

COVID-19 Guidance for Non-Pharmaceutical Interventions

Who is the guidance for?

This document provides interim guidance for non-pharmaceutical interventions (NPIs) during the outbreak of novel coronavirus disease 2019 (abbreviated “COVID-19”) to ensure protection of the health and safety of Utah residents, staff and visitors. Recommendations may need to be revised as more information becomes available. Monitor the CDC website regularly:

<https://www.cdc.gov/coronavirus/2019-ncov/community/index.html>.

Why is the guidance being issued?

Information provided is intended to help communities prevent the transmission of COVID-19 and to react quickly should a case be identified. Closures of schools and businesses, cancellations of mass gatherings, and community isolation may all be useful for preventing the spread of COVID-19. The guidance includes considerations to help policymakers and communities make decisions about how to best mitigate the effects of COVID-19 if there is community spread.

School Closures and Dismissals

Data suggests that school closures and dismissals in the event of severe outbreaks or pandemics can reduce the spread of disease. However, the burden experienced by the community can be great, so the decision to close schools must be weighed carefully. The following items were considered when deciding if school closures were appropriate:

- Caregiving difficulties faced by parents (loss of income, consequences of missed work, etc.)
- Students congregating in alternate locations
- Supervision of students if parents become sick or are required to work
- Vulnerable student populations needing additional care
- Vulnerable student population programs (e.g., free school meals) that will be discontinued temporarily
- Education and mental health considerations if closures are prolonged

Facilities subject to school closures include childcare facilities, K-12 schools, and colleges and universities. A school dismissal means that students would be sent home, but facilities would be kept open and staff would be allowed to continue to work. A school closure means that all students and staff would be sent home. Coordinated school closures and dismissals can allow for 1) time to assess transmissibility of the disease and 2) to slow the spread in the early stages of circulation. Strategies for social distancing in schools include the division of classes into smaller groups of students and spacing so that students are not seated closely. Note: All Utah schools have been closed.

COVID-19 Guidance for Non-Pharmaceutical Interventions

Proposed actions:

- Stay informed about the local COVID-19 situation. Ensure that people know where to turn for reliable, up-to-date information. Monitor the CDC COVID-19 website and the Governor's Coronavirus Task Force website, www.coronavirus.utah.gov, for the latest information.
- Develop or review your emergency operations plan. Review or update your emergency operations plan to include strategies to reduce the spread of disease and establish mechanisms for ongoing communication with staff, students, families, and the community. This should be done in collaboration with local health departments and other relevant partners.
- As of March 16, 2020, CDC has recommended that for the next 8 weeks, organizers cancel or postpone in-person events that consist of 50 people or more throughout the United States.
 - If individuals have symptoms of fever, cough, or difficulty breathing, direct them to stay home for 10 days or 72 hours after fever resolution, whichever is longer.
- Perform routine environmental cleaning. LEAs should maintain their routine cleaning and disinfection program. Emphasize cleaning and disinfecting frequently touched objects and surfaces (e.g. doorknobs, light switches, toilet handles, sink handles, countertops, desks).
- Emphasize normally recommended actions to prevent the spread of disease.
 - Frequent hand washing with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, and after they blow their nose. Help young children do the same. If hands are visibly dirty, use soap and water to clean hands.
 - If soap and water are not available, use an alcohol-based hand sanitizer 60–95% alcohol.
 - Advising people to avoid touching their eyes, nose, and mouth with unwashed hands.
 - Covering coughs or sneezes with a tissue, then throwing the tissue in the trash and cleaning hands with soap and water or hand sanitizer.
- Provide adequate supplies for good hygiene. Clean and functional handwashing stations, soap, paper towels, and alcohol-based hand sanitizer.

