

TUSCARAWAS COUNTY HEALTH DEPARTMENT



# NON-PHARMACEUTICAL INTERVENTION PLAN

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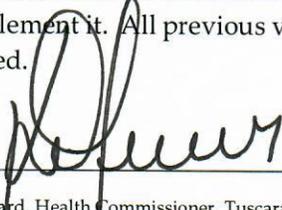
## STATEMENT OF PROMULGATION

The Tuscarawas County Health Department (TCHD) **NON-PHARMACEUTICAL INTERVENTION PLAN** establishes the **procedures to follow to contain and possibly mitigate a disease using non-pharmaceutical methods.**

Program areas are directed to implement training efforts and exercise these plans in order to maintain the overall preparedness and response capabilities of the TCHD.

TCHD will maintain this plan, reviewing it and reauthorizing it as needed; findings from its utilization in exercises or real incidents will inform updates.

This **NON-PHARMACEUTICAL INTERVENTION PLAN** is hereby adopted, and all program areas are directed to implement it. All previous versions of **NON-PHARMACEUTICAL INTERVENTION PLAN** are hereby rescinded.



Katie Seward, Health Commissioner, Tuscarawas County General Health District

4/10/19

Date



Board of Health President, Tuscarawas County General Health District

4/10/19

Date



Vickie Ionno, Health Commissioner, New Philadelphia City Health Department

4/18/19

Date



Board of Health President, New Philadelphia City Health Department

4/18/19

Date

## RECORD OF CHANGES

The Health Commissioner for the Tuscarawas County Health Department authorizes all changes to the Tuscarawas County Health Department **NON-PHARMACEUTICAL INTERVENTION PLAN**. Change notifications are sent to those on the distribution list. To annotate changes:

- Add new pages and destroy obsolete pages.
- Make minor pen and ink changes as identified by letter.
- Record changes on this page.
- File copies of change notifications behind the last page of this plan.

| Change Number | Effective Date | Version | Significant Changes: |   | Name          |
|---------------|----------------|---------|----------------------|---|---------------|
|               |                |         | Page Number          | Summary   |               |
| 1             | 03/22/2019     | 2019.04 |                      | Edited format to reflect other TCHD preparedness plans. | Paul Westlake |
|               |                |         |                      |   |               |
|               |                |         |                      |   |               |
|               |                |         |                      |   |               |
|               |                |         |                      |   |               |

## RECORD OF DISTRIBUTION

A single copy of this Tuscarawas County Health Department **NON-PHARMACEUTICAL INTERVENTION PLAN** is distributed to each person in the positions listed below.

| Date Received | Program Area             | Title                      | Name          |
|---------------|--------------------------|----------------------------|---------------|
|               | TCHD Administration      | Health Commissioner, TCHD  | Katie Seward  |
|               | NPCHD Administration     | Health Commissioner, NPCHD | Vickie Ionno  |
|               | TCHD Preparedness Office | PHEP Coordinator           | Paul Westlake |
|               |                          |                            |               |

This plan is available to all Tuscarawas County Health Department and New Philadelphia Health Department employees on their respective agency websites. Two copies can also be found in the department operations center (DOC) in hard copy format.

## EXPLANATION OF COLLABORATION AND COOPERATION

The formal name of this agency is the Tuscarawas County General Health District, dba Tuscarawas County Health Department (TCHD).

The New Philadelphia City Health Department (NPCHD) is a separate, city-owned and managed public health department. For purposes of planning and emergency response, NPCHD has agreed to collaborate and cooperate on the development of this **NON-PHARMACEUTICAL INTERVENTION PLAN** and in the event of an emergency will respond utilizing this plan.

The Tuscarawas County Health Department (TCHD) **NON-PHARMACEUTICAL INTERVENTION PLAN** is a multijurisdictional plan that covers all of Tuscarawas County, including the City of New Philadelphia.

In this plan, the words “Tuscarawas County Health Department” and/or “(TCHD)” are used to include both the Tuscarawas County General Health District and the New Philadelphia City Health Department.

## DOCUMENT DESCRIPTION

The content of the **NON-PHARMACEUTICAL INTERVENTION PLAN** is intended to provide guidance for emergency operations regarding any planned or unplanned public health event. Position descriptions, checklists, and diagrams are provided to facilitate that guidance. The information contained in this document is intended to enhance the user’s experience, training, and knowledge in the application of the emergency response and management principles. This document complies with the intent and tenets of the National Incident Management System (NIMS).

