

COVID-19
Non-Pharmaceutical Interventions briefing
for Tribes and Jurisdictions
March 5, 2020

Washington Military Department Opening Remarks

MAJOR GENERAL BRET D. DAUGHERTY

Washington State Department of Health

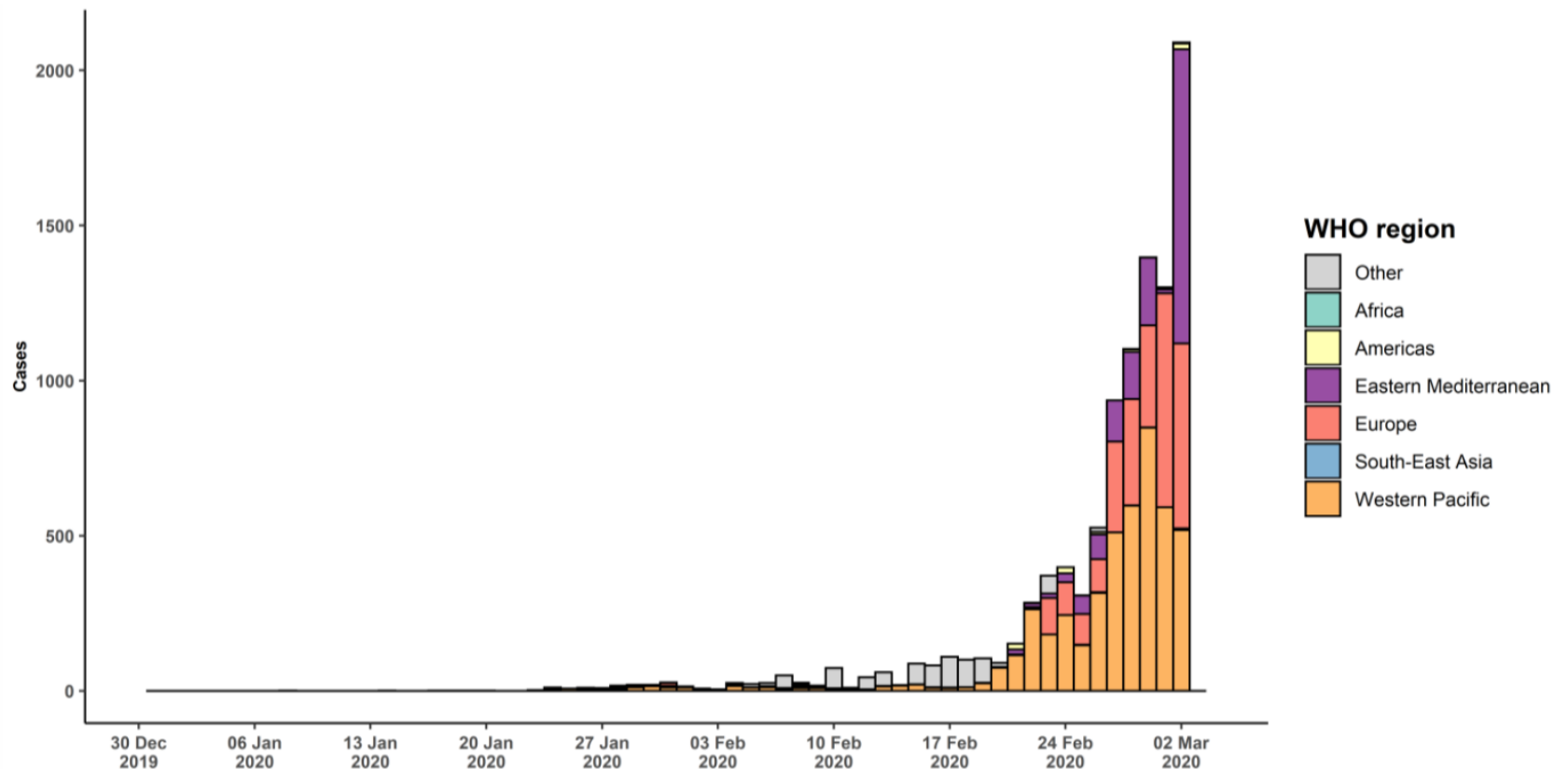
DOH INCIDENT MANAGEMENT

Overview

- Updates on the international, national, and local situation- **Cody Carmichael**
- Overview of non-pharmaceutical interventions- **Mary Huynh**
- Overview of legal authorities- **Eric Sonju**
- Next steps

International Situation

Figure 2. Epidemic curve of confirmed COVID-19 cases reported outside of China, by date of report and WHO region with complete days of reporting through 02 March 2020



Source: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>

128 Confirmed Cases in United States

- Cases present in 15 States
- 9 deaths across the United States
- WA, CA are leading in case counts
- Community Transmission is occurring.