If there is evidence of widespread transmission across Utah OR healthcare system compromise:

- Continue all strategies recommended for when community transmission is occurring.
- Transition to statewide implementation of pandemic influenza NPIs and messaging. Consider amplifying the following mitigation strategies:
 - Increase handwashing and use of alcohol-based sanitizer
 - Practice respiratory hygiene and cough etiquette
 - Keep distance from others (>6 feet)
 - Frequently clean and disinfect surfaces
 - Remain home during a respiratory illness
 - Support voluntary isolation of sick persons
 - Support voluntary quarantine of contacts of sick persons
- Order closures of schools.
- Order cancellation of various mass gathering, activities, and events at schools.

COVID-19 Guidance for Non-Pharmaceutical Interventions

Tactics to Reduce Impacts

- Maintain an open line of communication with corresponding [Local Health Department leadership](#), including ensuring the local health officer has current contact information for the superintendent.
- Create clear and concise plans to communicate accurate and timely information to the students, families, and communities you serve.

Note: Anyone who has had close contact with a confirmed COVID-19 case or has recently returned from a geographic area with a CDC Level 2 or 3 travel alert (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>), will be asked to self-quarantine for 14 days from their last exposure. They are not sick and do not have COVID-19, but out of an abundance of caution, public health recommends they stay at home and avoid large crowds. There is no risk of COVID-19 to those who have come in contact with the quarantined student, and thus no need to take any special precautions.

Business Closure/Alternate Arrangements

Non-healthcare workplaces may need to limit exposure to infectious agents while still maintaining infrastructure for essential services. Methods for supplying essential services and providing compensation for absence from work may need to be developed. Methods to consider for social distancing of employees may include:

- Encouraging or requiring employees to stay home if sick
- Telecommuting/telework
- Teleconferencing
- Staggered shifts and/or flexible hours
- Adjustment of start and end times to avoid peak mass transit times
- Cancellation of large meetings and conferences
- Temporary suspension of non-essential employee travel

In addition, policies to provide incentives and not barriers to people staying home when sick, as well as policies to allow for employees to stay home to take care of children in the event of a school closure or illness can help mitigate the spread of disease. The following items should be taken into consideration when considering business closures or alternate arrangements:

- Employees may be concerned about not getting paid or getting penalized for absenteeism.
- Leave policies may be difficult to implement for smaller employers
- Policy implementation may be difficult in businesses with high social contact.
- Employers may need to increase capacity if they provide an essential service (e.g., food delivery).
- There may be decreases in productivity.
- Complacency may occur if the outbreak or pandemic lingers.

COVID-19 Guidance for Non-Pharmaceutical Interventions

Proposed actions (in addition to the previously discussed social distancing methods):

- Improve environmental hygiene by conducting regular disinfecting of surfaces.
- Improve web and mail services to limit traffic at public service locations.
- Prepare a Continuity of Operations Plan (COOP) and identify Mission Essential Functions. See: <https://www.samhsa.gov/section-223/governance-oversight/continuity-operations-plan>.
- Prepare for mass absenteeism.
- Consider closure of non-essential business services for two weeks after identification of community transmission, within a 5-mile radius of a cluster.
- If there is evidence of widespread transmission across Utah OR healthcare system compromise: Transition to statewide implementation of pandemic influenza NPIs and messaging.

Mass Event Cancellation

Large gatherings of people have the potential to introduce disease into a previously unaffected area, with affected individuals then carrying disease out into the community after leaving the event. Events subject to cancellation include concerts, festivals, sporting events, worship services, and other congregations of people in public places (e.g., malls).

Public health should consider working with organizers and leaders for public events and only considering cancellation on a case-by-case basis if there is no evidence of widespread community transmission.

Some suggestions to mitigate the spread of disease are:

- Considering cancelling events when attendance includes persons from vulnerable populations.
- Adjust event layouts and schedules to reduce numbers of people congregating at the same time.
- Encourage participants not to come if they are experiencing illness.
- Provide symptom screening at entry if feasible.
- Cancel events that would be attended by large numbers of people or those who are traveling.
- Adjust cultural and religious practices to reduce interpersonal contact.
- Encourage immunocompromised individuals to refrain from attending.

