

## ADDITIONAL SUPPLEMENTAL DOCUMENTS

- 10.1S Supplemental Guidance for Intervention 10: Recommend or Order Cancellation of Major Public and Large Private Gatherings
- 11.1S Supplemental Guidance for Intervention 11: Recommend or Order of Schools, Child Care Facilities, Workplaces, and Public Buildings
- 12.1S Supplemental Guidance for Intervention 12: Prevent Non-Emergency Travel Outside the Home
- 13.1S Supplemental Guidance for Intervention 13: Establish a Cordon Sanitaire

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

- 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, and to do so strategically in ways that maximize the benefit of reducing interpersonal contacts, particularly for people at increased risk, while also working to minimize the burden on society resulting from the intervention.

#### Thresholds for Considering Implementation:

- **Threshold 1:** Unmitigated or uncontained community transmission is occurring in several or many major US cities but there may not be evidence of community transmission in WA yet. In such a circumstances, authorities should consider initiating minimally restrictive/burdensome but effective mitigation measures.
- **Threshold 2:** Evidence that unmitigated or uncontained community transmission is occurring in WA State, but only in one or two jurisdictions, that cannot be contained.
- **Threshold 3:** Evidence that unmitigated or uncontained community transmission of disease is occurring across WA State (in more than 2 large jurisdictions).

#### Rationale for Use as Public Health Strategy

Recommending or ordering cancellation of mass gatherings, in combination with other social distancing measures (e.g., patient isolation, quarantine of exposed persons, and public site closures), may help reduce virus transmission.

General assumptions: COVID-19 is known to cause more severe disease illness in individuals with known underlying medical conditions as well as in older individuals (60 years of age and greater), COVID-19 symptoms are currently believed to be relatively mild or almost non-existent in younger populations, and as of 2/27/2020, COVID-19 is spreading now in 47 countries outside of the United States with known community transmission occurring in 10 countries.

**Success Factors:** Success depends upon event sponsor compliance and authorities' ability to enforce effectively. All non-pharmaceutical interventions have the greatest effect when implemented early and effectively.

**Possible Drawbacks:** May result in revenue loss, public outrage, or political backlash, and may disproportionately affect certain cultural and community groups. For these reasons, working with communities and event organizers to voluntarily cancel events and gatherings is strongly preferred.

**Possible Benefits:** Reduces opportunities for widespread disease transmission by reducing interpersonal contacts and increasing social distance. The larger the event and the closer the

interpersonal interactions/contact expected at each event, the more benefit can be derived through canceling the event

## 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.

### Operational Strategies for Threshold 1:

- Recommend and implement voluntary event cancellations for large gatherings.
  - Specifically, recommend postponing or canceling events with large numbers of high risk individuals (older adults or individuals with known health conditions).
- For events that will be ongoing, consider:
  - Review and implement NPI 1-5 strategies at venue sites to assure adequate precautions are in place, including:
    - Screening at point of entry for symptomatic persons, including taking temperatures, at events for exclusion.
    - Ensure that hand hygiene stations are available for all attendees.
    - Address social distancing recommendations through site setup strategies.
  - Communicate with high risk groups the importance of staying home and non-attendance for major gatherings.
  - Address reimbursement policy for attendees who are ill or in a high-risk group.
- Consider partnering with the following organizations to inform decision making:
  - Event venues, city officials and planners, law enforcement organizations, local emergency management, industry associations, faith and community based organizations, etc.
- Weigh the health, economic, and cultural impacts of canceling or postponing the event.

### Operational Strategies for Threshold 2:

- Continue efforts under Threshold 1.
- Stronger recommendations for event cancellations for areas impacted.
- Consider a public messaging campaign to ensure attendees are aware of the potential risks of attending.
- Can you hold the event remotely (via teleconference)? At a different location?
- Voluntary recommendations for non-high risk geographic areas in WA state.

### Operational Strategies for Threshold 3:

- Continue efforts under Thresholds 2.
- Ordering of event cancellations statewide.
- Develop and implement a messaging campaign to ensure attendees are aware the event is cancelled.

