stranded without support. Commerce will be heavily compromised. Revenue loss, public outrage, and political backlash are possible. It may disproportionately affect certain cultural and community groups, low-income families, rural and under-resourced communities, and individuals with un-related acute, chronic, or severe medical needs. May be difficult to solicit cooperation.

**Possible Benefits:** May contain a disease within the boundaries of the cordon. Reduces need for urgent evaluation of large numbers of potential contacts to determine indications for activity restrictions. May reduce transmission among groups without explicit activity restrictions.

## Settings and Use

This strategy can be used when extensive transmission is occurring, a significant number of cases lack identifiable epidemiologic links at the time of evaluation, and/or restrictions placed on persons known to have been exposed are insufficient to prevent further spread.

Consider this intervention with highly transmissible and clinically severe disease that has requires geographic containment. This could apply to diseases that are easily transmitted

human-to-human via contact, droplet, and/or airborne routes when less-restrictive interventions have failed, or to prevent introduction into new geographical areas.

## Jurisdictional Authority and Key Decision Makers

### Local, State

**Key Decision Makers:** Local governments have police power to protect the public health under the US Constitution's 10th Amendment, granting authority to implement restrictions on private rights for the sake of public welfare, order, and security. It also includes reasonable regulations to protect public health and safety. Under the 10th Amendment, police powers resides with state and local authorities unless specifically delegated to federal government. Local governments may need to collaborate with state and federal partners as the complexity of the emergency increases. Local governments may request support from the state.

The Governor has broad authority to proclaim a state of emergency in order to preserve life, health, property, or the public peace (RCW 43.06.220). A governor declared emergency could trigger limitations such as curfews, prohibitions of people on streets and open areas, limit use of streets, highways or public ways; or other broad restrictions outlined by the law, such as prohibiting travel.

Washington's laws against discrimination are outlined in RCW 49.60. Public officials should consider how communities may be impacted and take action to remove stigma that may marginalize or discriminate against groups.

**Applicable Law(s):**

- RCW 43.06.220 – State of emergency – powers of governor pursuant to proclamation
- RCW 43.70.020(3) – Department created
- RCW 43.70.130 – Powers and duties of the Secretary of Health
- RCW 70.05.060 – Powers and duties of local board of health
- RCW 70.05.070 – Local health officer – powers and duties
- RCW 49.60 – Discrimination – Human Rights Commission
- WAC 246-100-021 – Responsibilities and duties – Health care providers
- WAC 246-100-036 – Responsibilities and duties – Local health officers
- WAC 246-100-070 – Enforcement of local health officer orders

### Tribal

Tribal governments have the authority and responsibility to control communicable disease on tribal lands and are expected to do so according to the laws, rules, and regulations of the tribal government.

### Federal

**Key Decision Makers:** The federal government has independent authority when emergencies cross state and national borders. HHS Secretary may declare a public health emergency under 42 USC sec. 247, which is a way to get Congress to fund a public health emergencies account, but declarations are often made receiving without associated Congressional funding.

The diseases subject to quarantine under federal law are determined by Executive Order. The most recent order published in the Federal Register includes severe acute respiratory syndromes and provides the basis for federal quarantine.

**Applicable Law(s):**

- 42 U.S.C. § 201 *et seq.* – Public Health Service Act
- 42 U.S.C. § 247d – Public health emergencies
- 42 U.S.C. § 264 - Regulations to control communicable diseases
- 28 CFR Part 35 – Nondiscrimination on the Basis of Disability in State and Local Government Services
- 42 C.F.R. Part 70 - Interstate Quarantine
- 42 C.F.R. Part 71 - Foreign Quarantine
- Public Law No. 116-22 – 2019 Pandemic and All-Hazards Preparedness and Advancing Innovation Act (PAHPAIA)
- Public Law 113-5 – Pandemic and All Hazards Preparedness Reauthorization Act