Proposed actions (in addition to the previously discussed social distancing methods):

- If there is evidence of local community transmission as indicated by a cluster of COVID-19 cases: Consider closing local events and recommending that residents restrict travel outside of jurisdiction as much as possible.
- If there is evidence of widespread transmission across Utah OR health care system compromise: Transition to statewide implementation of pandemic influenza NPIs and messaging.

COVID-19 Guidance for Non-Pharmaceutical Interventions

Mandatory Home Isolation

As there is now evidence of local community transmission of COVID-19 in Utah and the virus is reported to have an incubation period of 2 to 14 days, the goal of mandatory isolation is to slow the acceleration of the number of cases in Utah, reduce the peak number of cases, and related health care demands on hospitals and infrastructure.

Symptomatic Individuals

- Individuals with symptoms of fever and cough or shortness of breath self-isolate for 10 days or 72 hours after fever resolution, whichever is longer.
- If an individual is sick and their symptoms worsen, they should call their healthcare provider.

Contacts of Confirmed Cases

- Close contacts of a confirmed COVID-19 case while they were sick (i.e., being within 6 feet of a sick person for 10 minutes or more, including within a household, intimate partner, or have been in direct contact with someone's respiratory secretions or droplets) should self-isolate for 14 days and monitor for symptoms.
 - Monitor for fever and other symptoms and if symptoms develop self-isolate and contact healthcare provider.
 - If symptoms develop, and have only mild illness and are otherwise healthy, self-isolate.
 - If there are underlying conditions individuals should contact their healthcare provider.

Older Individuals

- Individuals who are more than 60 years old, immunocompromised, pregnant and/or have underlying medical conditions including chronic cardiovascular disease, pulmonary disease, diabetes, and renal disease, should avoid public places and large gatherings where there will be close contact with others.

Use of Healthcare Facilities

- The public should avoid visits to healthcare settings (including long-term care facilities) as much as possible, unless required to receive appropriate medical care. If symptomatic with a fever, cough, and shortness of breath, call healthcare providers before going to an office/hospital. Avoid going to the hospital unless it is an emergency. In addition, improve respiratory etiquette, hand hygiene, and environmental hygiene.
- No ill visitors should be permitted to enter healthcare facilities. It is strongly encouraged that healthcare facilities limit visitors and when permitting visitors, screen visitors for symptoms.

COVID-19 Guidance for Non-Pharmaceutical Interventions

Proposed Actions (in addition to general isolation recommendations):

Continue practicing the above guidance with the addition of the following:

- Suggest that individuals, particularly those at higher risk, limit recreational and other non-essential travel outside of the home for non-impacted counties.
- For individuals in impacted counties consider requiring suspension of non-essential travel outside of the home (i.e. consider smaller geographic areas-neighborhoods).
- While a community is under community-wide self-isolation public spaces should be cleaned thoroughly following CDC guidelines.

Once there is evidence of widespread transmission across state and/or evidence of healthcare system compromise, continue practicing the above guidance with the addition of the following:

- Transition to statewide implementation of pandemic influenza NPIs and messaging.

Although this guidance is for the State of Utah, it is important to monitor where cases are within neighboring states because there are some areas where substantial community mixing occurs:

- Washington County, Utah and Las Vegas, Nevada
- Summit County, Utah and Evanston, Wyoming
- Grand County, Utah and Grand Junction, Colorado
- Cache County, Utah and Pocatello, Idaho
- Tooele County, Utah and Wendover, Nevada

Mandatory isolation, among other non-pharmaceutical interventions (NPIs), could have adverse outcomes and difficulties in implementation. It is important to consider how systems, sometimes known as wraparound services, can be altered to better help the public manage these NPIs.