### Intervention 11: Recommend or Order of Schools, Child Care Facilities, Workplaces, and Public Buildings

- Viruses quickly and easily spread in places where people gather in close contact, such as community centers, VFWs, senior centers, assisted living centers, long term care facilities, 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. In cases where closure is impossible, limiting access to visitors, symptom screening prior to entry, and other measures may be considered to reduce risk of disease introduction into a congregate care or living setting.
- This intervention should be done in alignment with all other NPI strategies (1-10).

#### Thresholds for Implementation:

- Threshold 1: Unmitigated or uncontained community transmission is occurring in several or many major US cities but there may not be evidence of community transmission in WA yet. In such a circumstances, authorities should consider initiating minimally restrictive/burdensome but effective mitigation measures.
- Threshold 2: Evidence that unmitigated or uncontained community transmission is occurring in WA State, but only in one or two jurisdictions, that cannot be contained.
- Threshold 3: Evidence that unmitigated or uncontained community transmission of disease is occurring across WA State (in more than 2 large jurisdictions).

#### 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.

General assumptions: COVID-19 is known to cause more severe disease illness in individuals with known underlying medical conditions as well as older individuals (60 years of age or greater), COVID-19 symptoms are currently believed to be relatively mild or almost non-existent in younger populations, and as of 2/27/2020 COVID-19 is spreading now in 47 countries outside of the United States with known community transmission occurring in 10 countries.

**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

Facility quarantine 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.

### Operational Strategies for Threshold 1:

- Recommend worksite telecommuting options.
  - Encourage employers to update continuity of operations plans to address telework and other ways to meet mission essential functions.
- Strengthen public messaging around “if sick stay home.”
  - Ensure there is clear and consistent messaging about symptoms that should be monitored.
- Work with employers to relax/extend sick leave benefits for employees, and encourage or require employees to remain at home if they are sick.
  - Consider revising state paid sick leave regulations to improve access for impacted individuals. This could include, for example, revising the requirement for a physician's certification in order to alleviate burden on the health care system and ensure impacted individuals receive benefits in a timely manner.
- Provide additional guidance for high risk population movement restrictions or protection measures.
  - Make recommendations for limiting visitation hours at Long Term Care (LTC) facilities or provide guidance on appropriate protection for any visitors.
  - Assure appropriate guidance is given to assisted living centers and retirement communities to mitigate potential transmission of disease at these sites. Recommend residents be vigilant at identifying their symptoms and contact local public health jurisdictions and their healthcare provider when symptoms present and isolating at home.
  - Recommend the continued use of NPI 1-5 measures at community centers, correctional centers, and other highly frequented community gathering locations especially those where high risk individuals may congregate (i.e. VFWs).

- Build networks of communication with relevant partners so that specific messaging can be quickly and effectively disseminated.
- Provide recommendations for the exclusion of school age children with known underlying medical conditions.
- Strengthen recommendations for social distancing within worksites that must maintain operations.
- Increase general messaging on NPIs 1-5 for the community at wide and develop strategically directed messages for potentially high risk populations within the state.

### Operational Strategies Threshold 2:

- Continue all strategies under Level 1 activation
- Enhance recommendations directed to the impacted jurisdictions, to include:
  - Recommend closure of community centers, senior recreational centers, VFWs, ELKS clubs, etc.
  - Consider closure of businesses:
    - Businesses identify all non-essential functions that could be stood down.
    - Ask all business partners to transition eligible staff to telework.
  - Consider closure of schools and universities activities and events.
  - Consider closures of schools, child care centers, and universities.
  - Consider closure of mass transit.
  - Recommend or order closures of mass community gathering locations such as bowling alleys, malls, movie theatres.
  - Message across the state the potential risk to travel to impacted jurisdictions.

### Operational Strategies Threshold 3:

- Continue all strategies under Level 2 activation
- Enhance mass messaging to the population across the state on NPI 1-7.
- Increase span of recommendations under level 2 for the entire state:
  - Recommend closure of community centers, senior recreational centers, VFWs, ELKS clubs, etc.
  - Consider closure or businesses
    - Recommend businesses identify all non-essential functions.
    - Ask all business partners to transition eligible staff to telework.
  - Consider or order closure of schools and universities activities and events.
  - Consider or order closures of schools, child care centers, and universities.
  - Consider or order closure of mass transit.
    - Provide transportation options for AFN populations and mission essential workers.
    - Strategies to reduce the impact of increased traffic due to single occupancy vehicles could include:

## Intervention 11 Supplement: Recommend or Order Closure of Schools, Child Care Facilities, Workplaces, and Public Buildings

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- Decrease tolling;
  - Delay construction projects; and
  - Limit HOV lanes to public safety and mission essential workers.
- Recommend or order closures of mass community gathering locations such as bowling alleys, malls, movie theatres.