Washington Situation

**numbers current as of 3/4/20*

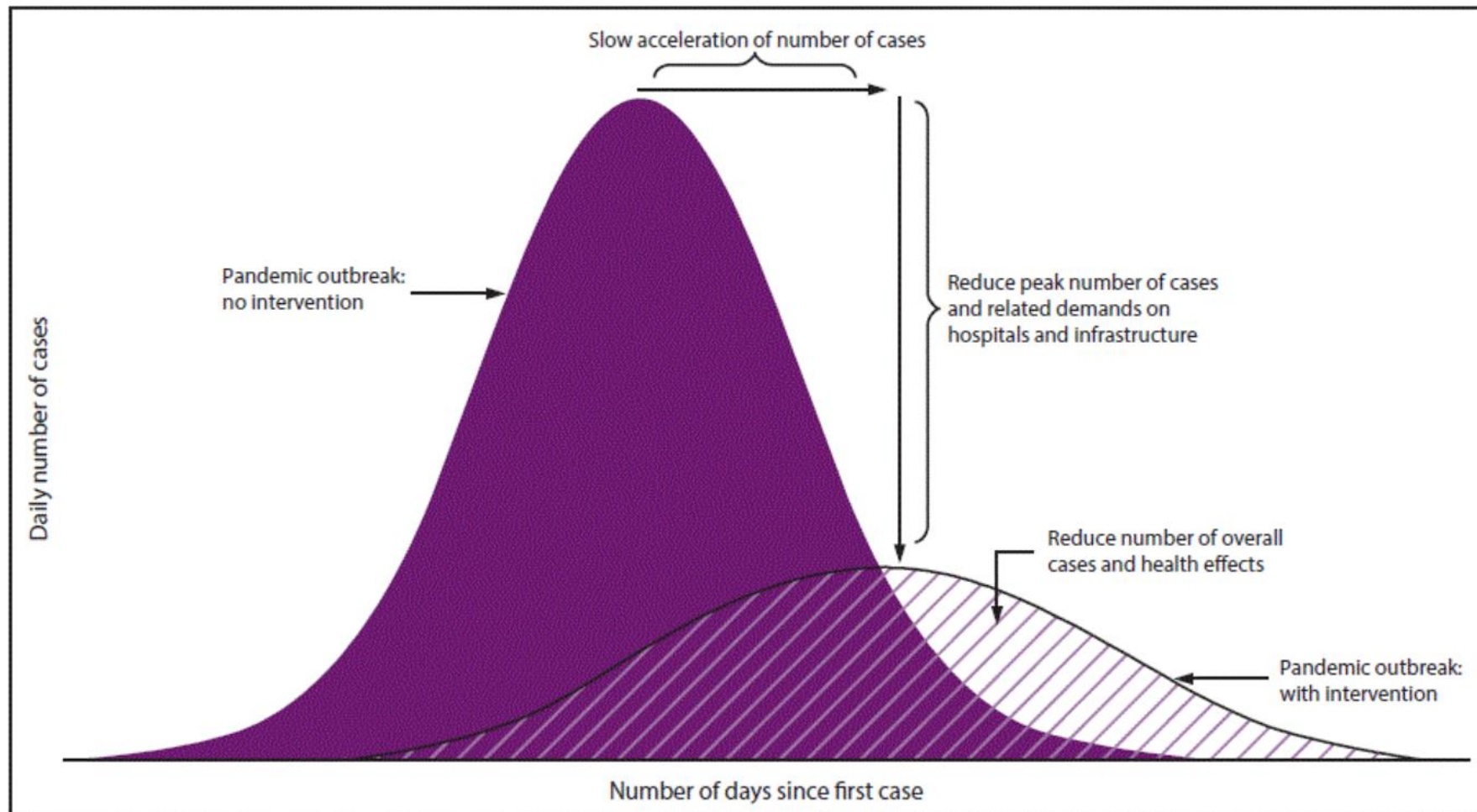
- Confirmed cases: 27
- Persons Under Investigation (PUI): 9
- Number of people under public health supervision*: 231

**The number of people under public health supervision includes those at risk of having been exposed to novel coronavirus who are monitoring their health under the supervision of public health officials. This number includes close contacts of laboratory confirmed cases, as well as people who match criteria found within in [federal quarantine guidance](#).*



