

Phone: 970-252-5000 Fax: 970-252-5060

May 13, 2020

Please direct responses to jaustin@montrosecounty.net

Jill Hunsaker Ryan, MPH Executive Director Colorado Department of Public Health & Environment

RE: Montrose County Variance Request from portions of Executive Order D 20 044 and Public Health

Order 20-28

Dear Executive Director Ryan,

Please accept this application from variance from portions of Executive Order D 20 044 and Public Health Order 20-28.

As articulated in the Mesa County variance application related to the same orders referenced above, the World Health Organization (WHO) has listed six key criteria to consider when "transitioning to and maintaining a steady state of low-level or no transmission" as part of their overall COVID-19 Strategy Update (World Health Organization, 2020). We will use this as a guide while considering CDC, CDPHE, and local guidance. We further recognize and concur with the WHO that "the best-case outcome in the short and medium term in the absence of a safe and effective vaccine" is for communities to transition to a controlled steady-state.

Montrose County has reached a steady-state of low-level transmission. We will go through the six steps of the WHO recommendations and present the reasoning for our position. We welcome your review, consideration, and feedback.

Per your instructions, the plan must include "a written application to CDPHE certifying that the county has low case counts and/or can document 14 consecutive days of decline in COVID-19 cases reported in the county."

We certify that we have low case counts in the setting of adequate testing capacity and availability.

Further, we must "include a COVID-19 suppression plan approved by the appropriate local public health authority, all hospitals within the county (unless no hospitals are located in the county) and a majority of county commissioners (or other county-level governing body)."

This application has been signed by the Public Health Director, Montrose Memorial Hospital (the only hospital in our county), and all county commissioners who also serve as the Board of Health. We also show support from representatives from the City of Montrose, various public safety agencies, and our state legislators.

-Signature page to follow-



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Application endorsed and signed by:

County

Keith Caddy

Chair, Montrose County Board of County Commissioners & Board of Health

Roger Rash

Vice-Chair, Montrose County Board of County Commissioners & Board of Health

Sue Hansen

Montrose County Board of County Commissioners & Board of Health



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Application endorsed and signed by:

Public Health

Jim Austin (May 13, 2020)

Jim Austin

Montrose County Public Health Director

Joe Adragna, MD, MHA, MGH, FAAFP

Medical Advisor to the Montrose County Public Health Director

Montrose County EOC Incident Commander & BoH's Pandemic Medical Specialist



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Application endorsed and signed by:

Hospital

Kjersten Davis (May 13, 2020)

Kjersten Davis, DVM

Chair, Montrose Memorial Hospital Board of Directors

James R. Kiser II

James R. Kiser II (May 13, 2020)

James Kiser, MBA

CEO, Montrose Memorial Hospital

David Dreitlein (May 13, 2020)

David Dreitlein, MD

Medical Director, Montrose Memorial Hospital Emergency Department

Drew Bolton (May 13, 2020)

Drew Bolton, MD, MPH

Medical Director, Montrose Memorial Hospital Intensive Care Unit



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Application endorsed and signed by:

Public Safety

ang Ban			
Tad Rowan	(May	13.	2020)

Tad Rowan

Chief, Montrose Fire Protection District

George Jackson

Undersheriff, Montrose County

Blaine Hall, MS

Chief, Montrose Police Department



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Application endorsed and signed by:

City

Barbara Bynum (May 13, 2020)

Barbara Bynum

Mayor, City of Montrose

William E. Bell (May 13, 2020)

William Bell, MPA

City Manager, City of Montrose



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Application endorsed and signed by:

State Legislators

Don Coram

Senator, Senate District 6

Marc Catlin

Representative, House of Representatives, District 58



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World Health Organization's Six Criteria For Transitioning To And Maintaining A Steady-State Of Low-Level Or No Transmission

1. COVID-19 Transmission Is Controlled

In summary, Montrose County saw a peak in COVID-19 transmission in late March with hospital census peaking in early April 2020. The peak number of deaths in a day was also in early April. At this time, we have low levels of community spread with a strong healthcare reserve, ample testing capacity, granular and high-level data review daily, effective outbreak mitigation strategies, collaborative and coordinated medical staff, and highly functional teams at Montrose Memorial Hospital and Montrose County Public Health that work together to effectively intervene against COVID-19 along with the City of Montrose and many community stakeholders.

We will go through how we collect and analyze data before going into the data.

- a. WHO states that "...new cases should be maintained at a level that the health system can manage with substantial clinical care capacity in reserve."
- b. Collaboration that impacts data and response:
 - i. Early on in the pandemic response, Montrose Memorial Hospital (MMH) put two representatives on the Montrose County Emergency Operations Center (MC EOC) team. Then, the Incident Commander (IC) for the Montrose County EOC became a member of the MMH Incident Command Team (MMH IC).
 - ii. The City of Montrose has representatives on the MC EOC.
 - iii. The City of Montrose's City Manager, Chief of Police, and Mayor participate in the Medical Response Team (MRT).
 - iv. Townships in the County, including Nucla, Naturita, and Olathe have representatives on the EOC team.
- c. How we obtain data as an MC EOC:
 - i. MMH took responsibility early on to become the "source of truth." The public health emergency preparedness coordinator (EPR) sends any outside-of-MMH lab information on counts (excluding protected health information) to MMH and a report is compiled that includes positives by lab, by antibody versus PCR, and other status points, including pending. This compiled data is then resent back to the MC EOC for analysis.
 - 1. All public health obtained samples are processed through MMH and then sent to the State Reference Lab or a private vendor depending on the test ordered. See more information on this below.
 - ii. ~0730 hours: Daily morning update with new cases received overnight between Montrose Memorial Hospital and the (EPR). This information is then shared with the incident commander.
 - iii. 0800 hours: Daily to twice a week dependent on priorities, the Medical Response Team (MRT) reviews the data and how it relates to weekly priorities.



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- iv. ~1500 hours-An email containing daily and cumulative case data is distributed to hospital leadership, the emergency operations center (EOC) command staff, public health director, emergency preparedness coordinator, and the public information officer.
 - 1. GIS updates relevant charts and graphs for the EOC debrief.
- v. ~1700 hours-Daily EOC debrief where new cases are reviewed.
- vi. ~1800 hours-Incident Commander updates the daily situation report, pandemic dashboard, and local model of surge.
- vii. MRT accesses Google's Community Mobility Data and incorporates data into the model and situation reports.
- viii. MRT and the Joint Information Center (JIC) randomly surveys mask use rates in congregate businesses, ie grocery stores.
- ix. Public health has access to the state's symptom tracker website, although the sample size for Montrose County is quite small at this point.
- d. How we analyze the data:
 - i. The MC EOC Incident Commander has a pandemic dashboard that tracks:
 - 1. Hospital Census and Capacity
 - 2. Daily testing ratio versus state testing ratio
 - 3. New counts by day
 - 4. Cumulative counts over time
 - 5. New counts in the past 7 days
 - 6. Testing capacity using routine swab and send-out method
 - 7. Testing capacity using POCT Abbott ID Now capacity
 - 8. Deaths
 - ii. The MC EOC Incident Commander provides a daily debrief and daily Situation Report (SIT) to the EOC members. The MRT reviews the pandemic dashboard daily.
 - iii. The MC EOC IC, MMH, and MRT have a model that tracks our experience in April and early May with a single-digit average error rate, and this data is updated and tracked on the model daily.
 - iv. MC EOC IC and MMH representatives have also met on several occasions with the regional epidemiology team based in Mesa County in support of local modeling and interpretation. They have opined that they do not believe Montrose will surge over the next 3 months.
- e. What thresholds do we have with the data:
 - i. We have established thresholds with the data that would necessitate a priority and intervention review by the MRT, IC, and public health in addition to relevant stakeholders if one of the following occurs. A review does not mean that an action must be taken, but a response will be considered.



