



BONNEVILLE COUNTY
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NOTICE OF SPECIAL MEETING

BOARD OF HEALTH - EASTERN IDAHO PUBLIC HEALTH

Notice is hereby given that Eastern Idaho Public Health's Board of Health will hold a special meeting via conference on Thursday, November 19, 2020, at 7:00 a.m. at its Bonneville County office, 1250 Hollipark Drive, Idaho Falls, Idaho. The meeting room will accommodate seating for approximately 6 people. Social distancing will be required and masks must be worn. Any person who does not wish to social distance or wear a mask will not be allowed to enter and is invited to observe the meeting through live streaming. No outdoor viewing option will be available. No verbal public comments will be accepted during the meeting. Written public comment can be submitted to EIPHBoard@eiph.idaho.gov before 5:00 pm on Wednesday, 11/18/20, for consideration at the meeting.

AGENDA
Thursday, November 19, 2020
7:00 a.m.

View Live on EIPH's YouTube Channel:
https://www.youtube.com/channel/UCaiWpioiGwhF95yxXgM01VA

- 1. Call to Order and Roll Call.....Chairman Reed
2. Approval of November 5, 2020 Board of Health Minutes (Action).....Chairman Reed
3. Public CommentChairman Reed
4. Reports from Hospitals and Emergency Medical Services.....Chairman Reed
A. Eastern Idaho Regional Medical Center
B. Idaho Falls Community Hospital
C. Madison Memorial Hospital
D. Idaho Falls Fire Department
5. COVID-19 Vaccine Update.....Amy Gamett
6. COVID-19 Update Geri Rackow & James Corbett
7. Discussion and Vote regarding potential actions to protect life, health, and safety within the District as to the COVID-19 pandemic, to include consideration of orders that include, but are not limited to, mandating face coverings and limiting social events and gatherings in Custer County (Action)Chairman Reed

SPECIAL MEETING
BOARD OF HEALTH MEETING MINUTES
November 5, 2020
7:00 a.m.
Zoom Meeting

PRESENT:

BOARD OF HEALTH MEMBERS

Bryon Reed, Commissioner, Chairman
Bill Leake, Teton County, Trustee
Lee Miller, Commissioner
Ken Miner, Commissioner
Shayne Young, Commissioner
Barbara Nelson, MD, Vice Chair
Greg Shenton, Commissioner
Brent Mendenhall, Commissioner
Wayne Butts, Commissioner

STAFF MEMBERS

Gerri Rackow
James Corbett
Angy Harwood
Cheryl O'Connell
Amy Gamett
Kellye Johnson
Steve Thomas

1. Call Board Meeting to Order

Chairman Reed called the meeting order at 7:02 a.m. This meeting is being held virtually and it is being streamed live through EIPH's YouTube channel. EIPH staff is present at the Idaho Falls office where there is also a space for the public to view in person.

2. Approval of October 22, 2020 Board of Health Meeting Minutes

MOTION: Shane Young made a motion to approve the minutes of the October 22, 2020 meeting and requested to have the link to Dr. Lander's presentation added to these minutes.

SECOND: Dr. Nelson

ACTION: MOTION CARRIED UNANIMOUSLY

3. Breast Cancer Donation Presentation

Savanna Nelson, as part of a school project, started a Go Fund Me campaign to support breast cancer awareness and early breast cancer detection. A total of \$5,000 was raised through this effort and it is being donated to Eastern Idaho Public Health's Mammogram Voucher Program. The Board thanked Ms. Nelson for her efforts in supporting breast cancer awareness and the donation to EIPH.

4. Reports from Hospitals re: ICU and Overall Capacity

a. Idaho Falls Community Hospital (IFCH)

Casey Jackman, Chief Operating Officer, reports they have had several instances where all of their available ventilators were in use. With the assistance of Idaho Office of Emergency Management, they have acquired two additional ventilators for a total of ten. They currently have 4 COVID patients in the ICU and 6 on the medical floor. Patients are from Bonneville, Fremont, Bingham, and Jefferson Counties. They are seeing several people through the ER who are being treated and then sent home. Staffing is better but in the past two weeks they have had to send two patients to EIRMC due to a shortage of staff.

b. Eastern Idaho Regional Medical Center (EIRMC)

