



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

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COVID-19 County Safe Start Application: Moving **from Phase 2 to Phase 3**

Washington State Department of Health
June 2, 2020

INSTRUCTIONS

BACKGROUND

On March 23, 2020, and subsequently after, Governor Inslee issued Stay Home—Stay Healthy proclamations prohibiting persons from leaving their homes or place of residence except to conduct or participate in essential activities and/or for employment in essential business services. He also prohibited on March 25, 2020, all non-essential business operations except for performing basic minimum operations.

On May 1, 2020, Governor Inslee indicated he would extend the Stay Home—Stay Healthy order through May 31, 2020, and he was allowing smaller counties that did not have a new case of COVID-19 reported in the last three weeks to apply for a variance that would allow them to move from Phase 1 of the Phased Approach to Reopening Washington Plan to Phase 2. On May 19, 2020, Governor Inslee announced he would allow additional counties with <10 COVID-19 cases / 100,000 population over the past two weeks to apply for a variance to move from Phase 1 to Phase 2.

On May 29, 2020, Governor Inslee announced the expansion of the Safe Start—Washington’s Phased Reopening Plan as the Stay Home Stay Healthy order ended midnight Sunday May 31, 2020. The expansion moves Washington through the phased reopening on a county-by-county basis and allows counties already in Phase 2 to move to Phase 3, with a *minimum* of three weeks in Phase 2. Moving from one phase to another will make use of the following metrics:

COVID-19 Activity	Incidence of new cases reported during prior two weeks (<i>measured by specimen collection date, and to account for the lag in reporting, the two week period starts 6 days prior to the current date</i>)	Target: <25 cases / 100,000 / 14 days
	Trends in hospitalizations for lab-confirmed COVID-19	Target: flat or decreasing
	Reproductive rate (if available)	Target: $Re < 1$

Healthcare system readiness	% licensed beds occupied by patients (i.e., hospital census relative to licensed beds)	Targets: Green: <80% (Yellow: 81-90%; Red: >90%)
	% licensed beds occupied by suspected and confirmed COVID-19 cases	Target: Green: <10% (Yellow: 11-20%; Red: >20%)
Testing	Average number of tests performed per day during the past week (or average % tests positive for COVID-19 during the past week)	Target: 50 times the number of cases (or 2%)
	<i>Median</i> time from symptom onset to specimen collection among cases during the past week	Target: median <2 days
Case and contact investigations	Percent of cases reached by phone or in person within 24 hours of receipt of positive lab test report	Target: 90%
	Percent of contacts reached by phone or in person within 48 hours of receipt of positive lab test report on a case	Target: 80%
	Percent of cases being contacted daily (by phone or electronically) during their isolation period	Target: 80%
	Percent of contacts being contacted daily (by phone or electronically) during their quarantine period	Target: 80%
Protecting high-risk populations	Number of outbreaks reported by week (defined as 2 or more non-household cases epidemiologically linked within 14 days in a workplace, congregate living, or institutional setting)	Target: 0 for small counties (<75,000), 1 for medium counties (75,000-300,000), 2 for large counties (>300,000), 3 for very large counties (>1 million)

APPLICATIONS TO MOVE FROM PHASE 2 TO PHASE 3

County requests for moving out of Phase 2 should be directed to Washington State Secretary of Health John Wiesman, DrPH, at secretary@doh.wa.gov. Those requests may include moving to all or a subset of Phase 3 community mitigation strategies per Safe Start Washington—Phased Reopening County-by-County.

Local Approval Process and Required Documentation

The local approval process must follow the outlined steps. The application should include these materials:

1. The process starts with the local public health officer submitting a dated and signed recommendation to the local board of health with one of the following recommendations: stay in Phase 2, apply to implement all of Phase 3 modifications, or apply to implement a subset of Phase 3 modifications. No other modifications will be allowed. Documentation must include the metrics table from above with the county’s performance on the metrics.