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- 1. MMH hospital census at or above 40. MMH can maintain normal operations with up to 50 persons hospitalized and can function up to 75 persons with existing infrastructure under strained capacity.
- 2. Mesa County hospitalizations over 70 (per their variance application)
- 3. 3 consecutive days of increasing positive cases without logistic or testing delays
- 4. Tier 3 ACS capacity of 15 beds remaining
- 5. 11 or more positive cases in one day (adjusted for the existing testing per capita ratio)
- 6. MMH testing capacity below 250 viral transport media with an impending supply shortage
- 7. Other modeling data relevant to our population that anticipates a surge of existing MMH, Tier 3, testing, contact tracing, or PPE capacity

f. Modeled Data

- Montrose County Public Health has developed a model for predicting hospital demand that considers 4 different public health intervention effectiveness dates (social distancing, mask use, etc).
 - 1. The model confirms that CDPHE and the Governor's early interventions stopped an impending surge and flattened the curve. That was the goal early on and has been achieved.
- ii. We understand that our community had a 73 80 percent overall public health intervention effectiveness starting around 4/5/2020. This had a direct effect on reducing transmission and led to a negative case reproduction number. About 2 weeks later, that effectiveness was 56 percent or better when considering only the Google mobility report (considering a change from the baseline and change from the 3/29/2020 data set). We further estimate that we have maintained around 40 percent effectiveness or better since the Safer-At-Home order went into effect. With these figures, we are expected to have a COVID-19 confirmed hospitalization census of 7 during a summer peak. This does not consider any transfers in from surrounding hospitals, ie Gunnison Valley Hospital, but those transfers have been few and far between and are not expected to significantly impact census. It also does not consider additional changes in public health intervention effectiveness at future dates.
 - 1. Of note, according to the May 7th, 2020 Google Community Mobility Report, Mesa County has a -6% from baseline retail & recreation activity level and Montrose County is at -7%. Mesa County is +9% at home time and Montrose County is at +9% at home time. This is nearly identical mobility activity and Mesa County has been operating under the same industry-specific variance that we are applying for since 4/28/2020. Neither Mesa County with a variance nor Montrose County without a variance have



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experienced an increase in cases over the past several weeks despite

mobility patterns being similar (Google, 2020).

- iii. We recognize that 100 percent of models are flawed and we are convinced that ours is not 100 percent accurate. Several variables can negatively impact the model and if we returned to a 0 percent public health intervention effectiveness, then there is a risk to the system. Therefore, we must maintain public health interventions.
- iv. Yet, our goal early on was to prevent hospital surge. That was also in the context that we would not be able to transfer patients out to nearby hospitals if needed. The past 8 weeks have shown us that we have good capacity and we have built up a Tier 2, Tier 3, and non-congregate shelter plan that can be implemented within hours to days if we got into a surge AND could not transfer to outside hospitals. That is a scenario that we do not think is likely or probable. Therefore, we feel that this variance application is reasonable.

Total Confirmed COVID-19 Positive Hospitalized-A Projection



Figure 1. Modeled projections for confirmed COVID-19 census at MMH. It does not consider any changes in the fall around social distancing.



Modeled Versus Actual Confirmed COVID Hospitalzations

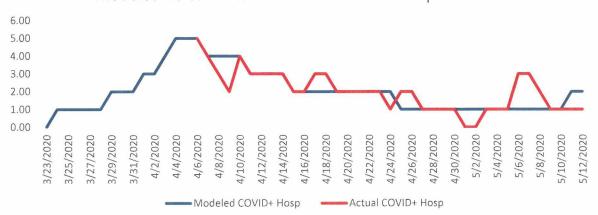


Figure 2. Modeled Versus Actual Confirmed COVID Hospitalizations (excludes PUI).

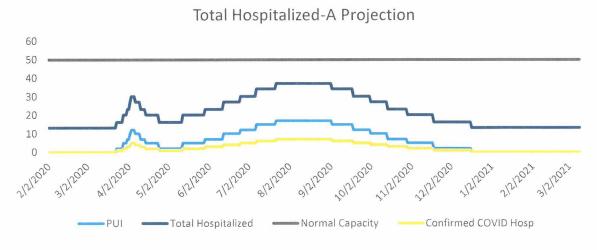


Figure 3. Total Hospitalized Patients-Projection. Note that this assumes 40 percent public health effectiveness from early May 2020 and beyond without modification for expected relaxation in the fall as the weather cools.



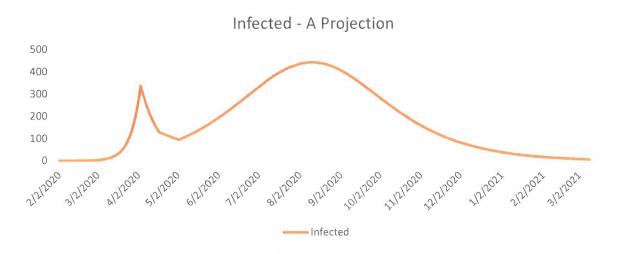


Figure 4. Modeled actively infected persons at 40 percent public health intervention effectiveness from early May and beyond. Note that this is likely to change over time and all models should be interpreted with caution.

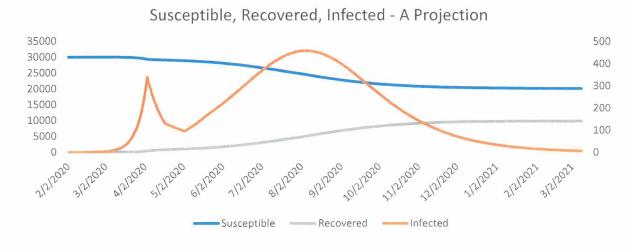


Figure 5. SIR Model Projections. Susceptible reduces as the number of infected and recovered increases. The number of Infected uses the right axis for values.



Now, a review of the data.

