



PUBLIC HEALTH DECISION MAKING CRITERIA LEWIS AND CLARK COUNTY

Last Updated: September 22, 2020

The *Local COVID-19 Decision Making Dashboard* (formerly *Reopening Criteria Dashboard*) provides criteria and associated data to be considered by local officials when making decisions related to addressing impacts associated with the ongoing COVID-19 pandemic. Lewis and Clark Public Health (LCPH) consults with public health officials from the state Department of Public Health and Human Services, neighboring Broadwater and Jefferson Counties, local emergency managers, local school leadership, and leadership within the local hospital/health care system routinely to establish and evaluate these criteria. These criteria may be used to inform decisions regarding movement between phases of the Governor’s *Reopening the Big Sky* strategy, decisions made under the requirements of local *Orders of the Health Officer*, and/or to inform other processes such as business and school reopening plans. These criteria, coupled with the best professional judgment of LCPH and other local officials, will serve to inform safe and healthy local decisions during the ongoing COVID-19 pandemic.

DISCLAIMER: COVID-19 is a novel disease caused by a novel coronavirus. As such, the approach to evaluating and understanding the impact of available data and local conditions related to COVID-19 will continue to change. Therefore, LCPH must continually evaluate current local conditions and consider such information when making decisions impacting the communities and people we are charged with protecting. Due to the ever-changing status and our collective understanding of COVID-19, it is not uncommon for a decision, or even the criteria on which a decision is made, to require review and change. NOTE: DECISIONS MADE TODAY, AND BASED ON THE CRITERIA CONTAINED IN THE LOCAL COVID-19 DECISION MAKING DASHBOARD, ARE SUBJECT TO CHANGE BASED UPON CURRENT COVID-19 CONDITIONS AND THE EVOLVING APPLICATION OF RELEVANT AND AVAILABLE DATA.

DECISION MAKING CRITERIA

- **HEALTH DEPARTMENT CAPACITY**

- I. **Ability to manage work related to COVID-19 pandemic without additional staffing.** This criteria is informed by tracking the number of LCPH staff dedicated to the ongoing COVID-19 response. This data is then compared to the established benchmarks and the corresponding color coding is applied, as follows:

Case Management (Case Isolation, Quarantine, and Contact Tracing Teams)		
Color Code	Benchmark *	Metric **
Green	No Additional Staffing	Staffing for COVID-19 Response
Yellow	5 < 10	Staffing for COVID-19 Response
Red	≥ 10	Staffing for COVID-19 Response
* Benchmark must be met for 2 weeks in a row. Baseline = 4 Public Health Nurses in Communicable Disease and Immunization Program		

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** COVID-19 staffing metric based on a summary of weekly staffing data provided by Lewis and Clark Public Health COVID-19 Incident Command Team

Technical Assistance, Compliance and Enforcement		
Color Code	Benchmark *	Metric **
Green	No Additional Staff	Staffing for COVID-19 Response
Yellow	5 < 10	Staffing for COVID-19 Response
Red	≥ 10	Staffing for COVID-19 Response

* Benchmark must be met for 2 weeks in a row. Baseline = 4 Registered Sanitarians from Licensed Establishment Program
 ** COVID-19 staffing metric based on a summary of weekly staffing data provided by Lewis and Clark Public Health COVID-19 Incident Command Team

Support Staffing		
Color Code	Benchmark *	Metric **
Green	No Additional Staff	Staffing for COVID-19 Response
Yellow	1 < 3	Staffing for COVID-19 Response
Red	≥ 3	Staffing for COVID-19 Response

* Benchmark must be met for 2 weeks in a row. Baseline = 0 Support Staff
 ** COVID-19 staffing metric based on a summary of weekly staffing data provided by Lewis and Clark Public Health COVID-19 Incident Command Team

Total COVID-19 Response Staffing		
Color Code	Benchmark *	Metric **
Green	≤ 8	Total COVID-19 Response Staffing
Yellow	9 < 20	Total COVID-19 Response Staffing
Red	≥ 20	Total COVID-19 Response Staffing

* Benchmark must be met for 2 weeks in a row. Baseline = 8 (4 Public Health Nurses + 4 Registered Sanitarians)
 ** COVID-19 staffing metric based on a summary of weekly staffing data provided by Lewis and Clark Public Health COVID-19 Incident Command Team

● **HEALTHCARE SYSTEM CAPACITY**

- I. **Ability of hospital to treat all patients safely, those with COVID-19 and those with other ailments, without additional staffing.** This criteria is informed through direct consultation with the St. Peter’s Health (SPH) COVID-19 Incident Command Team. Under this criteria, SPH specifically evaluates ICU capacity, sufficient staffing resources, and the availability of personal protective equipment or PPE. Dashboard color coding (green, yellow or red) is currently dictated through consultation and professional judgement. **Appropriate benchmarks and associated color coding are currently under development in consultation with the St. Peter’s Health COVID-19 Incident Command Team.**

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• **TESTING CAPACITY**

- I. **Sufficient staff and supplies to screen and test all local residents with COVID-19 symptoms.** This criteria is informed through direct consultation between LCPH Public Health Nurses, the state Department of Public Health and Human Services, and local entities conducting the testing. These entities include, but are not limited to, SPH and PureView Health Center, and Walgreens. Under this criteria, LCPH and affected partners evaluate the availability of adequate testing kits, associated sampling supplies, and staffing necessary to perform adequate local testing. Dashboard color coding (green, yellow or red) is dictated through consultation and professional judgement.
- II. **Ability to get local test results in timely manner (within 2 days or less).** This criteria is informed by LCPH Public Health Nurses. Under this criteria, LCPH Public Health Nurses identify whether or not test results are provided to LCPH within 48 hours of testing. Dashboard color coding will be green when test results are provided within 48 hours. Both yellow and red color coding is dictated by the professional judgement of LCPH Public Health Nurses.

