

COVID-19 REGIONAL RESPONSE PLAN

PLAN RETIRED: 6/03/2021

IN JULY 2020, IDAHO'S RESPONSE to the COVID-19 pandemic transitioned from a statewide response to a regional response, and the following plan was developed by the Board of Eastern Idaho Public Health (EIPH). The plan is applicable to the following counties within EIPH's region: Bonneville, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, and Teton.

As outlined in Idaho Code §39-414(2), Idaho's public health districts shall "do all things required for the preservation and protection of the public health and preventive health..." The ultimate goal of this plan is to slow the spread of COVID-19 (a new highly infectious communicable disease), to protect public health, and to ensure during the COVID-19 pandemic that healthcare capacity is maintained for ALL patients needing care—not just COVID-19 patients. Furthermore, we want to minimize the impact to our economy, our children's education, and individuals' physical and mental health as much as possible while still protecting public health. EIPH's Board of Health and Director will be responsible for the implementation of this plan.

This plan will not be in effect indefinitely; however, it is not possible to determine the exact length of time it will be needed. The risk assessment and mitigation strategies included in the plan will be in effect until a COVID-19 vaccine is readily available to the public, treatment options for COVID-19 are readily available, other mitigating factors currently not known are identified—OR until the plan is modified or rescinded by the Board of Health.

THIS PLAN IS A FLUID DOCUMENT AND SUBJECT TO CHANGE AS MORE INFORMATION BECOMES AVAILABLE.

WHAT TO KNOW ABOUT EIPH'S COVID-19 RISK LEVELS:

- The risk levels may be applied at county, geographic, or regional level.
 Different parts of EIPH's region may be at different risk levels.
- In **ALL** risk levels, practice everyday preventive measures (see page 3).

MOVEMENT BETWEEN LEVELS

- Advancement to a higher risk level can occur any time the identified rates of active cases exceeds a designated threshold for three consecutive days (see page 2).
- Reversal to lower risk level can occur when a county has been below a metric's threshold for the most recent consecutive 14-day period.
- EIPH officials will be in close communication and collaboration with elected officials of local jurisdictions within the region.

It is important to note that local elected officials have the authority to implement their own more restrictive measures to do what they feel is necessary to protect the public health of the residents within their jurisdictions.



E-mail: CovidQuestions@EIPH.Idaho.gov





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HOSPITALIZATIONS ARE THE FOUNDATION OF THIS PLAN. The goal of the plan's public health mitigation measures and recommendations is to slow the spread of COVID-19 in order to *protect individuals* and to *maintain healthcare capacity* in our region. The Risk Levels are based on the number of hospitalizations that we would expect to result from the positive cases of COVID-19. EIPH continually monitors the COVID-19 hospitalization rate for our eight-county district, which is reported on the Data Dashboard on our website (www.EIPH.Idaho.gov). Obviously, the higher number of cases, the more hospitalizations that will occur, putting stress on our hospitals' ability to maintain capacity—not just physical bed capacity, but more importantly, healthcare personnel to care for the patients.

ACTIVE CASE RATES of COVID-19 are used to establish the Risk Levels in this plan. An active case is:

A confirmed or probable case of COVID-19 that is currently being monitored by EIPH. A case is considered infectious during the monitoring period, which is generally 10 days from onset of COVID-19 symptoms.

- **Confirmed Case:** A person with a positive laboratory test result for SARS-CoV-2, the virus that causes COVID-19, using a molecular amplification (PCR, NAA) technique.
- Probable Case:
 - ⇒ A person with a positive laboratory test result for SARS-CoV-2 (COVID-19) using a non-molecular amplification (antigen) technique OR
 - ⇒ A person who develops symptoms after being in close contact with a confirmed or probable case without being tested using a molecular amplification (PCR, NAA) technique.

For situational awareness, EIPH reports daily case counts of COVID-19, the number of active cases and rate by county, and much more on our website.

EIPH COVID-19 RISK LEVELS

Based on Rate of Active Cases per 10,000 population

(The numbers listed by county represent the approximate number of active cases needed for that county to reach the respective rates.)

