

**AGENDA OF THE SPECIAL  
HAILEY CITY COUNCIL MEETING  
Friday April 17, 2020 \* Virtual Meeting Room  
2:00 PM**

Hailey City Council Special Meeting  
Fri, Apr 17, 2020 2:00 PM - 3:00 PM (MDT)

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ACTION ITEM = a vote may occur but is not required to be taken

ACTION ITEM.....

**2:00 p.m. CALL TO ORDER -** Open Session for Public Concerns

**MAYOR'S REMARKS:**  
MR 000

**PUBLIC HEARING:**  
[PH 178](#) Discussion of Public Health Emergency Order No. 2020-03 which expires April 19, 2020 with consideration of options on Public Health Emergency Order No. 2020-05 ACTION ITEM..... 1

**STAFF REPORTS:** Staff Reports                  Council Reports                  Mayor's Reports

**Matters & Motions from Executive Session or Workshop**  
Next Ordinance Number – Next Resolution Number- 2020-                  Next Emergency Order Number 2020-05

**AGENDA ITEM SUMMARY**

**DATE:** 04/17/2020    **DEPARTMENT:** Admin/Com Dev/Legal    **DEPT. HEAD SIGNATURE:**  
CPS/HD/LH

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**SUBJECT:** Consideration of extension, amendment or expiration of Emergency Public Health Order 2020-03

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**AUTHORITY:** Idaho Code City Ordinance/Code    Emergency Powers Ordinance 1260  
(IFAPPLICABLE)

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**BACKGROUND/SUMMARY OF ALTERNATIVES CONSIDERED:**

The Hailey City Council must make decisions today on its Public Health Emergency Order 2020-03, which will sunset at midnight April 19, 2020. Several options exist:

- 1. Extend the Order, continue in "No Construction" mode.** This option extends the current order, retaining all if its elements, to a date certain. The draft Order for doing this is attached as Order Option 1
  
  - 2. Extend the Order with Construction Guidelines:** amend the Order to allow some businesses currently declared non-essential to be named essential, but establish specific guidelines for those businesses. (i.e. construction, trades and landscaping). This option would require the secondary action of adopting construction/ landscaping guidelines, and the draft Order for doing so is attached as Order Option 2. Penalties would be addressed as a violation of the State Order.
  
  - 3. Extend the Order with Construction Standards:** amend the Order to allow some businesses currently declared non-essential to be named essential, but establish specific Standards for those businesses. (i.e. construction, trades and landscaping). This option would require the secondary action of adopting construction/ landscaping standards and specific penalties, and the draft Order for doing so is attached as Order Option 3.
  
  - 4. Allow Order to Expire.** Allow Hailey's Order to expire, thereby reverting fully to the State Order as amended April 15, 2020.
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**FISCAL IMPACT / PROJECT FINANCIAL ANALYSIS:**

Budget Line Item # \_\_\_\_\_ YTD Line Item Balance \$ \_\_\_\_\_  
Estimated Hours Spent to Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_  
Staff Contact: Christopher Simms                      Phone # \_\_\_\_\_  
Comments:

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**ACKNOWLEDGEMENT BY OTHER AFFECTED CITY DEPARTMENTS: (IFAPPLICABLE)**

<input checked="" type="checkbox"/> City Attorney	<input type="checkbox"/> Clerk / Finance Director	<input type="checkbox"/> Engineer	<input type="checkbox"/> Building
<input type="checkbox"/> Library	<input checked="" type="checkbox"/> Planning	<input type="checkbox"/> Fire Dept.	<input type="checkbox"/>
<input type="checkbox"/> Safety Committee	<input type="checkbox"/> P & Z Commission	<input type="checkbox"/> Police	<input type="checkbox"/>
<input type="checkbox"/> Streets	<input type="checkbox"/> Public Works, Parks	<input type="checkbox"/> Mayor	<input checked="" type="checkbox"/> City Administrator

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**RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:**

Motion to adopt and authorize the Mayor to sign Order Option #1, 2 or 3, as clarified by deliberation of Council.

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**FOLLOW-UP REMARKS:\***

Option 1  
No Construction

**CITY OF HAILEY  
PUBLIC HEALTH EMERGENCY ORDER No. 2020-05**

**EXTENSION OF LOCAL ADDITIONS TO, AND ADOPTION OF IDAHO  
DEPARTMENT OF HEALTH AND WELFARE ORDER TO SELF-ISOLATE DATED  
March 25 AS AMENDED APRIL 15, 2020**

**WHEREAS**, on March 11, 2020, the World Health Organization declared the worldwide outbreak of COVID-19 (aka coronavirus) a pandemic, and on March 13, 2020, the President of the United States issued an emergency declaration for the country in response to the increasing number of COVID-19 cases within the U.S.; and

**WHEREAS**, on March 13, 2020, Idaho Governor Brad Little signed a declaration of emergency for the State of Idaho in response to concerns that cases of COVID-19 are imminent in Idaho; and

**WHEREAS**, on March 20, 2020 the Mayor of the city of Hailey declared a local disaster emergency, and on March 23, 2020 the Hailey City Council consented and adopted the Declaration as per the Disaster Preparedness Act (Title 46, Chapter 10 of the Idaho Code), in the City of Hailey due to the threat that COVID-19 poses to the health and welfare of the residents of Hailey; and

**WHEREAS**, on March 20, 2020, the Idaho Department of Health and Welfare issued an Order to Self-Isolate for all individuals living in Blaine County including all cities, in Blaine County and all unincorporated areas of Blaine County; and

**WHEREAS**, on March 24, 2020, the Council for the city of Hailey adopted Ordinance 1260 establishing emergency powers that provide the authority, purpose, and intent of emergency powers to address the threat of COVID-19; and

**WHEREAS**, on March 25, 2020 the Idaho Department of Health and Welfare issued a Statewide Order to Self-Isolate that supersedes the March 20, 2020 Order for Blaine County; and

**WHEREAS**, as of the March 25, 2020 Statewide Order to Self-Isolate issued by the Idaho Department of Health and Welfare as extended on April 15, 2020; and

**WHEREAS**, the risk of renewed increase of community spread throughout the city of Hailey impacts the life and health of the public and public health is imperiled by the person-to-person spread of COVID-19; and

**WHEREAS**, on the 26<sup>th</sup> day of March 2020, the City of Hailey adopted and issued Public Health Emergency Order 2020-01 which order referenced, but did not adopt, said Statewide Order issued by the Idaho Department of Health and Welfare, and

**WHEREAS**, the emergency services and local healthcare facilities remain near capacity due to the number of COVID-19 confirmed cases in Blaine County and additional measures are necessary to slow the spread of COVID-19 in Blaine County; and

**WHEREAS**, the Hailey City Council finds it necessary to adopt by reference the Idaho Department of Health and Welfare’s Statewide Order and extend these additional regulations to strengthen the March 25 and April 15, 2020 regulations contained in the Idaho Department of Health and Welfare Self-Isolation Orders, adopted in substance and terms by this order, to continue to slow the community spread and protect the health, safety, and welfare of individuals living, working and visiting the City of Hailey; and

**WHEREAS**, this Order was considered and approved by the City Council in accordance with provisions of Emergency Ordinance 1260;

**NOW, THEREFORE**, the Mayor and City Council do hereby extend the adoption of the following additional local modifications which shall be construed as stricter, local regulations from the March 25, 2020 Idaho Department of Health and Welfare Order to Self Isolate:

**SECTION 1: APPLICABILITY**

This order adopts in whole, the substance and terms of the March 25 and April 15, 2020 Idaho Department of Health and Welfare Orders to Self-Isolate (IDHW Order, attached hereto and made a part hereof) and extends the local additions thereto, and shall apply to individuals living, working, and visiting the City of Hailey and within a five-mile radius of the city limits, as reflected below. The additions are intended to supplement the March 25 and April 15, 2020 Idaho Department of Health and Welfare Orders to Self-Isolate, and provide further restrictions to help slow the spread of the COVID-19 virus. All other restrictions set forth in the March 25 and April 15, 2020 Idaho Department of Health and Welfare Orders to Self-Isolate are incorporated herein and remain in full force.

**SECTION 2 ESSENTIAL BUSINESSES SHALL COMPLY WITH SOCIAL DISTANCING REQUIREMENTS**

All businesses that are permitted to remain open in accordance with the March 25 and April 15, 2020 IDHW Orders, shall comply with Social Distancing Requirements.

**SECTION 3 TRAVEL INTO AND OUT OF BLAINE COUNTY**

Travel is only allowed into or out of Blaine County to perform Essential Activities, operate Essential Businesses, or maintain Essential Governmental Functions. Travel by Blaine County residents to other Idaho counties to obtain supplies or goods that are otherwise available within Blaine County, is prohibited.

**SECTION 4 RESIDENTS AND VISITORS ENTERING BLAINE COUNTY**

Residents of Blaine County who have traveled out of State, or visitors to Blaine County coming from out of State, must self-quarantine in their residence for a period of fourteen (14) days from the date of their arrival in Blaine County.

**SECTION 5 CONSTRUCTION OF RESIDENTIAL AND COMMERCIAL PROJECTS IS NOT CONSIDERED ESSENTIAL INFRASTRUCTURE**

Commercial and residential construction is not considered essential infrastructure and shall cease operations.

**SECTION 6 WORK ESSENTIAL TO REPAIR AND MAINTAIN RESIDENCES AND ESSENTIAL BUSINESSES**

Plumbers, electricians, exterminators, HVAC contractors or other trades performing work that is immediate and essential to maintaining the safety, sanitation, and essential operation of residences, Essential Activities, and Essential Businesses may continue. Routine maintenance and repair is not considered essential and shall cease operations. Landscaping is not considered an essential business.

**SECTION 7 ESSENTIAL TRANSPORTATION SERVICES**

Taxis, and other private transportation providers providing transportation services may only operate provided they are providing transportation exclusively for necessary Essential Activities and other purposes expressly authorized in this Order are considered essential businesses. Notwithstanding the foregoing, airport operations and aeronautical services are authorized to the extent permitted by applicable Federal Law.