## PURPOSE

The objective of the Tuscarawas County Health Department Non-Pharmaceutical Intervention (NPI) Plan is to provide guidance on mitigation and containment of individuals infected with or potentially infected with a contagious disease. TCHD may implement this plan with the goal of reducing the spread of infectious agents within Tuscarawas County.

## SCOPE

As far as the incident allows, TCHD will implement non-pharmaceutical interventions in a progressive approach: that is, starting with the least restrictive measures, and working up to more restrictive—and even involuntary—measures only when necessary.

This plan is an attachment to the **TCHD Public Health Investigation & Epidemiological Investigation Plan**, and the **TCHD Pandemic Influenza Response Plan**. It can also be used as a stand-alone plan. The use of this plan does not require the activation of either of the aforementioned plans and does not require the activation of the Department Operations Center.

## ASSUMPTIONS

- TCHD is familiar, and operates in accordance, with all other documents that may be pertinent to this type of incident. This includes but is not limited to the **TCHD Emergency Operations Plan**, **TCHD Public Health Surveillance and Epidemiological Investigation Plan**, **TCHD Pandemic Influenza Response Plan**, **TCHD Continuity of Operations Plan**, **TCHD Comprehensive Communications Plan**.
- A situation exists in which community containment will offer the best measure(s) against further disease spread, as determined by TCHD based on recommendations from ODH and other public health agencies.
- Implementing non-pharmaceutical interventions will minimize illness and death, delay disease spread, and ultimately help to preserve healthcare and public health infrastructure.
- Non-pharmaceutical interventions are accessible, affordable, and effective.

## SITUATION:

In the event of an infectious disease emergency, a vaccine or other form of clinical management will likely serve as the main protection against disease. However, if the disease in question is novel, a means of prophylaxis may not exist. Furthermore, once a vaccine is developed, it will likely be in very short supply. In this case, non-pharmaceutical interventions may help to facilitate the following goals:

- Control disease spread as much as possible until prophylaxis becomes available.
- Reduce the number of cases in the epidemic peak.
- Reduce overall morbidity and mortality.

Timing in implementing non-pharmaceutical interventions is important. Implementing these measures too early could result in unnecessary social and economic burden, and potentially cause people to tire of the measures and thus not abide by them later. Conversely, implementing these measures too late could cause the population to experience a higher-than-necessary health impact from the epidemic.

## RESPONSIBILITIES AND ORGANIZATION

### PUBLIC HEALTH (TCHD & NPCHD)

- TCHD will serve as the lead agency in an infectious disease outbreak emergency.
- TCHD will assess the situation and determine what non-pharmaceutical interventions are necessary and will then initiate the necessary interventions.
- In special circumstances, TCHD may need to take the necessary legal actions to detain an individual via quarantine or isolation.
- TCHD will be the lead in the operations on any facilities that are established for the purposes of quarantine or isolation.
- As per Ohio Revised Code 3707.14, TCHD will address the provision of “food, fuel, and all necessities of life, including medical attendance” to all individuals who are placed under quarantine. Expenses for such provisions (except those strictly for the protection of the public health), shall be covered by the quarantined individual.

### LOCAL LAW ENFORCEMENT

- Assist with service of Notice of Civil Detention to clients, if needed.
- Provide escort for individuals requiring transportation for purposes of involuntary Isolation and Quarantine, if needed.
- Execute arrest warrants.

### LOCAL EMERGENCY MEDICAL SERVICES

- Transportation of infectious individuals will be managed by local Emergency Medical Services (EMS) providers through coordination with the TCHD.

### PROSECUTING ATTORNEY’S OFFICE (PAO)

- Petition the court *ex parte* to authorize involuntary detention, once need is determined by the TCHD Health Commissioner.
- Represent Public Health in any petition or appeal hearings required to carry out involuntary isolation and quarantine of individuals.
- Coordinate with Public Health and Local Law Enforcement to serve notice necessary to achieve isolation and quarantine.

## TUSCARAWAS COUNTY EMERGENCY MANAGEMENT AGENCY (TCEMA)

- TCEMA is responsible for facilitating inter-agency coordination, if necessary. Due to the nature of mandatory isolation or quarantine measures, this could potentially include law enforcement and similar agencies.

## OHIO DEPARTMENT OF HEALTH

- TCHD must consult the Director of Health in quarantine and isolation matters, as the Director has ultimate authority over isolation and quarantine.