- g. The current case, hospitalization, and death data:
 - i. Cases

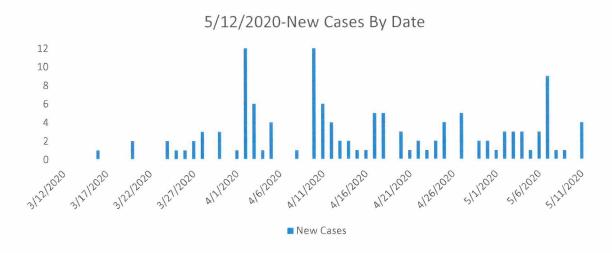


Figure 6. New cases in Montrose with confirmed COVID-19 per day.

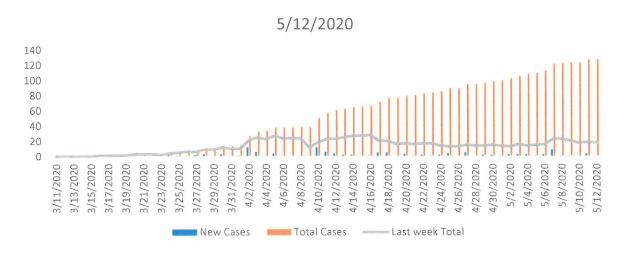


Figure 7. The orange bars are the CUMULATIVE number of confirmed COVID-19 cases. The blue column is the new cases per day. The grey line is the total new cases in the past 7 days as of the date on the x-axis.



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5/12/2020 - Total New Cases Per 7 Day Period



Figure 8. Total New Cases Per 7 Day Period. This shows a steady and low number of new cases per week since 4/18/2020.

- 1. Montrose County experienced its first case on 3/16/2020
- 2. The highest number of positive cases in one day was 4/2/2020 at 12.
 - a. There were an additional 12 cases reported on 4/10/2020, but there was a transportation delay that caused specimen processing to be delayed. Many of the samples would have reported in the days before this had the courier not experienced a transport challenge. This highlights that our peak in new case counts was on 4/2/2020.



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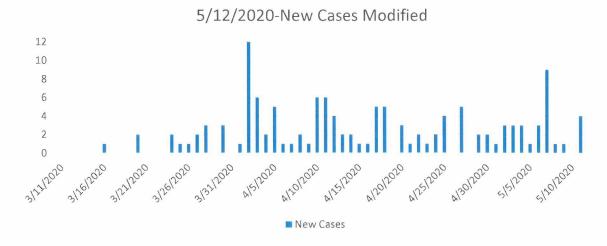


Figure 9. New cases per day modifying 4/10/2020 by reducing the positive results on that date to 1/2 of the actual (12 to 6) and putting 1 additional positive for the 6 days previous. 4/10/2020 was essentially a data dump date and there were logistics delays.

3. We reported 9 new cases on 5/7/2020, which looks like an increase from the past few weeks. However, this was targeted testing in a family after exposure with symptoms and this was not an unexpected result. The goal of the testing was to increase compliance as the family was resistant to isolation without test results. On 5/8/2020 and 5/9/2020, we reported just 1 positive test for each of those days with 34 and 26 negative test results, respectively. Therefore, our expected positive rate per day is under 15 percent. Please see figure 12 for more detail.



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ii. Hospitalization



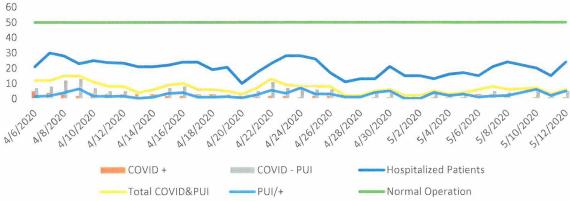


Figure 10. Hospital capacity and demand.

- 1. The first hospitalization in Montrose County by a resident was 3/23/2020.
- Peak hospitalization of confirmed COVID-19 was on 4/6/2020 with 5 persons.
- 3. The average hospitalized persons under investigation (PUI) to confirmed COVID-19 is 2.46.
- 4. The average confirmed COVID-19 hospitalization number is 2.13.
- 5. The average PUI hospitalization number is 5.00.
- 6. The average total hospitalized patients for any reason is 20.15.

COVID + Hospitalizations



Figure 11. Confirmed COVID-19 Hospitalizations By Date (excludes PUI)



iii. Deaths

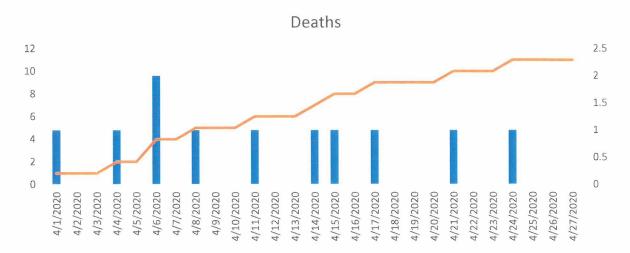


Figure 12. Deaths in Montrose County by date.

- 1. The peak number of deaths in one day was 2. This occurred on 4/6/2020.
 - a. Montrose has a higher than national death rate related to COVID-19. This is expected with a review of the 2019 MMH produced Community Needs Assessment that articulates 4 risk factors relevant to COVID-19 (Montrose Memorial Hospital, 2019). Montrose County has an older population with a higher prevalence of diabetes, COPD, and congestive heart failure when compared to national figures.
 - b. Montrose also has a higher population that chooses comfort care measures at the end of life and this may have contributed to a higher death rate when compared to the national sample.
 - c. All but three of the recorded deaths have occurred in skilled nursing facilities. These facilities have MOST¹ forms on all residents and the intervention level desired by the family and staff is honored. If the person elects comfort care measures only, then he/she would have declined hospital care, which increases mortality risk associated with COVID-19. This is relevant when considering that Montrose has a higher death rate of confirmed cases compared to national figures that consider all infected from

¹ MOST form: Medical Orders for Scope of Treatment. These are a type of advanced directive that allows patients to communicate their treatment goals to healthcare providers and required a signature from the patient or their representative and the attending physician for the patient.



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> the young to the elderly, the independent to the dependent, and the full-intervention seeking patients to the comfort care only patients. Many of our at-risk populations in these settings choose to have limited intervention or comfort-only measures. We must protect this population from COVID-19. All new admissions to these facilities now require a negative COVID-19 test result.

2. Montrose County has not recorded a death since 4/24/2020

Current testing data and capacity will be discussed next.

iv. Testing

- 1. Since we began tracking comparison data relevant to testing on 4/13/2020, Montrose County has conducted more cumulative testing as a ratio of the population when compared to the overall state testing ratio. We peaked at 197 percent and have been hovering around 150 percent since 4/26/2020 and are now in the 130s. We track this because our goal is to be at the state test/capita rate or higher. This considers the cumulative number of tests collected in the county regardless of the specimen outcome (positive, negative, other).
- 2. We have also tracked the negative to positive test ratio and that is shown below. Note that it involves cumulative tests to that date.
- 3. Additionally, we present a graph showing the percent of tests returned as positive since late April 2020. Given our small sample sizes, there may be large variability from day-to-day.



