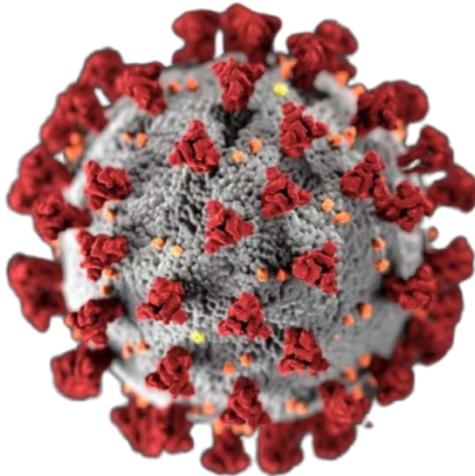


SNOHOMISH COUNTY
SAFE START APPLICATION
MOVING FROM
PHASE 1 TO PHASE 2



LOCAL APPROVAL PROCESS AND REQUIRED DOCUMENTATION

1) PUBLIC HEALTH OFFICER RECOMMENDATION



May 29, 2020

TO: Snohomish Health District Board of Health

SUBJECT: Recommendation to request a variance to implement all Phase 2 modifications of community mitigation strategies identified in the *Phased Approach to Reopening Washington Plan*.

Dear Board Members,

Attached are an application and relevant appendices addressing the Snohomish Health District's request for a variance from the Washington State Department of Health (DOH) to proceed to Phase 2 of the state's *Reopening Washington Plan*.

Such a transition would permit resumption of the following in Snohomish County, provided that individuals and enterprises involved in such activity adhere to Washington State guidelines for COVID-19 prevention and control applicable to their setting:

- Participation in outdoor recreation involving 1-4 people who are not household members (e.g., camping, beaches, etc.)
- Gathering with 1-5 people per week who are not household members
- Limited non-essential travel within proximity of an individual's home
- Manufacturing enterprises not already approved for activity
- New construction
- In-home/domestic services (e.g., nannies, housecleaning, etc.)
- Retail (in-store purchases allowed with restrictions)
- Real estate
- Professional services and office-based businesses (telework remains strongly encouraged)
- Hair salons, stylists, barbers, and nail salons
- Restaurants (seating at <50% maximum capacity and no table size >5 customers)

Beyond these and previously approved (Phase 1 and essential) activities, remaining elements of the Governor's March 23, 2020, Stay Home-Stay Healthy order would remain in effect. If our application is approved, Health Officer's Orders 20-059, -060, and/or 061 may be modified or rescinded as appropriate to remain coherent with this phase. Decisions on when and how DOH will allow a county with a Phase 2 variance to move to Phase 3 have not yet been made, but staff will track that process, work toward making Snohomish County ready for that transition as soon as feasible and permitted, and keep you informed of our progress.

Based on the information in the application demonstrating Snohomish County's recent case reports and our capacity for testing, case investigation, contact tracing, hospital surge, and protection of vulnerable populations, I think it is reasonable to proceed forward. Therefore, I recommend that Snohomish County request a variance to implement all Phase 2 modifications at this time.

Sincerely,

Christopher Spitters, MD, MPH
Health Officer

a) METRICS FOR CONSIDERING RETURN TO MORE STRICT NON-PHARMACEUTICAL INTERVENTIONS

Category	Measure	DOH Target	Snohomish County
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 for 14 days	5/12/2020-5/26/2020: Case rate per 100,000: 18.4
	Trends in hospitalization for lab confirmed COVID-19	Target: flat or decreasing	Decreasing (See Figure 3.b.1) Highest hospitalization rate per 100,000 on 5/13/2020: 8.2 Current hospitalization rate per 100,000 on 5/30/2020: 3.8
	Reproductive rate	Not calculated	
Healthcare system readiness	% licensed beds occupied by patients (i.e., hospital census relative to licensed beds)	Target: Green: <80% (Yellow: 81-90%; Red >90%)	66.7%
	% licensed beds occupied by suspected and confirmed COVID-19 cases	Target: Green: <10% (Yellow: 11-20%; Red >20%)	4.6%

