

AS RESPONSE continues to COVID-19, the following plan has been revised by South Central Public Health District (SCPHD). The plan is applicable to all counties within SCPHD’s jurisdiction: Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls.

This document outlines the criteria SCPHD will use to monitor COVID-19 disease trends. The established criteria and related outputs will help assess the level of COVID-19 disease transmission throughout the health district. In addition, this plan will help inform the SCPHD Board of Health and local officials to guide decisions to implement mitigation strategies to slow the spread of COVID-19 disease. Furthermore, this plan provides the public with an indicator of COVID-19 disease transmission within the region and to recommend mitigation strategies to help slow the spread of disease transmission.

SCPHD continues to strive to reduce the rapid spread of COVID-19 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 SCPHD to minimize the impact to local economies as much as possible while protecting public health.

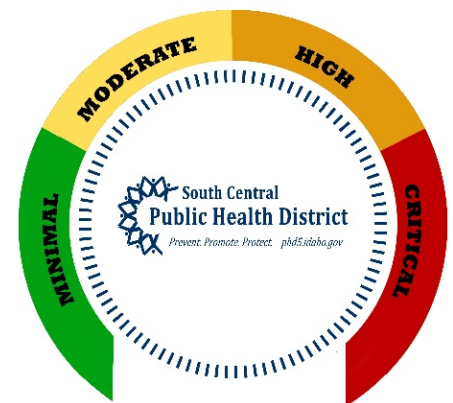
The SCPHD Board of Health and Director will be responsible for the implementation of this plan and will collaborate with local elected officials and medical professionals within the region. It is important to note that local elected officials (e.g., mayors, city councils, school districts, and county commissioners) 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 The risk assessment and mitigation strategies included in this plan will be in effect until the plan is rescinded by SCPHD.

WHAT TO KNOW ABOUT SCPHD’S COVID-19 RISK LEVELS:

- The risk levels may be applied at the county level.
- **Different counties within SCPHD 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 risk of transmission, public health officials will closely monitor and may take into consideration for movement to a different risk level the following:
 - Input from hospital partners – local hospital capacity is determined by each hospital in the region
 - Trends in COVID-19 testing, including positivity rate
 - Supplies of Personal Protective Equipment (PPE) for healthcare providers/first responders
 - Epidemiological investigation and contact tracing capacity, including outbreaks associated with congregate living facilities
 - 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"> NEW DAILY CASES <1 PER 10,000 POPULATION (14 DAY ROLLING AVERAGE) COVID-19 TESTING POSITIVE RATE <5% HOSPITAL CAPACITY FOR CARE IS NORMAL 	<p>At the minimal level, the risk of community-wide COVID-19 spread is lower.</p> <p>REGARDLESS OF THE RISK LEVEL THROUGHOUT THE PANDEMIC, EVERYONE IS ENCOURAGED TO DO THE FOLLOWING:</p> <ul style="list-style-type: none"> Stay home if you are sick Get vaccinated If unvaccinated, maintain physical distance of at least 6 feet from others (outside of immediate family) whenever possible If unvaccinated, avoid crowds and poorly ventilated indoor spaces If unvaccinated, wear a mask in public (especially indoors) 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 if soap and water aren't available Vulnerable populations (older adults, individuals with underlying health conditions) take extra precautions Carefully monitor your health – be alert for symptoms

RISK LEVEL	METRICS MONITORED	MITIGATION STRATEGIES
<p style="text-align: center;">MODERATE RISK</p>	<ol style="list-style-type: none"> NEW DAILY CASES IS BETWEEN 1 to 2.5 PER 10,000 POPULATION (14 DAY ROLLING AVERAGE) COVID-19 TESTING POSITIVE RATE IS BETWEEN 5% to 10% <p style="text-align: center;">OR</p> <ol style="list-style-type: none"> HOSPITAL CAPACITY FOR CARE IS IMPACTED (MEDICAL SURGE CAPACITY STILL AVAILABLE) 	<p>AT THE MODERATE LEVEL, THERE MAY BE SPORADIC CASES, AN UPTICK IN CLOSE CONTACT TRANSMISSION, OR ISOLATED CLUSTER OUTBREAKS. SCPHD OR LOCAL JURISDICTIONS MAY INSTITUTE SOME OR ALL OF THE FOLLOWING:</p> <ul style="list-style-type: none"> Increase education, information sharing and warning, and messaging (health advisories), continue to emphasize vaccinations Extra precautions for vulnerable populations (older adults, individuals with underlying health conditions) Stricter policies for staff and visitors to avoid potential outbreaks in congregate living facilities (long-term care, nursing homes, correctional facilities, etc.) Follow state, public health district, and/or local medical guidance for limitations on gatherings and mask requirements If unvaccinated, maintain physical distance of at least 6 feet from others (outside of immediate family) whenever possible – avoid crowds and poorly ventilated indoor spaces If unvaccinated, wear face coverings in public that fully cover the nose and mouth when physical distancing is not possible or is difficult to maintain

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 2.6 to 5 PER 10,000 POPULATION (14 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) <p style="text-align: center;">OR</p> <ol style="list-style-type: none"> 4. 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 5. EPIDEMIOLOGY FACTORS limit public health's ability to conduct investigations and contact tracing 	<p>AT THE HIGH LEVEL, COMMUNITY SPREAD HAS ACCELERATED. SCPHD <u>OR</u> LOCAL JURISDICTIONS MAY INSTITUTE SOME OR ALL OF THE FOLLOWING:</p> <ul style="list-style-type: none"> • Increase education, information sharing and warning, and messaging (health alerts), continue to emphasize vaccinations • Implement vaccination campaign • If unvaccinated, maintain physical distance of at least 6 feet from others (outside of immediate family) whenever possible – avoid crowds and poorly ventilated indoor spaces • If unvaccinated, wear face coverings in public that fully cover the nose and mouth when physical distancing is not possible or is difficult to maintain • Consider universal mask requirements • 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 • Consider delivery/curb-side service for businesses, including food establishments • Follow state, public health district, and/or local medical guidance for limitations on gatherings and mask requirements
<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 PER 10,000 POPULATION (14 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 SEVERELY IMPACTED (MEDICAL SURGE CAPACITY CANNOT BE MAINTAINED) 4. CRISIS STANDARDS OF CARE IMPLEMENTED 5. EPIDEMIOLOGY FACTORS limit public health's ability to conduct investigations and contact tracing 	<p>AT THE CRITICAL LEVEL, COMMUNITIES HAVE REACHED A TIPPING POINT FOR UNCONTROLLED SPREAD, SCPHD AND/OR LOCAL JURISDICTIONS MAY INSTITUTE ALL OR SOME OF THE FOLLOWING:</p> <ul style="list-style-type: none"> • Maintain strategies from High Risk level • Follow state, public health district, and/or local medical guidance for limitations on gatherings and mask requirements • Consider quarantine orders (stay-at-home) • Consider universal mask requirements • Consider business/event/institution closures • Consider universal social distancing requirements

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 every other Thursday by 5 pm.

Health Risk Levels will be made on every other Thursday 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
- Counties must remain in a risk level for at least two weeks before moving to a less restrictive phase
- 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](#)