

COVID-19 Emerging Topic: A Public Health Framework for Reopening Tribal Economies

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Purpose

- Provide Tribal leaders with some resources and information to guide their decision-making around reopening businesses and resuming community operations
- Decisions should be guided by cultural values, non-maleficence, and grounded in public health principles
- The risks of increased transmission of COVID-19 are balanced against risks to the health and well-being of the public, society, and the economy from measures taken to reduce the spread of the disease

Phased Approach

- Phase I
 - Controlling the spread of COVID-19 through strict social and physical distancing policies
- Phase II
 - Conducting epidemiological and clinical assessments and determine capabilities to meet required public health principles
 - Conducting environmental public health risk assessments of specific facility and business types to determine what modifications and protective measures need to be in place to reopen
- Phase III: Availability of therapeutics and a vaccine
- Phase IV: Policies for increasing preparedness for the next threat

Gating Criteria to Move to Phase II

Tribes should consider waiting to initiate the reopening process until the following are met:

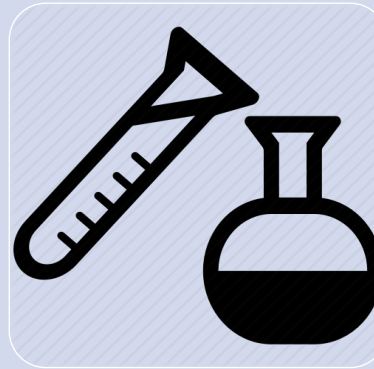
1. Downward trajectory of number of new cases for at least 14 days;
2. Rapid diagnostic testing capacity is sufficient to test, at minimum, all people with COVID-19 symptoms, including mild cases, as well as close contacts and those in essential roles;
3. The healthcare system is able to safely care for all patients, including providing appropriate personal protective equipment for healthcare workers; and
4. There is sufficient public health capacity to conduct contact tracing for all new cases and their close contacts.

Clinical and Epidemiological Risk Assessments and Metrics for Gating Criteria



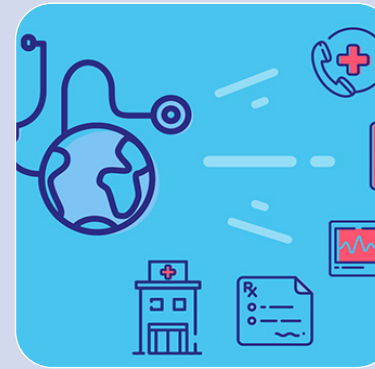
Downward trajectory of number of new cases for at least the last 14 days

- OR fewer than X hospitalized cases in last 28 days
- OR % of patient encounters or ED visits for COVID-19 is less than historical ILI data
- OR <2% of COVID-19 tests are positive



Rapid diagnostic testing capacity is sufficient to test, at minimum, all people with COVID-19 symptoms, including mild cases and close contacts

- AND Ability to test those in congregate living facilities and X% of the high-risk, vulnerable population,
- AND Ability to receive testing results within 24 hours
- AND Ability to test all healthcare and other essential services workers



The healthcare system is able to safely care for all patients

- AND Able to divert patients to local hospital
- AND maintain at least a 14-day supply of necessary PPE for healthcare and first responders
- AND provide facilities for isolation and quarantine



There is sufficient public health capacity to conduct contact tracing for all new cases and their close contacts

- Staff trained to conduct case investigation
- AND enough staff to conduct contact tracing
- OR Plan for using NWTEC or county/state PHD for conducting contact tracing

Downward Trajectory of COVID-19 Cases for 14 Days

- OR fewer than _ hospitalized cases in last 28 days
 - Oregon counties use fewer than 5
- OR % of patient encounters or ED visits for COVID-19 is less than historical ILI data
 - Use local clinic data or request assistance from your Tribal Epi-Center or IHS Epidemiologist
- OR _% of COVID-19 tests are positive
 - As testing increases and disease transmission is controlled through preventive measures, this % should continue to drop; 2% ideal, maybe less than 10%?

Plan for Rapid Diagnostic Testing Capability

- For all people with COVID-19 symptoms, including mild cases and close contacts
 - Maintain an appropriate number of testing sites to meet needs of community
- AND Ability to test all healthcare and other essential services workers
 - Focus efforts on healthcare and first responders, then stage your testing of essential workers and the returning workforce
- AND Ability to test those in congregate living facilities and % of the high-risk, vulnerable population
 - Define your high-risk, vulnerable population; test as much as possible
- AND Ability to receive testing results within 24 hours
 - Ideal, but may not be feasible