Category	Measure	DOH Target	Snohomish County
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%)	(See table 4.1 below)
	Median time from symptom onset to specimen collection among cases during the past week	Target: median <2 days	Median for past week: 1 (See table 3.1 below)
Case and contact investigations	Percent of cases reached by phone or in person within 24 hours of receipt of positive lab test report on a case	Target: 90%	71% for past 4 weeks (See Table 5.6 and 5.7)
	Percent of contacts reached by phone or in person within 48 hours of receipt of positive lab test report on a case	Target: 80%	90% for past 2 weeks (See Table 5.9)
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: ≤2	Average number of outbreaks for 4 previous weeks: 1.5

2) BOARD OF HEALTH OF SNOHOMISH HEALTH DISTRICT STAFF MEMO AND RESOLUTION

Staff member's name: Shawn Frederick

Topic of staff report: Resolution 20-16, Application for variance to Phase 2 of Washington's Safe Start Plan

Proposed Board action

Approve Resolution 20-16 authorizing the submission and application for a request for a variance from the Washington State Department of Health to proceed to Phase 2 of the Safe Start Plan.

Background

On May 1, 2020, Governor Inslee announced a phased approach to reopening all aspects of public life in Washington State. This Safe Start Plan calls for four distinct phases lasting a minimum of three weeks each. Not all counties will be in the same phase at the same time. Snohomish County is currently in Phase 1. At this time, a move to Phase 2 is not automatic. In order to move to Phase 2, an application for a variance must be submitted to the Washington State Secretary of Health. In Snohomish County, the variance request begins with submission to the Board of a signed recommendation by Dr. Spitters that the County move into Phase 2. Dr. Spitters has issued a recommendation to that effect. The next step in the process is for the Board to take official action and by a majority vote, recommend moving forward with an application to move to Phase 2. Resolution 20-16 formally authorizes submission of a variance application for Snohomish County.

If Resolution 20-16 is approved, the County Council will vote on the District's plan to apply for Phase 2. The approvals by the legislative bodies will be packaged up and sent to the State, along with documentation regarding testing processes, data on reported positive tests, investigation protocols, isolation and quarantine facilities, and hospital preparedness. The State will then approve or deny the application for a variance.

Board Authority

On May 19, 2020, the Department of Health issued instructions on how counties can apply for a variance to move from Phase 1 to Phase 2 of the Safe Start Plan. This action is consistent with that guidance.

Recommended Motion

MOVE TO APPROVE RESOLUTION 20-16



SNOHOMISH HEALTH DISTRICT
RESOLUTION OF THE BOARD OF HEALTH

RESOLUTION NUMBER: 20-16

RESOLUTION SUBJECT: A RESOLUTION OF THE BOARD OF HEALTH OF SNOHOMISH HEALTH DISTRICT AUTHORIZING SUBMISSION OF AN APPLICATION AND REQUEST FOR A VARIANCE TO THE WASHINGTON STATE DEPARTMENT OF HEALTH TO PROCEED TO PHASE 2 OF THE STATE'S REOPENING WASHINGTON PLAN

WHEREAS, on January 31, 2020, the United States Department of Public Health and Human Services Secretary Alex Azar declared a public emergency for the novel coronavirus (COVID-19) beginning on January 27, 2020; and

WHEREAS, on February 29, 2020, Governor Jay Inslee declared a state of emergency exists in all counties in the State of Washington due to the number of confirmed cases of COVID-19 in the State; and

WHEREAS, on March 23, 2020, Governor Inslee issued Proclamation 20-25, *Stay Home, Stay Healthy*, which requires citizens to remain in their homes, except to conduct essential business; and

WHEREAS, the Governor's *Stay Home, Stay Healthy* order required closure of all non-essential businesses; and