- Mental and behavioral health services should be made available to community members if community-wide isolation occurs. Isolation can have mental and emotional implications and past influenza pandemics have shown a need for these services.
- Individuals with underlying conditions that require prescriptions or regular hospital-based care will need special accommodations during mandatory isolation.
- During mandatory isolation, it will be difficult for the public to buy supplies and groceries. Grocery delivery and/or curbside pickup options should be considered, keeping in mind that those who are handling the groceries are negative for COVID-19.
- Schools and childcare services could be canceled or begin to implement social distancing practices to help control transmission of COVID-19. Schools should begin to consider distance-learning possibilities for their students and training teachers to provide that. Closing schools will also take away free and/or reduced-cost lunches for students who qualify, which needs to be considered when discussing school closures.

COVID-19 Guidance for Non-Pharmaceutical Interventions

- Employers should begin to consider social distancing practices within their facilities and providing paid leave or teleworking opportunities for employees to undergo isolation, take care of their children, or take care of other dependents who are ill.
- Public transportation services may need to be terminated to slow the spread of COVID-19.

Cessation of NPI Arrangements

As COVID-19 is reported to have an incubation period of 2 to 14 days, cessation measures for NPI should be applied flexibly and with their specific geographic context in mind. Community-wide cessation of NPI arrangements could occur if at least one of the following requirements are met:

- New cases or influenza-like illness are not occurring or occurring at normal rates.
- New cases or influenza-like illness are occurring very infrequently.
- 40% of the population has contracted COVID-19 and it has spread throughout the community, NPI Arrangements have failed.
- Research shows that the severity of COVID-19 has decreased.
- The social/economic impact of NPI arrangements are worse than COVID-19 spread or outcomes.

At the individual level, a patient can be released from isolation if all the following requirements are met:

- The patient is free from fever without the use of fever-reducing medications.
- The patient is no longer showing symptoms, including cough.
- The patient has tested negative on at least two consecutive specimens collected at least 24 hours apart (2 nasopharyngeal and 2 throat swabs; 4 total negative specimens).

References

1. Utah Department of Health, Bureau of Epidemiology. Utah Department of Health Non-Pharmaceutical Interventions (NPI) Plan. Salt Lake City; 2017: 1–35.
2. Qualls, Noreen; Levitt, Alexandra; Kanade, Neha; et al. Community Mitigation Guidelines to Prevent Pandemic Influenza – United States, 2017. *MMWR Recomm Rep* 2017; 66.
3. Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19). <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>. Accessed 15 Mar 2020.
4. New York City Department of Health and Mental Hygiene. Interim COVID-19 Guidance for Congregate Settings. <https://www1.nyc.gov/assets/doh/downloads/pdf/imm/guidance-for-congregate-settings-covid19.pdf>. Accessed 10 Mar 2020.

COVID-19 Guidance for Non-Pharmaceutical Interventions

Appendix: Definitions Relevant to COVID-19 Non-Pharmaceutical Interventions

- COVID-19: Coronavirus disease 2019; the disease caused by the SARS-CoV-2 virus.
- Laboratory confirmed case: Individual with a positive RT-PCR result for SARS-CoV-2.
- Clinically confirmed case: Individual showing COVID-19 symptoms.
- Quarantine: Separation and restriction of movement of well persons who may have been exposed to SARS-CoV-2.
- Mandatory self-isolation: Required separation of sick people with a contagious disease from people who are not sick; staying in a designated space in the facility, separate from other people in the facility, wear a mask when in a space with other people, cover coughs and sneezes, wash hands, avoid sharing common items, monitor symptoms, and call ahead before visiting a doctor.
- Contact: Individual who has been in close contact (at least within 6 feet for over 10 minutes) with a case of COVID-19 who was symptomatic.
- Community transmission: Infection with SARS-CoV-2 across an area, including some who are not sure how or where they became infected.
- Self-isolation: Recommended separation of sick people with a contagious disease from people who are not ill (i.e., avoiding public spaces as much as possible, covering coughs and sneezes, washing hands, avoiding sharing common items, and monitoring symptoms and temperature).