Public Health Emergency Preparedness and Response Capabilities

National Standards for State, Local, Tribal, and Territorial Public Health

Capability 11: Nonpharmaceutical Interventions

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For the full 508 compliant document, please visit https://www.cdc.gov/cpr/readiness/00_docs/CDC_PreparednessResponseCapabilities_October2018_Final_508.pdf
Capability 11: Nonpharmaceutical Interventions

Definition: Nonpharmaceutical interventions are actions that people and communities can take to help slow the spread of illness or reduce the adverse impact of public health emergencies. This capability focuses on communities, community partners, and stakeholders recommending and implementing nonpharmaceutical interventions in response to the needs of an incident, event, or threat. Nonpharmaceutical interventions may include

- Isolation
- Quarantine
- Restrictions on movement and travel advisories or warnings
- Social distancing
- External decontamination
- Hygiene
- Precautionary protective behaviors

Functions: This capability consists of the ability to perform the functions listed below.

- **Function 1:** Engage partners and identify factors that impact nonpharmaceutical interventions
- **Function 2:** Determine nonpharmaceutical interventions
- **Function 3:** Implement nonpharmaceutical interventions
- **Function 4:** Monitor nonpharmaceutical interventions

Summary of Changes: The updates align content with new national standards, updated science, and current public health priorities and strategies. Listed below are specific changes made to this capability.

- Focuses on collaboration by expanding suggested partners for implementing nonpharmaceutical interventions (NPIs)
- Supports establishment of community reception center processes to enhance ability to respond to radiological and nuclear threats
- Highlights management of mass gatherings (delay and cancel) based on all-hazards scenarios

For the purposes of Capability 11, partners and stakeholders may include the following:

- agriculture departments
- businesses
- community and faith-based organizations
- environmental health agency
- government agencies
- groups representing and serving populations with access and functional needs
- health care organizations
- jurisdictional emergency management agency
- law enforcement
- legal authorities
- mental/behavioral health agencies
- public health agencies
- school districts
- social services
- state radiation control programs
- travel and transportation agencies
- tribes and native-serving organizations
**Capability 11: Nonpharmaceutical Interventions**

**Function 1: Engage partners and identify factors that impact nonpharmaceutical interventions**

**Function Definition:** Engage with partners and stakeholders to identify authorities, policies, and community factors that guide decision-making about NPIs and to determine jurisdictional roles and responsibilities for NPIs.

**Tasks**

**Task 1: Identify authorities, policies, and other factors that impact NPIs.** Identify jurisdictional, legal, and regulatory authorities and policies as well as other community factors that enable or limit the ability to recommend and implement NPIs.

**Task 2: Determine jurisdictional roles and responsibilities related to NPIs.** Determine jurisdictional lead and support roles for implementing NPIs, and confirm roles and responsibilities among partners and stakeholders.

**Preparedness Resource Elements**

**P1: (Priority)** Documentation of applicable jurisdictional, legal, and regulatory authorities and policies for recommending and implementing NPIs in incident-specific situations. Develop and incorporate guidance to address existing legal and policy gaps with assistance from legal counsel or academic partners as necessary. Policies and guidance may include

- Written agreements, such as contracts or memoranda of understanding (MOUs), with law enforcement that describe how NPIs would be implemented
- Procedures for how decision-making processes are used to identify the most effective NPIs while imposing the least amount of restrictions on individual rights
- Criteria for initiating and ceasing use of NPIs
- Written agreements with community partners outlining roles, responsibilities, and access to necessary resources to implement NPIs
- Contact information for representatives from partner agencies and organizations
- Written agreements with health care providers to establish a common operating picture, including
  - Procedures to communicate case definitions to health care providers, as determined from epidemiological surveillance
  - Procedures for health care providers to rapidly report suspected and confirmed cases to the public health agency
- Assessment of the access and functional needs of at-risk individuals who may be disproportionately impacted by the incident and plans to address identified access and functional needs


**P2: (Priority)** Identification and documentation of local conditions or incident characteristics that are relevant to the NPI decision-making process. These factors may include