WHEREAS, on May 1, 2020, Governor Inslee announced his *Safe Start Plan*, which implements a phased approach to re-opening all aspects of public life; and

WHEREAS, Snohomish County is currently in Phase 1 of the *Safe Start Plan*; and

WHEREAS, on May 19, 2020, Governor Inslee announced eligibility requirements for counties over 75,000 to move to Phase 2; and

WHEREAS, by letter dated May 19, 2020, the Washington State Secretary of Health issued instructions for submittal of variance applications to the Governor's Stay Home, Stay Healthy Proclamation; and

WHEREAS, counties that meet certain prescribed criteria may apply for a variance from said eligibility requirement; and

WHEREAS, on May 28, 2020, the Snohomish Health District became aware that revisions to the rules/instructions/criteria for variance applications will be revised during the upcoming weekend of May 29-31; and

WHEREAS, when the new rules/instructions/criteria are known, a determination can be made about whether Snohomish County will either automatically meet the criteria for moving to Phase 2, or to qualify for submission of a variance application; and

WHEREAS, Snohomish Health District has demonstrated testing capacity, established contact tracing and case investigation protocols, and has protections in place for vulnerable populations; and

Snohomish Health District
Res. 20-16
Phase 2 Variance Application

WHEREAS, local hospitals have capacity and the PPE necessary to combat the virus; and

WHEREAS, the Health Officer for Snohomish Health District has made a recommendation to the Board of Health dated May 29,2020, to request a variance; and

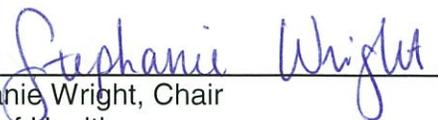
WHEREAS, it is necessary to the continued economic and social viability of Snohomish County to move to Phase 2 of the *Safe Start Plan*.

NOW, THEREFORE, BE IT RESOLVED, by the Board of Health of Snohomish Health District as follows:

1. The Board of Health hereby directs Health District staff to review all applicable rules/instructions/criteria for submission of a variance request to the State Department of Health (including, but not limited to, any new rules promulgated over the upcoming weekend of May 29-31 and beyond) to determine if the Health District qualifies for a variance.
2. The Board of Health hereby approves and adopts the recommendation of the Health Officer dated May 29, 2020, which is incorporated herein by this reference.
3. Subject to meeting the variance rules/instructions/criteria, and consistent with the recommendation of the Health Officer, the Board of Health hereby authorizes the application and submission of a request for a variance from the Washington State Department of Health to move to Phase 2 of the *Safe Start Plan*.
4. Health District staff is further authorized to take any and all steps necessary to effectuate the variance application, including but not limited, to supplying all data and documentation supporting the application and request.
5. Following adoption and execution, this Resolution shall be transmitted to the Clerk of the Snohomish County Council.

ADOPTED BY THE BOARD OF HEALTH of SNOHOMISH HEALTH DISTRICT this 29th day of May 2020 by a vote of 15 members voting yes, 0 members voting nay, 0 members abstaining, and 0 members absent.

ATTEST:



 Stephanie Wright, Chair
 Board of Health



 Shawn Frederick, MBA
 Administrative Officer



SNOHOMISH COUNTY COUNCIL
Snohomish County, Washington

RESOLUTION NO. 20-012

**A RESOLUTION OF THE SNOHOMISH COUNTY COUNCIL AUTHORIZING
SUBMISSION OF AN APPLICATION AND REQUEST FOR A VARIANCE FROM
THE WASHINGTON STATE DEPARTMENT OF HEALTH TO PROCEED TO
PHASE 2 OF THE STATE'S REOPENING WASHINGTON PLAN**

WHEREAS, on January 31, 2020, the United States Department of Public Health and Human Services Secretary Alex Azar declared a public emergency for the novel coronavirus (COVID-19) beginning on January 27, 2020; and