### 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.
- Intervention 12 should not be done without Intervention 10-11 strategies also being implemented.

#### Thresholds for Implementation:

- Threshold 1: Unmitigated or uncontained community transmission is occurring in several or many major US cities but there may not be evidence of community transmission in WA yet. In such a circumstances, authorities should consider initiating minimally restrictive/burdensome but effective mitigation measures.
- Threshold 2: Evidence that unmitigated or uncontained community transmission is occurring in WA State, but only in one or two jurisdictions, that cannot be contained.
- Threshold 3: Evidence that unmitigated or uncontained community transmission of disease is occurring across WA State (in more than 2 large jurisdictions).
- Threshold 4: Health care system is significantly impacted and/or we have clear evidence that the case hospitalization and case fatality rate are higher than previously thought.

#### 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.

General assumptions: COVID-19 is known to cause more severe disease illness in individuals with known underlying medical conditions as well as older individuals (60 years of age or greater), COVID-19 symptoms are currently believed to be relatively mild or almost non-existent in younger populations, and COVID-19 is spreading now in 47 countries outside of the United States with known community transmission occurring in 10 countries.

**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. Includes community impacts such as food/groceries, gas station fuel, utilities.

**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.

### Operational Strategy for Threshold 1:

- Strengthen public health messaging and communication efforts on NPI 1-11.
- Communicate CDC travel restrictions to WA State residents and make recommendations for limiting travel outside of the state.
  - Include enhanced messaging on traveler monitoring of symptoms for WA state residents.

### Operational Strategy for Threshold 2:

- Continue efforts for messaging on NPI 1-11 as appropriate.
- Maintain communication locally on CDC travel restrictions and expand messaging to include local travel restrictions within highly impacted jurisdictions.
- Strengthen guidance for staying at home for non-emergent situations for impacted jurisdictions with 2<sup>nd</sup> generation spread of disease.
  - Additionally, consider closure of additional community businesses, closure of schools, child care centers, and other locations where people congregate within the impacted community.
  - Consider postponing or cancelling non-emergent travel for older adults and those with chronic medical conditions.

### Operational Strategy for Threshold 3:

- Continue efforts under Threshold 2.
- Expand recommendation for staying at home for non-emergent situations,
  - Consider wider closure of additional community businesses, closure of schools, child care centers, and other locations where people congregate across the state.
  - Consider expanding travel restrictions for older adults and those with chronic medical conditions.
    - Including identification for alternative access to medical care/treatment that would limit need for emergency travel outside a home or facility environment.

### Operational Strategy for Threshold 4:

- Continue all efforts under threshold 3
- If no state of emergency has been declared, consider a declaration for non-emergency use of roadways to transport of sick persons.
  - Consider finding alternative ways to use mass transit to provide transportation for impacted individuals.

### 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. A less restrictive cordon sanitaire can also be imposed that allows essential travel and supplies into and out of the cordon as well as limited nonemergency travel.
- Intervention 13 should not be done without also considering interventions 10-12 strategies also being implemented.

### Thresholds for Considering Implementation:

- Threshold 1: Second or third generation of spread in a narrowly defined geographic region within the state or clusters of geographic transmission in defined pockets within the state.

### 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. This is a form of combined isolation and quarantine when applied to all inhabitants of an area as a sanitary barrier.

General assumptions: 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 currently believed to be relatively mild or almost non-existent in younger populations, and COVID-19 is spreading now in 47 countries outside of the United States with known community transmission occurring in 10 countries.

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

**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, 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.

### Operational Strategy for Threshold 1:

- The following partners are essential to implement cordon sanitaire:
  - Local emergency management, state emergency management, local law enforcement, first responders, local and state officials, waste management companies, critical infrastructure partners, Department of Transportation, Washington Military Department, etc.
- Consider how essential supplies (food, medical supplies, etc.) and workers will get in and out of the cordon.
- Develop and implement a public information campaign to ensure those inside and outside of the cordon receive regular updates.