## Decisional Objectives/Key Decision Points

- Geographic location and timeframe of cordon sanitaire.
- Communication strategies and communication plan, including:
    - How affected community will receive updates
    - Whether to set up a call center
- Work with law enforcement to determine an enforcement strategy, including non-compliance.
    - Personal Protective Equipment (PPE) for officials enforcing the cordon sanitaire
- Movement of individuals and essential personnel into and out of the cordoned area for health and safety reasons
- Movement of materials (e.g. food, medical supplies/services, waste management) into and out of the cordoned area and providing essential services (e.g. utilities and water), and who will authorize providing services.
- Plan for health and emergency services in the cordoned area, such as mental health support, telehealth, and emergency medical transport
- Plans and logistics for specimen collection or providing other medical services, if needed.
- Identify communities that will be disproportionately impacted or burdened.
- Plan community engagement efforts, methods, and approaches that are responsive to the needs, preferences, and values of the community.
- Proactively address unintended consequences that inequitably impact historically marginalized individuals and communities may further erode trust with governmental systems needed for overall public health and future response efforts.
- Ensure all strategies, communications, and engagement are culturally and linguistically appropriate and meet readability and accessibility guidelines.

## Implementation Methods

- **Health officer orders a cordon for a specific geographic area.**
    - Work with local health officer to determine best geographic area; work with the Washington State Department of Transportation and other transportation partners to transport cases and/or contacts to or from a geographic area.
- **Work with law enforcement agencies to enforce the cordon.**

    - Determine law enforcement needs and whether the agencies need additional officers.
- **Create and distribute accessible, public messaging,**
    - General messaging about why these measures are being taken.
        - Work with communications team to create messages that:
            - Meet readability and accessibility guidelines.
            - Are culturally and linguistically relevant.
            - Are translated into the most spoken languages in the affected area.
            - Are relevant/adaptable to the changing nature of the incident/outbreak.
        - Communicate through multiple platforms and channels appropriate to the affected communities
        - Engage with community leaders or representatives for advice and buy-in.
        - Provide messages to LHJs and other partners to share with their constituents.
        - Provide consistent messaging throughout the state via media outreach.
        - Develop tailored messaging for disproportionately impacted communities.

## Special Considerations

- Requires excellent communication mechanisms to notify community of details and rationale.
- Low-income families, immigrant/refugee communities, communities of color, and individuals with criminal records may be disproportionally impacted by enforcement activities.
- Requires plans/protocols for providing essential services. Plan movement of materials (e.g., food, medical supplies/services, and waste management) into and out of the cordoned area and essential services (e.g., utilities and water) to avoid additional public health issues.
- Requires detailed coordination between state, local government officials, and community organizations/leaders/groups.
- Requires law enforcement to enforce travel restrictions and maintain security at borders, but their involvement may create stress, trauma/re-traumatization, and fear for certain communities.
- Heavily affects individual income, revenue, employment, economic opportunity, and commerce.
- Limits transportation for persons requiring medical evaluation, with appropriate infection control precautions. Consider use of telehealth resources to support this need, but that telehealth may not be an accessible resource for all individuals and communities in need.
- May disproportionately impact individuals with other, non-related chronic, severe, and acute medical conditions that require ongoing/follow-up treatment or management.
- Requires plan to divert flow of critical infrastructure supplies and materials that normally move through the cordoned area.
- Requires plan to provide mental health support.
- Risk of noncompliance, particularly as length of time increases. May require enforcement for noncompliance.
- When an entire community is involved, requires cooperation with neighboring jurisdictions that may not be using a similar intervention, particularly in situations where persons live in one city and work in another and only one locale is affected by the intervention.
- Coordination with the Office of the Governor and/or local government leadership may be needed.
- Tribal nations may decide their own criteria for cordoning and any relevant security concerns.
- Families on the brink of housing insecurity may be disproportionately impacted by loss of wages, potentially increasing risk of missing rent payments, potentially increasing risk of eviction and

homelessness. Homeless individuals already experience barriers to health care, services, and information.

- Unintended consequences that inequitably impact historically marginalized individuals and communities may further erode trust with governmental systems needed for overall public health and future response efforts.
- Ensure all strategies, communications, and engagement are culturally and linguistically appropriate and meet readability and accessibility guidelines.