2. The local board of health, if it chooses to move forward with an application, must achieve a majority vote to move forward. The vote must identify if all of Phase 3 modifications will be implemented or, alternatively, which subset of Phase 3 elements will be implemented. Documentation of the vote of the Board of Health: including the dated motion/resolution and the vote totals (#Yea, # No, # Abstaining, # Absent).
3. Each local hospital must submit a dated letter explicitly certifying *each* of the following or alternatively, if a county's hospitals are all reporting into WA HEALTH, the local health department can use that information to report on the following elements, except for element "e" below which would require an email confirmation from the hospital. If the county does not have a hospital, that local health jurisdiction must obtain the same documentation from the hospital(s) that serve the majority of the county's residents:
 - a. The percent of licensed beds occupied by patients (i.e., hospital census relative to licensed beds).
 - b. The percent of licensed beds occupied by suspected and confirmed covid-19 cases (*ideal target is <10%*).
 - c. That the hospital is reporting, and will continue to report daily, *including on weekends*, all data requested by the Washington State Department of Health into WA HEALTH, and for how many days in the last 2 weeks they did report into WA HEALTH.
 - d. The hospital has at least a 14-day supply on-hand for all of the following PPE, including N95 respirators, surgical masks, face shields, gloves, and gowns.
 - e. Reaffirm that if or when the hospital is using PPE conservation strategies, that no staff person is wearing any one N95 respirator or surgical mask for longer than one shift, and that they are following PPE guidance on reuse or extended use in this guidance: <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/PPE-Reuse.pdf>.
4. The county executive must approve the local board of health's plan. If the county does not have an executive, the county council/commission must vote on the local board of health's plan. Neither can alter the board of health's decision on how to approach the phase. Documentation must include a transmittal letter from the county executive offering support, or if no county executive, the dated motion/resolution of the county commission and the vote totals (#Yea, # No, # Abstaining, # Absent).

Application Narrative

1. Provide a brief epidemiologic summary of the new COVID-19 cases in the county since moving to Phase 2. This summary should minimally include:
 - a. The proportion of cases without a known epidemiologic link to other cases.
 - b. The age and race/ethnicity distribution of cases, hospitalizations, and deaths.
 - c. A list of the number of new or ongoing outbreaks (defined as 2 or more non-household cases epidemiologically linked with 14 days in a workplace, congregate living, or institutional setting in the county), the facility name and type, and for each facility, the number of cases associated with that outbreak.
 - d. A description of populations disproportionately affected by COVID-19.
 - e. If COVID-19 is disproportionately affecting low income communities or communities of color in your county, what are your plans to protect these populations?

2. Provide a summary narrative of any change in the COVID-19 testing sites in your county (clinic, hospital, health department, pharmacy, drive up, etc.) since entering into Phase 2 and any new efforts to communicate with the public about the need to get tested and promote/advertise those sites. Be sure to note any changes to sites that serve persons with low-income, no insurance, or underserved and the hours and days of those services.
3. The *median* number of days from onset of illness to COVID-19 specimen collection date for the cases identified in your county by week since your county entered Phase 2. The ideal target is a median number of ≤ 2 days. If the target is not being met, what seems to be the cause(s) and what are you doing to help address that?
4. For *each* of the weeks you have been in Phase 2, report the total number of COVID-19 tests reported for the county, the number of negative and number of positive test results, percent positive, and what 50 times the number of positive tests would be. In addition, report the percent positive of all tests for the overall time period. The *ideal* target is to perform about 50 tests per case and have a percent positivity no more than 2%. If the target is not being met, what seems to be the cause(s) and what are you doing to help address that?
 - a. Week 1 (dates): Total # of tests, # of negative tests, # of positive tests, percent positive, ideal target: 50 times the number of positive tests.
 - b. Repeat for remaining weeks.
 - c. Sum total # positive tests/total # of tests = percent positive.
5. Report or update the local health jurisdiction's resources to perform case investigations and contact tracing using *statewide standardized* COVID-19 case and contact investigation protocols.
 - a. The calculation showing how many case and contract tracers are needed for the county's population, assuming a *minimum* of 15 contact tracers for every 100,000 population. Show the calculation: $\text{county population}/100,000 \times 15 = \#$.
 - i. The number of health department staff *trained and ready* to perform case investigations and contact tracing, as well as their job classifications. The total number should then be equated to full-time equivalent staff.
 - ii. The number of other county/city government staff *trained and ready* to perform case investigations and contact tracing. The total number should then be equated to full-time equivalent staff.
 - iii. The number of volunteers or non-governmental employees *trained and ready* to perform case investigations and contact tracing. The total number should then be equated to full-time equivalent staff.
 - iv. Subtotal of those trained and ready, using the full-time equivalent number.
 - v. The number of persons (from all sources) in the pipeline to be trained in the next 4 weeks. The total number should then be equated to full-time equivalent staff.
 - vi. The gap between the minimum of 15/100,000 and the trained and to be trained personnel, using the full-time equivalent number. A plan for filling that gap, which could include a request for staff trained by the state.
 - vii. If the local health jurisdiction is making use of non-local health jurisdiction resources for this purpose, those other entities supplying the resource (e.g., community nonprofit, volunteer organization, Washington State Department of Health, etc.) must provide a letter certifying that they have the resources noted to assist the local health jurisdiction with case and contact investigations.