- Individuals and groups, such as active monitoring and restriction of movement
- Facilities, such as health care facilities, safe housing, and shelters
- Animals, such as service animals, ill animals, animals exposed to infectious diseases, and animals exposed to environmental, chemical, and radiological hazards
• Food safety, such as contaminated consumer food products
• Imported items that fall under federal regulations, such as human remains, human tissues or products, animal meat, trophy shipments, and non-human primate shipments
• Public works and utilities, such as water supply
• Travel through ports of entry

**Function 2: Determine nonpharmaceutical interventions**

**Function Definition:** Collaborate with subject matter experts and community representatives to make recommendations for NPIs based on incident characteristics and subject matter expertise in applicable specialties, such as epidemiology, laboratory, surveillance, health care, chemistry, biology, radiology, social service, emergency management, and law enforcement.

**Tasks**

**Task 1: Engage subject matter experts to assess exposure or transmission.** Assemble subject matter experts to assess the severity of exposure or transmission at the jurisdictional level and the need for NPIs.

**Task 2: Develop recommendations for NPIs.** Identify NPI recommendations based on science, risks, resource availability, and legal authorities.

**Preparedness Resource Elements**

**P1:** Decision matrix indicating questions for public health leadership and recommendation options based on existing community risk assessments and incident severity.

**P2:** (Priority) Procedures in place to develop NPI recommendations specific to the incident and based on science, risks, resource availability, and legal authorities. Categories of NPIs may include

• Separation of individuals with a contagious disease from individuals who are not sick (isolation)
• Separation or restricted movement of healthy, but exposed individuals to determine if they are ill (quarantine)
• Restrictions on movement and travel advisories and warnings, such as screening at port of entry, limiting public transportation, and issuing travel precautions
• Social distancing
  • School and childcare closures
  • Postponement or cancellation of mass gatherings
  • Closures and modifications of workplace or community events
• External decontamination
• Hygiene and sanitation
• Precautionary protective behaviors, such as personal decontamination, shelter in place, and face mask in special situations during severe pandemics

NPI recommendations may include

• Personnel and subject matter expert roles and responsibilities
• Intervention actions and their associated legal and public health authorities
• Pre-identified locations with specific equipment or easily adaptable locations
• Contact information and notification plans for community partners involved in intervention, meaning those providing services or equipment
• Impact of any secondary effects of implementing measures, such as needs for additional security or provision of essential goods and services to isolated or quarantined persons
• Intervention-specific methods for disseminating information to the public, such as methods to distribute information at ports of entry during public health events
• Processes for the phasedown of interventions when they are no longer needed
• Processes to supplement existing resources for surge capacity
• Guidance for health educators about NPIs
• Guidance for individuals about NPIs
• Identification of considerations that can inform decision making about starting or stopping use of NPIs


Skills and Training Resource Elements

S/T1: Personnel trained to understand jurisdictional risks, legal authorities, and options for implementing NPIs based on the best available science.

S/T2: Personnel trained to understand and implement their respective agency role(s) and responsibilities as they relate to NPIs.

Function 3: Implement nonpharmaceutical interventions

Function Definition: Coordinate with jurisdictional partners and stakeholders to implement and, if necessary, enforce the recommended NPI(s).

Tasks

Task 1: Implement NPIs in designated locations. Coordinate with jurisdictional officials to implement NPIs in priority locations, such as community settings where disease is circulating, isolation sites, or quarantine sites.

Task 2: Coordinate support services for NPIs. Assist community partners with coordinating support services, such as medical care, mental health services, and the provision of food and water, for individuals and communities targeted for NPI(s).

Task 3: Close locations and cancel events with mass gatherings. Implement voluntary or mandatory closure of specific locations or cancel large events in coordination with appropriate jurisdictional officials and other stakeholders.

Task 4: Restrict movement. Implement voluntary or mandatory restrictions on movement, as needed, in coordination with relevant jurisdictional officials, partners, and stakeholders.

Task 5: Manage and detain passengers at ports of entry. Coordinate with CDC’s Division of Global Migration and Quarantine (quarantine station), port authorities, and jurisdictional officials to manage and detain passengers at ports of entry, as applicable to the incident, including security and law enforcement support, notification of family, and provision of food, shelter, water, and communication channels.
**Task 6: Ensure external decontamination of individuals.** Screen, register, and conduct external decontamination of potentially exposed or contaminated individuals.