	MINIMAL RISK <15/10,000	MODERATE RISK 15/10,000	HIGH RISK 30/10,000	CRITICAL RISK 45/10,000	
LEVEL OF COMMUNITY TRANSMISSION	ON TRACK FOR CONTAINMENT	WIDESPREAD	ACCELERATED	TIPPING POINT	
BONNEVILLE COUNTY	<180	180	360	540	
CLARK COUNTY	0	case-by-case basis	case-by-case basis	case-by-case basis	
CUSTER COUNTY	<6	6	13	19	
FREMONT COUNTY	<20	20	40	60	
JEFFERSON COUNTY	<45	45	90	135	
LEMHI COUNTY	<12	12	24	36	
MADISON COUNTY	<60	60	120	180	
TETON COUNTY	<18	18	36	54	
OTHER METRICS MONITORED	STAFFED HOSPITAL BED OCCUPANCY IS AT 100% AND SURGE CAPACITY ¹ CANNOT BE MAINAINTED OR CRISIS STANDARDS OF CARE ² ARE IMPLEMENTED ¹ The maximum number of patients that a hospital can safely expand to during a time of emergency. ² Guidance to help guide ethical decision-making for how to triage medical care when it has to be rationed. https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=11746&dbid=0&repo=PUBLIC-DOCUMENTS&cr=1				



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PUBLIC HEALTH MITIGATION MEASURES REGARDLESS OF LEVEL OF COMMUNITY SPREAD

MINIMAL RISK Community Spread = On Track for Containment

MODERATE RISK Community Spread = Widespread

HIGH RISK Community Spread = Accelerated

CRITICAL RISK Community Spread = **Tipping Point**

While EIPH's mitigation measures do not change between these three risk levels, it is important for us to provide situational awareness to the public regarding the level of community spread of the virus so individuals can make informed decisions for themselves and their families.

Everyone is asked to follow these everyday preventive measures to keep themselves safe and minimize the spread of COVID-19:



Stay home if you are sick.



Wash hands frequently for at least 20 seconds or use hand sanitizer.



Maintain physical distance of at least 6 feet from others outside of your immediate family/household members whenever possible.



Wear face coverings that fully cover the nose and mouth in public when physical distancing is not possible or is hard to maintain. *This is important* because one can be infected with the virus and spread it to others for up to two days before symptoms begin.





Carefully monitor your health (refer to EIPH's COVID-19 Decision Tree for more info).



Seek a COVID-19 vaccine when it becomes available to you.



If you are diagnosed with COVID-19, please follow recommendations from EIPH and the Centers for Disease Control and Prevention (CDC) for isolating during your infectious period (10 days from symptom onset). If you have close contact (within 6 feet for more than 15 minutes) with someone who has tested positive for COVID-19, you should guarantine for 10 days from your last close contact with them OR 7 days with a negative COVID-19 test conducted after day 5 of exposure unless you are fully vaccinated against COVID-19 in accordance with current CDC guidance.

In addition, as risk levels increase, EIPH recommends the following:

- Schools should implement their School Board-approved plans for the various levels of community transmission.
- Hospitals should implement their contingency plans for handling an increased volume of hospitalizations.
- High-risk populations (older adults and people with underlying health conditions) and those caring for high-risk populations should take extra measures to protect themselves from the virus (see page 4).
- Consider other public health recommendations to minimize your exposure to COVID-19 (see page 4).
- EIPH will continue to work with local community leaders (elected officials, school officials, law enforcement, businesses, and other stakeholders) on enhanced mitigation strategies and education needs for their respective jurisdictions.

If the COVID-19 Pandemic reaches a critical level in EIPH's region, the EIPH Board of Health may recommend/ implement other measures based on specific situation(s) occurring within a respective county, a region, or the entire health district.



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PUBLIC HEALTH RECOMMENDATIONS FOR SPECIFIC POPULATIONS/ACTIVITIES

HIGH-RISK POPULATIONS

Individuals at higher risk of severe illness with COVID-19 include older adults and people of any age with:

- Chronic lung, heart, kidney, or liver disease or someone who smokes
- Obesity, diabetes, hypertension, or high blood pressure
- Immunocompromised conditions
- Pregnancy

In addition to always following the key preventive measures of maintaining physical distance from others, wearing a face covering, and increased hand hygiene, take extra precautions to protect yourself, especially as the level of community transmission increases.