WHEREAS, on February 29, 2020, Governor Jay Inslee declared a state of emergency exists in all counties in the State of Washington due to the number of confirmed cases of COVID-19 in the State; and

WHEREAS, on March 23, 2020, Governor Inslee issued Proclamation 20-25, Stay Home, Stay Healthy, which requires citizens to remain in their homes, except to conduct essential business; and

WHEREAS, the Governor's Stay Home, Stay Healthy order required closure of all non-essential businesses; and

WHEREAS, on May 1, 2020, Governor Inslee announced his Safe Start Plan, which implements a phased approach to re-opening all aspects of public life; and

WHEREAS, Snohomish County is currently in Phase 1 of the Safe Start Plan; and

WHEREAS, on May 19, 2020, Governor Inslee announced eligibility requirements for counties over 75,000 to move to Phase 2; and

WHEREAS, by letter dated May 19, 2020, the State Department of Health issued instructions for submittal of variance applications to the Governor's Stay Home, Stay Healthy Proclamation; and

WHEREAS, counties that meet certain prescribed criteria may apply for a variance from said eligibility requirement; and

WHEREAS, on May 28, 2020, The Snohomish County Council became aware that revisions to the rules/instructions/criteria for variance applications will be revised during the upcoming weekend of May 29-31; and

WHEREAS, when the new rules/instructions/criteria are known, a determination can be made about the extent to which Snohomish County will either automatically meet the criteria for moving to phase 2, or to qualify for submission of a variance application; and

WHEREAS, while Snohomish County has not yet met every requirement that would automatically trigger moving to Phase 2, it has demonstrated robust public health readiness, which demonstrates that it should qualify for a variance; and

WHEREAS, Snohomish Health District has demonstrated testing capacity, established contact tracing and case investigation protocols, and has protections in place for vulnerable populations; and

WHEREAS, local hospitals have capacity and the PPE necessary to combat the virus; and

WHEREAS, Health Officer for Snohomish Health District has made a recommendation to the Snohomish County Council dated May 29, 2020 to request a variances; and

WHEREAS, it is necessary to the continued economic and social viability of the county to move to Phase 2 of the Safe Start Plan;

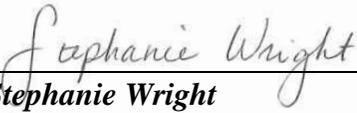
NOW, THEREFORE, BE IT RESOLVED, by the Snohomish County Council as follows:

1. *The Snohomish County Council hereby directs the Health District Staff to review all applicable rules/instructions/criteria for submission of a variance request (including, but not limited to any new rules promulgated over the upcoming weekend of May 29-31 and beyond) to determine if Snohomish County qualifies for a variance.*
2. *The Snohomish County Council hereby approves and adopts the recommendation of the Health Officer dated May 29, 2020 which is incorporated herein by this reference.*
3. *Subject to meeting the variance rules/instructions/criteria, and consistent with the recommendation of the Health Officer, the Snohomish County Council hereby authorizes the application and submission of a request for a variance from the Washington State Board of Health to move to Phase 2 of the Safe Start Plan.*
4. *Health District staff is further authorized to take any and all steps necessary to effectuate the variance application, including but not limited to supplying all data and documentation supporting the application and request.*

APPROVED this 29th day of May, 2020.