**SECTION 8 LIMITATIONS ON HOTELS AND SHORT-TERM RENTALS**

For purposes of this Order, residences used for self-isolating include hotels, motels, shared rental units, and similar facilities.

During the term of this Order, hotels and short term rentals shall not offer lodging to any non-resident of Blaine County unless such individual is self-isolating, a Health Care Operations employee or performing Essential Government Functions.

**SECTION 9 PENALTIES**

In accordance with Hailey Municipal and Idaho Code, any persons who violate any provisions of the March 25 and April 15, 2020 Department of Health and Welfare Orders to Self Isolate and the modifications set forth in this Order, shall be guilty of a misdemeanor.

**SECTION 10 EFFECTIVE DATE AND SUNSET DATE**

This Emergency Order shall take effect at 12:00 a.m., on April 19, 2020 and shall remain in effect until 11:59 p.m. on April 30, 2020.

APPROVED:

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Mayor, Martha Burke

ATTEST

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Mary Cone, City Clerk

**CITY OF HAILEY  
PUBLIC HEALTH EMERGENCY ORDER No. 2020-05**

**AMENDMENT OF LOCAL ADDITIONS TO, AND ADOPTION OF IDAHO  
DEPARTMENT OF HEALTH AND WELFARE ORDER TO SELF-ISOLATE DATED  
March 25 AS EXTENDED ON APRIL 15, 2020**

**WHEREAS**, on March 11, 2020, the World Health Organization declared the worldwide outbreak of COVID-19 (aka coronavirus) a pandemic, and on March 13, 2020, the President of the United States issued an emergency declaration for the country in response to the increasing number of COVID-19 cases within the U.S.; and

**WHEREAS**, on March 13, 2020, Idaho Governor Brad Little signed a declaration of emergency for the State of Idaho in response to concerns that cases of COVID-19 are imminent in Idaho; and

**WHEREAS**, on March 20, 2020 the Mayor of the city of Hailey declared a local disaster emergency, and on March 23, 2020 the Hailey City Council consented and adopted the Declaration as per the Disaster Preparedness Act (Title 46, Chapter 10 of the Idaho Code), in the City of Hailey due to the threat that COVID-19 poses to the health and welfare of the residents of Hailey; and

**WHEREAS**, on March 20, 2020, the Idaho Department of Health and Welfare issued an Order to Self-Isolate for all individuals living in Blaine County including all cities, in Blaine County and all unincorporated areas of Blaine County; and

**WHEREAS**, on March 24, 2020, the Council for the city of Hailey adopted Ordinance 1260 establishing emergency powers that provide the authority, purpose, and intent of emergency powers to address the threat of COVID-19; and

**WHEREAS**, on March 25, 2020 the Idaho Department of Health and Welfare issued a Statewide Order to Self-Isolate that supersedes the March 20, 2020 Order for Blaine County; and

**WHEREAS**, as of the March 25, 2020 Statewide Order to Self-Isolate issued by the Idaho Department of Health and Welfare as extended on April 15, 2020; and

**WHEREAS**, the risk of renewed increase of community spread throughout the city of Hailey impacts the life and health of the public and public health is imperiled by the person-to-person spread of COVID-19; and

**WHEREAS**, on the 26<sup>th</sup> day of March 2020, the City of Hailey adopted and issued Public Health Emergency Order 2020-01 which order referenced, but did not adopt, said Statewide Order issued by the Idaho Department of Health and Welfare, and

**WHEREAS**, the emergency services and local healthcare facilities remain near capacity due to the number of COVID-19 confirmed cases in Blaine County and additional measures are necessary to slow the spread of COVID-19 in Blaine County; and

**WHEREAS**, the Hailey City Council finds it necessary to adopt by reference the Idaho Department of Health and Welfare's Statewide Order and extend these additional regulations to strengthen the March 25 and April 15, 2020 regulations contained in the Idaho Department of Health and Welfare Self-Isolation Order, adopted in substance and terms by this order, to continue to slow the community spread and protect the health, safety, and welfare of individuals living, working and visiting the City of Hailey; and

**WHEREAS**, this Order was considered and approved by the City Council in accordance with provisions of Emergency Ordinance 1260;

**NOW, THEREFORE**, the Mayor and City Council do hereby extend the adoption of the following additional local modifications which shall be construed as stricter, local regulations from the March 25, 2020 Idaho Department of Health and Welfare Order to Self Isolate as amended April 15, 2020:

**SECTION 1: APPLICABILITY**

This order adopts in whole, the substance and terms of the March 25 and April 15, 2020 Idaho Department of Health and Welfare Orders to Self-Isolate (IDHW Order, attached hereto and made a part hereof) and extends the local additions thereto, and shall apply to individuals living, working, and visiting the City of Hailey and within a five-mile radius of the city limits, as reflected below. The additions are intended to supplement the March 25 and April 15, 2020 Idaho Department of Health and Welfare Orders to Self-Isolate, and provide further restrictions to help slow the spread of the COVID-19 virus. All other restrictions set forth in the March 25 and April 15, 2020 Idaho Department of Health and Welfare Orders to Self-Isolate are incorporated herein and remain in full force

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#### **SECTION 5 CONSTRUCTION OF RESIDENTIAL AND COMMERCIAL PROJECTS**

Commercial and residential construction shall once again be included and considered essential business, and may reopen, and return to work, conditioned upon compliance with the COVID-19 GUIDELINES AND LIMITATIONS FOR CONSTRUCTION SITES AND CERTAIN TRADES OPERATING WITHIN BLAINE COUNTY, IDAHO, attached hereto, and incorporated herein by reference.

#### **SECTION 6 WORK ESSENTIAL TO REPAIR AND MAINTAIN RESIDENCES AND ESSENTIAL BUSINESSES**

Plumbers, electricians, exterminators, HVAC contractors or other trades performing work that is immediate and essential to maintaining the safety, sanitation, and essential operation of residences, Essential Activities, and Essential Businesses may continue. All such operations shall comply with the COVID-19 Standards and Limitations adopted in herein above.

#### **SECTION 7 ESSENTIAL TRANSPORTATION SERVICES**

Taxis, and other private transportation providers providing transportation services may only operate provided they are providing transportation exclusively for necessary Essential Activities and other purposes expressly authorized in this Order are considered essential businesses. Notwithstanding the foregoing, airport operations and aeronautical services are authorized to the extent permitted by applicable Federal Law.

#### **SECTION 8 LIMITATIONS ON HOTELS AND SHORT-TERM RENTALS**

For purposes of this Order, residences used for self-isolating include hotels, motels, shared rental units, and similar facilities.

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In accordance with Hailey Municipal and Idaho Code, any persons who violate any provisions of the March 25 and April 15, 2020 Department of Health and Welfare Orders to Self Isolate and the modifications set forth in this Order, shall be guilty of a misdemeanor.

**SECTION 10 EFFECTIVE DATE AND SUNSET DATE**

This Emergency Order shall take effect at 12:00 a.m., on \_\_\_\_\_, 2020 and shall remain in effect until 11:59 p.m. on \_\_\_\_\_, 2020.

APPROVED:

\_\_\_\_\_  
Mayor, Martha Burke

ATTEST

\_\_\_\_\_  
Mary Cone, City Clerk

**COVID-19 GUIDELINES AND LIMITATIONS FOR CONSTRUCTION SITES AND TRADES OPERATING WITHIN BLAINE COUNTY, IDAHO**

**INTENT:**

The intent of these guidelines is to ensure that best practices are used in all construction, landscaping and trade work environments to reduce and eliminate the spread of COVID-19, and to assure safe and healthful working conditions for all employees. Employees and workers are encouraged to reduce any extraneous errands, travel and community interactions to the start or the end of the work day. Wherever possible, employees should be assigned tasks that can generally be completed without the assistance of other employees.

**APPLICABILITY**

Effective 12:00 a.m., on \_\_\_\_\_, 2020, the following guidelines and limitations shall apply to all commercial and residential building and construction work sites and all individuals performing work such as, but not limited to, painting, plumbing, mechanical, electrical and landscaping work. The primary contractor shall be responsible for compliance for all individuals performing work on the job site or work location.

Prior to resuming construction activity at any location, the primary contractor shall provide certification to the City that the contractor, all sub-contractors and all individuals working on the job site have read the guidelines and agree to comply with the guidelines at all times while on the job site.

**CONSTRUCTION SITE AND WORKER GUIDELINES**

1. The owner/contractor shall designate a site specific COVID-19 supervisor to enforce these guidelines. The designated COVID-19 supervisor shall be present on the job site at all times while construction activities are taking place. The COVID-19 supervisor can be an on-site worker who is designated to carry this role. If there is no job site, the supervisor shall enforce the rules from the office, yard or workplace.
2. The job site shall have at least, soap and water stations and/or alcohol based hand sanitizer that contains at least 60% alcohol. Adequate supplies shall be maintained at all times. Such stations shall be placed at the primary entrances to the building or job site, and elsewhere on the site as needed. For landscape companies and trades that do not have recurring job sites, all vehicles shall contain soap and water or alcohol based hand sanitizer that contains at least 60% alcohol, one of which shall be used upon entering and exiting the vehicle.
3. Individuals on the job site shall be instructed to clean their hands upon arrival and departure from the job site and to clean their hands often, especially if hands are visibly dirty.

