

DPHHS Non-Pharmaceutical Interventions Standard Operating Procedures

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Section I: Purpose & Scope

In support of the DPHHS Emergency Operations Plan (EOP), this Standard Operating Procedure (SOP) was developed to define the procedures of non-pharmaceutical interventions (NPI). The intent of this SOP is to describe implementation of NPIs during a communicable disease response, and the legal authority for implementation.

This SOP does not replace the day-to-day duties of the Communicable Disease Control and Prevention Bureau (CDCPB). It only supplements the CDCPB's activities in the event of a public health crisis. Operations involving these standard methods of action are inclusive, and based on established relationships and partnerships with the public, stakeholders and partners, and contributing agencies, including local, state, and federal agencies. This SOP supports response operations using the CDEpi Annex of the DPHHS EOP.

Section II: Concept of Operations

Introduction

Non-pharmaceutical interventions (NPIs) can theoretically reduce human-to-human transmission and lessen the public health impact during outbreaks of certain contagious diseases (e.g., influenza). The use of NPIs often occurs concurrently with the use of pharmaceutical measures and is determined at the time of the incident. NPIs include:

Precautionary/protective behaviors

- Disinfection
- Hand hygiene
- Respiratory etiquette
- Surgical and N95 masks
- Other personal protective equipment
- Restriction of visitations at hospitals and long term care centers
- Social distancing

Patient management

- Isolation of ill persons
- Provision of social support services to the isolated

Contact management

- Quarantine
- Voluntary sheltering
- Contact tracing

Community restrictions

- School closures
- Workplace closures
- Cancellation of group events
- International and domestic travel restrictions

Implementation

A local or tribal health officer may initiate the use of NPIs to prevent disease transmission within their jurisdiction. The appropriate CDCPB staff member can implement this SOP in response to a communicable disease event of significant public health impact during the following situations:

- Local or tribal health jurisdiction(s) is not able or is unwilling to implement their own use of NPIs
- An outbreak involves multiple health jurisdictions
- Consultation is requested by a local health jurisdiction (LHJ), or offered to an LHJ during an event

This implementation is supported by the authorities cited in the Appendices. Upon activation of this SOP, DPHHS will work with applicable public health partners for the implementation of NPIs.

Location

The implementation of NPIs will occur at the location of the outbreak and in areas where disease transmission is possible.

Scheduling

Implementation of NPIs might require re-directing the activities of public health employees and volunteers, use of overtime, and use of public health surge capacity.

Roles & Responsibilities

Federal

- *Centers for Disease Control and Prevention (CDC)*
 - Provide onsite or offsite support to DPHHS during communicable disease outbreaks
 - Provide subject matter expertise in the implementation of NPIs
- *Indian Health Service (IHS)*
 - Provide support to tribal health agencies during communicable disease outbreaks

State

- *Public Health Emergency Preparedness (PHEP) Section*
 - Coordinates with other DPHHS partners to conduct surveillance for number of hospitals and long term care facilities implementing NPIs
 - Coordinate distribution of supplies necessary for implementation of NPIs
 - Coordinate and lead after action review
- *Communicable Disease Epidemiology (CDEpi) Section*
 - Coordinate NPI-related public health response activities
 - Coordinate disease surveillance and outbreak response activities
 - Provide guidance to local and tribal health agencies, and other partner agencies and organizations, regarding use of NPIs

- *Other state agencies might assist DPHHS CDCPB with implementing NPI measures, including*
 - *DPHHS Quality Assurance Division (QAD)*
 - *Office of Public Instruction (OPI)*
 - *State law enforcement agencies*
 - *Department of Livestock (DOL) (if zoonotic disease related)*

Local/tribal

Public health agencies at the local and tribal level are primarily responsible for implementing their own NPI measures. DPHHS will help coordinate these steps if local resources are overwhelmed or if assistance is requested. Response partners include, but are not limited to

- *Local public health agencies*
- *Tribal public health agencies*
- *Local law enforcement agencies*
- *Hospitals, long-term care facilities, and outpatient clinics*
- *Childcare facilities*
- *Public and private schools, colleges, and universities*
- *Businesses*
- *Volunteer (including faith-based) organizations*

Procedures

As part of a disease outbreak response and upon implementation of this SOP, some or all of the following procedures might be implemented.

1. ICAG meets with the appropriate subject matter experts (e.g., epidemiology, laboratory, medical, emergency management, legal, etc.) to determine severity of the disease in affected area, possibility for further transmission, and recommendations for use of NPIs, if necessary
2. CDCPB, in *partnership* with affected local and tribal public health agencies, will
 - Identify locations that might require implementation of NPIs (e.g., isolation and quarantine)
 - Coordinate support services (including mental health treatment) for persons affected by NPIs
 - Collaborate with local and tribal partners to determine if mandatory or voluntary closure of congregate locales and events is needed
 - Collaborate with local and tribal partners to determine if mandatory or voluntary restrictions on movement are needed
 - Provide public information about recommended NPIs
 - Assess impact of NPIs on disease transmission and associated morbidity and mortality of the affected population
 - Based on available data, revise recommendations for use of NPIs (e.g., escalation or de-escalation)
 - Document actions leading to implementation of NPIs and feedback from partner agencies and organizations
 - Document NPI-related expenses for potential reimbursement at the jurisdictional or federal level
 - Conduct after action review and any improvement plans according to the AAR/IP SOP

Section III: Maintenance

The CDEpi Section will review these procedures annually to ensure currency and accuracy. The person assigned responsibility for maintaining these procedures will propose significant edits and procedural changes to a review group. The review is for advisory purposes to determine whether the procedures herein remain appropriate to the goals and capabilities of the department. Goals of the review include:

- Ensure overall plan accuracy and readiness
- Address and resolve policy, methodology, and technological issues
- Coordinate with related plans, procedures, and protocols

Minor corrections, edits, updates, or adjustments in this document do not need vetting by a review group. Those changes, however, should be tracked in a versioning method and in the Record of Change log.