## LEGAL COUNSEL

- TCHD should consult the applicable legal counsel for legal advice on any potentially restricting measures.

## DIRECTION AND CONTROL

- TCHD may implement social distancing measures and voluntary isolation or quarantine measures at any level of DOC activation, depending on the severity of the situation.
- Any mandatory community containment measures will always require DOC level III activation, since implementation and enforcement of a mandatory measure will require inter-agency collaboration.
- TCHD and all response partners will operate under the Incident Command structure once the DOC is activated.
- Processes as they relate to DOC levels may be found in the **TCHD Direction and Control Plan**.

## COMMUNICATIONS

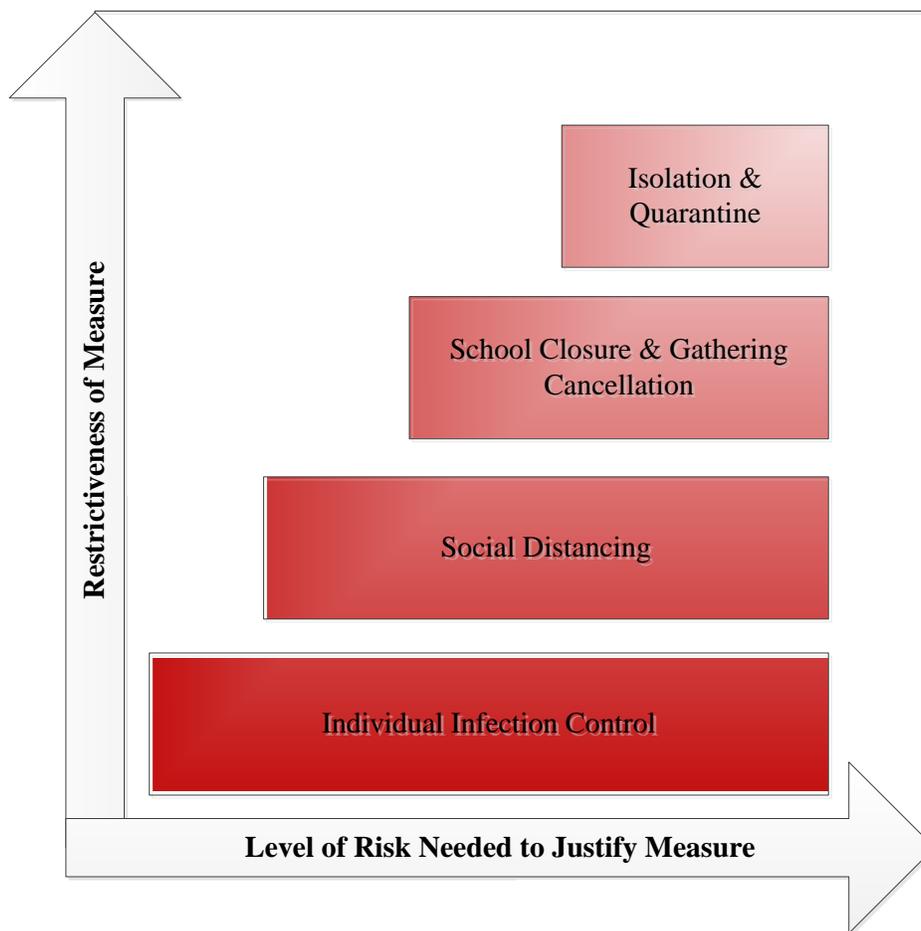
TCHD will perform communications assets and protocols as outlined in **TCHD Comprehensive Communications Plan** and in accordance with all TCEMA and State of Ohio protocols.

# CONCEPT OF OPERATIONS

## GENERAL

Some non-pharmaceutical interventions, such as individual infection control, may be initiated in response to a low level of risk, but remain in place through the duration of the event. Others, such as isolation and quarantine, are more restrictive of individual liberties, and thus should only be implemented if there is a very high level of health risk associated with the disease (the pathogen factors that contribute to the level of risk may include lethality, ease of transmission, or other such factors). **Figure 1** provides a visualization of this relationship.

**Figure 1. Relationship between Level of Risk Needed and the Restrictiveness of Measures.**



## COMMUNITY MITIGATION METHODS

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### INDIVIDUAL INFECTION CONTROL

Includes recommendations such as cough and sneeze etiquette, hand washing practices, and similar measures. These measures are the easiest to recommend and can easily be made a part of routine health campaigns.