4. All individuals on the job site shall be provided with personal protective equipment (PPE) such as gloves, goggles, face shields, or face coverings. All individuals shall wear such PPE, including face coverings, at all times while on the job site.
5. Individuals shall maintain a distance of six (6) feet from one another at all times on the job site, including, but not limited to, while eating lunch, taking breaks, and work consultations.
6. No more than one (1) individual shall be allowed in a confined space including but not limited to a crawl space, elevator, attic or mechanical room, unless solo work in the confined space were deemed to be unsafe.
7. Equipment with an enclosed cab shall only be operated by one person during the day and the cab shall be sanitized at the end of each workday.
8. Trades shall be staggered as necessary to reduce the density of workers on site and to maintain social distancing. Each individual shall maintain a distance of six (6) feet from any another individual.
9. Deliveries shall be staggered to minimize interactions with individuals and maintain the six (6) foot separation.
10. Individuals shall not travel to or from the site by carpool unless they are carpooling with individuals who reside in the same residence or using public transportation and practicing social distancing.
11. Individuals shall not share any tools or equipment while on the job site. Table saws and large equipment shall be wiped down after each use.
12. On-site portable toilets shall be sanitized and disinfected every day by each user after use. The date when the portable toilet was last disinfected and sanitized by the portable toilet installer shall be posted outside the toilet.
13. There shall be no communal water cooler, water dispenser or microwave on site. Individuals shall bring their own personal water bottles and all food and beverages they will consume during the day. During the period when construction activity is taking place, individuals are required to remain on the site during work hours for lunch, food and beverages.
14. Each job site shall post in at least two areas visible to all individuals on the job site, on work vehicles or in the place of work, the following required hygienic practices:
  - a. Wash hands often for twenty (20) seconds
  - b. Cough into elbow
  - c. Do not touch your face
  - d. Stay at home if you are sick

- e. Regularly disinfect high touch surfaces such as handrails, elevator control buttons, doorknobs, and counters
15. Individuals shall arrive for work wearing clean clothes.
  16. On a daily basis, the COVID-19 supervisor shall inspect on-site workers and ensure no individual is permitted on the job site who presents any symptoms of illness such as fever, cough, runny nose, or sore throat. Any individual presenting any symptoms of illness shall be required to stay home. The individual may return to work in conformance with CDC Guidelines.
  17. All individuals on the job site shall inform the COVID-19 supervisor if a family member is presenting any symptoms of illness as identified in #16. If so, the reporting individual shall remain off the job **in conformance with CDC Guidelines.**
  18. The owner or primary contractor shall maintain a daily attendance log of all individuals entering the work site.

**CITY OF HAILEY  
PUBLIC HEALTH EMERGENCY ORDER No. 2020-05**

**AMENDMENT OF LOCAL ADDITIONS TO, AND ADOPTION OF IDAHO  
DEPARTMENT OF HEALTH AND WELFARE ORDER TO SELF-ISOLATE DATED  
March 25, 2020, AS EXTENDED ON APRIL 15, 2020**

**WHEREAS**, on March 11, 2020, the World Health Organization declared the worldwide outbreak of COVID-19 (aka coronavirus) a pandemic, and on March 13, 2020, the President of the United States issued an emergency declaration for the country in response to the increasing number of COVID-19 cases within the U.S.; and

**WHEREAS**, on March 13, 2020, Idaho Governor Brad Little signed a declaration of emergency for the State of Idaho in response to concerns that cases of COVID-19 are imminent in Idaho; and

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**WHEREAS**, the emergency services and local healthcare facilities remain near capacity due to the number of COVID-19 confirmed cases in Blaine County and additional measures are necessary to slow the spread of COVID-19 in Blaine County; and

**WHEREAS**, the Hailey City Council finds it necessary to adopt by reference the Idaho Department of Health and Welfare’s Statewide Order and extend these additional regulations to strengthen the March 25 and April 15, 2020 regulations contained in the Idaho Department of Health and Welfare Self-Isolation Orders, adopted in substance and terms by this order, to continue to slow the community spread and protect the health, safety, and welfare of individuals living, working and visiting the City of Hailey; and

**WHEREAS**, this Order was considered and approved by the City Council in accordance with provisions of Emergency Ordinance 1260;

**NOW, THEREFORE**, the Mayor and City Council do hereby extend the adoption of the following additional local modifications which shall be construed as stricter, local regulations from the March 25, 2020 Idaho Department of Health and Welfare Order to Self Isolate as amended on April 15, 2020:

**SECTION 1: APPLICABILITY**

This order adopts in whole, the substance and terms of the March 25 and April 15, 2020 Idaho Department of Health and Welfare Orders to Self-Isolate (IDHW Order, attached hereto and made a part hereof) and extends the local additions thereto, and shall apply to individuals living, working, and visiting the City of Hailey and within a five-mile radius of the city limits, as reflected below. The additions are intended to supplement the March 25 and April 15, 2020 Idaho Department of Health and Welfare Orders to Self-Isolate, and provide further restrictions to help slow the spread of the COVID-19 virus. All other restrictions set forth in the March 25 and April 15, 2020 Idaho Department of Health and Welfare Orders to Self-Isolate are incorporated herein and remain in full force

**SECTION 2 ESSENTIAL BUSINESSES SHALL COMPLY WITH SOCIAL DISTANCING REQUIREMENTS**

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**SECTION 3 TRAVEL INTO AND OUT OF BLAINE COUNTY**

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**SECTION 4 RESIDENTS AND VISITORS ENTERING BLAINE COUNTY**

Residents of Blaine County who have traveled out of State, or visitors to Blaine County coming from out of State, must self-quarantine in their residence for a period of fourteen (14) days from the date of their arrival in Blaine County.

**SECTION 5 CONSTRUCTION OF RESIDENTIAL AND COMMERCIAL PROJECTS**

Commercial and residential construction shall once again be included and considered essential business, and may reopen, and return to work, conditioned upon compliance with the COVID-19 STANDARDS AND LIMITATIONS FOR CONSTRUCTION SITES AND CERTAIN TRADES OPERATING WITHIN BLAINE COUNTY, IDAHO, attached hereto, and incorporated herein by reference.

**SECTION 6 WORK ESSENTIAL TO REPAIR AND MAINTAIN RESIDENCES AND ESSENTIAL BUSINESSES**

Plumbers, electricians, exterminators, HVAC contractors or other trades performing work that is immediate and essential to maintaining the safety, sanitation, and essential operation of residences, Essential Activities, and Essential Businesses may continue. All such operations shall comply with the COVID-19 Standards and Limitations adopted in herein above.

**SECTION 7 ESSENTIAL TRANSPORTATION SERVICES**

Taxis, and other private transportation providers providing transportation services may only operate provided they are providing transportation exclusively for necessary Essential Activities and other purposes expressly authorized in this Order are considered essential businesses. Notwithstanding the foregoing, airport operations and aeronautical services are authorized to the extent permitted by applicable Federal Law.

**SECTION 8 LIMITATIONS ON HOTELS AND SHORT-TERM RENTALS**

For purposes of this Order, residences used for self-isolating include hotels, motels, shared rental units, and similar facilities.

During the term of this Order, hotels and short term rentals shall not offer lodging to any non-resident of Blaine County unless such individual is self-isolating, a Health Care Operations employee or performing Essential Government Functions.

**SECTION 9 PENALTIES**

In accordance with Hailey Municipal and Idaho Code, any persons who violate any provisions of the March 25 and April 15, 2020 Department of Health and Welfare Orders to Self Isolate and the modifications set forth in this Order, shall be guilty of a misdemeanor.

**SECTION 10 EFFECTIVE DATE AND SUNSET DATE**

This Emergency Order shall take effect at 12:00 a.m., on \_\_\_\_\_, 2020 and shall remain in effect until 11:59 p.m. on \_\_\_\_\_, 2020.

APPROVED:

\_\_\_\_\_  
Mayor, Martha Burke

ATTEST

\_\_\_\_\_  
Mary Cone, City Clerk

**COVID-19 STANDARDS AND LIMITATIONS FOR CONSTRUCTION SITES AND TRADES OPERATING WITHIN BLAINE COUNTY, IDAHO**

**INTENT:**

The intent of these standards is to ensure that best practices are used in all construction, landscaping and trade work environments to reduce and eliminate the spread of COVID-19, and to assure safe and healthful working conditions for all employees. Employees and workers are encouraged to reduce any extraneous errands, travel and community interactions to the start or the end of the work day. Wherever possible, employees should be assigned tasks that can generally be completed without the assistance of other employees.

**APPLICABILITY**

Effective 12:00 a.m., on \_\_\_\_\_, 2020, the following standards and limitations shall apply to all commercial and residential building and construction work sites and all individuals performing work such as, but not limited to, painting, plumbing, mechanical, electrical and landscaping work. The primary contractor shall be responsible for compliance for all individuals performing work on the job site or work location.

Prior to resuming construction activity at any location, the primary contractor shall provide certification to the City that the contractor, all sub-contractors and all individuals working on the job site have read the standards and agree to comply with the standards at all times while on the job site.

**CONSTRUCTION SITE AND WORKER STANDARDS**

1. The owner/contractor shall designate a site specific COVID-19 supervisor to enforce these standards. The designated COVID-19 supervisor shall be present on the job site at all times while construction activities are taking place. The COVID-19 supervisor can be an on-site worker who is designated to carry this role. If there is no job site, the supervisor shall enforce the rules from the office, yard or workplace.
2. The job site shall have at least, soap and water stations and/or alcohol based hand sanitizer that contains at least 60% alcohol. Adequate supplies shall be maintained at all times. Such stations shall be placed at the primary entrances to the building or job site, and elsewhere on the site as needed. For landscape companies and trades that do not have recurring job sites, all vehicles shall contain soap and water or alcohol based hand sanitizer that contains at least 60% alcohol, one of which shall be used upon entering and exiting the vehicle.
3. Individuals on the job site shall be instructed to clean their hands upon arrival and departure from the job site and to clean their hands often, especially if hands are visibly dirty.