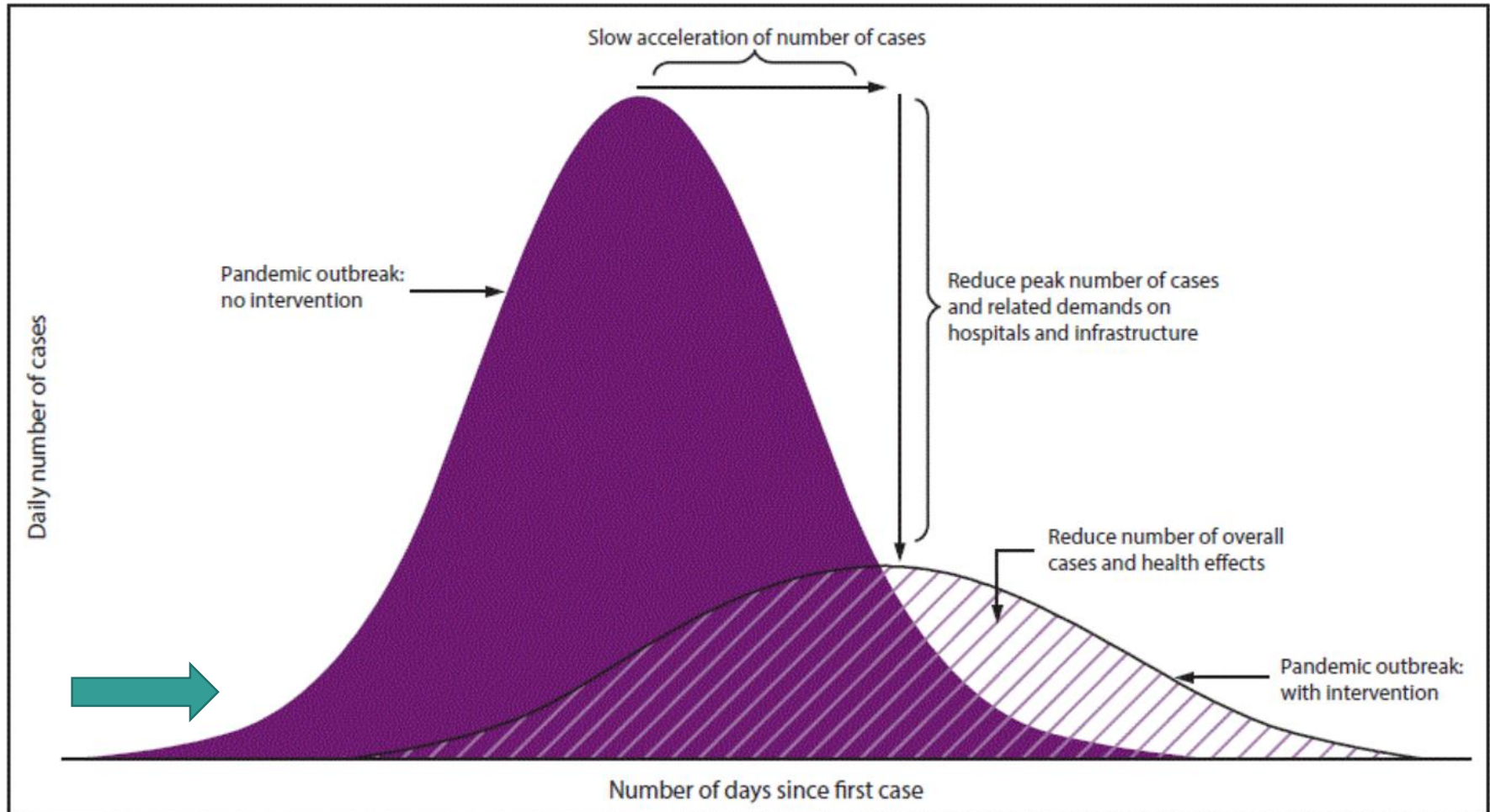
NON-PHARMACEUTICAL INTERVENTIONS (NPI) OVERVIEW

Goals of Non-Pharmaceutical Interventions for Pandemics



Source: CDC. MMWR 2017;66(1):1–34. (<https://www.cdc.gov/mmwr/volumes/66/rr/rr6601a1.htm>)