David Hoffenberg, Chief Operating Officer, reports they currently have 33 COVID patients in their facility, with 8 in the ICU. The overall census of the hospital is up at 243. Staffing is always a concern and they will continue to hire and train new staff; over the next few months they will have 6-10 ICU nurses, not including the travelers. They are seeing patients from Lander, WY; Twin Falls County, Sun Valley, and throughout Montana, as well as patients in our region. They are continuing to allow elective surgeries.

c. Madison Memorial Hospital

Dr. Rachel Gonzales, Chief Executive Officer, reports they currently have three COVID inpatients. They are busy with other patients. They have transferred one patient to Idaho Falls for a higher level of care. Training nurses is challenging.

d. Steele Memorial Medical Center

Lisa Loughran, Chief Nursing Officer, reports they have had as high as six COVID patients on the Med/Surg floor this week; they have two today. They are relying on surrounding hospitals to accept transfer patients from them. They transferred 10 COVID patients this week to Kalispell, Boise, and Missoula. They have one Emergency Department (ED) doctor and one ED nurse, all other nurses are working additional shifts. They continue to work on educating the public regarding mitigation strategies to slow the spread.

Dr. Nelson reports the primary reasons for COVID hospitalizations is the inability to maintain oxygen saturation, altered mental status, and high fever.

5. COVID-19 Update

- Ms. Rackow update the board members on a meeting held last week with Dr. Deborah Birx, the White House's Ambassador and Coronavirus Response Coordinator in Idaho Falls. , Governor Little, Dave Jeppesen, Elke Shaw-Tulloch. Discussions included messaging to targeted audiences and testing. Following this discussion there was a round table discussion with other community stakeholders. The group felt it would be helpful if the hospital partners would put out more public messaging to communities in order to help them understand what is happening at the hospital level.
- Idaho is continuing to receive supplies of rapid antigen tests from the federal government. The State has been distributing these tests to the local health districts for use by priority populations. The most recent shipment is targeted to corrections populations. Shipments will soon come designated for universities.
- The number of people presenting for testing in the region has declined over the last two weeks.
- Ms. Rackow asked for guidance from the Board regarding the Governor's statewide Public Order and limitations on gatherings. In the Order it states that people may request an exemption by submitting a plan to the Public Health District for approval for gatherings over 50 people. The Board members agreed that exemptions should follow our current COVID-19 Regional Response Plan's guidance on gatherings which is 28 square feet per person to determine the maximum number of participants allowable.
- Mr. Corbett reviewed current active case counts and for the counties in the health district. Cases are mostly reported on the day they come in but we do have a cut-off point in the afternoon in order to validate and post the information. Reported cases that come in after 4:00 p.m. are not on the website that day. Not all providers are reporting positive cases and EIPH continues to educate providers regarding reporting requirements.
- Mr. Corbett reports the overall hospitalization rate is 3.8% of known cases. In early November, this number decreased to 3.1%, which was primarily driven by Madison County as their percent of hospitalizations is at 1.01%.
- There is continued concern over the community spread of the virus. We need to remain vigilant with mitigation strategies and follow recommendations for gatherings, especially going into the holiday season and colder weather.
- Dr. Nelson reminds everyone the importance of getting your flu shot to help protect hospital resources.

6. Discussion and Possible Revision of EIPH COVID-19 Regional Response Plan

Ms. Rackow reviewed previously discussed changes to the EIPH COVID-19 Regional Response Plan for review by the board. Discussion followed.

MOTION: Commissioner Butts made a motion to approve the revisions and wording to the EIPH COVID-19 Regional Response Plan.
SECOND: Commissioner Mendenhall
ACTION: MOTION CARRIED UNANIMOUSLY

The COVID-19 Regional Response Plan is available on the website at EIPH.Idaho.gov

7. Rescind Order of Restriction for Custer County

Ms. Rackow reviewed Custer County case rates; they have been below the metric of 15/10,000 for 18 days, qualifying them to move to the Minimal Risk Level; however, for the past two days, rates are increasing and she is concerned that the County will rise to the Moderate Risk Level again soon. She reviewed the draft Order Lifting Restrictions in Custer County.

Commissioner Butts had a chance to talk with the other Custer County Commissioners and they are recommending the Order be rescinded.

MOTION: Commissioner Shenton made a motion to approve the Order Lifting Restrictions for Custer County.

SECOND: Commissioner Butts

ACTION: MOTION CARRIED UNANIMOUSLY

Commissioner Reed adjourned the meeting at 8:41 a.m. The next meeting is scheduled for Thursday, November 19, 2020 at 7:00 a.m.