4. All individuals on the job site shall be provided with personal protective equipment (PPE) such as gloves, goggles, face shields, or face coverings. All individuals shall wear such PPE, including face coverings, at all times while on the job site.
5. Individuals shall maintain a distance of six (6) feet from one another at all times on the job site, including, but not limited to, while eating lunch, taking breaks, and work consultations.
6. No more than one (1) individual shall be allowed in a confined space including but not limited to a crawl space, elevator, attic or mechanical room, unless solo work in the confined space were deemed to be unsafe.
7. Equipment with an enclosed cab shall only be operated by one person during the day and the cab shall be sanitized at the end of each workday.
8. Trades shall be staggered as necessary to reduce the density of workers on site and to maintain social distancing. Each individual shall maintain a distance of six (6) feet from any another individual.
9. Deliveries shall be staggered to minimize interactions with individuals and maintain the six (6) foot separation.
10. Individuals shall not travel to or from the site by carpool unless they are carpooling with individuals who reside in the same residence or using public transportation and practicing social distancing.
11. Individuals shall not share any tools or equipment while on the job site. Table saws and large equipment shall be wiped down after each use.
12. On-site portable toilets shall be sanitized and disinfected every day by each user after use. The date when the portable toilet was last disinfected and sanitized by the portable toilet installer shall be posted outside the toilet.
13. There shall be no communal water cooler, water dispenser or microwave on site. Individuals shall bring their own personal water bottles and all food and beverages they will consume during the day. During the period when construction activity is taking place, individuals are required to remain on the site during work hours for lunch, food and beverages.
14. Each job site shall post in at least two areas visible to all individuals on the job site, on work vehicles or in the place of work, the following required hygienic practices:
  - a. Wash hands often for twenty (20) seconds
  - b. Cough into elbow
  - c. Do not touch your face
  - d. Stay at home if you are sick

- e. Regularly disinfect high touch surfaces such as handrails, elevator control buttons, doorknobs, and counters
15. Individuals shall arrive for work wearing clean clothes.
  16. On a daily basis, the COVID-19 supervisor shall inspect on-site workers and ensure no individual is permitted on the job site who presents any symptoms of illness such as fever, cough, runny nose, or sore throat. Any individual presenting any symptoms of illness shall be required to stay home. The individual may return to work in conformance with CDC Guidelines.
  17. All individuals on the job site shall inform the COVID-19 supervisor if a family member is presenting any symptoms of illness as identified in #16. If so, the reporting individual shall remain off the job **in conformance with CDC Guidelines.**
  18. The owner or primary contractor shall maintain a daily attendance log of all individuals entering the work site.

### **PENALTIES**

Any primary contractor, individual or entity providing labor, material, equipment or services to a project failing to comply with the standards set forth in this Order, shall be guilty of an infraction, punishable by a fine of \$300, if charged with a violation of the local enhanced Construction and trades standards and limitations, and a misdemeanor, if charged with a violation of the requirements of the Statewide Department of Health and Welfare Order. Multiple or repeat violations may result in the building official issuing a stop work order ("red tag") on the project suspending all work or other activities on the project until such failure is corrected.

# COVID-19

# GUIDELINES FOR WORK SAFETY

# DIRECTRICES PARA LA SEGURIDAD LABORAL



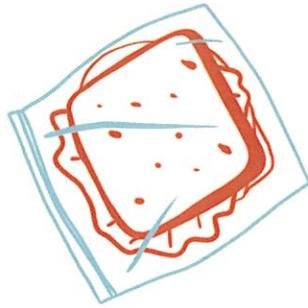
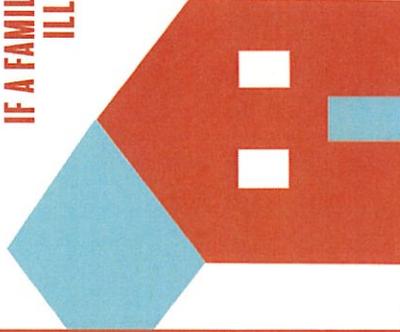
KEEP SIX FEET APART



MANTENER 6 PIES DE DISTANCIA

IF A FAMILY MEMBER IS ILL, STAY HOME!

SI UN MIEMBRO DE LA FAMILIA ESTÁ ENFERMO, QUÉDESE EN CASA



LEAVING FOR LUNCH IS DISCOURAGED. IF YOU MUST LEAVE, WEAR FACE COVERING

SE DESALANTARÁ SALIR DEL SITIO PARA COMER. SI TIENE QUE IRSE, USE COBERTURA FACIAL.

WEAR CLEAN CLOTHES DAILY



USA ROPA LIMPIA TODOS LOS DÍAS

WASH HANDS OFTEN AND WHEN ARRIVING AND LEAVING



LÁVESE LAS MANOS CON FRECUENCIA Y AL LLEGAR Y SALIR

WEAR FACE COVERING & PROTECTIVE GEAR AT ALL TIMES  
USE COBERTURA FACIAL Y EQUIPO DE PROTECCIÓN EN TODO MOMENTO



CARPPOOLING IS DISCOURAGED  
SE DESALANTARÁ VIAJES COMPARTIDOS EN AUTOS



# Public Comment

## Mary Cone

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**From:** Cimarron Lofting <cimarronlofting@gmail.com>  
**Sent:** Tuesday, April 14, 2020 1:13 PM  
**To:** Mary Cone  
**Subject:** re-opening  
**Attachments:** Concerns about reopening 4-14-2020.pdf

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Best regards,  
Bill Amaya

## Concerns about re-opening

What are our goals?

We want to keep people safe and healthy, first and foremost. This includes not only the citizen of our valley but also people who travel here from outside the area. We also have to think about well being of our health care providers and their families.

We also want to get our economy back on track.

Why do we think now is the time to re-open? Do we have data showing that we have reached “herd immunity”? Do we have data that shows that infections and the rate of infections have peaked? Do we have adequate tools to protect our selves? One of which would be a vaccine. Have we clearly articulated the reasoning behind re-opening? Being bored and tired of isolation is not a good enough reason.

To keep the workers safe they will need masks, hand washing stations and a work environment that allows social distancing. They need explicit permission to not come to work if they are sick, if work conditions are not safe. Are there safety supplies available for purchase? For example can companies purchase an adequate supply of masks for the foreseeable future? Is there clear evidence that mask wearing works to protect against the transmission of corona virus? How many people can 1 wash station serve? Is there a “best practice” hand washing method? How long, how often? After certain events? Like receiving mail. Does worker compensation insurance cover medical cost associated from catching covid-19? Does it make sense to re-open just a few segments of our town? A few industries?

Under what conditions do we shut it back down? Can we shut it back down? If we have another super spreader event how do we identify it? Is it 5 people from one establishment getting sick? Is it 10 people? Do we shut it back down if the hospital is at capacity? Before capacity? Anticipating that at 75% capacity more cases will happen in the next few days. Do we wait to shut it back down when the morgue and cemetery are overwhelmed? What do we do when the workers that have returned to our valley carry this virus back to their towns? How much of that virus spread are we completely ok with? What system do we have in place to monitor that virus spread?

How do we error on the side of caution? What are the ramifications of staying closed to long? How many of our small business have been able to avail themselves of financial help? Has our local government reached out to help those small businesses apply for financial help? With that help (for example SBA PPP loans, grants) do they need to re-open immediately? What is the down side to not re-opening? If we wait another week what does this decision matrix look like then? What if we wait another day? Another month? Have we studied other location that have re-opened? What have they done, what has worked, what has not worked? How are those other location similar to us? How are they different? Can we piggy back on their expertise? How do we tell if we have re-opened to soon? What do we do if that is indeed the case?

All of us have “skin in the game”. Meaning that we have things to lose should this re-opening decision be incorrect. Can there be one person and one person alone who knows the answers to all of these questions? I don't think there can be. How can there be when many of the experts disagree? We can nudge this decision in the correct direction by deeply involving a motivated group of people to join in and research these question and more. People with expertise, people with “skin in the game”. The results of this work should be presented to the community. Presented for review, questioned and

ultimately revised as needed. I think we need to have a level of rigorousness that is defensible. This is how we support the person whose job it is to announce the decision. I don't believe any of our local government officials want to shoulder this burden by themselves. Then and only then should we re-open.

Bill Amaya  
Hailey Id

## Mary Cone

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**From:** Heather Dawson  
**Sent:** Tuesday, April 14, 2020 5:44 PM  
**To:** Lisa Horowitz; Mary Cone  
**Subject:** Fwd: Transmittal to other communities through workers

Public record:

Heather Dawson

Begin forwarded message:

**From:** Susan Giannettino <sgiannettino@gmail.com>  
**Date:** April 14, 2020 at 5:41:50 PM MDT  
**To:** Heather Dawson <heather.dawson@haileycityhall.org>  
**Subject:** Transmittal to other communities through workers

Frankly, I think we will need to open up construction and landscaping and other businesses at some point. But this article represents the caution and consequences when workers come from other places to work. So, just sharing and hope I am not the tenth person to share. Take care. Susan

[https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fwww.bozemandailychronicle.com%2fcoronavirus%2fsix-coronavirus-cases-linked-to-big-sky-construction-site%2farticle\\_c404c3b2-0adc-5cff-bf8e-8674ee53d214.html%3futm\\_medium%3dsocial%26utm\\_source%3dfacebook%26utm\\_campaign%3duser-share&c=E,1,\\_vJ\\_t\\_1nKbPkWWvvhONMPSmghlaG1Ae\\_pvGfzJ5GTmq9udiEpFbbIDq5xe3z9pOXipKeNtlZMEGgIQvcXqgXfyxW8lmIRM4WsTpnYbJoqUAdWkE5&typo=1](https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fwww.bozemandailychronicle.com%2fcoronavirus%2fsix-coronavirus-cases-linked-to-big-sky-construction-site%2farticle_c404c3b2-0adc-5cff-bf8e-8674ee53d214.html%3futm_medium%3dsocial%26utm_source%3dfacebook%26utm_campaign%3duser-share&c=E,1,_vJ_t_1nKbPkWWvvhONMPSmghlaG1Ae_pvGfzJ5GTmq9udiEpFbbIDq5xe3z9pOXipKeNtlZMEGgIQvcXqgXfyxW8lmIRM4WsTpnYbJoqUAdWkE5&typo=1)

Please excuse the typos including the unintended auto corrections.  
Sent from my iPad

[https://www.bozemandailychronicle.com/coronavirus/six-coronavirus-cases-linked-to-big-sky-construction-site/article\\_c404c3b2-0adc-5cff-bf8e-8674ee53d214.html](https://www.bozemandailychronicle.com/coronavirus/six-coronavirus-cases-linked-to-big-sky-construction-site/article_c404c3b2-0adc-5cff-bf8e-8674ee53d214.html)

## Six coronavirus cases linked to Big Sky construction site

By Perrin Stein Chronicle Staff Writer

Apr 13, 2020



Lone Peak in Big Sky is shown in this Chronicle file photo.