Individual infection control measures are voluntary by the public.

When utilizing individual infection control as a non-pharmaceutical intervention in an infectious disease emergency, TCHD can tailor and distribute existing messaging in accordance with the **TCHD Comprehensive Communications Plan**. Additionally, posters or other health messaging material provided by the CDC and other health organizations may be utilized and distributed to the appropriate locations.

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### SOCIAL DISTANCING:

A voluntary protective measure that an individual takes to limit their amount of exposure to an infectious disease in public places. This can include actions either that healthy persons take to avoid exposure, or that infected persons take to avoid exposing others.

When recommending social distancing measures, TCHD should determine if any vulnerable populations are being impacted more than the rest of the population. If so, TCHD should consider specialized messaging, or messaging through an alternative mode of delivery for these populations.

TCHD can initiate social distancing measures by outlining and recommending these actions to the public. TCHD will conduct messaging distribution for this event in accordance with **TCHD Comprehensive Communications Plan**. Methods of communication may include radio and television, local newspapers, TCHD website, or social media (TCHD Facebook page).

When going into public becomes necessary, an individual can still maintain social distancing by allowing six or more feet between themselves and other people. This method should greatly reduce the amount of potential exposure to an infectious disease between individuals.

When TCHD recommends social distancing measures, it is important for both healthy and infected individuals to comply. This reduces the number of infected people in the public to spread the disease, as well as the number of healthy people in public to be exposed.

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### LARGE GATHERINGS, SCHOOL, DAYCARE AND WORKPLACE CLOSURE

This is a major social distancing measure that eliminates mass gatherings and school or workplace environments as a place of transmission. These closures is a major decision but can be very effective since such locations may be very densely populated places that can facilitate high disease transmission.

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## PERSONAL PROTECTIVE EQUIPMENT

The use of personal protective equipment (PPE such as a dust mask, surgical mask, N-95 respirator, gloves, etc.), will provide an extra layer of protection to an individual who is already practicing social distancing. TCHD should be prepared to issue messaging on the most appropriate PPE for the disease, if necessary. Section 5 of the Infection Disease Control Manual (IDCM) provides a table outlining the type and duration of precautions needed for selected infections and conditions. **See Attachment I.** TCHD will utilize this table when making PPE recommendations.

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## HEALTH EDUCATION:

Educating the public regarding the signs and symptoms of an illness or disease, including how and when to seek medical care.

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## CONTAINMENT INTERVENTIONS

See **Attachment II: TCHD Isolation and Quarantine Plan** for comprehensive isolation and quarantine procedures.

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## QUARANTINE

The IDCM, Section 5, defines quarantine as the separation and restriction of well persons, who are believed to be exposed to a case of communicable disease, during its period of communicability (i.e. contacts), to prevent disease transmission during the incubation period if infection should occur.

TCHD may recommend voluntary quarantine in response to an individual who has sustained exposure to a disease. An individual implements voluntary quarantine when they decide based either on their own accord, or on expert advice, to restrict their contact with other people. Note that a person can transmit disease before they show symptoms, so this measure aims to reduce that risk.

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## ISOLATION

The IDCM, Section 5 defines isolation as the separation and restriction of movement or activities of ill infected persons who have a contagious disease, allowing for the focused delivery of specialized health care to those who have become ill.

Voluntary isolation is similar to voluntary quarantine with the exception that an individual who practices voluntary isolation is one who is already ill or infectious. When that individual practices voluntary isolation, they choose to restrict their contact with other people. Like the previously discussed forms of community containment, the goal of this measure is to reduce disease transmission.

## SPECIAL CONSIDERATIONS FOR INVOLUNTARY MEASURES

Involuntary or mandatory measures operate under the same concepts and definitions as voluntary measures but are NOT a voluntary protective action for the public.

The Health Commissioner, with the advising of other relevant individuals, may make the recommendation to the Board of Health to move from voluntary quarantine and isolation to mandatory quarantine and isolation. Situations that may warrant this shift include (but are not limited to):

- A particularly serious disease threat, such as a bioterrorism event or cases involving a Class A agent as defined under “Know Your ABC’s: A Quick Guide to Reportable Infectious Diseases in Ohio” (supported by OAC 3701.3.02).
- A case where an individual refuse to adhere to voluntary quarantine or isolation measure and poses an immediate threat to the health of others.
- The proposed mandatory measure is a reasonable and effective means of intervention to protect the health of others.