Commissioner Bryon Reed, Chairman

Gerl L. Rackow, Secretary



COVID VACCINE UPDATE

11/19/2020



VACCINE PHASES

- The standard phases of testing are:
- **Phase I:** Small-scale safety trials: Tests on a small number of people for safety, dosage, and efficacy
- **Phase II:** Expanded safety trials: Tests expanded to hundreds of people
- **Phase III:** Large-scale trials: Tests expanded to thousands of people with some receiving a placebo, to test for safety, dosage, and efficacy, as well as side-effects in a larger population



COVID-19 VACCINE UPDATE

- Over 200 COVID-19 vaccines currently under development
- Within the United States: as of 10/27
 - Four vaccines in active Phase III clinical trials
 - Five vaccines in active Phase I/II clinical trials

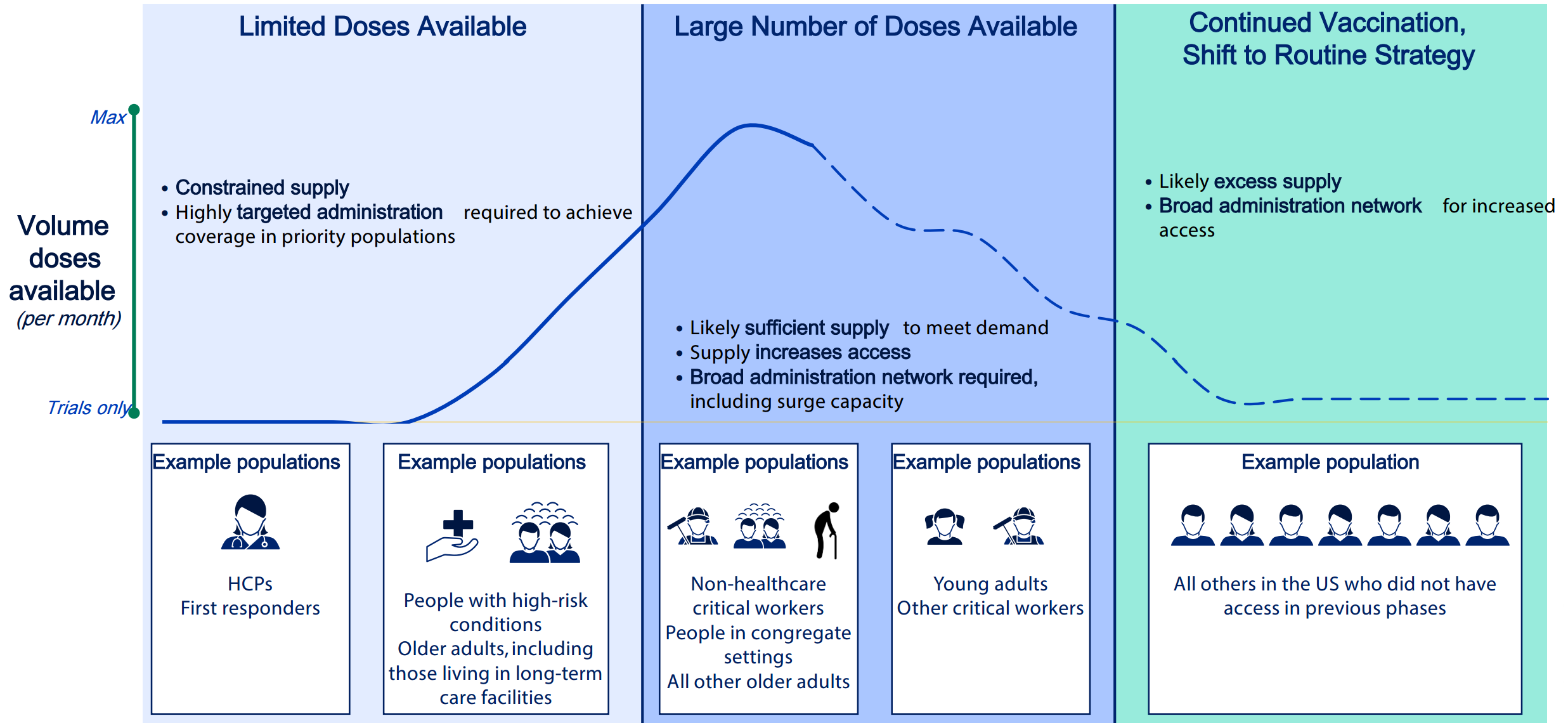
VACCINE UPDATE-PFIZER & MODERNA

- Two vaccine companies have issued press releases indicating strong vaccine effectiveness among participants in their Phase 3 clinical trials.
 - **Pfizer** and its partner BioNTech announced that its first interim efficacy analysis has found its vaccine candidate is more than 90% effective. The study enrolled over 43,000 participants and has not uncovered any serious safety concerns.
 - **Moderna** announced that its first interim efficacy analysis has found its vaccine candidate is 94.5% effective. The study enrolled over 43,000 participants and has not uncovered any serious safety concerns.

COVID-19 VACCINATION-STEPS AFTER PHASE III

1. Vaccine Manufacture will request FDA approval
2. The Food and Drug Administration (FDA) authorizes or approves COVID-19 Vaccine
 - With an Emergency Use Authorization (EAU)
3. Advisory Committee on Immunization Practices (ACIP) will hold a public meeting
 - Since the pandemic ACIP has been holding regular meetings to review US data on COVID-19 Vaccines in development
 - ACIP will review current data of FDA-EAU approved vaccine
 - ACIP will vote on whether to recommend the vaccine and if so, who should receive it
 - Included in ACIP's recommendations will be guidance on who should receive vaccine if supply is limited
4. CDC will make COVID-19 vaccination recommendations for the US based on input from the Advisory Committee on Immunization Practices (ACIP)

Distribution will adjust as volume of vaccine doses increases



Illustrative example populations; final prioritization to be decided by ACIP

Healthcare Personnel Sub-prioritization Groups – Preliminary Idaho Pop. Estimates

Category	Estimated No. Persons	Cumulative No. Persons
Hospital and clinic staff essential for care of COVID-19 patients and maintaining hospital capacity.	~32,117 = hospital staff (IDLC)	32,117