- Limit close physical interaction with other people, especially if they are sick.
- Make sure you have an adequate supply of food, medication, and other essential items. Use curbside and delivery services to minimize close contact with others.
- Maintain social connections with your loved ones from a distance or while taking extra precautions.
- If you live alone, seek out a "buddy" who can check on you and help provide support if needed.
- Avoid large gatherings of all types and being in crowds.
- Do not postpone seeking medical care for any of your health conditions.
 And, if you contract COVID-19, seek appropriate medical care early.

For more information, visit: https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html

BUSINESSES

- Ensure physical distancing as much as possible between: employees; employees and customers; and customers (rearrange seating) from other groups.
- Where feasible, provide teleworking opportunities for high-risk staff or if
 physical distancing between staff cannot be maintained.
- Require masks of employees and customers.
- Consider special business hours for high-risk individuals.
- Provide opportunities for increased hand hygiene for employees/customers.
- Increase cleaning/sanitizing of your facility.
- Provide contactless service where possible (curbside and delivery services, payment options, etc.).
- Provide signage, announcements, and physical markings to promote physical distancing and other protective measures.
- Implement policies that encourage employees to stay home when sick.
- Work with EIPH when you have a positive case or an exposure in your business (208-533-3219).

For more information, visit: https://www.cdc.gov/coronavirus/2019-ncov/community/community/ses-employers.html?CDC AA refVal=https% 3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%

COVID HELP NOW LINE

This resource offers statewide support for anyone challenged by the stress associated with the global pandemic.



www.ioem.idaho.gov/covidhelpnow



CONGREGATE LIVING FACILITIES

This include nursing homes, assisted living facilities, correctional facilities, homeless shelters, and other shared housing facilities:

- Closely monitor health of all staff and residents. Ensure staff who are sick DO NOT WORK until COVID-19 is ruled out.
- Encourage staff to follow all public health recommendations outside of work.
- Consider 14-day quarantine for new residents to the facility per CDC guidelines.
- · Cohort staff and residents as much as possible.
- Ensure physical distancing occurs as much as possible.
- Consider requiring staff to wear masks at all times while working inside the building.
- Use outdoor space as much as possible.
- High-risk staff should not have close contact with residents who have suspected or confirmed COVID-19, if possible.
- When residents temporarily leave the facility, follow public health recommendations for masking and physical distancing from others to prevent any possible exposure.
- Increase testing (screening and surveillance) as much as possible, in accordance with respective regulatory authority guidelines.
- Ensure plans are in place to handle an outbreak in the facility.
- Increase communication to residents and staff regarding policies, protective measures being implemented, and contingency plans.
- As risk levels increase, consider limiting visitors to the facility as well as residents leaving the facility to prevent possible exposures to residents.

For more guidance, visit: https://coronavirus.idaho.gov/ltc/ and https://www.cdc.gov/coronavirus/2019-ncov/community/shared-congregate-house/guidance-shared-congregate-housing.html

TRAVEL

- Prior to travel, evaluate the COVID-19 risk level at your planned destination.
 Two good sources are: https://globalepidemics.org/key-metrics-for-covid-suppression/ and https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html. Also, check for any travel restrictions involving your destination.
- Do not travel if you are sick.
- During your trip, follow public health recommendations of maintaining physical distance between you and others, wear a face covering, wash your hands frequently, and avoid contact with anyone who is sick.
- As community transmission of COVID-19 increases, consider minimizing non-essential travel.
- Employers may consider asking employee to quarantine for 14-days following travel to minimize risk of exposure in the workplace.

GATHERINGS/SOCIAL EVENTS

Small gatherings of extended family members/friends are a primary source of spread of COVID-19, likely due to people feeling more comfortable in these more intimate settings and relaxing public health precautions.

- Do not attend any gathering if you are sick.
- Practice physical distancing from all individuals outside your household.
- Wear a face covering when you cannot physical distance.