## RIGHT TO PRIVACY

Isolation and quarantine both have potential to infringe upon the privacy of those being isolated or quarantined. TCHD should aim to minimize this infringement as much as possible. The primary way to do this is to continue to operate in accordance with HIPAA rules whenever possible. However, at times, others may need to be notified of an individual’s isolation or quarantine status (i.e. family members, employers, etc.).

## LEGAL AUTHORITIES:

### FEDERAL AUTHORITIES

- CFR Title 42, Chapter 1, Part 70 – Interstate Control of Communicable Diseases
- CFR Title 42, Chapter 1, Part 71 – Foreign Quarantine

### STATE AUTHORITIES

- ORC 3701.13 – ODH has supreme authority in matters of quarantine
- ORC 3701.56 – Provides for law enforcement and public health officials to enforce quarantine orders
- ORC 3701.14 – General powers of the director
- ORC 3701.18 – Requiring a person to limit the spread and inform the health authorities of know contagions
- ORC 5923.21 – Governor may call up Ohio National Guard to enforce laws of Ohio
- ORC 5923.27 – Ohio National Guard called up by Governor is considered law enforcement
- ORC 5923.27 – Arrest and detention by Ohio National Guard is for purposes of escorting civil authorities

### LOCAL AUTHORITIES GRANTED BY STATE OF OHIO

- ORC 3701.04 – Authority to promulgate quarantine regulations
- ORC 3701.05 – Board must secure approval of ODH in certain cases. Local Health Departments may not close highway with ODH permission in compliance with regulations
- ORC 3707.06 – Notice to be given of prevalence of infectious disease
- ORC 3707.07 – Complaint concerning prevalence of disease; inspection by Health Commissioner
- ORC 3707.08 – Isolation of persons exposed to a communicable disease; placarding premises
- ORC 3707.09 – Establishment of quarantine guard
- ORC 3707.10 – Disinfection of house in which there has been a contagious disease
- ORC 3707.12 – Destruction of infected property
- ORC 3707.13 – Compensation for property destroyed
- ORC 3707.14 – Maintenance of person confined in quarantined house
- ORC 3707.15 – Expense caused by illegal alien with contagious or infectious disease
- ORC 3707.16 – Attendance at gatherings by quarantined person prohibited
- ORC 3707.17 – Quarantine in place other than that of legal settlement
- ORC 3707.18 – Expenses of quarantining a county public institution
- ORC 3707.19 – Disposal of a body of person who died of a communicable disease
- ORC 3707.20 – HD and BOH may make such orders as necessary to protect the health of the public
- ORC 3707.21 – Contagious disease in public institution; temporary building
- ORC 3707.22 - Removal of affected persons from public institution or hospital
- ORC 3707.23 – Examination of common carries by BOH during a quarantine
- ORC 3707.25 – Application of quarantine rules to a person and good on vehicles of transportation

- ORC 3707.27 – Vaccination
- ORC 3707.28 – Expenses of the Board
- ORC 3707.31 – Establishment of a quarantine hospital
- ORC 3707.32 – Erection of temporary building by Board
- ORC 3707.33 – Inspectors, appointments, duties
- ORC 3707.53 – Fines and costs; sentences
- ORC 3707.99 – Penalties
- OAC 3701-3-02 – Disease to be reported
- OAC 3701-3-03 – Reportable disease notification
- OAC 3701-3-08 – Release of patient’s medical records
- OAC 3701-3-09 – Methods of control
- OAC 3701-3-13 – Isolation requirement
- *“Ohio Revised Code, Isolation and Quarantine”*, from the IDCM section 5, outlines the state and local legal authorities for non-pharmaceutical interventions.

## ACRONYMS AND ABBREVIATIONS

|       |   |
|-------|---|
| CFR   | Code of Federal Regulations   |
| DOC   | Department Operations Center  |
| HIPAA | Health Insurance Portability and Accountability Act                 |
| IDCM  | Ohio’s Infectious Disease Control Manual                            |
| NPCHD | New Philadelphia City Health Department                             |
| NPI   | Non-pharmaceutical intervention                                     |
| OAC   | Ohio Administrative Code  |
| ODH   | Ohio Department of Health   |
| ORC   | Ohio Revised Code   |
| PPE   | Personal Protective Equipment                                       |
| TCEMA | Tuscarawas County Homeland Security and Emergency Management Agency |
| TCHD  | Tuscarawas County Health Department                                 |