Goals of Non-Pharmaceutical Interventions for Pandemics



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13 NPI Recommendations

1. Increase handwashing and use of alcohol-based sanitizer
2. Respiratory hygiene/cough etiquette
3. Social distancing (>6 feet)
4. Frequently clean and disinfect personal surfaces
5. Remain home through the duration of 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. Voluntary or Involuntary event closures
11. Voluntary or involuntary public or private targeted site closures
12. Community wide non-emergency travel restrictions
13. Establish a cordon sanitaire

NPIs 1-5 – Community-wide Measures

- Broad-based community-wide actions that can be taken to prevent disease spread
- Unrestrictive or minimally restrictive
- These should be done now as broadly as possible
- **These interventions include**
 - 1. Increase handwashing and use of alcohol-based sanitizer
 - 2. Improve respiratory hygiene/cough etiquette
 - 3. Enhance social distancing (>6 feet)
 - 4. Frequently clean and disinfect high-touch and common surfaces
 - 5. Encourage people to remain home through the duration of respiratory illness

NPIs 6-9 – Isolation and Quarantine

- NPIs #6-9 are already underway across the state for people with medium and higher risk of having been exposed to COVID-19.
- These should continue as appropriate
- **Recommendations that can be made:**
 - 6. Voluntary isolation of sick persons
 - 7. Voluntary quarantine of contacts of sick persons
- **Orders that can be given:**
 - 8. Involuntary isolation of sick persons
 - 9. Involuntary quarantine of contacts of sick persons

Community Focused NPIs (10-13)

- Rationale for community-focused NPI options:
 - Ability to leverage social distancing interventions and combine them to slow or reduce the spread of disease in community settings.
 - Implement a layered approach to mitigate disease spread in different ways
- Assumptions for COVID NPI recommendations:
 - COVID-19 is known to cause more severe disease illness in individuals with known underlying medical conditions as well as elderly individuals (60 years or greater)
 - COVID-19 symptoms are relatively mild or almost non-existent in younger populations
 - Reported COVID-19 cases now in 67 countries
 - With known community transmission occurring in 41 countries

Community Focused NPIs (10-13)

- Important considerations:

- We expect that this disease will spread in WA. Our goal is to reduce that spread, and focus on protecting the people at highest risk
- The most restrictive approaches to these interventions are likely too burdensome/restrictive to be considered reasonable in this incident
- There are many ways to mitigate disease spread in less restrictive ways under each of the following strategies
- We strongly encourage creative thinking and problem solving to help event organizers, employers, community groups, and others mitigate disease spread

Options for Community Focused NPIs (10-13)

- Options:

- **#10 - Voluntary or involuntary event closures:** canceling mass gatherings to reduce disease transmission or making recommendations for personal NPIs at mass gathering events
 - Concerts, festivals, large sporting events, houses of worship, movie theatres, etc.
- **#11 - Voluntary or involuntary public/private targeted site closures:** including closure of public or private sites to reduce opportunities for person-to-person virus transmission and can help delay the spread and slow the exponential growth of disease spread
 - Schools, childcare centers, libraries, courthouses, etc.
 - Workplaces, shopping malls, restaurants, etc.

Options for Community Focused NPIs (10-13)

- **#12 - Community wide non-emergency travel restrictions:** limiting or prohibiting travel outside of the home will reduce probability of the transmission by reducing the numbers of the interpersonal contacts. Travel can be restricted to emergency use only.
- **#13 - Establishment of 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.
 - A cordon can be implemented with various degrees of severity/restrictiveness

Issues/Considerations for Implementation

- All of these strategies have second and third order effects that must be identified and mitigated, including:
 - Economic impacts
 - Social, behavioral, and mental health impacts
 - Disproportionate impact or burden on people already experiencing adversity
 - Maintenance of public trust/public perception
- Important implementation considerations include:
 - Equity focus in decision making
 - Effective public engagement and public messaging
 - Culturally and linguistically appropriate strategies
 - Effective cross-sector and cross-government coordination across the state
 - Need for appropriate community engagement efforts

Call to Action

● For Tribes and Local Jurisdictions

- Now is the time to further intensify collaboration between public health and emergency management in your jurisdiction
- This has been a strong focus for WA DOH and EMD this week
- We recommend enhancing preparations to:
 - Assemble policy groups to support decision making for your authorities having jurisdiction
 - Engage with policymakers, elected officials, and other decision makers to help them prepare to make policy decisions
- Please continue following this evolving situation with close interest. DOH and EMD will release further information and guidance as it becomes available

OVERVIEW OF LEGAL AUTHORITIES

**ERIC SONJU, SR. AAG
WA OFFICE OF THE ATTORNEY GENERAL**

Who has authority to implement nonpharmaceutical interventions?