Section IV: Appendices

Appendix A – References

1. Montana Code Annotated (MCA) 2013. [http:// leg.mt. gov/bills/mca_toc/index.htm](http://leg.mt.gov/bills/mca_toc/index.htm)
2. Administrative Rules of Montana (ARM) <http://www.mtrules.org/>
3. H1N1 Flu: A Guide for Community and Faith-Based Organizations, Sections F, H, I: [http:// www.flu. gov/professional/community/cfboguidance.pdf](http://www.flu.gov/professional/community/cfboguidance.pdf)
4. Pandemic Influenza Community Mitigation Interim Planning Guide for Businesses and Other (Appendix 4): Employers [http:// www.flu. gov/professional/community/commitigation.html](http://www.flu.gov/professional/community/commitigation.html)
5. Doing Business During an Influenza Pandemic: Human Resource Policies, Protocols, Templates, Tools, & Tips: [http:// www.cidrap.umn. edu/cidrap/files/33/cidrap-shrm-hr-pandemic-toolkit.pdf](http://www.cidrap.umn.edu/cidrap/files/33/cidrap-shrm-hr-pandemic-toolkit.pdf)
6. Coordinated Implementation of Community Response Measures (Including Social Distancing) to Control the Spread of Pandemic Respiratory Disease: A Guide for Developing a MOU for Public Health, Law Enforcement, Corrections, and the Judiciary: [http:// www2a.cdc. gov/phlp/emergencyprep.asp](http://www2a.cdc.gov/phlp/emergencyprep.asp)
7. Flu Guidance, Checklists and Resources: [http:// www.flu. gov/professional/index.html](http://www.flu.gov/professional/index.html)
8. Community Strategy for Pandemic Influenza Mitigation: [http:// pandemicflu. gov/professional/community/commitigation.html](http://pandemicflu.gov/professional/community/commitigation.html)
9. Business Pandemic Influenza Planning Checklist: [http:// pandemicflu. gov/professional/business/businesschecklist.html](http://pandemicflu.gov/professional/business/businesschecklist.html)
10. Clean Hands Save Lives, CDC: <http://www.cdc.gov/cleanhands/>
11. H1N1 Prevention and Treatment: <http://www.flu.gov/individualfamily/prevention/index.html>
12. Hygiene and Sanitation After a Disaster or Emergency, CDC: <http://emergency.cdc.gov/disasters/floods/sanitation.asp>
13. Protect Yourself and Your Family from Debris Smoke, CDC: http://www.cdc.gov/nceh/airpollution/airquality/debris_smoke.htm

Appendix B — Authority for implementing NPIs

A. General

- i. Montana Code Annotated (MCA) 2011 50-1-202. General powers and duties. (1) In order to carry out the purposes of the public health system to protect and promote the public health, the department, in collaboration with federal, state, and local partners, shall: (d) identify, assess, prevent, and mitigate conditions of public health importance through: (iii) isolation and quarantine measures; (viii) other public health measures as allowed by law.

B. Isolation and quarantine

- i. The majority of instances requiring isolation and quarantine will likely occur without the need for legal orders. However, should a legal order become necessary, the authority for DPHHS and the local health agency to establish and enforce isolation and quarantine measures can be found in the following:
 1. MCA 2011 50-1-204. Quarantine and isolation measures. The department may adopt and enforce quarantine or isolation measures to prevent the spread of communicable disease. A person who does not comply with quarantine measures shall, on conviction, be fined not less than \$10 or more than \$100. Receipts from fines, except justice's court fines, must be deposited in the state general fund.
 2. Administrative Rules of Montana (ARM) 37.114.307. Quarantine of contacts: notice and observation. (1) If a communicable disease requires quarantine of contacts, a local health officer or the department shall institute whatever quarantine measures are necessary to prevent transmission, specifying in writing the person or animal to be quarantined, the place of quarantine, the frequency with which possible or known contacts must be medically observed to determine if physiological signs of the disease are occurring, and the duration of the quarantine. (2) A local health officer or the department must ensure such contacts are medically observed as frequently as necessary during the quarantine period.
 3. ARM 37.114.308. Isolation of patient: notice. (1) When isolation of a patient is declared, the agency declaring the isolation must supply to the infected person in writing a description of the place of isolation, the length of the isolation period, and the name and title of the person declaring the isolation. (2) A local health officer or the department may inspect the place of isolation during the period of isolation to determine compliance with the isolation.
- ii. In Montana, federal authority exists for isolation and quarantine procedures. These federal authorities would likely apply to instances involving non-US citizens, federal facilities, and certain Indian reservations.