Rachel Leathe/Chronicle

Six COVID-19 cases have been tied to a construction site in Big Sky, Gallatin City-County Health Officer Matt Kelley said Monday.

The six people who tested positive for the disease were employees of a subcontractor that was working for Suffolk Construction on the Montage Big Sky, a \$400 million ultra-luxury resort in the Spanish Peaks Mountain Club.

Suffolk Construction, a Boston-based company, learned on March 24 that two employees of a subcontractor had tested positive for COVID-19, said executive project director Joel Nickel. Suffolk Construction required anyone who had contacted the two employees to self-quarantine for 14 days. While in quarantine, four additional employees tested positive.

The six employees live in four separate counties, and their cases are tallied in their home counties, according to the state Department of Public Health and Human Services.

DPPHS would release only three of the four counties — Gallatin, Cascade and Missoula. Spokesperson Jon Ebelt said the fourth county was small enough that releasing the name of the county could identify the person who had tested positive for COVID-19.

Suffolk Construction and the Gallatin City-County Health Department declined to release the name of the subcontractor that employs the six workers, citing privacy concerns.

“All individuals have recovered and we have not had any additional reported cases internally or through the Gallatin (City-) County Health Department,” Nickel said in an emailed statement. “Our construction site continues to operate in accordance with Governor Bullock’s directive and with the strictest of safety protocols outlined by the Center(s) for Disease Control and Prevention guidelines.”

Those who were in self-quarantine must provide Suffolk Construction with a medical note indicating they don’t have COVID-19 symptoms before they can return to work, Nickel said.

Suffolk Construction has an EMT check the temperature of everyone who enters the job site, has sensors in multiple spots that provide an audible alert when people get within 6 feet of each other and regularly disinfects the area.

The company also has stopped busing workers to Montage Big Sky and is instead offering travel reimbursement for workers to drive themselves.

“We continue to foster open dialogue on our job sites and strongly encourage our subcontractors to communicate all safety concerns so they can be immediately addressed,” Nickel said in the statement.

The four county health departments worked with DPHHS to connect their cases to the Montage Big Sky, which sits near the Gallatin-Madison county line.

“This has been challenging because it involves so many counties and cases that have been assigned in multiple counties,” Kelley said. “But we have been able to put the puzzle pieces together.”

It took some time to understand the cluster from the Montage Big Sky construction site. The four counties and the state began looking at the cases from the construction site during the week of March 23 and finished their investigation on Friday. Their work included contacting those who may have been exposed to the virus to ensure they have been isolated to limit its spread.

“The strength of this system is you have local departments with strong relationships in the community doing the work on the ground, but there is also a central repository at the state that can also help,” Kelley said. “It’s complicated, but that doesn’t mean it isn’t working.”

In Gallatin County, there were 138 COVID-19 cases and one hospitalization as of Monday afternoon.

“We are looking at sustained community transmission at this point, so it’s safe to presume that virtually every organization has been impacted,” Kelley said. “This isn’t unusual.”

DPHHS reported Monday that the state had 394 confirmed cases of the virus. The state had conducted 9,098 tests. Of the 394 people who had tested positive, 171 had recovered and 21 were in the hospital.

Gov. Steve Bullock also announced Montana’s seventh death from the virus on Monday. The person who died lived in Flathead County.

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Perrin Stein can be reached at [pstein@dailychronicle.com](mailto:pstein@dailychronicle.com) or at 582-2648.

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**Perrin Stein**

Perrin Stein is the county, state and federal government reporter for the Chronicle.

## Mary Cone

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**From:** Heather Dawson  
**Sent:** Thursday, April 16, 2020 8:40 AM  
**To:** Lisa Horowitz; Mary Cone  
**Subject:** Fwd: And one more roadmap - from Scott Gottlieb  
**Attachments:** National-Coronavirus-Response-a-Road-Map-to-Recovering-2.pdf; ATT00001.htm

Do you have this in the public comments?

Heather Dawson

Begin forwarded message:

**From:** Carol Brown <brownwetdog@gmail.com>  
**Date:** April 14, 2020 at 5:29:25 PM MDT  
**To:** Martha Burke <martha.burke@haileycityhall.org>, Beaver Burke <burkefamily203@cox.net>, Heather Dawson <heather.dawson@haileycityhall.org>  
**Subject: And one more roadmap - from Scott Gottlieb**



# National Coronavirus Response

A ROAD MAP TO REOPENING

**Scott Gottlieb, MD**

**Caitlin Rivers, PhD, MPH**

**Mark B. McClellan, MD, PhD**

**Lauren Silvis, JD**

**Crystal Watson, DrPh, MPH**

MARCH 28, 2020

A M E R I C A N   E N T E R P R I S E   I N S T I T U T E

# **National Coronavirus Response**

A ROAD MAP TO REOPENING

**Scott Gottlieb, MD**

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MARCH 28, 2020

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# Executive Summary

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This report provides a road map for navigating through the current COVID-19 pandemic in the United States. It outlines specific directions for adapting our public-health strategy as we limit the epidemic spread of COVID-19 and are able to transition to new tools and approaches to prevent further spread of the disease. We outline the steps that can be taken as epidemic transmission is brought under control in different regions. These steps can transition to tools and approaches that target those with infection rather than mitigation tactics that target entire populations in regions where transmission is widespread and not controlled. We suggest measurable milestones for identifying when we can make these transitions and start reopening America for businesses and families.

In each phase, we outline the steps that the federal government, working with the states and public-health and health care partners, should take to inform the response. This will take time, but planning for each phase should begin now so the infrastructure is in place when it is time to transition.

The specific milestones and markers included in the report for transitioning our responses are judgments based on our current understanding, with the goal of facilitating an effective path forward. The epidemic is evolving rapidly, and our understanding of best responses will evolve as well. The broad set of tasks described here requires and will receive high-level, ongoing attention, and it should be updated and refined as additional evidence, context, and insights about the epidemic become available.

To gradually move away from a reliance on physical distancing as our primary tool for controlling future spread, we need:

- 1) Better data to identify areas of spread and the rate of exposure and immunity in the population;
- 2) Improvements in state and local health care system capabilities, public-health infrastructure for early outbreak identification, case containment, and adequate medical supplies; and
- 3) Therapeutic, prophylactic, and preventive treatments and better-informed medical interventions that give us the tools to protect the most vulnerable people and help rescue those who may become very sick.

Our stepwise approach depends on our ability to aggregate and analyze data in real time. To strengthen our public-health surveillance system to account for the unprecedented spread of COVID-19, we need to harness the power of technology and drive additional resources to our state and local public-health departments, which are on the front lines of case identification and contact tracing. Finally, we must expand our investments in pharmaceutical research and development into COVID-19 and promote the rapid deployment of effective diagnostics, therapies, and eventually a vaccine.

**Slow the Spread in Phase I.** This is the current phase of response. The COVID-19 epidemic in the United States is growing, with community transmission occurring in every state. To slow the spread in this period,<sup>1</sup> schools are closed across the country, workers are being asked to do their jobs from home when possible, community gathering spaces such as malls and gyms are closed, and restaurants are being asked to limit their services. These measures will need to be in place in each state until transmission has measurably slowed down and health infrastructure can be scaled up to safely manage the outbreak and care for the sick.

**State-by-State Reopening in Phase II.** Individual states can move to Phase II when they are able to safely diagnose, treat, and isolate COVID-19 cases and their contacts. During this phase, schools and businesses can reopen, and much of normal life can begin to resume in a phased approach. However, some physical distancing measures and limitations on gatherings will still need to be in place to prevent transmission from accelerating again. For older adults (those over age 60), those with underlying health conditions, and other populations at heightened risk from COVID-19, continuing to limit time in the community will be important.

Public hygiene will be sharply improved, and deep cleanings on shared spaces should become more routine. Shared surfaces will be more frequently sanitized, among other measures. In addition to case-based interventions that more actively identify and isolate people with the disease and their contacts, the public will initially be asked to limit gatherings, and people will initially be asked to wear fabric nonmedical face masks while in the community to reduce their risk of asymptomatic spread. Those who are sick will be asked to stay home and seek testing for COVID-19. Testing should become more widespread and routine as point-of-care diagnostics are fully deployed in doctors' offices.

While we focus on state-by-state reopening of activities in a responsible manner and based on surveillance data, we note that states may move forward at a county or regional level if these conditions vary within the state and that coordination on reopening among states that share metropolitan regions will be necessary.

**Establish Immune Protection and Lift Physical Distancing During Phase III.** Physical distancing restrictions and other Phase II measures can be lifted when safe and effective tools for mitigating the risk of COVID-19 are available, including broad surveillance, therapeutics that can rescue patients with significant disease or prevent serious illness in those most at risk, or a safe and effective vaccine.

**Rebuild Our Readiness for the Next Pandemic in Phase IV.** After we successfully defeat COVID-19, we must ensure that America is never again unprepared to face a new infectious disease threat. This will require investment into research and development initiatives, expansion of public-health and health care infrastructure and workforce, and clear governance structures to execute strong preparedness plans. Properly implemented, the steps described here also provide the foundation for containing the damage that future pathogens may cause.

# Phase I: Slow the Spread

## Goals

The goal of Phase I is to save lives by:

- 1) Slowing the transmission of SARS-CoV-2 across the United States by reducing the effective reproduction number of infections,
- 2) Increasing testing capacity to accommodate the ability to test everyone with symptoms and their close contacts, and
- 3) Ensuring the health care system has the capacity to safely treat both COVID-19 patients and others requiring care.

A successful Phase I will allow for a significant relaxation of physical distancing measures and a progression to Phase II, when more targeted, case-based interventions are possible.

## Thresholds for Action

**Trigger to Begin to “Slow the Spread.”** The trigger to implement nationwide “slow the spread” measures<sup>2</sup> in Phase I is the existence in multiple geographic locations around the country of confirmed cases that cannot be traced back to other known cases (“community spread”).<sup>3</sup> This trigger has already been reached in the United States.