Nate Nehring
Council Chair



Stephanie Wright
Council Vice-Chair



Megan Dunn
Councilmember



Jared Mead
Councilmember



Sam Low
Councilmember

ATTEST: 

Debbie Eco, CMC
Clerk of the Council

3) LOCAL HOSPITAL ATTESTATION

Hospital Attestation Template
SHD COVID-19 Variance Application



PROVIDENCE
Regional Medical Center
Everett

Shawn Frederick, MBA
Administrative Officer
Snohomish Health District
3020 Rucker Ave, Ste 306
Everett, WA 98201

Dear Mr. Frederick:

I am writing to attest to the following with respect to Providence Regional Medical Center Everett and the Health District's request for a variance to move to Phase 2 of the *Reopening Washington Plan*:

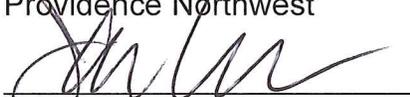
- We currently have 20 percent surge capacity to accommodate a 20 percent increase in suspected or confirmed COVID-19 hospitalizations.
- We are reporting, and will continue to report daily, including on weekends, all data requested by the Washington State Department of Health (DOH) into WA HEALTH.
- We have at least a 14-day supply on-hand of PPE, including N-95 respirators, surgical masks, face shields, gloves, and gowns.
- No staff person is wearing any one N95 respirator or surgical mask for longer than one shift.
- We are following PPE guidance on reuse or extended use as set forth in <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/PPE-Reuse.pdf>.

If you or DOH have any questions regarding this attestation or Providence Regional Medical Center Everett's capacity to respond to a surge of demand for acute care due to COVID-19, please feel free to contact us.

Sincerely,



Kim E Williams
Chief Executive Officer
Providence Northwest



Jay Cook, MD
Chief Medical Officer
Providence Regional Medical Center Everett



May 28, 2020

Shawn Frederick, MBA
Administrative Officer
Snohomish Health District
3020 Rucker Ave, Suite 306
Everett, WA 98201

Dear Mr. Frederick:

I am writing to attest to the following with respect to Swedish Edmonds and the Health District's request for a variance to move to Phase 2 of the *Reopening Washington Plan*:

- We currently have 20 percent surge capacity to accommodate a 20 percent increase in suspected or confirmed COVID-19 hospitalizations.
- We are reporting, and will continue to report daily, including on weekends, all data requested by the Washington State Department of Health (DOH) into WA HEALTH.
- We have at least a 14-day supply on-hand of PPE, including N-95 respirators, surgical masks, face shields, gloves, and gowns.
- No staff person is wearing any one N95 respirator or surgical mask for longer than one shift.
- We are following PPE guidance on reuse or extended use as set forth in <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/PPE-Reuse.pdf>.

If you or DOH have any questions regarding this attestation or Swedish's capacity to respond to a surge of demand for acute care due to COVID-19, please feel free to contact us.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Guy Hudson".

R. Guy Hudson, M.D., MBA
Chief Executive Officer
Swedish Health Services

A handwritten signature in black ink, appearing to read "Lynn Welling".

Lynn Welling, M.D.
Chief Clinical Officer
Swedish Health Services

Shawn Frederick, MBA
Administrative Officer
Snohomish Health District
3020 Rucker Ave, Ste 306
Everett, WA 98201

Dear Mr. Frederick:

I am writing to attest to the following with respect to EvergreenHealth Monroe and the Health District's request for a variance to move to Phase 2 of the *Reopening Washington Plan*:

- We currently have 20 percent surge capacity to accommodate a 20 percent increase in suspected or confirmed COVID-19 hospitalizations.
- We are reporting, and will continue to report daily, including on weekends, all data requested by the Washington State Department of Health (DOH) into WA HEALTH.
- We have at least a 14-day supply on-hand of PPE, including N-95 respirators, surgical masks, face shields, gloves, and gowns.
- No staff person is wearing any one N95 respirator or surgical mask for longer than one shift.
- We are following PPE guidance on reuse or extended use as set forth in <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/PPE-Reuse.pdf>.

If you or DOH have any questions regarding this attestation or EvergreenHealth Monroe's capacity to respond to a surge of demand for acute care due to COVID-19, please feel free to contact us.