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	Goal		Testing Rate v	Goal testing	State	Montrose	
Date	Ratio	Actual	State	rate	Test/Capita	Test/Capita	
4/25/2020	10.0	8.3	167%	100%	1.0%		1.7%
4/26/2020	10.0	8.4	159%	100%	1.1%	2	1.7%
4/27/2020	10.0	8.1	156%	100%	1.2%		1.8%
4/28/2020	10.0	8.2	156%	100%	1.2%		1.8%
4/29/2020	10.0	8.3	157%	100%	1.2%		1.9%
4/30/2020	10.0	8.4	154%	100%	1.3%		1.9%
5/1/2020	10.0	9.0	160%	100%	1.3%		2.1%
5/2/2020	10.0	8.7	155%	100%	1.4%		2.1%
5/3/2020	10.0	8.6	150%	100%	1.4%		2.1%
5/4/2020	10.0	8.5	150%	100%	1.4%		2.2%
5/5/2020	10.0	8.7	150%	100%	1.5%		2.2%
5/6/2020	10.0	8.8	149%	100%	1.6%		2.3%
5/7/2020	10.0	8.3	148%	100%	1.6%		2.4%
5/8/2020	10.0	8.4	144%	100%	1.7%		2.4%
5/9/2020	10.0	8.3	138%	100%	1.7%		2.4%
5/10/2020	10.0	8.5	137%	100%	1.8%		2.5%
5/11/2020	10.0	8.3	133%	100%	1.9%		2.5%
5/12/2020	10.0	8.4	132%	100%	1.9%		2.5%

Figure 13. Tabular representation of the testing in Montrose County per capita (all tests included).



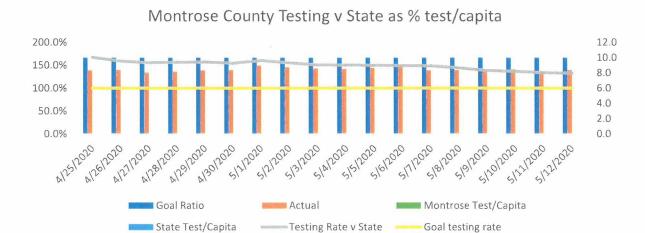


Figure 14. Montrose County Testing/Capita V. State Ratio. Montrose wants to test at or above the state average tests per capita.

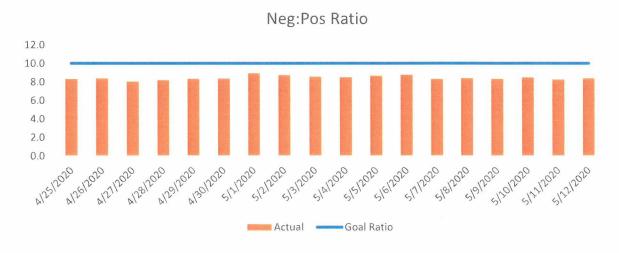


Figure 15. The ratio of cumulative positive test results to cumulative total tests performed.



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Percent of Tests Positive

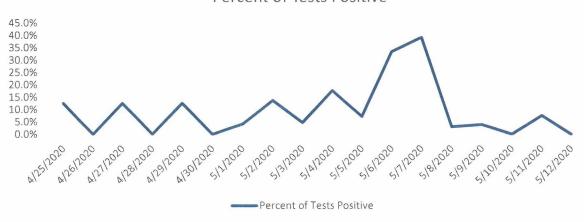


Figure 16. Percent of test results as positive per day. Note that there is large variability given small sample size on a day to day basis and high selection bias towards positive results. We expect that the percentage of positive test results per day will decrease as Montrose implements broad pre-operative testing for all surgical and eventually all invasive procedures for MMH and the Black Canyon Surgical Center.



5. PCR testing using swabs

- a. Capacity is very good. MMH has 1000 saline back up swab collection kits packaged and ready to go.
- b. MMH is a regional leader with highly talented staff. MMH has maintained at least a 500 viral transport media test kit capacity since the last days of March 2020.
- c. There is no anticipated testing shortage. Even if no additional test collection supplies were received from here on out, we would have the capacity to continue testing for over 71 days at current testing capacity excluding saliva-based testing strategies.

PCR Routine Testing 600 500 400 300 200 100 0 PCR Testing Capacity-Routine Routine Test PCR Minimum

Figure 17. Viral Transport Media Kits. Max reportable is 500.



POCT PCR Test

Figure 18. This shows the capacity for POCT PCR. This test is used for low pre-test probability patients only and only at MMH.

6. PCR testing using saliva

Testing Capacity-POCT PCR

a. MMH has executed a contract with a private lab that will provide a 24-72 hour turnaround time and will be implemented in situations that PPE use and exposure minimization is imperative.

Minimum POCT PCR

7. IgG antibody testing

- a. Starting in 1-2 weeks, MMH will have 5000 IgG antibody kits instock specific to SARS-CoV-2 and we expect that given the community interest in this study, we will have additional antibody testing done and this will help public health and MMH understand the epidemiologic factors relevant to this condition, especially as we learn more about duration and robustness of immunity, if any, with these antibodies.
- b. LabCorp and Quest have a presence in the county and are providing IgG antibody testing.

8. IgM antibody testing

- a. LabCorp is used by 2 clinics in this community and at least one assisted living facility. They have been offering IgM and IgG antibody testing and these have periodically been ordered by clinicians for various reasons.
- b. Public Health is working with LabCorp, Quest, and the clinics in Montrose to ensure a consistent update on the number of specimens collected, the negative test quantity per day, and the positives tests each day.



9. Facilities

- a. Initially, Montrose County Public Health and MMH were the only consistent and 5-7 day-a-week collection options to receive a PCR test for SARS-CoV-2. In mid-April, Public Health (PH) worked to decentralize this testing through a community clinic testing protocol that highlighted safety and specimen collection to decrease barriers to testing. This increased the number of testing sites from 2 to 8 within one week. MC EOC supplied PPE if needed and PH provided training on safe and effective collection.
- Additionally, MMH supported the two clinics that use LabCorp in supplying them additional test kits as their vendor had limited allocation to them.
- With the addition of saliva-based testing, we have added another 2 clinics for a total of 12 test sites available to collect specimens for PCR testing.
- d. Test collection sites range from the western part of the county to the eastern part. As you know, the county spans over 2,200 square miles and stretches to the Utah border. We feel confident that all residents of the county have access to testing.

10. Pre-operative testing

a. Due to the amazing job that MMH has done in supplying kits for PCR testing to the community and with the high level of collaboration, we have opened up testing for pre-operative patients consistent with relevant society recommendations.

