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Southeastern
Idaho Public Health

COVID-19 REGIONAL RESPONSE PLAN

As Idaho's response to the COVID-19 pandemic transitions from a statewide response to a regional response, the following plan has been developed by the board of Southeastern Idaho Public Health (SIPH). The plan is applicable to the counties within SIPH's region, which includes the following counties: Bannock, Bear Lake, Bingham, Butte, Caribou, Franklin, Oneida, and Power.

The ultimate goal of this plan is to ensure during the COVID-19 pandemic that healthcare capacity is maintained for ALL patients needing care—not just COVID patients. Furthermore, we want to minimize the impact to our economy as much as possible while still protecting public health. SIPH's Board of Health and Director will be responsible for the implementation of this plan, but 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 measures, which can be more restrictive than those included in this plan, to do what they feel is necessary to protect the public health of the residents within their jurisdictions. *This plan is a fluid document and subject to change as more information becomes available.*

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 becomes available, treatment options for COVID-19 are readily available, or other mitigating factors currently not known are identified.

What to know about SIPH's COVID-19 Risk Levels:

- The risk levels may be applied at a town, city, county, geographic, or regional level.
- Different parts of SIPH's region may be at different risk levels. Risk levels can increase or decrease. Movement from one risk level to a lesser risk level will occur at 14-day intervals (one incubation period for COVID-19), while advancement to a level of higher risk can occur at any time.
- In general, the risk levels are cumulative. For example, the Minimal Risk level is the baseline. Always prepare for the next risk level.
- In addition to those metrics determining exposure risk, public health officials also will be closely monitoring and take into consideration for movement to a different risk level the following:
 - Input from our healthcare partners prior to data being available for decision-making
 - Trends in positive cases of COVID-19, including positivity rate of testing, and turnaround time of test results
 - Supplies of Personal Protective Equipment for healthcare providers/first responders
 - Effectiveness of Contact Tracing
 - COVID-related hospitalizations & deaths
 - Healthcare provider (emergency departments, urgent care centers, a sampling of primary care providers) visits with COVID-like symptoms

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RISK LEVEL	MITIGATION STRATEGIES
<p>MINIMAL RISK</p>	<p>REGARDLESS OF THE RISK LEVEL THROUGHOUT THE REMAINDER OF THE PANDEMIC, EVERYONE IS ASKED TO DO THE FOLLOWING:</p> <ul style="list-style-type: none"> • Stay home if you are sick • Maintain physical distance of 6 feet from others (outside of immediate family) whenever possible • Wear face coverings in public when physical distancing is not possible • Wash hands frequently for at least 20 seconds or use hand sanitizer • Large gatherings asked to implement: physical distancing, use of face coverings by staff and participants, increased sanitization measures, and increased personal hygiene measures (handwashing/hand sanitizing). <ul style="list-style-type: none"> • Carefully monitor your health (refer to https://www.cdc.gov/coronavirus/2019-nCoV/index.html for more info) <p>In addition, schools should implement strategies in response to these guidelines and those of Idaho Back to School Framework 2020 (https://www.sde.idaho.gov/re-opening/).</p>

RISK LEVEL	METRICS MONITORED	MITIGATION STRATEGIES
<p>MODERATE RISK</p>	<p>1. Rate of Active Cases > 10/10,000 population, sustained for 3 days</p> <p><i>Approximate active cases by county to reach above rate:</i></p> <ul style="list-style-type: none"> • Bannock: 88 • Bear Lake: 6 • Bingham: 47 • Butte: 3 • Caribou: 7 • Franklin: 14 • Oneida: 5 • Power: 8 <p>(Idaho’s current ICU admission rate is 1.5% of all positive cases. Based on this current rate, the above numbers of active cases could yield 4 ICU admissions every 10 days in Southeastern Idaho.)</p> <p style="text-align: center;">OR</p> <p>2. Hospitals’ ICU bed capacity reaches 90% 2-3 times per week (surge capacity still available)</p>	<p>IN ADDITION TO THE CONTINUATION OF ALL MITIGATION STRATEGIES FROM THE MINIMAL RISK LEVEL, THE FOLLOWING RECOMMENDATIONS WILL BE MADE:</p> <ul style="list-style-type: none"> • May consider an order for mandatory face coverings when in public • Limit gatherings to no more than 150 people • Encourage vulnerable populations (elderly, individuals with underlying health conditions) take extra precautions • Encourage telework where possible and feasible with business operations • Minimize non-essential travel • Encourage congregate living facilities (long term care, nursing homes, correctional facilities, etc.) to implement strict health policies for staff and visitors to avoid potential outbreaks • Schools should implement plans in response to these guidelines