<ul style="list-style-type: none"> LTCF staff, including adult protective services, ombudsmen, contract staff Home care providers for adults age 65 years and other adults and children with high-risk medical conditions. 	~14,800–18,400 LTCF staff (BLS vs IDLC) ~16,260 home health/personal care aides (IDL)	63,237 – 66,837
Emergency medical services (EMS)*	~5,270 (IDHW Bureau for EMS & Preparedness)	68,507 – 72,107
Outpatient and inpatient medical staff not already included in earlier groups who are unable to telework, including HCP in correctional and detention facilities	~1,340 outpatient, excluding home health above (BLS) ~400 corrections/detention HCP (IDOC/IDHW)	95,247 – 98,847
<ul style="list-style-type: none"> Pharmacists, pharmacy technicians, and pharmacy aides not already included in earlier groups Dentists, dental hygienists, and dental assistants 	~3,860 pharmacy staff (BLS) ~5,064 dental staff (ID State Dental Assoc)	104,171 – 107,771
Public health and emergency management response workers who are unable to telework†	~782 public health (PHDs, IDHW) ~88 emergency management (BLS)	105,129 – 108,729

*Includes all licensed EMS providers regardless of affiliation

†Frontline PHD staff, essential function IDHW staff; assumes 50% emergency management staff unable to telework

Abbreviations: BLS=Bureau of Labor Statistics; IDL=Idaho Dept. of Labor; IDLC=Idaho Division of Licensing and Certification; IDHW=Idaho Dept Health & Welfare; IDOC= Idaho Dept of Corrections; LTCF=skilled nursing, assisted living, and intermediate care facilities; PHD=public health district

Idaho Population Estimates For Phase 1b Vaccination

Group	Population Estimate	Source
Residents of LTCF	~12,223	IDLC
Adults age 65+ years, living in community	~266,059	BVRHS: adults 65+ minus LTCF estimate
Adults 18–64 years with high risk condition	~371,127	Assumes 35% of n=1,060,364 adults age 18–64 yrs have 1+ HR condition
Adults 50–64 years	~317,334	Includes w/ & w/o HR conditions
First responders (not including EMS in Phase 1a) and safety (fire/police/protective services/community support)	~22,231	BLS 2019 and Idaho Commission on Aging Annual Report (n=17 APS staff)
Teachers (includes daycare)	~26,800	Includes substitute teachers (n=5570) BLS
Food processing workers	~35,694	BLS/Other
Grocery store/convenience store workers	~29,100	BLS
Idaho National Guard	~5,584	DOD Defense Manpower
Correctional/detention facility staff (not including medical staff in Phase 1a)	~3,071	IDOC/IDJC/Idaho Sheriff's Association/county juvenile detention centers
Other essential workers not already included and unable to telework	In progress	BLS/IDL