**Task 7: Inform the public, responder agencies, and other partners of recommendations for NPIs.** Provide education and appropriate messaging to the public, responder agencies, and other partners regarding the recommended NPIs.

**Preparedness Resource Elements**

**P1:** *(Priority)* Written agreements, such as contracts or MOUs, with partners to implement appropriate plans for NPIs, including provisions of support services, such as care for dependent children, notification of family, and provision of food, shelter, water, and communication channels, to individuals during isolation or quarantine scenarios.

*(See Capability 1: Community Preparedness and Capability 10: Medical Surge)*

**P2:** *(Priority)* Written agreements, such as contracts or MOUs, to provide mental/behavioral health services to individuals affected by NPIs, including services to address the access and functional needs of at-risk individuals who may be disproportionately impacted by a public health incident or event. Agreements may be established for services, which may include:

- Mental/behavioral health services for specific populations when monitoring restriction of movement, such as isolation or quarantine, or other NPIs, such as social distancing and implementation of specialized hygiene requirements
- Mental/behavioral health services for families and dependents of those placed under mandatory restrictions
- Systems to provide mental/behavioral health services in person or via alternate communication methods, including phone, Internet, social media, teleconference, or other means

**P3:** *(Priority)* Procedures in place to separate and monitor cohorts of potentially exposed travelers from the general population at ports of entry.

Legal and regulatory considerations that apply to ports of entry may include:

- State or local legal authorities for detention, quarantine, and conditional release of potentially exposed persons and isolation of ill persons
- Triggers for transfer of authority, such as from federal to state or local levels or vice versa
- Local and state port of entry Communicable Disease Response Plans, as described in the Code for Federal Regulations, 42 CFR, Parts 70 and 71
- Information sharing between CDC and state, local, tribal, and territorial public health authorities, including protection of sensitive information, such as protected health information

Resource and planning considerations may include:

- Identification of personnel and other resources, including facilities and equipment, at or near ports of entry to be used for separation of cohorts
- Resources to address the needs of individuals for food, water, shelter, communications, and other resources
- Processes to supplement or surge resources
- Scalable plans to accommodate cohorts of various sizes in facilities
- Processes for transportation of cohorts to and security at pre-identified sites

*(See Capability 13: Public Health Surveillance and Epidemiological Investigation)*
P4: Procedures in place to implement isolation or quarantine measures at designated locations. Procedures may include
- Timeframe for establishing supporting operations at designated locations
- MOUs or similar agreements with site owners for use of sites
- Written agreements for equipment needed at designated sites
- Triggers for transfer of authority, such as from federal to state or local levels or vice versa
- Pre-identified sites for housing cohorts to be isolated or placed under quarantine
- Environmental conversion of sites needed for intervention, such as converting rooms to negative pressure and establishing isolation rooms, dedicated patient care equipment, and separate areas for donning and doffing personal protective equipment (PPE)
- Processes to supplement and surge resources, such as reallocating resources or obtaining additional resources through mutual aid or other agreements
- Documentation of expenses for potential reimbursement at either the jurisdictional or federal level
- Returning the site to normal operation, including decontamination, managing medical waste, or sanitization, if needed
- Advance consideration of family or child care issues that may have an impact on the implementation of a quarantine order

P5: Procedures in place to support coordination of population monitoring and external decontamination of individuals. Procedures may include
- Screening based on incident-specific criteria determined by relevant radiological or chemical subject matter experts
- Registration of exposed or possibly exposed individuals, including name, address, contact information, and location at the time of the incident. Include responders and volunteers in this registration process, as needed
- Processes to coordinate with organizations trained in decontamination to establish external decontamination stations at designated sites and removing or storing contaminated materials
- Facilitating referrals or transfers of individuals to emergency housing (accessible housing as needed) and to immediate or follow-up medical care

(See Capability 14: Responder Safety and Health and Capability 15: Volunteer Management)

P6: Procedures in place to support evacuation or relocation of populations because of a nuclear emergency, as appropriate, based on the jurisdictional public health role.

