

COVID-19 REGIONAL RISK LEVEL PLAN

EFFECTIVE DATE: 8/5/2020

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 South Central Public Health District (SCPHD). The plan is applicable to all counties within SCPHD's region: Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls.

This document establishes the criteria SCPHD will use to monitor COVID-19 disease trends and resources. The established criteria and related outputs will inform the SCPHD Board of Health and guide decisions to assess risk levels and for moving between stages, placing or removing restrictions, or providing recommendations to local jurisdictions to place or remove restrictions.

South Central Public Health District aims to mitigate the rapid spread of COVID-19 in order to protect the health and wellbeing of residents in the district, and to prevent overwhelming first responders, the healthcare system, and personal protective equipment (PPE) supplies in our region. Idaho Code 39-414(2) outlines that Idaho's public health districts shall "do all things required for the preservation and protection of the public health and preventative health...." Furthermore, it is desire of the SCPHD Board of Health to minimize the impact to local economies as much as possible while still protecting public health.

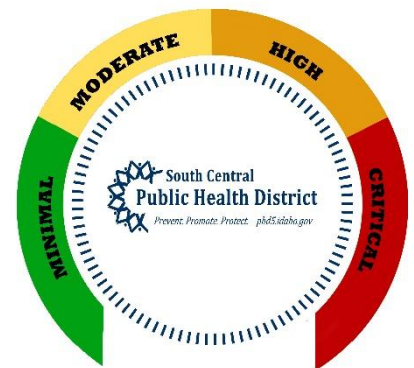
The SCPHD Board of Health and Director will be responsible for the implementation of this plan and will collaborate with local elected officials within the region. It is important to note that local elected officials have the authority to implement their own measures, which may be more OR less restrictive than those included in this plan, to do what they deem necessary to protect the health of the residents they serve.

THIS PLAN IS SUBJECT TO CHANGE AS MORE INFORMATION BECOMES AVAILABLE

This plan will not be in effect indefinitely; however, it is not possible to determine an end date at this time. The risk assessment and mitigation strategies included in this 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are readily available, other mitigating factors currently not known are identified, OR until the plan is modified or rescinded by the Board of Health.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 SCPHD'S COVID-19 RISK LEVELS:

- The risk levels may be applied at the town, city, county, geographic, or regional level.
- **Different areas of SCPHD's region may be at different risk levels.** Risk levels can increase or decrease.
- In ALL risk levels, the preventive measures outlined in the Minimal Risk Level should be followed. ***Always prepare for the next risk level.***
- In addition to metrics determining exposure risk, public health officials will closely monitor and may take into consideration for movement to a different risk level the following:
 - Input from hospital partners
 - Trends in COVID-19 testing, including positivity rate and turn-around time of test results
 - Supplies of Personal Protective Equipment (PPE) for healthcare providers/first responders
 - Epidemiological investigation capacity
 - COVID-related hospitalizations and deaths
 - Syndromic surveillance of emergency department visits with COVID-like symptoms



RISK LEVEL	METRICS MONITORED	MITIGATION STRATEGIES
<p style="text-align: center;">MINIMAL RISK</p>	<ol style="list-style-type: none"> 1. NEW DAILY CASES < 1 PER 10,000 POPULATION (SEVEN DAY ROLLING AVERAGE) 2. COVID-19 TESTING POSITIVE RATE < 5% 3. HOSPITAL CAPACITY FOR CARE IS NORMAL 	<p>At the green level, communities are on track for containment as long as they maintain routine levels of viral testing (i.e., this is not a reference to antibody testing) and contact tracing sufficient to control spikes and outbreaks.</p> <p>SCPHD will educate, inform, and share messages with stakeholders and the public throughout all levels.</p> <p>REGARDLESS OF THE RISK LEVEL THROUGHOUT THE REMAINDER OF THE PANDEMIC, EVERYONE IS ENCOURAGED TO DO THE FOLLOWING:</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 in public that fully cover the nose and mouth when physical distancing is not possible or is difficult to maintain • Wash hands frequently for at least 20 seconds or use hand sanitizer • Vulnerable populations (older adults, individuals with underlying health conditions) take extra precautions • Carefully monitor your health
<p style="text-align: center;">RISK LEVEL</p>	<p style="text-align: center;">METRICS MONITORED</p>	<p style="text-align: center;">MITIGATION STRATEGIES</p>
<p style="text-align: center;">MODERATE RISK</p>	<ol style="list-style-type: none"> 1. NEW DAILY CASES IS BETWEEN 1 to 2.5 PER 10,000 POPULATION (SEVEN DAY ROLLING AVERAGE) 2. COVID-19 TESTING POSITIVE RATE IS BETWEEN 5% to 10% OR 3. HOSPITAL CAPACITY FOR CARE IS IMPACTED (MEDICAL SURGE CAPACITY STILL AVAILABLE) <ul style="list-style-type: none"> • BED CAPACITY REACHES 80% • STAFFING AND RESOURCE SHORTAGES 	<p>AT YELLOW LEVELS, THERE MAY BE SPORADIC IMPORTED CASES, AN UPTICK IN CLOSE CONTACT TRANSMISSION, OR ISOLATED CLUSTER OUTBREAKS. SCPHD OR COMMUNITIES MAY INSTITUTE SOME OR ALL OF THE FOLLOWING:</p> <ul style="list-style-type: none"> • Increase education, information sharing, and messaging • Limitations on mass gatherings (recommend 1 person per 64 sq. ft. of space) or limit to 150 people if appropriate physical distancing can be maintained • Required face coverings in public settings • Extra precautions for vulnerable populations (older adults, individuals with underlying health conditions) • Teleworking where possible and feasible with business operations • Minimize of non-essential travel • Strict policies for staff and visitors to avoid potential outbreaks in congregate living facilities (long-term care, nursing homes, correctional facilities, etc.) • Schools should implement strategies in response to these guidelines and those of Idaho Back to School Framework 2020

