

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 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 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 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are readily available, other mitigating factors currently not known are identified—OR until the plan is modified or rescinded by the Board of Health.

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

- The risk levels may be applied at a town, city, county, geographic, or regional level.

Different parts of EIPH's region may be at different risk levels.

- In ALL risk levels, the everyday preventive measures outlined in the Minimal Risk Level should be followed. **Always prepare for the next risk level.**

■ MOVEMENT BETWEEN LEVELS

- **Advancement to a higher risk level** can occur any time once a metric's threshold has been met.
- **Reversal to lower risk level** can occur:
 - After a minimum of 14 days (one incubation period for COVID-19) **and**
 - Below a metric's threshold for the most recent consecutive seven-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 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.
- In addition to metrics determining exposure risk, public health officials will also 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 COVID-19 testing, including positivity rate and turnaround time of test results
 - Supplies of Personal Protective Equipment (PPE) for healthcare providers/first responders
 - Effectiveness of contact tracing
 - COVID-related hospitalizations and 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
MINIMAL RISK	<p>REGARDLESS OF THE RISK LEVEL THROUGHOUT THE REMAINDER OF THE PANDEMIC, EVERYONE IS ASKED TO DO THE FOLLOWING: (✓ = EVERYDAY PREVENTATIVE MEASURES)</p> <ul style="list-style-type: none"> ✓ Stay home if you are sick ✓ Maintain physical distance of at least 6 feet from others (outside of immediate family) whenever possible ✓ Wear face coverings that fully cover the nose and mouth in public when physical distancing is not possible or hard to maintain ✓ Wash hands frequently for at least 20 seconds or use hand sanitizer ✓ Carefully monitor your health (refer to EIPH's Decision Tree for more info) <ul style="list-style-type: none"> • 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) • Strongly recommend employers and volunteer organizations require face coverings for employees, volunteers, and customers. • 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/)

RISK LEVEL	METRICS MONITORED	MITIGATION STRATEGIES
MODERATE RISK	<p>1. RATE OF ACTIVE CASES > 10/10,000 POPULATION, SUSTAINED FOR 3 DAYS *DUE TO SMALLER POPULATIONS, A RATE OF 15/10,000 WILL BE USED</p> <p>Approximate active cases by county to reach above rate:</p> <ul style="list-style-type: none"> • Bonneville County 120 • Clark County (WILL BE HANDLED ON A CASE-BY-CASE BASIS) • Custer County 7* • Fremont County 13 • Jefferson County 30 • Lemhi County 12* • Madison County 40 • Teton County 12 <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 EASTERN IDAHO. ADDITIONAL ADMISSIONS MAY RESULT FROM NON-RESIDENTS OF OUR DISTRICT.)</p> <p>OR</p> <p>2. HOSPITALS' ICU BED OCCUPANCY REACHES 90% 2-3 TIMES PER WEEK (SURGE BED CAPACITY STILL AVAILABLE)</p>	<p>IN ADDITION TO CONTINUATION OF ALL EVERYDAY PREVENTATIVE MEASURES, THE FOLLOWING RECOMMENDATIONS WILL BE MADE:</p> <ul style="list-style-type: none"> • Issue an order for mandatory face coverings when in public • Restrictions on events and social gatherings • Vulnerable populations (older adults, individuals with underlying health conditions) take extra precautions • Telework where possible and feasible with business operations • Minimizing non-essential travel • 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 strategies in response to these guidelines and those of Idaho Back to School Framework 2020

ACTIVE CASES:
The total number of cases (confirmed and probable) currently monitored by EIPH. Any cases that have been released from monitoring are not included in this number. EIPH will look at this number over a three-day period because one day may be an outlier.

SURGE CAPACITY:
The maximum number of patients, in staffed beds, that a hospital can safely expand to during a time of emergency.

CRISIS STANDARDS OF CARE:
Guidance to help guide ethical decision-making for how to triage medical care when it has to be rationed.
(THE GUIDANCE CAN BE FOUND AT [HTTPS://HEALTHANDWELFARE.IDAHO.GOV/PORTALS/0/HEALTH/READYIDAHO/CRISISSTANDARDSOFCAREPLAN_FINAL_POSTED_SIGNED.PDF](https://healthandwelfare.idaho.gov/portals/0/health/readyidaho/crisisstandardsofcareplan_final_posted_signed.pdf))

RISK LEVEL	METRICS MONITORED	MITIGATION STRATEGIES
HIGH RISK	<p>1. THE COLLECTIVE RATE OF ACTIVE CASES FOR THE ENTIRE EIPH REGION > 50/10,000 POPULATION, SUSTAINED FOR 3 DAYS</p> <ul style="list-style-type: none"> An individual county that reaches the > 50/10,000 threshold will be reviewed by the EIPH Board of Health for potential movement to the High Risk Level. Additionally, if the active rate of cases for the entire health district reaches the > 50/10,000 threshold, the entire district would be considered for movement to the High Risk Level. <p>(IDAHO'S CURRENT HOSPITALIZATION RATE IS 4% OF ALL POSITIVE CASES. BASED ON THIS CURRENT RATE, THE ABOVE NUMBERS OF ACTIVE CASES COULD YIELD 46 HOSPITAL ADMISSIONS EVERY 10 DAYS IN EASTERN IDAHO. ADDITIONAL ADMISSIONS MAY RESULT FROM NON-RESIDENTS OF OUR DISTRICT.)</p> <p>OR</p> <p>2. OUTBREAKS THAT REDUCE SERVICES OR COULD CREATE RAPID INCREASE IN HOSPITALIZATIONS</p> <p>OR</p> <p>3. HOSPITALS' TOTAL BED OCCUPANCY IS REACHING 90% 2-3 TIMES PER WEEK (SURGE BED CAPACITY STILL AVAILABLE)</p>	<p>IN ADDITION TO CONTINUATION OF ALL EVERYDAY PREVENTATIVE MEASURES, THE FOLLOWING RECOMMENDATIONS WILL BE MADE:</p> <ul style="list-style-type: none"> Limit gatherings to no more than 50 people Encourage vulnerable populations (older adults, individuals with underlying health conditions) to self-isolate Telework for those who are able Limiting travel/visitors to the region as well as travel within the State to areas with high rates of spread Congregate living facilities close to visitors and extra precautions implemented for employees Hospitals suspend scheduled, non-essential surgeries Businesses implement delivery/curb-side services as much as possible Places of worship implement virtual services where possible Discontinue youth and adult sports/activities in which physical distancing is not possible Consider industry-specific measures/restrictions Schools should implement strategies in response to these guidelines and those of Idaho Back to School Framework 2020

RISK LEVEL	METRICS MONITORED	MITIGATION STRATEGIES
CRITICAL RISK	<p>1. HOSPITAL OCCUPANCY, INCLUDING ICU, CONSISTENTLY AT OR ABOVE 100% AND SURGE CAPACITY CANNOT BE MAINTAINED</p> <p>OR</p> <p>2. CRISIS STANDARDS OF CARE IMPLEMENTED (SEE DEFINITION ON PAGE 2)</p>	<ul style="list-style-type: none"> Stay-At-Home Order issued Schools should implement strategies in response to these guidelines and those of Idaho Back to School Framework 2020