11. Outbreak site intervention and testing

- With the availability of testing, MC PH now tests all employees at facilities identified as a confirmed or suspected outbreak site using CDPHE criteria. This is effective as of late April 2020.
- b. A protocol for local intervention for a suspected or confirmed outbreak site has been submitted and approved by CDPHE with the comment that it could be used as a sample for other communities.
 - We have now implemented this protocol on 3 outbreak or suspected outbreak sites and it has shut down transmission at these sites.
 - In addition to test procedures, the outbreak protocol also identifies best practices for businesses, employee education, and more.

12. Criteria for testing

a. Montrose County Public Health has always been capable of following CDC testing criteria even when that criteria was less



stringent than the CDPHE testing criteria. This has been one of the reasons why we have tested at higher rates than many other communities.

13. Medical staff collaboration around testing

- a. Through late March and all of April, MC PH and MMH IC coordinated twice-weekly medical staff updates at MMH via teleconference. This allowed for updates on priorities, new findings, testing criteria, testing sites, and data. It allowed for Q&A and actionable feedback.
- b. This collaboration has allowed our medical staff to effectively meet the challenge of this pandemic with unity.
- c. In May, we decreased these updates to once a week and the other meeting has been used to restore educational opportunities for providers, including presentations from experts to advance our clinical acumen.

2. Sufficient Health System and Public Health Capacities Are In Place

In summary, we certify that our health care system and the local public health team has capacity.

a. Health Care System

- i. Tier 1 Care-ICU Care
 - MMH went from an 8 bed ICU to a 48 bed ICU through the development of a "COVID Unit." This 600 percent increase in their capacity for ICU level management is above and beyond the call to action but shows the ability of this hospital to rapidly care for critically ill individuals.
 - 2. MMH has not had a COVID-19 confirmed hospital census of more than 5.
 - 3. MMH has ample Tier 1 Care capacity.
 - 4. MMH can transfer patients to tertiary and quaternary care sites if the need arises due to an unprecedented surge, if emergent dialysis is required, or if specialty services not available in Montrose is required, such as neurosurgery consultation. Most patients with critical care needs related to COVID-19 have been and can be cared for at MMH.
 - 5. MMH has accepted in a 1:2 ratio with St. Mary's Hospital in Grand Junction those acutely ill patients from surrounding counties, such as Gunnison, without taxing our systems.
 - 6. MMH has 13 critical-care ventilators available and 9 non-critical care ventilators available.
 - 7. The maximum number of persons ventilated at any one time from 4/6/2020 to 5/7/2020 is 2. This is 3.77 percent of all hospitalized during that time and 36.89 percent of those hospitalized with confirmed COVID-19. Therefore, our ventilator capacity has never been near surge.



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ii. Tier 2 Care-Acute Care

- 1. MMH has a med/surg capacity of 32 and a normal operating procedure capacity of up to 50 hospitalized patients in total.
- 2. MMH has recorded a peak total hospital census for all reasons at 30 occurring on 4/7/2020.
- 3. The hospital has been running at 34 percent of capacity on average in the 14 days ending 5/7/2020.
- 4. MMH has ample capacity for Tier 2 Care.
- 5. If MMH were to have a surge AND patients could not be referred to other hospitals, MMH, MC EOC, and Montrose County School District (MCSD) have developed plans for a Tier 2 alternative care site with 50 cots already in place and ready to be activated. This is extremely unlikely as we have seen that COVID-19 does not impact all communities and hospitals at the same time. We do not believe this will be needed, but we have been and are prepared.
- 6. A plan has been written for this tier.

iii. Tier 3-Subacute Care

- The MC EOC, PH, and a private skilled nursing facility created a tier 3
 resource that would allow for 30-50 persons needing Tier 2.5-3 level care.
 The site has been vetted by state and local resources including life safety,
 medical, public health, emergency management, law enforcement, and
 EMS.
- 2. This facility has supply, staffing, and availability if this would be necessary.
- 3. One half of the building has been sealed off from the other half to serve as the Tier 3 unit. With separate egress, staff, food handling, laundry shoots, and airflow control, this keeps the non-COVID side of the facility safe.
- 4. A plan has been written for this tier.

iv. Non-congregate shelter

- 1. MC Public Health has negotiated an agreement in principle with a local hotelier that would allow up to 20 rooms to be used if needed to support throughput from Tier 2 to 2.5/3 to shelter in the event people are displaced and cannot return home.
- 2. If activated, this would be a regional resource where residents of higher altitude communities could be admitted to recover at a lower altitude until their lungs healed to a point where return to home is safe.
- 3. MC EOC has worked collaboratively with other providers to make primary care providers available to support these patients and technology has been planned that would allow for telehealth visits.
- 4. A plan has been written for this shelter.



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- 5. The State EOC has approved Montrose County's Reimbursement for Non-Congregate Sheltering if we would need to activate this over the summer.
- 6. The County continues to partner with local shelter operators in the event that this is activated for staffing and administration support.

v. Oxygen supply companies

- MC EOC has contacted all local oxygen supply companies and we have access to over 100 concentrators if that were necessary. To this point, MC EOC has not reserved or used any of these.
- We have reached out to these entities so that they can request PPE if needed. Only one company submitted a small PPE request to hold them over until their normal vendor restored a particular supply. Additional shortages are possible but not of concern for overall capacity.

vi. Home health

 MC EOC has reached out to all home health agencies to ensure that they know how to submit requests for PPE. We do not have any unmet PPE requests at this time.

vii. Primary care

- 1. All primary care clinics are operational, seeing patients in-person and nearly all have implemented televisit options for their patients.
- 2. Primary care access is strong.
- 3. For the uninsured, Montrose County has two facilities that offer a sliding scale fee program and one is a federally qualified health center (FQHC).
- 4. For those with Medicaid, there is ample access and multiple providers are actively accepting patients without an application. This is true for those with Medicare and private health insurance, as well.

viii. Specialty care

1. ENT, neurology, hematology/oncology, cardiology, pulmonology, general surgery, urologic surgery, ob/gyn, and psychiatry are all open for service.

ix. Emergency Department

- 1. Overall use has been reduced during April.
- 2. The number of visits per day has not exceeded the peak of the 2009 H1N1 flu pandemic visits that occurred in 10/2009.
- 3. Usual staffing ratios of providers is implemented. For most of April, the ED physicians reduced staffing as there was little demand. As the Safer-At-Home order went into effect, the ED physicians have returned to previous staffing levels as more persons are mobile, active, and request emergency evaluation but this has not been for COVID-19 related issues.

x. EMS



- Chief Rowan of the Montrose Fire Protection District has reviewed the data and has articulated that their resources can handle the modeled case counts and the associated demand on EMS.
- 2. Crisis Standards of Care have never been required by our EMS providers and are not anticipated to be used in the foreseeable future.

b. Public Health

i. Detection

- MC EOC has consistently messaged to the community that if a person has symptoms, then they should contact their provider for evaluation and potentially an order. If the person does not have a provider, they have been referred to public health where they will be evaluated for testing.
- We have ample testing site quantity and kits. Therefore, if a patient qualifies for a test based on CDC or CDPHE criteria, the person will get a test.
- 3. We have created and distributed <u>employee screening protocols and</u> infographics (Montrose County EOC, 2020).
- 4. Montrose County also operates a hotline staffed 8 AM to 4 PM Monday through Friday in English and Spanish where a person can call and be directed if they have questions or symptoms.

ii. Testing

- We have multiple modalities for PCR based testing (saliva, nasopharyngeal swab, and POCT nasopharyngeal swab). We also have 3 vendors for antibody testing. We have over a dozen different sites where a test sample can be collected.
- iii. Contact tracing capacity for isolation and quarantine
 - We can complete the standard of practice in contact tracing for up to 70 positives a week. We have not exceeded 28 positives in a 7-day period (through 5/12/2020).
 - 2. We have and will continue to contact all positives and exposed to give isolation and quarantine instructions.
 - 3. We follow-up with all positives for recovery from symptoms.