RISK LEVEL	METRICS MONITORED	MITIGATION STRATEGIES
<p style="text-align: center;">HIGH</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">HIGH RISK</p>	<ol style="list-style-type: none"> 1. NEW CASES DAILY IS BETWEEN 2.5 to 5 PER 10,000 POPULATION (SEVEN DAY ROLLING AVERAGE) 2. COVID-19 TESTING POSITIVE RATE IS BETWEEN 11% to 20% <p style="text-align: center;">AND/OR</p> <ol style="list-style-type: none"> 3. HOSPITAL CAPACITY FOR CARE IS IMPACTED (MEDICAL SURGE CAPACITY STILL AVAILABLE) <ul style="list-style-type: none"> • BED CAPACITY REACHES 85% • SIGNIFICANT STAFFING AND RESOURCE SHORTAGES <p style="text-align: center;">OR</p> <ol style="list-style-type: none"> 4. SIGNIFICANT OUTBREAK(S) OCCURRING AT: <ul style="list-style-type: none"> • Hospitals/Healthcare Providers/EMS • Critical Infrastructure Services (fire, law enforcement, utilities, solid waste 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>AT ORANGE LEVELS, COMMUNITY SPREAD HAS ACCELERATED. SCPHD <u>OR</u> COMMUNITIES MAY INSTITUTE SOME OR ALL OF THE FOLLOWING:</p> <ul style="list-style-type: none"> • Increase education, information sharing, and messaging • Required use of face coverings • Limitations of mass gatherings (recommend 1 person per 64 sq. ft. of space) or limit to 50 people if appropriate physical distancing can be maintained • Limited travel/visitors to the region as well as travel within the state to areas with high rates of spread (encourage 14-day self-quarantine) • Self-isolation of vulnerable populations (older adults, individuals with underlying health conditions) • Teleworking for those who are able • Extra precautions for employees of congregate living facilities (long-term care, nursing homes, correctional facilities, etc.) and close facility to visitors • Delivery/curb-side service for businesses, including food establishments • Closures of bars and nightclubs • Reduced occupancy in places of business and public buildings • Virtual services for place of worship where possible • Discontinuation youth and adult sports/activities in which physical distancing is not possible • Industry-specific measures/restrictions/closures • Schools should implement strategies in response to these guidelines and those of the Idaho Back to School Framework 2020
<p style="text-align: center;">CRITICAL</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">CRITICAL RISK</p>	<ol style="list-style-type: none"> 1. NEW CASES DAILY > 5/10,000 POPULATION (SEVEN DAY ROLLING AVERAGE) 2. COVID-19 TESTING POSITIVE RATE > 20% <p style="text-align: center;">AND/OR</p> <ol style="list-style-type: none"> 3. HOSPITAL CAPACITY FOR CARE IS SEVERLY IMPACTED (MEDICAL SURGE CAPACITY CANNOT BE MAINTAINED) <ul style="list-style-type: none"> • BED AND ICU CAPACITY REACHES 90% • MAJOR STAFFING AND RESOURCE SHORTAGES <p style="text-align: center;">OR</p> <ol style="list-style-type: none"> 4. CRISIS STANDARDS OF CARE IMPLEMENTED 	<p>At the red level, communities have reached a tipping point for uncontrolled spread and cities, counties, and/or SCPHD may institute all or some of the following:</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 • Required use of face coverings • No mass gatherings • Business closures, including food establishment dining rooms and industry-specific restrictions • Continued closure of bars and nightclubs • Continued industry-specific measures/restrictions/closures • Prohibited visitation to long-term care facilities • Travel advisories as needed <ul style="list-style-type: none"> ▪ 14-day self-quarantine for people entering from an area inside or outside Idaho with widespread ongoing transmission

DEFINITIONS

CRISIS STANDARDS OF CARE:

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

Plan can be found on the [Idaho Department of Health and Welfare's website](#).

MEDICAL SURGE CAPACITY:

Medical surge capacity refers to the ability to evaluate and care for a markedly increased volume of patients—one that challenges or exceeds normal operating capacity. The surge requirements may extend beyond direct patient care to include such tasks as extensive laboratory studies or epidemiological investigations.

[Source](#)

TIMELINE FOR MEASUREMENTS

Data to support the corresponding Health Risk Level and any related mitigation strategies will be posted each Thursday by 5 pm.

Health Risk Levels will be made on Thursdays based on the prior two weeks starting on a Sunday and ending on a Saturday. 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.

MOVEMENT BETWEEN RISK LEVELS

Determinations to move to a more restrictive risk level may be made mid-stage if any of the criteria below are met:

- Crisis standards of care are implemented
- Senior leadership at a local hospital indicates that further increases in cases in the community will overwhelm local hospital capacity
- Reported cases exceed **> 5 daily new cases** per 10,000 people in a defined population (e.g., town, city, or county) or if new case rate adversely impacts SCPHD's ability to respond.

REFERENCES

- [Key Metrics for COVID Suppression: A framework for policy makers and the public. July 1, 2020.](#)
- [Essential information for states and counties to publicly report](#)