Health Care System Capacity to Safely Care for All Patients

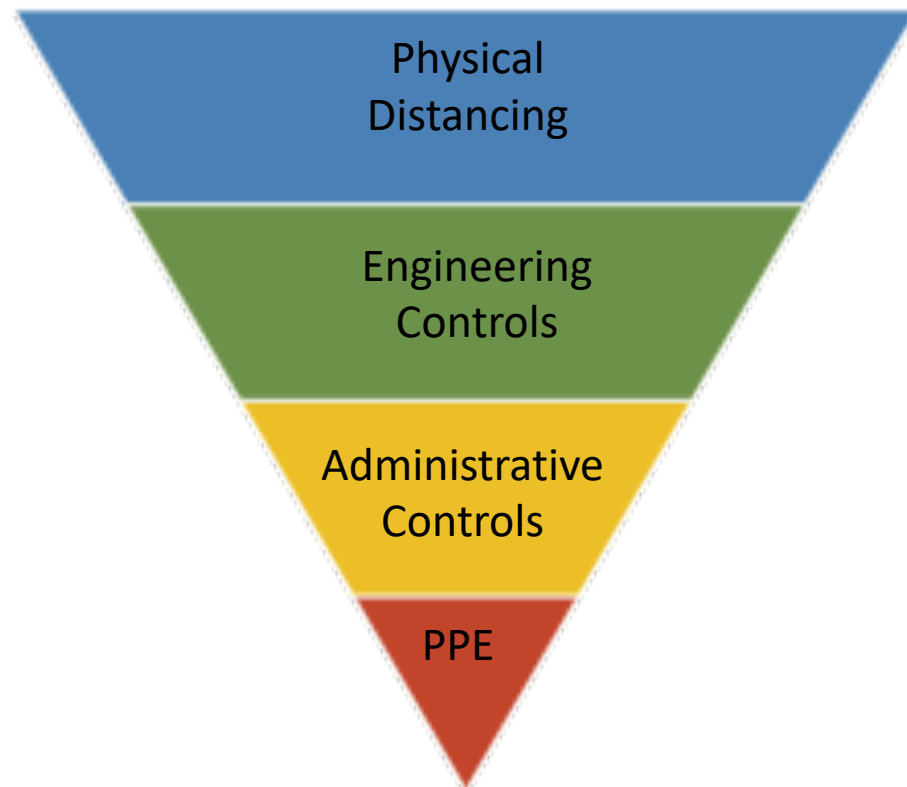
- AND Able to divert patients to local hospital
 - Requires communication with your referral hospital(s) to make sure they have capacity
 - EMS transport is capable
- AND maintain at least a 14-day supply of necessary PPE for healthcare and first responders
- AND provide facilities for isolation and quarantine
 - Ensure patients have safe places for isolation and quarantine
 - Safety and support “kits” for patients

Public Health System Capacity to Investigate Cases and Conduct Contact Tracing

- Staff trained to conduct case investigation
 - Tribal Epi-Center training webinars
 - Multiple online sources, ASTHO, CSTE, others
 - State or local public health department may be able to train
- AND enough staff to conduct contact tracing
 - Oregon requirement is 15 per 100,000 people or 95% of positive cases
 - Recommend 1 contact tracer to track ~10 close contacts
- OR Plan for using Tribal Epi-Center or State or local PHD for conducting contact tracing

Phase II – Reopening of Community Businesses and Services

Mitigation Measures: Modified Hierarchy of Controls



Environmental Public Health Risk Assessment

- Formal process for evaluating risks and hazards
- Measure of the likelihood of the risk or hazard – COVID-19 disease transmission
- Measure of the consequences and severity of impact – includes health, social, political and economic impacts
- Measures to consider
 - contact intensity as a function of contact type (ranging from close to distant) and duration (ranging from brief to prolonged)
 - number of contacts as the approximate number of people in the setting at the same time, on average
 - modification potential (the degree to which mitigation measures can buy down those risks) is a qualitative assessment of the degree to which activities can be modified to reduce risk

Environmental PH Risk Assessments for Phase II Reopening

The screenshot shows an Excel spreadsheet titled "FACILITY REOPENING EPH RISK ANALYSIS". The spreadsheet is divided into several sections:

- Table 1 (Main Risk Assessment):**

BUSINESS	RISK FACTORS							PROTECTION	RISK RATING Relative Threat 0 - 100%	RISK CATEGORY I - III
	LIKELIHOOD			CONSEQUENCE						
Type	Time	Distance	Size of Population	Reopening Gating Criteria Met	Susceptibility of Population at Risk	Health Impact	Service Impact	MITIGATION		
Restaurant, embedded within a Casino, with exterior and interior entry/egress	2	2	3	1	3	3	3	1	55.56%	II

- Table 2 (Risk Legend):**

MONITORING & EVALUATION FREQUENCY			
LOW		III: 0 - 33%	Once a month
MODERATE		II: 34 - 66%	Bi-weekly
HIGH		I: 67 - 100%	Once a week

- Formulas:**

- RISK = LIKELIHOOD x CONSEQUENCE

The spreadsheet also shows a tab labeled "FACILITY RISK ANALYSIS" and a status bar at the bottom indicating "Ready" and "100%" zoom.

Summary – Reopening Requires....

- Epidemiological, Clinical, and Environmental Public Health Risk Assessments
- Plans for Reopening
 - Include Risk Assessment Results
 - Controls and Mitigation Measures to Reduce the Risks
 - Plan for Training of Employees
 - Plan for Closing Again if Necessary
- Monitoring – ongoing surveillance of cases and monitoring of facility operations
- Evaluation – periodic evaluation and inspection of facility operations
- Actions and adjustments as necessary, based on current conditions and monitoring and evaluation results

Thank You!

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***Just hired a contractor to assist, information forthcoming