3. Outbreak Sites in High-Vulnerability Settings are Minimized

In summary, we have three skilled nursing facilities. Two of these three sites have been identified as outbreak sites. This was in early April and no additional cases have been identified by a resident in a skilled nursing facility or their employee pool for over 14 days. No other high-vulnerability setting has experienced an outbreak.

a. Montrose County PH has met and continues to work with all three skilled nursing facility medical directors and administrators. We have verified their use of policies and procedures to keep their staff and residents safe. The facilities have also been inspected by CDPHE and



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we have locally done site reviews to ensure adequate safety measures have been implemented. Although two of the three were considered outbreak sites, each facility had the infection brought in before widespread interventions to mitigate and testing for COVID-19 was available. One was admitted from the hospital to the facility where he quickly decompensated and it was later determined that the resident had COVID-19. The other facility had a return admission from the hospital to the facility but that resident had been to multiple facilities in their care and likely picked it up at a community center or healthcare facility outside of the skilled nursing facility. Therefore, we are confident that based on the last 4 weeks of history, policy and procedure review, on-site inspection, and multiple meetings with facility medical direction and administrators that they are following best practices and that we should consider the likelihood of another outbreak at these facilities to be low.

- i. All patients are now tested for COVID-19 before admission to a skilled nursing facility.
- b. The Jail Commander from the Montrose County Sheriff's Office (MCSO) is a member of the MC EOC and policies and procedures have been implemented to protect the jail population and the work-release program participants. Additionally, the Sheriff's Office Patrol Lieutenant serves as one of the Operations Section Chiefs. This integration allows for daily contact to quickly identify and react to any changes. Guidance has been shared from the CDC and CDPHE with all law enforcement on adequate safety in addition to cleaning and disinfection of community facilities. We have seen no outbreaks in these congregate facilities.
- c. Montrose County PH has worked with local homeless resources to ensure they have policies, procedures, and screening protocols that protect the staff and residents. We have seen no outbreaks in shelters.
- d. Montrose County PH has already trained over ½ a dozen facilities on how to safely and adequately obtain samples for testing if it is necessary to do on-site. Montrose County Board of Health has published a community collection protocol and distributed it to all community testing sites/clinics.

4. Workplace Prevention Measures Are Established

Montrose County and the City of Montrose have worked collaboratively to establish a Business Ambassador Program. These ambassadors come from government and private business covering multiple industries. Training of these ambassadors has been completed and the goal of the program is to give businesses support in working to meet the best practices to keep their staff and patrons safe while remaining compliant with relevant orders.

a. Montrose County has established MontroseCountyJIC.com. There is a business guidance page. Further, the parties held a Zoom webinar for business owners in the community with over 100 participants on 4/27/2020 to support businesses in their understanding of the



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relevant orders and how effective strategies can be implemented to keep staff and patrons safe.

- Businesses of all sizes have been encouraged to implement employee screening for COVID-19 signs and symptoms.
- c. PH has worked with government and private businesses in the support of their implementation of employee screening programs.
- d. PH has also provided industry-specific guidance on MontroseCountyJIC.com that is compliant with the current public health and executive orders.
- e. The MC EOC PIO has produced infographic videos in support of mask use and social distancing.

5. Risks of Imported Cases Managed

- a. Montrose County does not have a large short-term rental industry.
- b. Tourism has largely been down even with the expiration of the Stay-At-Home Order.
- c. We communicate regularly with federal agencies who manage public lands in the county to understand the flux of consumers.
- d. Members of the Colorado Parks and Wildlife, local city park officials, Forest Service representatives, and BLM representatives are participants in the daily EOC debrief for situational awareness.
- e. The Montrose Regional Airport Administrator participates in weekly calls and has implemented policies and procedures that ensure effective disinfection, identification, and notification procedures if there is a known contact.
- f. The City of Montrose Director of Tourism is in weekly contact with the MC EOC on relevant matters that may impact the importation of cases and their focus is on supporting existing businesses with safe and guideline-based practices using environmental and administrative controls to minimize the risk of spread.
- g. PH can offer rapid testing to suspected imported cases and has the capacity for isolation and quarantine education.

6. Communities are Fully Engaged

- a. Montrose County Board of Health, Montrose County Public Health, Montrose Memorial Hospital, and the City of Montrose, along with many other community partners meet in a once to twice weekly televideo conference call focused on community needs with dozens of participants where everything from food, housing, childcare resources, and healthcare access is reviewed.
- b. MCSD is fully integrated with our Medical Response Team and our EOC to ensure that school resources are known, optimized, and utilized when needed.
- c. MCSD is providing 2600 to 3600 meals a day to 1300-1800 persons to support Safer-At-Home practices.
- d. MCSD has entered into an MOU to ensure that now and in the future, MMH has access to school facilities in the event of a disaster.



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- e. MC, MMH, Montrose Fire Protection District, and San Juan Living Center have entered into an MOU to support Tier 3 operations.
- f. Our EOC includes stakeholders, such as the Center for Mental Health who has a 24/7 mental health support line.
- g. Townships, City, and County leadership are all participants on the daily EOC call to ensure clear lines of communication and situational awareness.
- h. The Business Ambassador program and the PH department are working with local businesses to safe implementation of physical distancing guidelines
- i. MC, volunteers, MMH, the City of Montrose, Business Ambassadors, and others have produced thousands of handmade face coverings and made these available to various businesses that did not otherwise have access to cloth masks.
- j. Montrose County Board of Health contacted all restaurants in the City to ensure they were aware of relevant orders and to ensure they had masks. Masks have been distributed to all restaurants that needed them.
- k. Montrose County PH has spot-checked various congregate businesses, including grocery stores, to ensure staff compliance with relevant mask use orders. We have seen significant improvement and are near 100 percent compliance with the large grocers.
- Montrose County PH, Board of Health, the City of Montrose, Chief of Police, Montrose Fire, MCSO, and other relevant entities are working closely with MCSD to ensure safe graduation planning ceremonies that keep social distancing, prevent congregation, and minimize the risk for spread.