- b. The total number of cases identified over the past two weeks and the percentage of cases reached by phone or in person within 24 hours of receipt of positive lab test report (the *ideal target* is 90%). If the target is not being met, what seems to be the cause(s) and what are you doing to help address that?
 - c. The total number of close contacts identified over the past two weeks and the percentage of contacts reached by phone or in person within 48 hours of receipt of positive lab test report on a case (the *ideal target* is 80%). If the target is not being met, what seems to be the cause(s) and what are you doing to help address that?
 - d. For cases, are you currently reaching out to them *daily* throughout their isolation period via a combination of phone calls and electronic means (e.g., text) to check on their overall status and ability to successfully isolate? If so, for how long have you been doing the daily contacts and what percent of your cases over the last week have you made daily contact with (the *ideal target* is 80%)? If the target is not being met, what seems to be the cause(s) and what are you doing to help address that?
 - e. For contacts, are you currently reaching out to them daily through a combination of phone calls and electronic means (e.g., text) to check on symptom development and their ability to successfully self-quarantine? If so, for how long have you been doing the daily contacts and what percent of your contacts over the last week have you made daily contact with (the *ideal target* is 80%)? If the target is not being met, what seems to be the cause(s) and what are you doing to help address that?
 - f. Does the department conduct full case and contact investigations seven days a week, every week?
6. The number and type of isolation/quarantine facilities secured to house persons with COVID-19 who do not have a home or otherwise wish to isolate or quarantine themselves outside of their home, if it becomes necessary. For each facility list:
 - a. Facility name
 - b. Type (e.g., hotel/motel, apartment building, university dorm, county fairgrounds, etc.).
 - c. Number of rooms/people it can house for:
 - i. isolation,
 - ii. quarantine, or
 - iii. either isolation or quarantine
 - d. Number of cases and contacts currently in your isolation and quarantine facilities
 - e. Time period for which the space has been secured
 - f. If there is a clause for extension/renewal of that space, the terms of that extension
 - g. Services provided (e.g., housing, laundry, food, etc.) and by whom (e.g., the motel/hotel, a nonprofit, etc.)
 7. Describe how the health department provides or links persons in *home* isolation or quarantine with needed services they cannot otherwise obtain without going out for on their own (e.g., food, medications, etc.). In this description, include:
 - a. Who does this work (e.g., health department case investigator, contract with specific agency, etc.)?
 - b. How are referrals made to that agency, if other than health department?
 - c. How is it ensured that the referral agency connects with the client?
 8. Describe the health department's current capacity to conduct outbreak investigations and technical assistance in congregate living settings (e.g., skilled nursing facilities, jails,

multiple-family housing buildings, etc.) and workplaces (e.g., food processing facility, manufacturing plant, office building, etc.). These descriptions should include:

- a. The number and type of staff who are trained to conduct outbreak investigations.
 - b. Resources to rapidly conduct testing of all residents and/or workers at the facility. Include if the department retains a reserve supply of sample collection kits and, if so, how many are held in reserve. Also note who conducts the testing and, if you use outside resources to do that, details about the arrangement(s).
 - c. Any community or state resources relied upon to conduct these investigations.
9. What lessons did you learn implementing Phase 2 that would be helpful for us to know and share with others? Are there things you need from DOH in moving to Phase 3?

DETERMINATION

The county executive or a person authorized by the county council/commission will submit the application approved by the board of health and county to the Washington State Department of Health at secretary@doh.wa.gov for determination by the secretary of health. The Department of Health will review all applications that meet the requirements outlined.

Additional information may be sought if the application materials are deemed incomplete, unclear, or needing further explanation. The department may request a phone call for discussion of the application. Applications may be approved as submitted, approved with modifications, or denied.


RETURNING TO AN EARLIER PHASE OR ELIMINATING APPROVED ACTIVITIES

Any approved application may be modified or revoked by the secretary if circumstances change within the jurisdiction, such as a significant outbreak posing a threat to the community, no or minimal access to COVID-19 testing, no surge capacity in the hospital, inadequate PPE supplies, inadequate case and contact investigations, or for other reasons impacting the public's health. Prior to taking such action, the Department of Health will engage the county and local public health agency about the situation and potential actions. In all cases, the secretary will notify the county and local public health agency in writing and provide rationale and relevant data for it being moved to an earlier phase.

It should also be noted that the county can also identify when they need to return to an earlier phase or eliminate approved activities by submitting a rationale and relevant data to the secretary.

MOVING TO PHASE 4

At this time, no decisions have been made about a county's ability to proceed to Phase 4.



John Wiesman, DrPH, MPH
Secretary of Health

June 2, 2020
Date