• **CASE INVESTIGATION**

- I. **No Significant Increase in Confirmed COVID-19 Cases.** This criteria is informed by tracking local case Incidence and the local test positivity rate. This data is then compared to the established benchmarks and the corresponding color coding is applied, as follows:

Weekly New Case Incidence		
Color Code	Benchmark *	Metric **
Green	< 7	Number of new cases per 100,000 population in last 7 days
Yellow	7 < 70	Number of new cases per 100,000 population in last 7 days
Red	≥ 70	Number of new cases per 100,000 population in last 7 days
* Benchmark must be met for 2 weeks in a row		
** Case incidence metric based on a weekly (Sunday-Saturday) summary of local case data provided by the Governor’s COVID-19 Task Force Dashboard Service		

Daily New Case Incidence		
Color Code	Benchmark *	Metric **
Green	< 1	7 day average of daily new cases per 100,000 population
Yellow	1 < 10	7 day average of daily new cases per 100,000 population
Red	≥ 10	7 day average of daily new cases per 100,000 population
* Benchmark must be met for 2 weeks in a row.		
** Case incidence metric based on a weekly (Sunday-Saturday) summary of local case data provided by the Governor’s COVID-19 Task Force Dashboard Service		



Test Positivity Rate		
Color Code	Benchmark *	Metric **
Green	< 1%	Percentage of positive tests
Yellow	1% < 5%	Percentage of positive tests
Red	≥ 5%	Percentage of positive tests
* Benchmark must be met for 2 weeks in a row		
** Test Positivity Rate metric based on a summary of local testing data provided by the Centers for Medicare and Medicaid Services (CMS)		

- II. **Type of Disease Exposure.** This criteria is informed by LCPH Public Health Nurses, and associated contact tracing team members, tracking the type of disease exposure for each local confirmed case. The relevant exposure data is then compared to the established benchmarks and the corresponding color coding is applied, as follows:

Type of Disease Exposure		
Color Code	Benchmark *	Metric **
Green	>33%	Majority of weekly cases are <i>contact to a known case</i> exposure
Yellow	>33%	Majority of weekly cases are <i>travel-related</i> exposure
Red	>33%	Majority of weekly cases are <i>Unknown</i> exposure
* Benchmark must be met for 2 weeks in a row		
** Type of disease exposure metric based on a summary local case investigation data provided by Lewis and Clark Public Health Case Management Team		

- III. **Average Number of Direct Contacts per Case.** This criteria is informed by LCPH Public Health Nurses, and associated contact tracing team members, tracking the number of close contacts identified for each local confirmed case. This data is then compared to the established benchmarks and the corresponding color coding is applied, as follows:

Average Number of Direct Contacts per Case		
Color Code	Benchmark *	Metric **
Green	0 < 5	Average number of contacts per case/week
Yellow	5 < 10	Average number of contacts per case/week
Red	≥ 10	Average number of contacts per case/week
* Benchmark must be met for 2 weeks in a row		
** Contacts per case metric based on a summary local case investigation data provided by Lewis and Clark Public Health Case Management Team		

• **DISEASE SURVEILLANCE**

- I. **Evidence of coronavirus in wastewater.** This criteria is informed by wastewater surveillance/testing for SARS-CoV-2, the virus that causes COVID-19, within the Helena and East Helena municipal wastewater systems. Wastewater testing is conducted by Carroll College researchers and evaluation of the test
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results is coordinated between LCPH and local partners within the affected City governments. Wastewater testing results are compared to local confirmed and active case data providing public health officials with additional tools for 1) early detection of rising local infections, 2) monitoring overall community infection trends, and 3) confirmation of low infection rates as correlated with local diagnostic testing results. This information is included in the Dashboard in graphic form. Dashboard color coding (green, yellow or red) is based on professional judgement as dictated through consultation with affected partners. Development of quantitative benchmarks and associated color coding is under consideration as more data becomes available.

- II. **Sentinel screening of populations with no symptoms.** This criteria is informed by direct consultation between LCPH Public Health Nurses, the state Department of Public Health and Human Services, and local entities conducting the testing. Under this criteria, LCPH and affected partners evaluate whether or not adequate sentinel screening is occurring at local long-term care and assisted living facilities and other group homes, among local health care professionals (hospital and clinic staff), the general population (asymptomatic individuals only), and within local tourist communities. Dashboard color coding (green, yellow or red) is dictated through consultation with affected partners. Development of quantitative benchmarks and associated color coding is under consideration as more data becomes available.

- **COMMUNITY COMPLIANCE**

- I. **Total number of complaints related to non-compliance with orders and directives.** This criteria is informed by the LCPH Technical Assistance, Compliance, and Enforcement Team tracking the number of weekly complaints regarding compliance with applicable COVID-19 regulatory Directives and Orders. The number of weekly complaints is then compared to the established benchmarks and the corresponding color coding is applied, as follows:

Number of Weekly Complaints for Non-Compliance with Orders and Directives		
Color Code	Benchmark *	Metric **
Green	0 < 10	Complaints/Week
Yellow	10 < 20	Complaints/Week
Red	≥ 20	Complaints/Week
* Benchmark must be met for 2 weeks in a row		
** Weekly complaint metric based on a summary local complaint data provided by Lewis and Clark Public Health Technical Assistance, Compliance, and Enforcement Team		