TEXAS PHASED PLAN TIMELINE-EXAMPLE

Phased Approach to Vaccination (Specific dates are subject to change)

- ***Phase 0 (October 2020):***
 - Provider recruitment and registration into ImmTrac2 and new web-based portal.
- ***Phase 1 (November 2020 – December 2020): Limited supply of COVID-19 vaccine doses available.***
 - McKesson will direct ship vaccines to registered providers serving healthcare workers and other select populations based upon the DSHS Commissioner's approval in accordance with CDC and ACIP recommendations.
 - Occupational healthcare settings, existing vaccinators serving closed settings will be the primary administrators of vaccines.
 - Some large chains enrolled directly by CDC to serve some targeted populations (long-term care facilities).
 - Continue ongoing provider recruitment and registration to ensure access to vaccination.

Phased Approach to Vaccination

(Specific dates are subject to change)

- ***Phase 2 (January 2021-July 2021): Increased number of vaccine doses available.***
 - Emphasis on ensuring access to vaccine for members of Phase 1 critical populations who were not yet vaccinated as well as for the additional populations; expand provider network.
 - Texas will use specialized vaccine teams, as needed, to vaccinate identified critical groups lacking access to the vaccine (e.g., Long-term care facilities, rural communities, etc).
- ***Phase 3 (July 2021 -October 2021): Sufficient supply of vaccine dose for entire population.***
 - DSHS will focus on ensuring equitable vaccination access across the entire population. Monitor vaccine uptake and coverage; reassess strategy to increase uptake in populations or communities with low coverage.
 - May consider extending the use of vaccine teams depending on the uptake and coverage received so far, especially to ensure second doses are administered from the end of Phase 2.
- ***Phase 4 (October 2021 and forward) Sufficient supply of vaccine with a decreased need due to most of the population being vaccinated previously.***
 - May include boosters or annual vaccines if required.
 - Vaccine availability open throughout private providers. Population able to visit provider of choice.

NEWS RELEASE--FOR IMMEDIATE RELEASE

Date: Nov. 9, 2020

Contact: Niki Forbing-Orr
Public Information Manager
(208) 334-0668

Vaccine Advisory Committee recommends Idaho accept early distribution of COVID-19 vaccine

The Idaho COVID-19 Vaccine Advisory Committee on Friday recommended the state accept what's called early distribution of a COVID-19 vaccine. Doing so would allow the vaccine to reach enrolled providers 24 to 48 hours sooner than the standard distribution process.

"This would not compromise our commitment to providing a safe and effective vaccine for Idahoans," said Sarah Leeds, Idaho Immunization Program manager. "And it would help us get a small number of doses of the vaccine here sooner, so we could administer it to some Idahoans sooner."

The Centers for Disease Control and Prevention (CDC) is asking every state in the nation if it wants to accept early distribution of the vaccine. The decision is ultimately up to each state's governor.

If Idaho proceeds with early distribution, then a limited number of doses of the vaccine would be sent to the state to be stored once an Emergency Use Authorization is secured from the U.S. Food and Drug Administration (FDA), but it would not be administered in the state until a recommendation is issued by the federal Advisory Committee on Immunization Practices.

First, the manufacturer of the vaccine will apply for FDA Emergency Use Authorization, which is anticipated to occur as soon as Nov. 16. The FDA's Vaccine's & Related Biological Products Advisory Committee (VRBPAC) will then meet within at least two weeks to review the request and make a recommendation to the FDA. The Advisory Committee on Immunization Practices (ACIP) will then hold an emergency meeting to consider recommendations for use of the vaccine, which could occur as soon as Dec. 1 if the process goes according to plan. The vaccine in Idaho would be distributed to providers who are enrolled through the state in CDC's COVID-19 Vaccine Program following the ACIP's recommendation. After ACIP's recommendation, additional vaccine would be shipped directly to providers from the vaccine manufacturer.

The vaccine will likely be available first to healthcare providers, essential workers, adults 65 years and older, and adults under the age of 65 with high-risk conditions.