**Trigger to Move to Phase II.** To guard against the risk that large outbreaks or epidemic spread could reignite once we lift our initial efforts to “slow the spread,” the trigger for a move to Phase II should be when a state reports a sustained reduction in cases for at least 14 days (i.e., one incubation period); *and*

## Stay-at-Home Advisories

The trigger for issuing a stay-at-home advisory<sup>6</sup> in a US state is when case counts are doubling every three to five days<sup>7</sup> (based on the current New York experience) or when state and local officials recommend it based on the local context (for example, growth on track to overwhelm the health system’s capacity).

The trigger for issuing a recommendation to step down from a stay-at-home-advisory back to “slow the spread” is when the number of new cases reported in a state has declined steadily for 14 days (i.e., one incubation period) and the jurisdiction is able to test everyone seeking care for COVID-19 symptoms.

local hospitals are safely able to treat all patients requiring hospitalization without resorting to crisis standards of care<sup>4</sup>; *and* the capacity exists in the state to test all people with COVID-19 symptoms, along with state capacity to conduct active monitoring of all confirmed cases and their contacts.<sup>5</sup>

## Steps Required in Phase I

**Maintain Physical Distancing.** Each state must maintain community-level physical distancing measures<sup>8</sup> until the threshold for moving to Phase II is met. These Phase I measures include:

- Closing community gathering spaces such as schools, shopping centers, dining areas,

museums, and gyms statewide (places where people congregate indoors);

- Promoting telework for nonessential employees statewide;
- Urging the public to limit unnecessary domestic or international travel;
- Canceling or postponing meetings and mass gatherings;
- Shutting dining areas but encouraging restaurants to provide takeout and delivery services if possible;
- Issuing stay-at-home advisories in hot spots where transmission is particularly intense (i.e., when case counts are doubling in a city or locality every three to five days); and
- Monitoring community adherence to physical distancing and stay-at-home advisories, adjusting risk messaging as appropriate, and identifying alternative incentives for compliance if needed.

### **Increase Diagnostic Testing Capacity and Build Data Infrastructure for Rapid Sharing of Results.**

Same-day, point-of-care diagnostic testing (widely available in outpatient settings) is crucial for identifying cases, including those with asymptomatic and mild infections. To move from community-wide interventions that focus on large populations to case-based interventions that target and isolate individual people who are infected, capacity should be sufficient to test:

- 1) Hospitalized patients (rapid diagnostics are needed for this population);
- 2) Health care workers and workers in essential roles (those in community-facing roles in health and public safety);

3) Close contacts of confirmed cases; and

- 4) Outpatients with symptoms. (This is best accomplished with point-of-care diagnostics in doctors' offices with guidelines that encourage widespread screening and mandated coverage for testing.)

We estimate that a national capacity of at least 750,000 tests per week would be sufficient to move to case-based interventions when paired with sufficient capacity in supportive public-health infrastructure (e.g., contact tracing).<sup>9</sup> In conjunction with more widespread testing, we need to invest in new tools to make it efficient for providers to communicate test results and make data easily accessible to public-health officials working to contain future outbreaks.

### **Ensure Functioning of the Health Care System.**

Ensure sufficient critical-care capacity<sup>10</sup> in hospitals to be able to immediately expand capacity from 2.8 critical-care beds per 10,000 adults to 5–7 beds per 10,000 adults in the setting of an epidemic or other emergency, allowing for regional variation.<sup>11</sup> This target is a minimum, must be adequate for the current and forecasted level of demand, and must be accompanied by adequate staffing. Regional variation in capacity reflecting local needs is acceptable.

Expand access to ventilators in hospitals from 3 per 10,000 adults to a goal of 5–7 ventilators per 10,000 adults.<sup>12</sup> This target does not include transport or anesthesia machines. This target is a minimum, must be adequate for the current and forecasted level of demand, and must be accompanied by adequate staffing. Regional variation in capacity reflecting local needs is acceptable.

Maintain access to acute-care hospital beds of at least 30 per 10,000 adults.<sup>13</sup> Facilities should have a plan, in the case of a surge in hospital demand, for how the beds would be rapidly flexed from more discretionary uses (e.g., elective procedures) and adequately staffed, with access to adequate supplies of oxygen and other medical supplies.

This health care functioning target would also be met if critical-care and ventilator capacity does not expand to that level but COVID-19 incidence is maintained or falls meaningfully below the state's capacity to meet critical-care demand. These capacity targets can also be partially met through the availability of ample mobile health care infrastructures (supported and perhaps maintained by federal or state governments) that can be distributed and set up on short notice to hot areas with surge capacity needs.

**Increase Supply of Personal Protective Equipment.** The Centers for Disease Control and Prevention (CDC) recommends, at a minimum, N95 respirators for hospital staff expected to have direct contact with COVID-19 patients, plus disposable procedural or surgical masks for all other clinical personnel in any health care setting.<sup>14</sup> The supply chain should be able to reliably distribute sufficient N95 masks, gloves, and other personal protective equipment to protect health care workers from infection.

**Implement Comprehensive COVID-19 Surveillance Systems.** The move toward less restrictive physical distancing could precipitate another period of acceleration in case counts. Careful surveillance will be needed to monitor trends in incidence. A high-performing disease surveillance system should be established that leverages:

- 1) Widespread and rapid testing at the point of care using cheaper, accessible, and sensitive point-of-care diagnostic tools that are authorized by the Food and Drug Administration (FDA);
- 2) Serological testing to gauge background rates of exposure and immunity to inform public-health decision-making about the level of population-based mitigation required to prevent continued spread in the setting of an outbreak; and
- 3) A comprehensive national sentinel surveillance system, supported by and coordinated with local public-health systems and health care providers,

to track the background rate of infection across states and identify community spread while an outbreak is still small and at a stage in which case-based interventions can prevent a larger outbreak.

ILINet, the surveillance system for influenza-like illness in the United States, is a potential model for SARS-CoV-2 surveillance. To enable rapid and more effective detection and case management, SARS-CoV-2 surveillance will also benefit from data sharing and coordination with health care providers and payers. The CDC should convene an intergovernmental task force, with outside experts as needed and input from states and the health care community, to develop and support a new national surveillance system and data infrastructure for tracking and analyzing COVID-19.

**Massively Scale Contact Tracing and Isolation and Quarantine.** When a new case of COVID-19 is diagnosed, the patient should be isolated either at home or in a hospital, depending on the level of care he or she requires. Current CDC guidelines recommend seven days of isolation.<sup>15</sup> Home isolation can be enforced using technology such as GPS tracking on cell phone apps. Also, the close contacts of confirmed cases (as defined by the CDC<sup>16</sup>) should be quarantined and monitored daily for 14 days. Monitoring of international travelers is also recommended.<sup>17</sup>

To scale these interventions to accommodate thousands of daily cases and tens of thousands of daily contacts, public-health infrastructure will need to be dramatically scaled up throughout the country, in coordination with the improving capacity of health care providers to prevent, diagnose, and treat COVID-19 cases.

The task force should also be charged with developing and overseeing an initiative to:

- 1) Surge the existing public-health workforce to conduct case finding and contact tracing;
- 2) Enable rapid reporting to state, local, and federal health authorities, through the public-health

workforce and electronic data sharing from health care providers and labs; and

- 3) Develop and field a technological approach to enable rapid data entry, reporting, and support for isolation, quarantine, and safe community-based treatment of affected individuals.

**Offer Voluntary Local Isolation and Quarantine.** Comfortable, free facilities should be provided for cases and their contacts who prefer local isolation, quarantine, and treatment away from home. For example, a member of a large household may wish to recover in a hotel room that has been repurposed rather than risk infecting family members. Isolation and quarantine away from home should not be mandatory or compelled by force.

The Federal Emergency Management Agency is the lead agency tasked with coordinating with state and local jurisdictions to stand up appropriate isolation and quarantine facilities. Field hospitals, dormitories, hotels, and military barracks may be appropriated for this purpose.

**Encourage the Public to Wear Masks.** There is emerging evidence that asymptomatic and presymptomatic transmission of COVID-19 is possible,<sup>18</sup> which complicates efforts to pursue case-based interventions. To reduce this risk during Phase I, everyone, including people without symptoms, should be encouraged to wear nonmedical fabric face masks while in public.<sup>19</sup>

Face masks will be most effective at slowing the spread of SARS-CoV-2 if they are widely used, because they may help prevent people who are asymptotically infected from transmitting the

disease unknowingly. Face masks are used widely by members of the public in some countries that have successfully managed their outbreaks, including South Korea and Hong Kong.<sup>20</sup> The World Health Organization (WHO) recommended members of the public use face masks in the event of a severe influenza pandemic.<sup>21</sup>

However, personal protective equipment should continue to be reserved for health care workers until supplies are sufficient for them and abundant. For this reason, right now members of the general public should opt to wear nonmedical fabric face masks when going out in public. The CDC should issue guidelines on the proper design of such nonmedical fabric face masks. Consumers may be able to fashion these masks themselves using available washable materials, or they may become available in the consumer marketplace.

### Trigger for Moving to Phase II

A state can safely proceed to Phase II when it has achieved all the following:

- A sustained reduction in cases for at least 14 days,
- Hospitals in the state are safely able to treat all patients requiring hospitalization without resorting to crisis standards of care,<sup>22</sup>
- The state is able to test all people with COVID-19 symptoms, *and*
- The state is able to conduct active monitoring of confirmed cases and their contacts.<sup>23</sup>

# Phase II: Reopen, State by State

In Phase II, the majority of schools, universities, and businesses can reopen. Teleworking should continue where convenient; social gatherings should continue to be limited to fewer than 50 people wherever possible. Other local restrictions should be considered, such as those that limit people from congregating in close proximity.

High-contact settings such as schools should continue to review and implement physical distancing measures with guidance from the CDC and input from local officials. Health officials should recommend increased social hygiene measures and cleaning of shared surfaces.