Sincerely,



Lisa M. LaPlante, MHA
Chief Administrative Officer



Midori Larrabee, MD, FACP
Chief Medical and Quality Officer

May 27, 2020

Shawn Frederick, MBA
Administrative Officer
Snohomish Health District
3020 Rucker Ave, Ste 306
Everett, WA 98201

Dear Mr. Frederick:

I am writing to attest to the following with respect to Cascade Valley Hospital and the Health District's request for a variance to move to Phase 2 of the *Reopening Washington Plan*:

- We currently have 20 percent surge capacity to accommodate a 20 percent increase in suspected or confirmed COVID-19 hospitalizations.
- We are reporting, and will continue to report daily, including on weekends, all data requested by the Washington State Department of Health (DOH) into WA HEALTH.
- We have at least a 14-day supply on-hand of PPE, including N-95 respirators, surgical masks, face shields, gloves, and gowns.
- No staff person is wearing any one N95 respirator or surgical mask for longer than one shift.
- We are following PPE guidance on reuse or extended use as set forth in <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/PPE-Reuse.pdf>.

If you or DOH have any questions regarding this attestation or Cascade Valley Hospital's capacity to respond to a surge of demand for acute care due to COVID-19, please feel free to contact us.

Sincerely,



Cascade Valley Hospital, Skagit Regional Health CEO



Cascade Valley Hospital, Skagit Regional Health CMO

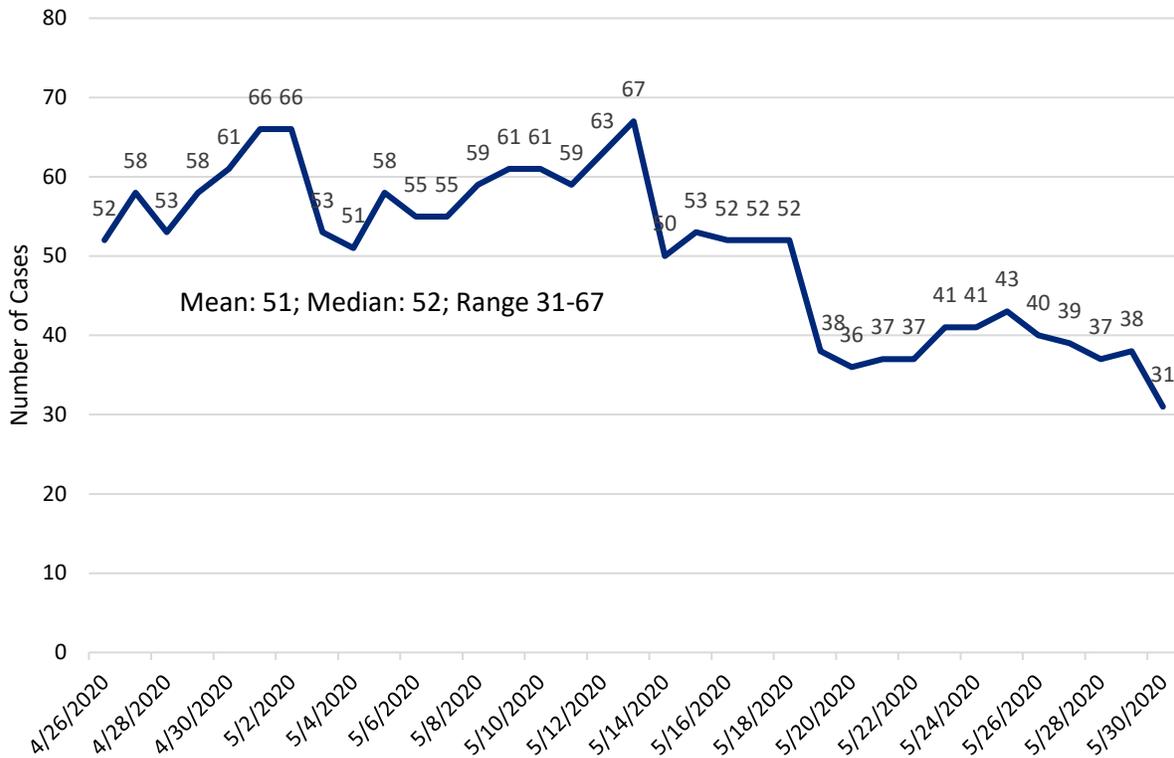


a) HEALTHCARE SYSTEM READINESS CURRENT LICENSED BED COUNTS

Facility	Availability	Occupancy	Number of COVID Patients	% COVID
Evergreen Monroe	65	9.7%	0	0.0%
Providence Everett	130	77.2%	26	4.6%
Swedish Edmonds	85	60.8%	15	6.9%
Cascade Valley	16	46.7%	0	0.0%
TOTAL	296	66.7%	41	4.6%

b)

**Figure 3.b.1
SNOHOMISH COUNTY COVID-19 HOSPITALIZATIONS BY DATE**



Data source: Snohomish Health District COVID-19 database

4) COUNTY EXECUTIVE APPROVAL OF BOARD OF HEALTH OF SNOHOMISH HEALTH DISTRICT'S PLAN

Dave Somers
County Executive

June 1, 2020

3000 Rockefeller Ave., M/S 407
Everett, WA 98201-4046
(425) 388-3460
www.snoco.org

Dr. John Wiesman
Department of Health
State of Washington
PO Box 47890
Olympia, WA 98504-7890

Dear Secretary Wiesman:

I strongly endorse Snohomish County's request for a variance to move to Phase II of Washington's "Safe Start" plan and encourage the approval of our request. This request validates the hard work of our residents and the diligent, coordinated efforts of the Snohomish Health District and Snohomish County. It also demonstrates our commitment to continue working together to minimize the impacts of the COVID-19 on the residents of Snohomish County, saving lives and preserving public health.