SAFETY

- The U.S. vaccine safety system ensures that all vaccines are as safe as possible. Safety is a top priority while federal partners work to make a coronavirus disease 2019 (COVID-19) vaccine(s) available.
- After a vaccine is authorized or approved for use, many vaccine safety monitoring systems watch for adverse events (possible side effects). This continued monitoring can pick up on adverse events that may not have been seen in clinical trials.

EXISTING MONITORING CURRENTLY IN PLACE-GENERAL POPULATION

- **CDC and FDA:** [Vaccine Adverse Event Reporting System \(VAERS\)external icon](#) — The national system that collects reports from healthcare professionals, vaccine manufacturers, and the public of adverse events that happen after vaccination; reports of adverse events that are unexpected, appear to happen more often than expected, or have unusual patterns are followed up with specific studies
- **CDC:** [Vaccine Safety Datalink \(VSD\)](#) — A network of 9 integrated healthcare organizations across the United States that conducts active surveillance and research; the system is also used to help determine whether possible side effects identified using VAERS are actually related to vaccination
- **CDC:** [Clinical Immunization Safety Assessment \(CISA\) Project](#) — A collaboration between CDC and 7 medical research centers to provide expert consultation on individual cases and conduct clinical research studies about vaccine safety
- **FDA and the Centers for Medicare and Medicaid Services: Medicare data** — A claims-based system for active surveillance and research
- **FDA:** [Biologics Effectiveness and Safety System \(BEST\)external icon](#) — A system of electronic health record, administrative, and claims-based data for active surveillance and research
- **FDA:** [Sentinel Initiativeexternal icon](#) — A system of electronic health record, administrative, and claims-based data for active surveillance and research

EXISTING MONITORING CURRENTLY IN PLACE-MILITARY, VETERANS, TRIBAL NATIONS

■ Members of the military

- **Department of Defense (DOD):** [DOD VAERS dataexternal icon](#) — Adverse event reporting to VAERS for the DOD populations
- **DOD:** [Vaccine Adverse Event Clinical System \(VAECS\)external icon](#) — A system for case tracking and evaluation of adverse events following immunization in DOD and DOD-affiliated populations
- **DOD: DOD Electronic Health Record and** [Defense Medical Surveillance Systemexternal icon](#) — A system of electronic health record and administrative data for active surveillance and research

■ Veterans

- **Department of Veterans Affairs (VA):** [VA Adverse Drug Event Reporting System \(VA ADERS\)external icon](#) — A national reporting system for adverse events following receipt of drugs and immunizations
- **VA Electronic Health Record and Active Surveillance System** — A system of electronic health record and administrative data for active surveillance and research

■ Tribal nations

- **Indian Health Service (IHS):** [IHS VAERS dataexternal icon](#) — Spontaneous adverse event reporting to VAERS for populations served by IHS and Tribal facilities

EXPANDED SAFETY MONITORING SYSTEMS

- The following systems and information sources add an additional layer of safety monitoring, giving CDC and FDA the ability to evaluate COVID-19 vaccine safety in real time and make sure COVID-19 vaccines are as safe as possible:
- **CDC: V-SAFE** — A new smartphone-based, after-vaccination health checker for people who receive COVID-19 vaccines. V-SAFE will use text messaging and web surveys from CDC to check in with vaccine recipients for health problems following COVID-19 vaccination. The system also will provide telephone follow up to anyone who reports medically significant (important) adverse events.
- **CDC: National Healthcare Safety Network (NHSN)** — An acute care and long-term care facility monitoring system with reporting to the Vaccine Adverse Event Reporting System or VAERS
- **FDA: Other large insurer/payer databases** — A system of administrative and claims-based data for surveillance and research



EIPH

- Signed provider enrollment agreements in place with the state of Idaho and the CDC
- Weekly meeting with Idaho State Program staff and other vaccine partners throughout the state.
- EIPH staff prepping for vaccine delivery
 - Storage
 - Supplies
 - Administration process
 - Local stakeholder identification

ORDER OF THE DISTRICT BOARD OF HEALTH EASTERN IDAHO PUBLIC HEALTH, STATE OF IDAHO

ORDER OF RESTRICTION – NOVEMBER 19, 2020

Employers, Businesses, and Individuals in Custer County

THE DISTRICT BOARD OF EASTERN IDAHO PUBLIC HEALTH HEREBY FINDS AND DECLARES AS FOLLOWS:

According to the Centers for Disease Control and Prevention (CDC), the virus that causes Coronavirus 2019 Disease (“COVID-19”) is easily transmitted from person-to-person through respiratory droplets produced when an infected person coughs, sneezes, talks, or raises their voice (e.g., while shouting, chanting, or singing). These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

The CDC reports that recent studies show that a significant portion of individuals with COVID-19 lack symptoms (are “asymptomatic”) and that even those who eventually develop symptoms (are “pre-symptomatic”) can transmit the virus to others before showing symptoms.