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RISK LEVEL	METRICS MONITORED	MITIGATION STRATEGIES
HIGH RISK	<p>1. Rate of Active Cases > 20/10,000 population, sustained for 3 days</p> <p><i>Approximate active cases by county to reach above rate:</i></p> <ul style="list-style-type: none"> • Bannock: 176 • Bear Lake: 12 • Bingham: 94 • Butte: 5 • Caribou: 14 • Franklin: 28 • Oneida: 9 • Power: 15 <p>(Idaho’s current ICU admission rate is 1.5% of all positive cases. Based on this current rate, the above numbers of active cases could yield 7 ICU admissions every 10 days in Southeastern Idaho.)</p> <p style="text-align: center;">OR</p> <p>2. Outbreak(s) Occurring at:</p> <ul style="list-style-type: none"> • Hospitals/Healthcare Providers/ Emergency Medical Services • Critical Infrastructure Services (Fire, Law Enforcement, Utilities, etc.) • Congregate Living Facilities (assisted living facilities, nursing homes, correctional facilities) • Schools/Institutions of Higher Learning • Mass Gatherings/events that limit public health’s ability to conduct contact tracing <p style="text-align: center;">OR</p> <p>3. Hospitals’ TOTAL bed capacity is reaching 90% 2-3 times per week (surge capacity still available)</p>	<p>IN ADDITION TO CONTINUATION OF ALL MITIGATION STRATEGIES FROM MINIMAL RISK LEVEL:</p> <ul style="list-style-type: none"> • Order for mandatory face coverings when in public • Limit gatherings to no more than 50 people • Encourage vulnerable populations (elderly, individuals with underlying health conditions) to self-isolate • Strongly encourage telework for those that are able • Encourage limiting travel/visitors to the region as well as travel within the State to areas with high rates of spread • Recommend congregate living facilities close to visitors and extra precautions implemented for employees • Recommend hospitals suspend scheduled, non-essential surgeries • Recommend businesses implement delivery/curb-side services as much as possible • Recommend places of worship implement virtual services where possible • Consider industry-specific measures/restrictions • Schools should implement plans in response to these guidelines. <p><i>NOTE: Any or all of these strategies may be implemented.</i></p>

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RISK LEVEL	METRICS MONITORED	MITIGATION STRATEGIES
CRITICAL RISK	<ol style="list-style-type: none"> 1. Hospital capacity, including ICU, consistently at or above 100% and surge capacity cannot be maintained 2. Crisis Standards of Care Implemented 	<ul style="list-style-type: none"> • Stay-At-Home Order Issued; may include any or all of the following: <ul style="list-style-type: none"> ○ Limitations on mass gatherings ○ Requirements for face coverings ○ Limit participation in high-risk activities ○ Business closures ○ Limit or prohibit visitation to long-term care facilities ○ Travel advisories/requirements • Schools should implement plans in response to these guidelines.

COVID-19 Regional Response Plan Terms & Definitions

Active Cases

Active cases is the total number of cases currently monitored by SIPH. Any cases that have resolved and been released from monitoring are not included in this number. SIPH will look at this number over a three-day period because one day may be an outlier, and longer than three days may negatively impact SIPH’s ability to conduct contact tracing.

Surge Capacity

Hospitals have a number of beds that they typically operate with under normal circumstances. When necessary due to a higher than normal volume of patients, they have the ability to add surge beds/equipment/staffing.

Crisis Standards of Care

Guidance to help guide ethical decision-making for how to triage medical care when it has to be rationed.

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