P7: Templates and intervention-specific public educational materials that are modifiable at the time of the incident. Public education content may include
- How the public can access reliable information and sources for obtaining official information, such as hotlines, websites, radio station or public service announcements, social media, and television
- Populations recommended to seek medical care
- When and where the public should or should not seek medical care, if applicable
- How to prevent infection or exposure, including hand washing and other protective behaviors applicable to an incident

(See Capability 1: Community Preparedness, Capability 4: Emergency Public Information and Warning, Capability 7: Mass Care, and Capability 10: Medical Surge)
Skills and Training Resource Elements

S/T1: Personnel trained in supporting operations at an emergency community reception center (CRC). This training focuses on:
- Locating CRCs based on the amount of space needed, the anticipated magnitude of the incident, and population needs of the community.
- Establishing crowd management operations, including the development of process flow or triage procedures and the distribution of patient information sheets during population monitoring.
- Using on-site equipment to monitor external contamination.
- Planning for and addressing the access and functional needs of at-risk individuals who may be disproportionately impacted by a public health incident or event to allow them to access and move through the CRC.
- Facilitating referrals of individuals experiencing psychological trauma to mental/behavioral health services.
- Establishing and maintaining contacts with federal agencies for equipment, personnel, and expertise.

S/T2: Personnel or agencies with legal expertise authorized to advise individuals on legal or regulatory aspects of NPIs. Ensure the appropriate legal guidance needed for interventions, such as quarantine, isolation, and mandatory orders to close events or order evacuations.

S/T3: Relevant personnel trained to understand decontamination procedures.

Function 4: Monitor nonpharmaceutical interventions

Function Definition: Monitor the implementation and effectiveness of interventions, adjust intervention methods and scope as the incident evolves, and determine the level or point at which interventions are no longer needed.

Tasks

Task 1: Assess implementation and effectiveness NPIs. Assess the effectiveness and uptake of NPIs using relevant data about the disease or exposure, such as the degree of transmission, contamination, infection, and severity of exposure, and monitor potential unintended or adverse effects of interventions.

Task 2: Provide updated information to partners related to the use of NPIs. Provide reports about the use of NPIs, as needed, to relevant agencies, partners, and stakeholders to inform continuous and timely decision making.

Task 3: Revise recommendations for NPIs. Update recommendations for NPIs as indicated by the incident, including increasing or decreasing frequency or implementing new interventions.

Task 4: Conduct after-action reviews of NPIs. Identify lessons learned related to NPI implementation within after-action reports (AARs) and develop and implement corresponding improvement plans (IPs).
Preparedness Resource Elements

P1: (Priority) Procedures in place, developed in consultation with appropriate public health officials, to monitor the effectiveness of NPIs based on surveillance data and other information. Procedures may include:

- Methods for evaluating public understanding of information messages about NPIs
- Indicators of compliance with interventions, such as findings from on-site inspections and participation in active monitoring
- Tracking of environmental changes, such as wind direction, that may impact the need for or effectiveness of interventions
- Surveillance methods to monitor ongoing rates of transmission, contamination, or infection and severity of exposure, including:
  - Case definitions
  - Contact investigations
  - Surveys
  - Epidemic curves
  - Reproductive ratios
- Systems to be used for electronic laboratory reporting (ELR), electronic case reporting (eCR), environmental monitoring, and other epidemiological reporting

(See Capability 4: Emergency Public Health Information and Warning and Capability 13: Public Health Surveillance and Epidemiological Investigation)

P2: Procedures in place to describe how the public health agency will monitor cases or exposed persons with assistance from community partners. Procedures may include:

- Sharing surveillance information between community partners and jurisdictional public health agencies
- Establishing a common operating picture between the jurisdictional public health agency and the health care system
- Following up with persons or households participating in NPI(s), which may involve registries, call lines, or periodic follow-up observations
- Protecting confidential information or personal identifiers, including secure receipt and storage of sensitive information


P3: Documented feedback related to intervention actions taken by local jurisdictions and community partners as part of the incident AAR and IP.

(See Capability 3: Emergency Operations Coordination)

P4: (Priority) Triggers and timeframes for ceasing NPIs.

(See Capability 3: Emergency Operations Coordination and Capability 13: Public Health Surveillance and Epidemiological Investigation)

Equipment and Technology Resource Elements

E/T1: Equipment to support collection and compilation of incident data, such as electronic communications and data storage equipment.

(See Capability 6: Information Sharing)