As you know, we experienced the United States' first confirmed case of COVID-19 in January of 2020 and began our coordinated response then. While I recognize that we are still in the midst of a worldwide pandemic and are tracking new COVID-19 cases in Snohomish County, I believe we have solid plans, processes, partnerships, and infrastructure in place to move to Phase II. I am also committed to continuing to support our coordinated efforts through our Department of Emergency Management and my powers as the County Executive.

Even more important, I believe that across our community—our families, our neighbors, our businesses—all did their part to flatten the curve and will continue to do so. They want to return to work safely, and our team is working diligently to communicate broadly that everyone plays a part in keeping us moving forward. We are emphasizing the Phase 2 guidance developed by Washington's Department of Health and consistently evaluating measures that can be taken at the county level to ensure our residents remain healthy while restarting our economy.

We appreciate Governor Inslee's leadership throughout this crisis and the careful, phased approach to recovering from the pandemic; we appreciate our partnerships with the counties throughout the Puget Sound region; and we intend to continue to support both. I am grateful for the hard work done by our Snohomish County team to put us in this position and look forward to moving into Phase 2.

If you have additional questions or need clarification, please contact me directly.

Sincerely,



Dave Somers
Snohomish County Executive

APPLICATION NARRATIVE



May 29, 2020

Dr. John Wiesman, DrPH, MPH
Washington State Secretary of Health
secretary@doh.wa.gov

Re: Request for Variance from the Stay Home, Stay Healthy Proclamation for Snohomish County to Move from Phase 1 to Phase 2

Dear Secretary Wiesman:

Please find enclosed Snohomish County's formal variance request and application package to move from Phase 1 to Phase 2 All Modifications.

Through a community-wide effort, Snohomish County meets several criteria established by Governor Inslee and the Department of Health to move from Phase 1 to Phase 2 as outlined in the Department's Variance Plan instructions (May 19, 2020). As of today, Snohomish County has less than 18.4 COVID-19 cases per 100,000 population over the past two weeks.