For older adults (those over 60 years old), those with underlying health conditions, and other populations at heightened risk from COVID-19, it should still be recommended that they limit time in the community during Phase II. This recommendation may change if an effective therapeutic becomes available.

We need to consider these activities on a coordinated, regional basis through multistate cooperation. While state and local governments maintain sovereignty over issues related to their public-health response, coordination based on regions that cross state boundaries will be crucial. Large states with multiple urban areas and rural regions may implement reopening at a regional level. States that share major metropolitan areas (for example, New York, New Jersey, and Connecticut) should assure that the conditions for reopening these areas are met across the relevant state boundaries.

## Goals

The goals of Phase II are to:

- 1) Lift strict physical distancing measures in a concerted and careful fashion,

- 2) Allow the vast majority of businesses and schools to open, and

- 3) Continue to control SARS-CoV-2 transmission so we do not revert back to Phase I.

The adoption of these Phase II measures will require a careful balance. We will need to constantly reevaluate the implementation of these measures based on available surveillance data, and we will need to be ready to adjust our approach over time according to the epidemiology of local, national, and global spread. This is especially true as we transition from one phase to the next.

## Thresholds for Action

### Trigger to Lift Physical Distancing Measures.

Once the criteria for the transition from Phase I to Phase II have been met and we begin to move away from the “slow the spread” period, leaders at the state level should begin an incremental easing of physical distancing measures. This should be done gradually and should be paired with increased surveillance for new cases. State officials should make decisions about the selection and timing of restrictions to lift based on their local contexts. Restrictions should be eased gradually, with sufficient time between each adjustment to carefully monitor for resurgence of transmission.

### Trigger for Returning to Phase I, “Slow the Spread.”

As physical distancing is gradually eased, surveillance will be essential for quickly identifying an increase in cases in the state. A state should revert to Phase I and continue “slow the spread” if a substantial number of cases cannot be traced back to known cases, if there is a sustained rise in new cases for five

days, or if hospitals in the state are no longer able to safely treat all patients requiring hospitalization.

**Trigger for Moving to Phase III.** Once a vaccine has been developed, has been tested for safety and efficacy, and receives FDA emergency use authorization,<sup>24</sup> or there are other therapeutic options that can be used for preventive or treatment indications and that have a measurable impact on disease activity and can help rescue very sick patients, states can move to Phase III.

## Steps Required in Phase II

**Implement Case-Based Interventions.** Using the public-health capacities developed in Phase I, every confirmed case should be isolated either at home, in a hospital, or (voluntarily) in a local isolation facility for at least seven days, or according to the latest CDC guidance. People awaiting test results should be advised to quarantine until their results are returned.

The close contacts of confirmed cases should be traced and placed under home or central quarantine, with active daily monitoring for at least 14 days, or according to the latest CDC guidance. Diagnostic tests should be immediately administered to any close contacts who develop symptoms.

**Begin to Relax Physical Distancing Measures.** General physical distancing precautions should still be the norm during Phase II, including teleworking (as much as possible), maintaining hand hygiene and respiratory etiquette, wearing a mask in public, regularly disinfecting high-touch surfaces, and initially limiting social gatherings to fewer than 50 people. These recommendations should be augmented through technological solutions to understand physical distancing behaviors and adjust risk messaging as needed. This should be accomplished through partnerships with the private sector, with careful attention paid to preserving privacy and avoiding coercive means to encourage compliance.

As children return to school and daycare (i.e., high-contact settings) and people return to high-density workplaces, leaders of these organizations should continue to review and implement physical distancing measures based on guidance from the CDC for schools and businesses.<sup>25</sup>

**Special Care for Vulnerable Populations.** While easing of physical distancing is taking place, highly vulnerable populations,<sup>26</sup> such as individuals older than age 60 and those with compromised immune systems or compromised lung and heart function, should continue to engage in physical distancing as much as possible until a vaccine is available, an effective treatment is available, or there is no longer community transmission. Special attention should be paid to long-term-care facilities and nursing homes.<sup>27</sup> These facilities will need to maintain high levels of infection prevention and control efforts and limit visitors to prevent outbreaks.

If a treatment or prophylactic, such as a monoclonal antibody,<sup>28</sup> becomes available, high-risk and vulnerable populations should be prioritized to receive it, to both protect those individuals and reduce the likelihood of an increase in severe illnesses and additional patient surge in hospital intensive care units (ICUs).

**Accelerate the Development of Therapeutics.** Therapeutics play an important role in caring for those who are sick. Accelerating the research, development, production, and distribution of safe and effective therapeutics is a top priority. With effective development strategies and early investments in commercial-scale manufacturing, a successful therapeutic could receive emergency use authorization or approval as early as the summer or fall, if trials demonstrate that it meets either standard.

Therapeutics can serve a number of roles. First, they can serve as a prophylaxis to help prevent infection in those at greatest risk of infection, such as front-line health care workers, or those at risk of bad outcomes, such as individuals with preexisting health conditions and those who are immunocompromised. Such a treatment could include a recombinant

antibody that can target the virus surface antigens. As an example, researchers successfully developed such a therapeutic against Ebola. These antibody drugs can also be used to treat early infection or as a postexposure prophylaxis.

Other therapeutics might include antiviral drugs that target features of how the virus replicates. These drugs can be used to treat people who are critically ill or earlier in the course of disease for those at risk of developing a complication. Antiviral drugs can also be used as postexposure prophylaxis, depending on their safety profile. Postexposure prophylaxis and products that shorten the duration and intensity of viral shedding may affect the effective reproduction number only modestly. In addition, immune-modulating treatments may prove to be helpful in mitigating severe lung complications in some patients. A number of promising drugs are in early and mid-stage development.

At a minimum, the optimal profile for a therapeutic that will affect the risk from future spread is one that meaningfully reduces the risk of death or severe disease and perhaps prevents the onset of symptoms or progression to severe disease in those exposed. Oral administration at the outpatient level would be ideal, but alternative administration requirements (e.g., infusion and jet injections) could also be scaled, with sufficient planning.

While private industry has already organized a large task force to share information and capabilities to rapidly advance promising therapies, we need a commensurate focus by federal agencies to make sure the best possible resources are brought to this mission. Federal agencies should join organized efforts already underway in the private sector.

**Identify Those Who Are Immune.** Serology is a method used to identify evidence of immunity in someone who has recovered from infection. With accurate and widely available serological testing, we

can identify people who are immune and therefore no longer vulnerable to infection. While we need to better understand the strength of the immune response in mild cases and how long people remain immune from reinfection, we know there is a period where most people will have sufficient antibodies to offer protection. People who are immune could:

- 1) Return to work,
- 2) Serve in high-risk roles such as those at the front lines of the health care system, and
- 3) Serve in roles that support community functioning for people who are still physically distancing (e.g., the elderly who continue to quarantine at home).

To use serology in this way, serological assays are needed and should be widely available, accurate, rapid, and low cost. Such assays have already been developed by researchers, but they have not yet been fully validated and are not available at scale.

A task force comprised of senior leaders from the CDC, the Biomedical Advanced Research and Development Authority, the National Institute of Allergy and Infectious Diseases, the Department of Defense (DOD), the FDA, academia, and key private-sector groups (e.g., serological manufacturing companies) should be tasked to oversee the development, production, distribution, data collection, serological survey designs, and analytics for use of serology at scale.<sup>29</sup>

### Trigger for Moving to Phase III

Once a vaccine has been developed, has been tested for safety and efficacy, and receives FDA emergency use authorization,<sup>30</sup> states can move to Phase III.

# Phase III: Establish Protection Then Lift All Restrictions

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Once a robust surveillance sentinel system is in place, coupled with widespread point-of-care testing and a robust ability to implement tracing, isolation, and quarantines—and this is supported by the availability of therapeutics that can help mitigate the risk of spread or reduce serious outcomes in those with infections—or alternatively a vaccine has been developed and tested for safety and efficacy, we can enter Phase III. The availability of these technologies (and eventually a safe and effective vaccine) will have economic and social benefits, in addition to health benefits.

## Goals

The goals of safe and effective technologies for controlling transmission are to:

- 1) Prevent infection;
- 2) Treat those with early disease to prevent bad outcomes;
- 3) Provide a prophylaxis for those exposed to infection to prevent them from developing disease or reduce its severity;
- 4) In the case of a vaccine, build population-level immunity to the virus in order to reduce illness and death and stop or greatly slow spread; and
- 5) Enable the lifting of all physical distancing measures.

## Thresholds for Action

### **Trigger to Begin Manufacturing Scale-Up and Vaccine or Therapeutic Prioritization Planning.**

As soon as a vaccine or therapeutic looks promising in pivotal clinical trials (i.e., it has been shown to be safe and looks like it will also be effective),<sup>31</sup> the US government should work with industry to begin planning for mass manufacturing, distribution, and administration. New provisions enacted under the recently passed Coronavirus Aid, Relief, and Economic Security Act allow for large-scale manufacturing of promising therapies, in advance of approval, to help make sure there will be adequate supply available for mass distribution, should a product demonstrate that it is safe and effective and win regulatory approval.

### **Trigger for Switch Toward Mass Vaccination.**

Once availability of a vaccine or therapeutic is able to meet demand, vaccination can expand beyond priority groups. The CDC, state public-health agencies, and vaccine developers should work together to plan for and execute mass vaccination of large populations in the US. This planning can begin before Phase III because preparation can be made regardless of vaccine availability.

## Steps to Take in Phase III

**Vaccine or Therapeutic Production.** Once a safe and effective vaccine or therapeutic has been licensed, it will need to be quickly manufactured at scale. The Public Health Emergency Medical Countermeasures enterprise,<sup>32</sup> in coordination with pharmaceutical

companies and other private-sector stakeholders, should continue to plan for and implement mass production capable of quickly meeting US demand.