- **Federal government**

- With exceptions, typically limited to guidance, recommendations, and funding
- Federal laws and regulations provide limited powers in specific contexts

- **Federally Recognized Tribes**

- Pursuant to tribal constitutions, statutes and regulations, and their inherent sovereignty

Who has authority to implement nonpharmaceutical interventions?

● Local government

- Local boards of health and local health officers have primary responsibility for preserving public health in their jurisdictions by enforcing local and state public health laws and taking protective actions. RCW 70.05.060, .070.
- Washington Supreme Court construes this power liberally and is reluctant to interfere in matters of public health. See *Spokane County Health Dist. v. Brockett*.
- Broad authority to control and prevent spread of diseases, including COVID-19. RCW 70.05.070(3). Can order cancellation of events and travel restrictions.
- Authority to order closure of schools and childcare centers due to contagious disease. WAC 246-110.

Who has authority to implement nonpharmaceutical interventions?

● **Local government (cont'd)**

- Authority to directly issue emergency detention orders for isolation and quarantine to those reasonably suspected of being infected with or exposed to communicable disease. WAC 246-100-040.
 - May be delivered orally and followed up within 12 hours with written order.
 - Can last up to 10 days, then must petition court for order extending detention.
 - Must first make reasonable efforts to obtain voluntary compliance, unless it would create risk of serious harm
- Violating local health officer's order subject to warrantless arrest and 90 days in county jail. RCW 70.05.120(4); 10.31.100.
- Coordinate with state EMD on emergency management in jurisdiction. RCW 38.52.070

Who has authority to implement nonpharmaceutical interventions?

● **Local government (cont'd)**

- Coordinate with state EMD on emergency management in jurisdiction. RCW 38.52.070(1).
- May enter into contracts and incur obligations necessary to combat disaster without following time-consuming legal procedures like competitive bidding, budget laws, etc. RCW 38.52.070(2).
- May utilize state and local agencies' services, equipment, supplies, and facilities for emergency response. RCW 38.52.110(1).
- May command service and equipment of as many citizens as considered necessary in light of disaster proclaimed by Governor. RCW 38.52.110(2).
- May enter into mutual aid arrangements with in-state agencies and, with Governor approval, other states.

Who has authority to implement nonpharmaceutical interventions?

● **State government**

○ Secretary of Health

- Can exercise same authority as local health officer in an emergency or when LHO consents or fails or is unable to act. RCW 43.70.130(7).
- Authority to investigate disease outbreaks and advise local health officers as to response. RCW 43.70.130(5).
- Authority to investigate any condition threatening public health with unimpeded access to property and subpoena power. RCW 43.70.170.
- Authority to prohibit disposition or sale of any item involved in investigation for 15 days. RCW 43.70.180.
- May coordinate provision of health services during emergency and modify scope of practice for emergency volunteer health practitioners. RCW 70.15.030(1), .070.

Who has authority to implement nonpharmaceutical interventions?

◉ State government (cont'd)

○ Governor

- Authority to proclaim state of emergency in a disaster. RCW 43.06.010(12).
- May issue order prohibiting any activity he reasonably believes will preserve and maintain life, health, property, or public peace. RCW 43.06.220(1)(h). Could include cancelling events, travel restrictions, cordon sanitaire.
- May issue order imposing curfew, prohibiting assemblage on public streets, sale of certain goods, and use of streets.
- Authority to issue order suspending statutory and regulatory obligations or limitations prescribing procedures for conduct of state business that would hinder effective response. Must be legislatively approved after 30 days. RCW 43.06.220(2)(g).
- Can order state militia or patrol to restore order. RCW 43.06.270.

Who has authority to implement nonpharmaceutical interventions?

● **State government (cont'd)**

○ Governor

- May utilize state and local agencies' services, equipment, supplies, and facilities for emergency response. RCW 38.52.110(1).
- Governor and local officials may command service and equipment of as many citizens as considered necessary in light of disaster proclaimed. RCW 38.52.110(2).
- Can enter into mutual aid arrangements with other states and territories and Canadian provinces and coordinate mutual aid interlocal agreements between political subdivisions. RCW 38.52.050(3)(b).

Questions?





Washington State Department of Health is committed to providing customers with forms and publications in appropriate alternate formats. Requests can be made by calling 800-525-0127 or by email at civil.rights@doh.wa.gov. TTY users dial 711.