We have reviewed the six key criteria for "managing a controlled and deliberate transition from a scenario of community transmission to a sustainable, steady-state of low-level or no transmission..." (World Health Organization, 2020). Montrose County Public Health, the Board of Health (made up of the County Commissioners), and the local hospital are in agreement that we satisfy these six key criteria and meet CDPHE's threshold for a variance.

In this next section, we will provide more specific guidance related to public health and business operations.

Public Health Recommendations for all Residents of Montrose County

- a. Maintain physical distancing of six feet or more.
- b. Adults 65 years and older and high-risk populations should limit public interactions and stay at home as much as possible.
 - a. We have confirmed that at least two pharmacies in town provide delivery services and we have made this known to vulnerable populations.
 - b. The Joint Information Center and public health team have completed many press releases, interviews, and videos on the need for the well to support those who cannot leave their home with picking up meds, groceries, and other items in a safe



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manner that allows the at-risk to stay home. These have been done in both English and Spanish.

- c. Use cloth face coverings for interactions where physical distancing is not possible or when entering public places.
- d. Strong adherence to isolation for the sick. The sick are strongly encouraged to contact their healthcare provider via phone. We strongly encourage the quarantine of those that were exposed.
- e. Wash hands frequently with soap and water. Use hand sanitizer with at least 60 percent alcohol if hand washing is not available.

Guidelines for All Industries (adapted from Mesa County):

In general, we believe that contacting counties having similar guidance makes for more clear and effective communication. Thus, we will try and maintain similarity while considering individual community differences.

- a. Perform frequent environmental cleaning and disinfection (concentrate on high touch surfaces like tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.)
 - a. Healthcare facilities
 - b. Postmortem care facilities
 - c. Laboratories
 - d. Other, non-healthcare facilities
- b. Employees and contracted workers whose duties include close contact with members of the public shall wear a non-medical cloth face covering over the nose and mouth
- c. Employees are encouraged to wear a non-medical cloth face covering over the nose and mouth while working, except where doing so would inhibit the individual's health
- d. Maintain at least six feet distance from each other
- e. Monitor workforce for compatible symptoms
- f. Implement or maintain return to work policies
 - a. Healthcare facilities
 - b. Critical infrastructure workers after exposure

Specific Guidance By Sector

During the development of this section, we have considered and incorporated where applicable your approval documentation relevant to Mesa County's variance approval (Ryan, 2020). Again, we appreciate and send thanks to Mesa County as we have adapted their plan to enhance consistency where applicable for a neighboring community.

Public Gatherings

Allow public gatherings of no more than 10 people



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- Maintain at least six feet distance from each other
- No festivals or other large gatherings until at least July 1st, at which time the situation will be evaluated to determine when and if festivals and other types of large gatherings can resume
- Large venues shall remain closed (movie theaters, concert facilities, sporting event facilities, etc.)

Offices

- Encourage telework, wherever possible
- Maintain at least six feet distance from customers and each other
- Desks, work stations, and other work areas should be separated by at least six feet. If fixed stations exist, separate employees or clients by leaving one station in between. Workstations separated by walls that are six feet or higher can remain as they are
- Implement or maintain physical barriers for high-contact settings (e.g. reception areas)
- Implement physical distance protocols in common areas (separate tables and chairs by at least six feet)
- Place markings on the floor to maintain at least six feet distance in customer lines; try to establish one-way passage as much as possible
- Only essential travel is allowed
- Consider return to work in phases as applicable
- Implement or maintain flexible sick leave policies and practices
- Consider accommodations for high-risk individuals or populations
- Employees and contracted workers whose duties include close contact with members of the public shall wear a non-medical cloth face covering over the nose and mouth
- All employees are encouraged to wear a non-medical cloth face covering over the nose and mouth while working, except where doing so would inhibit the individual's health

Retail and personal services

- Critical businesses that were open under the stay at home order should maintain the same precautions and physical distancing practices
- As much as possible, continue curbside delivery while phasing into public opening
- Personal services (salons, tattoo parlors, dog grooming, etc.) and non-critical can open under the following guidelines.
- Spread people out so there is at least six feet distance between individuals throughout
- Limit the number of clients to 30 percent of the facility's occupant load
- Separate workstations (tables, chairs, etc.) by six feet. If fixed stations exist, separate clients by leaving one station in between. Workstations separated by walls that are six feet or higher can remain as they are
- Implement or continue early opening for high-risk individuals
- Implement or maintain physical barriers for high-contact settings (e.g. cashiers)
- Implement or maintain one-way entry/exit and aisles



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- Employees and contracted workers whose duties include close contact with members of the public shall wear a non-medical cloth face covering over the nose and mouth
- Implement or maintain curbside services in businesses as a preferred method
- Stagger shifts if feasible to decrease the number of employees at the business
- Maintain at least six feet physical distancing in waiting areas
- Place markings on the floor to maintain at least six feet distance in customer lines
- Implement touchless payment methods when possible
- Encourage the public to wear cloth face coverings to enter the businesses

Restaurants

- Bars shall remain closed, including those that are part of restaurants
- · Continuing take-out and delivery is highly encouraged
- As much as possible, continue curbside delivery while phasing into public opening
- · Customers shall wear face coverings when entering the restaurant until seated at their tables
- Restaurants cannot allow customers to wait in a lobby area for a table, rather customers should
 make reservations online or by phone, and every effort should be made to notify customers via
 text or phone call when their table is ready so no waiting in a lobby is necessary
- Customers must be asked before entering a restaurant whether they have any symptoms of COVID-19, and any customers reporting symptoms must be excluded
- Symptomatic restaurant employees must be excluded from the workplace and required to isolate for 10 days
- Spread people/tables out so there is at least six feet distance between individuals throughout
- Limit the number of clients to 30 percent of the facility's occupant load
- Place markings on the floor to maintain at least six feet distance in customer lines
- Implement touchless payment methods when possible
- Implement or maintain physical barriers for high-contact settings (e.g. cashiers)
- Stagger shifts if feasible to decrease employee numbers at the business
- In-room dining shall follow strict physical distancing
- Group parties should be limited to no more than six people. People within a party should be family members or acquaintances who have previously been in contact with each other and there is limited risk of disease transmission
- Don't allow public sharing of utensils or condiments
- Buffets shall have an employee serving the food, no self-serving allowed
- Self-serving stations shall remain closed (drinking stations, bulk dry, etc.)
- Maintain physical distancing (six feet) in waiting areas
- Employees and contracted workers whose duties include close contact with members of the public shall wear a non-medical cloth face covering over the nose and mouth



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Elective Medical and Health Services