**Vaccine or Therapeutic Prioritization—When Supply Is Still Limited.** The CDC, the National Institutes of Health, the Office of the Assistant Secretary for Preparedness and Response, the DOD, and other stakeholders should revise prior influenza vaccine prioritization guidance to apply specifically to COVID-19.<sup>33</sup> The new prioritization guidance for the COVID-19 vaccine should identify priority groups for targeted distribution when a safe and effective vaccine starts to become available. The guidance should be transparent and explain the reasoning for priorities, including the populations in which the vaccine was studied, and should be a phased approach that expands to additional priority groups as vaccine availability expands. The guidance should be reflected in COVID-19 payment policies implemented by the Centers for Medicare & Medicaid Services (CMS) and private insurers, with treatment available at no cost to individuals who meet the priority guidance and a mechanism for reimbursement for individuals who are uninsured.

**Mass Vaccination or Therapeutic Distribution—When Supply Is Abundant.** The CDC should work with state and local health officials, health care providers, CMS and health insurers, and other public-health stakeholders to create a national plan for how mass vaccination will be carried out across the country. This plan should identify who

will administer vaccinations, where vaccines will be offered, and how data will be collected on vaccination rates, as well as possible adverse events from the vaccine. Indemnification of vaccine developers and manufacturers should also be considered. Congress could enact legislation to support a process for compensation of any individual who has an adverse event from the vaccine, which requires medical care.

**Global Vaccine Scale-Up and Vaccination.** The CDC, the US Agency for International Development, the State Department, and other US stakeholders should continue to work with WHO and other international organizations and national leaders to plan for how the US will assist other countries (particularly low- and middle-income countries) with obtaining vaccine and implementing mass vaccination. Support from the United States and higher-income nations will be critical for controlling the virus globally and saving lives around the world, as well as reducing the impact that future waves of the pandemic may have on the US population.

**Serological Surveys to Determine Population Immunity.** One key input for understanding the population at risk is the fraction of the population who have recovered and are protected against reinfection. If a sufficiently high fraction of the population has become immune either through natural recovery or vaccination, remaining restrictions can be lifted. The CDC should be the lead agency for coordinating ongoing serological surveys.

# Phase IV: Rebuild Our Readiness for the Next Pandemic

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The COVID-19 pandemic has exposed serious gaps in our nation's pandemic preparedness. COVID-19 will not be the last public-health emergency to threaten American society. We must invest in the scientific, public-health, and medical infrastructure needed to prevent, detect, and respond to the next infectious disease threat.

**Develop Vaccines for Novel Viruses in Months, Not Years.** In response to COVID-19 and in preparation for the next previously unidentified health threat ("Disease X"<sup>34</sup>), the United States should lead the way by setting an ambitious goal of rapidly developing medical countermeasures for novel or unknown threats in months, not years. A dedicated strategy, program, and funding will be needed to create the ability at existing agencies within the US Department of Health and Human Services and DOD to quickly develop flexible platforms and countermeasures for any type of novel pathogen.<sup>35</sup> This strategy should include supporting flexible manufacturing capacity to scale up production to a global level in an emergency.

**Modernize and Fortify the Health Care System.** We must improve our hospital-bed and ICU capacity to accommodate large surges of patients through public-private partnerships, for example, by enhancing the Hospital Preparedness Program<sup>36</sup> and the Public Health Emergency Preparedness Cooperative Agreement<sup>37</sup> and emphasizing preparedness in federal health care programs (e.g., the CMS<sup>38</sup> and the Department of Veterans Affairs<sup>39</sup>). We must also expand the supply chain of personal protective equipment and further the development of crisis standards of care. To reduce future burdens on our critical-care systems, we must also support our primary and community care capabilities to identify populations at elevated risk, detect cases early, and manage them at home or

in the community more effectively. Health care payers have been implementing payment reforms to support better screening and population health management. Emergency supplemental payments to health care providers in the current pandemic and future health care payments should be linked to establishing better surge capacity for severe cases and stronger capabilities to partner with public-health authorities to contain outbreaks and reduce the burden on hospitals.

**Establish a National Infectious Disease Forecasting Center.** Given the important role of infectious disease modeling in supporting public-health decision-making, we should increase our nation's capacity to use infectious disease modeling<sup>40</sup> to support public-health decision-making by establishing a national infectious disease forecasting center. This permanent federal institution would function similarly to the National Weather Service, providing a centralized capability for both producing models and undertaking investigations to improve methods used to advance basic science, data science, and visualization capabilities. It would also provide decision support to public-health agencies based on modeling and analytic results.

**Governance.** We need to move away from a decentralized system that promotes unequal implementation of preparedness measures across the nation and toward a more coordinated execution of response. We should develop clear and effective plans for the implementation of public-health measures such as quarantine and the unification of actions made by state and local health departments. Outbreaks are matters of regional—and more typically national—concern. Preparedness for public-health emergencies should be elevated as a function in the White House, with a coordinating function analogous to the director of national intelligence.

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**BLAINE COUNTY LAND USE**

219 1st Avenue South, Suite 200

Planning & Zoning: 208-788-5570 ♦ Building Department

with a great quote from the document or use the

**Comments from Wood  
River Contractors  
Association**

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Acknowledgement of Blaine County, Covid-19 Construction Standards.

Please carefully read the following Standards and acknowledge that you have read and agree to the standards by signing and returning this document to [jgiese@co.blaine.id.us](mailto:jgiese@co.blaine.id.us)

**STANDARDS FOR CONSTRUCTION AND MAINTENANCE OF RESIDENTIAL AND COMMERCIAL PROJECTS AND ESSENTIAL BUSINESSES**

The following standards and limitations shall apply to all commercial and residential building and construction work sites and all individuals performing trade work such as, but not limited to, painting, plumbing, mechanical, electrical and landscaping work. The primary contractor shall be responsible for compliance for all individuals performing work on the job site or work location.

Prior to resuming construction activity at any location, the primary contractor shall provide certification that the contractor, all sub-contractors and all individuals working on the job site have read the standards and agree to comply with the standards at all times while on the job site.

1. The owner/contractor shall designate a site specific COVID-19 supervisor to enforce these standards. The designated COVID-19 supervisor shall be present on the job site at all times while construction activities are taking place. The COVID-19 supervisor can be an on-site worker who is designated to carry this role. If there is no job site, the supervisor shall enforce the rules from the office, yard, or workplace.
2. The job site shall have at least, soap and water stations and/or alcohol based hand sanitizer that contains at least 60% alcohol. Adequate supplies shall be maintained at all times. Such stations shall be placed at the primary entrances to the building or job site, and elsewhere on the site as needed. For landscape companies and trades that do not have recurring job sites, all vehicles shall contain soap and water or alcohol based hand sanitizer that contains at least 60% alcohol, one of which shall be used upon entering and exiting the vehicle.
3. Individuals on the job site shall be instructed to clean their hands upon arrival and departure from the job site and to clean their hands often, especially if hands are visibly dirty.
4. All individuals on the job site shall be provided with personal protective equipment (PPE) such as gloves, goggles, face shields, or face coverings. All individuals shall wear such PPE, including face coverings, at all times while on the job site. BCA comment, Exception: When necessary to perform a task safely gloves may be omitted.
5. Individuals shall maintain a distance of six (6) feet from one another at all times on the job site, including, but not limited to, while eating lunch, taking breaks, and work consultations. BCA comment, Exception: When necessary to perform a task safely a reduction in the 6' separation distance shall be allowed.
6. No more than one (1) individual shall be allowed in a confined space including, but not limited to, a crawl space, elevator, attic or mechanical room, unless solo work in the confined space were deemed to be unsafe. BCA comment: many crawlspaces and mechanical are very big and could easily allow more than (1) worker

7. Equipment with an enclosed cab shall only be operated by one person during the whole day and the cab shall be sanitized at the end of each workday.

8. Trades shall be staggered as necessary to reduce the density of workers on site and to maintain social distancing. Each individual shall maintain a distance of six (6) feet from any another individual.

9. Deliveries shall be staggered to minimize interactions with individuals and maintain the six (6) foot separation.

10. Individuals shall be discouraged from traveling to or from the site by carpool unless they are carpooling with individuals who reside in the same residence or using public transportation and practicing social distancing.

11. Individuals shall not share any tools or equipment while on the job site. Table saws and large equipment shall be wiped down after each use.

12. On-site portable toilets shall be sanitized and disinfected every day by each user after use. The date when the portable toilet was last disinfected and sanitized by the portable toilet installer shall be posted outside the toilet. BCA comment: it may not be realistic for each user to disinfect and will produce excessive use of paper towel which clog machinery used to empty toilets. And there is a maintenance sticker inside of each toilet showing when the toilet was last cleaned.

13. There shall be no communal water cooler, water dispenser or microwave on site. Individuals shall bring their own personal water bottles and all food and beverages they will consume during the day. During the period when construction activity is taking place, individuals are strongly encouraged remain on the site during work hours. Any individual leaving the job site to obtain lunch, food or beverages from a local business shall wear a face covering.

14. Each job site shall post in at least two areas visible to all individuals on the job site, on work vehicles, or in the place of work, the following required hygienic practices: a. Wash hands often for twenty (20) seconds  
b. Cough into elbow  
c. Do not touch your face  
d. Stay at home if you are sick  
e. Regularly disinfect high touch surfaces such as handrails, elevator control buttons, doorknobs, and counters

15. Individuals shall arrive for work wearing clean clothes. This may be burdensome to comply with and difficult to enforce.

16. On a daily basis, the COVID-19 supervisor shall inspect on-site workers and ensure no individual is permitted on the job site who presents any symptoms of illness such as fever, cough, runny nose, or sore throat. Any individual presenting any symptoms of illness shall be required to stay home. The individual may return to work in conformance with CDC Guidelines. BCA has concerns about covid-19 supervisor being qualified to make determinations on symptoms.

17. All individuals on the job site shall inform the COVID-19 supervisor if a family member is presenting any symptoms of illness as identified in #16. If so, the reporting individual shall remain off the job in conformance with CDC Guidelines.

18. The owner or primary contractor shall maintain a daily attendance log of all individuals entering the work site.

#### **Acknowledgement of Standards**

Job site Covid-19 Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Job site information**

General Contractor: \_\_\_\_\_

Address of construction site: \_\_\_\_\_

\_\_\_\_\_

Permit #: \_\_\_\_\_

**Return to Agenda**