In addition to basic public health mitigation strategies of staying home when you are sick and washing your hands or using hand sanitizer to reduce the spread of COVID-19, CDC recommends that people physical distance (maintain a space of 6 feet from others) from non-household members as well as wear masks or cloth face coverings in public settings when around people outside of their household, especially when physical distancing is difficult to maintain.

Furthermore, COVID-19 is easily transmitted in group settings and it is essential that the spread of the virus be slowed to protect the ability of public and private health care providers to handle the influx of new patients and safeguard public health and safety.

The rate of COVID-19 infections reported to Eastern Idaho Public Health for Custer County, Idaho, has exceeded the established threshold of 15/10,000 for three consecutive days in accordance with EIPH’s COVID-19 Regional Response Plan, which outlines restrictions for slowing the spread of COVID-19.

NOW, THEREFORE, IT IS HEREBY ORDERED:

1. Every person is required to wear a face covering that completely covers the person’s nose and mouth when the person is in a public place and other non-household members are present and physical distancing of 6 feet cannot be maintained.

- A. “Face Covering” means a covering made of cloth, fabric, or other soft or permeable material, without holes, that covers the nose and mouth and surrounding areas of the lower face in compliance with the Center for Disease Control and Prevention’s guidance on wearing Face Coverings. A Face Covering may be factory-made or may be handmade and improvised from ordinary household materials.
- B. “Public Place” shall mean any place, indoor or outdoor, that is open to all members of the public without specific invitation, including but not necessarily limited to retail business establishments, government offices, medical, educational, arts and recreational institutions, outdoor public areas, including but not limited to public parks, trails, streets, sidewalks, lines for entry, exit, or service, when a distance of at least 6 feet cannot be maintained from any non-household member.
- C. Facial coverings are not required to be worn under the following circumstances:
- a. Children under the age of 2.
 - b. Persons with a medical condition, mental health condition, or disability that prevent them from wearing a face covering. A person is not required to provide documentation demonstrating that the person cannot tolerate wearing a face covering.
 - c. Persons who are hearing impaired or are communicating with a person who is hearing impaired where the ability to see the mouth is essential for communication.
 - d. Persons, including on-duty law-enforcement officers, for whom wearing a face covering would create a risk to the person related to their work, as determined by local, state, or federal regulators or workplace safety guidelines.
 - e. Persons who are obtaining a service involving the nose, face, or head for which temporary removal of the face covering is necessary to perform the service.
 - f. Persons who are eating or drinking at a restaurant or other establishment that offers food or beverage service, so long as they are seated at a table and able to maintain a distance of 6 feet from persons who are not members of the same household or party as the person. This exemption does NOT apply to entry, exit, or other movement through the facility.
 - g. Persons actively engaged in competition, training, or practice that involves strenuous physical activity when wearing a face covering is not feasible. Physical distancing from other persons should be maintained as much as possible.
2. This Order shall become effective immediately, and will continue to be in effect until rescinded, superseded, or amended in writing by the authorized representative of the Board of Health, Geri L. Rackow, District Director.

3. Please read this Order carefully. Violation of or failure to comply with this Order could constitute a misdemeanor punishable by fine, imprisonment, or both. (Idaho Code § 39-419)
4. To decrease the spread of COVID-19, the cities within Custer County may enact more stringent public health orders than those set out in this Order.
5. If any provision of this Order or its application to any person or circumstance is held to be invalid, then the remainder of the Order, including the application of such part or provision to other persons or circumstances, shall not be affected and shall continue in full force and effect. To this end, the provisions of this Order are severable.
6. Custer County and each city within must promptly provide copies of the Order as follows: (1) by posting the Order on its website, (2) by posting the Order at the county courthouse and each city hall, and (3) by providing a copy to any member of the public requesting it. The Order will also be posted on the website of Eastern Idaho Public Health.

DATED this 19th day of November, 2020.

Gerri L. Rackow, District Director
Eastern Idaho Public Health