- Visitation to senior living facilities is prohibited at this time
- Visitation to hospitals is limited to 1 visit if for a non-COVID hospitalized patient
- Elective surgeries can resume
- Elective health services can reopen with while adhering to the following precautions
- Use adequate PPE that protects the provider and the client
- Implement one-way entry/exit and aisles
- Use an appointment system to minimize the time in waiting rooms
- Maintain physical distancing (six feet) in waiting rooms
- Implement or maintain physical barriers for high-contact settings (e.g. front desk)
- Encourage the public to wear cloth face coverings to enter the businesses
- Employees and contracted workers (other than providers) whose duties include close contact
 with members of the public shall wear a non-medical cloth face covering over the nose and
 mouth

Recreation

- Maintain physical distancing in outdoor settings (6ft while hiking, 15ft while running or biking)
- Open outdoor recreation facilities where adequate controls can be implemented to ensure physical distancing (six feet)
- Limit public gatherings to no more than 10 people
- Camping should be limited to one family per campsite
- No group camping allowed, in individual campsites or group campsites
- Playground equipment shall remain closed
- · Swim beaches shall remain closed
- Perform frequent cleaning and disinfection of bathrooms and high-touch surfaces
- Only essential travel allowed; avoid traveling outside of your county or local community for recreation

Education

- Limited in-person learning for specific settings (e.g. technical college)
- Limit classrooms to no more than 10 people
- Maintain at least six feet distance from each other
- Higher education, K-12, and organized youth activities shall remain closed
- Childcare facilities can reopen if not already open with the following precautions
 - Perform frequent environmental cleaning and disinfection (concentrate on high touch surfaces like playgrounds, toys, tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.)
- All employees shall wear a non-medical cloth face covering over the nose and mouth while working with children



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- Maintain at least six feet distance from coworkers
- Implement physical distance protocols in common areas (separate tables and chairs by at least six feet)
- Symptomatic children should be excluded from care
- To the extent possible, limit the sharing of utensils, toys, and classroom materials
- To the extent possible, limit shared spaces to one classroom at the time (e.g. playgrounds)

Real Estate

- In-person home showings can resume
- Maintain at least six feet distance from customers and each other
- · Cloth face coverings are highly encouraged
- Before a showing, ensure clients are not experiencing respiratory symptoms
- · Open houses are prohibited at this time

Places of Worship

- Continue online or drive-by services as much as possible
- Limit the number of participants to 30 percent of the facility's occupant load or 50 participants, whichever is fewer
- Participants must be asked whether they have COVID-19 symptoms at the door and excluded from the place of worship if symptomatic. Symptomatic employees must be excluded from the place of worship and required to remain in isolation for 10 days
- Participants shall be encouraged to wear a face-covering both when entering and while present in the house of worship
- Operate with strict physical distancing practices
- Spread people out so there is at least six feet distance between families throughout
- Place markings on the floor to maintain at least six feet distance where lines form
- Implement or maintain one-way entry/exit and aisles
- Implement touchless offering options as much as possible
- Encourage employees and the public to wear cloth face coverings
- Discourage people from attending if they are experiencing any symptoms
- Perform frequent cleaning and disinfection of bathrooms and high-touch surfaces

Gyms

- Ill employees must be excluded from the center and required to remain in isolation for 10 days
- Customers must be asked whether they have COVID-19 symptoms at the door and excluded from the fitness center if symptomatic
- Customers should be encouraged to wear a face-covering both when entering the facility and while in the facility, unless a face-covering inhibits the participants ability to participate in the fitness activity



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- Use of equipment in the fitness center must be limited to no closer than every other machine or separated by six feet, whichever is further, so that participants are not exercising right next to each other
- Smaller exercise rooms with poor ventilation should be discouraged from use
- Employees must clean and disinfect shared equipment between customer use
- Can operate if the following physical distancing and cleaning practices are possible
- Limit the number of clients to 30 percent of the facility's occupant load
- Spread people out so there is at least six feet distance between individuals throughout
- Group classes are not allowed
- Saunas, pools (indoor and outdoor) and shared spaces should remain closed
- Food/drink bars shall remain closed

Construction

- Maintain six feet of distance between workers.
- Employees should wear a face covering or mask if working within six feet of each other.
- Stagger shifts to limit the number of crew on a site at any one time.
- Stagger breaks and lunches to prevent congregation.
- Ensure workers are more than six feet apart when taking breaks together.
- Frequently and regularly clean and disinfect commonly touched tools, handles, water sources, coffee handles, and radios, and other equipment.
- Check your crew before the shift and send home if they have a fever or respiratory symptoms or expose to someone with COVID-19.
- Avoid site visitors.
- Office work should be done remotely, whenever possible.
- Hold meetings via phone or video conference.
- Supervisors should review all job activities and plan how to accomplish the job while maintaining separation and adequate sanitation.
- If a site is shut down due to the pandemic, ensure that the site is left in a safe condition. Traffic control devices must continue to be inspected and maintained.

Personal Services

- Encourage touchless pay systems if already installed.
- Employees should wear a mask.
- Customers should be encouraged to wear a mask until and unless the customer needs to remove the mask for work on the face.
- Employees should wear gloves and these gloves should be changed between customers; if gloves are not available, please wash your hands or use hand sanitizer between contacts.
- Employees, such as personal trainers, may consider wearing safety goggles or a face shield if they are at risk of fluids (ie, saliva) entering their eyes.



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- Clean the work area well after your customer with gloves on, a facemask, and you may consider safety goggles if there is a risk of splashing. Discard gloves after cleaning.
- Waiting chairs should be six feet apart. Encourage people to wait in their car if a line builds.
- Place markers on the floor every six feet if your operation can form lines.
- Print a handwashing guide and tape it to your restroom mirror. You can find one to print at https://www.cdc.gov/handwashing/posters.html.
- Open windows if able.
- Assign a rotating schedule of people or assign one person to clean common spaces and shared items, such as the break room, coffee maker, vending machines, phones, etc.
- Stagger shifts with co-workers to reduce the number of people working at any one time
- Expand your operating hours if you can stagger or split shifts.
- Consider working weekends if you are not already and scheduling clients spaced throughout the week, if able, to allow for limited line formation and adequate time to clean.
- Assign cleaning materials to each stylist/employee so that they have their own broom, mop, etc. The employee should wipe handles and sticks off frequently with approved cleaning supplies.



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PUBLIC HEALTH

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TO: Montrose County Board of County Commissioners

FROM: Tanner Kingery, MPH, Director, Ouray County Public Health Agency

DATE: May 13, 2020

SUBJ: Letter of support

Dear Honorable Commissioners,

Please accept my letter of support for Montrose County's variance request from portions of Executive Order D 20 044 and Public Health Order 20-28. Montrose and Ouray counties have reached a steady-state of low-level transmission and there are low case counts in the setting of adequate testing capacity and availability. The communities of Ouray and Montrose counties are so intertwined that having a comprehensive, unified approach across our corridor will improve compliance and cohesiveness. Thank you for your time and continued efforts to combat COVID-19.

Sincerely,

7anner Kingery

Tanner Kingery, MPH
Director
Ouray County Public Health Agency