With the help of many local partners, including, but not limited to, local county and city governments, healthcare providers and first responders, civic groups, businesses, and Snohomish County residents, we believe that our county is ready to move to Phase 2 of the state plan. Our enclosed application details our county's capabilities to meet or exceed the criteria outlined in the May 19 variance criteria for case investigations and contact tracing, hospital surge capacity, testing capacity, isolation and quarantine capacity, case management assistance, and response to an outbreak in a congregate living setting.

Thank you for leadership and support during this challenging time. We look forward to your prompt response to our application.

Sincerely,

Chris Spitters, MD, MPH
Health Officer

Shawn Frederick, MBA
Administrative Officer

1) SUMMARY OF COVID-19 IN SNOHOMISH COUNTY

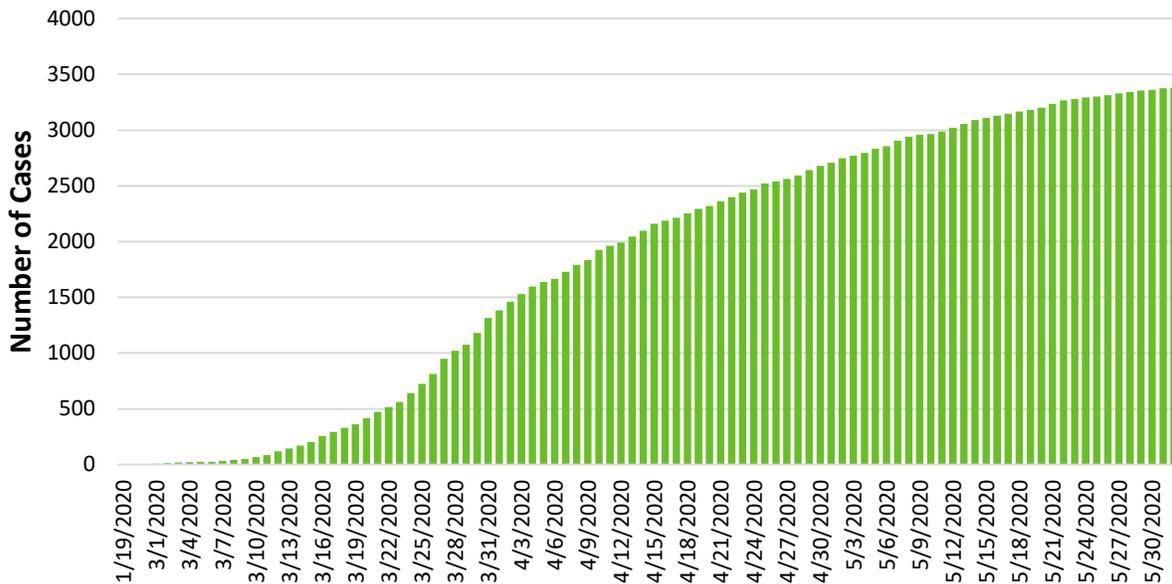
Epidemiologic Profile

Snohomish County’s and Washington State’s first *reported* case of COVID-19 was confirmed January 20 in a returning traveler from Wuhan. The second case was confirmed February 28 in a local high school student. An initial molecular epidemiologic analysis from local academic institution published on Twitter prior to peer review asserted and gained widespread acceptance that case 2 was a descendent of serial transmission from case 1 and that case 1 had seeded unrecognized and sustained community transmission that generated up to several thousand cases in the region. Yet, findings from the expanded contact investigation of case 1 found no transmission to approximately two-dozen health care and occupational contacts. Following a constellation of complementary reports and re-analysis suggesting that one or more subsequent introductions of the virus may have occurred subsequent to case 1, the local academic researcher recently retracted his initial expression of confidence that case 1 was the seed for the local outbreak.

Cumulative cases to-date (June 1, 2020): 3,380.
Confirmed: 2986 (88%)
Probable: 394 (12%)

Figure 1.1

Cumulative Total Number of COVID-19 Cases in Snohomish County, by Date



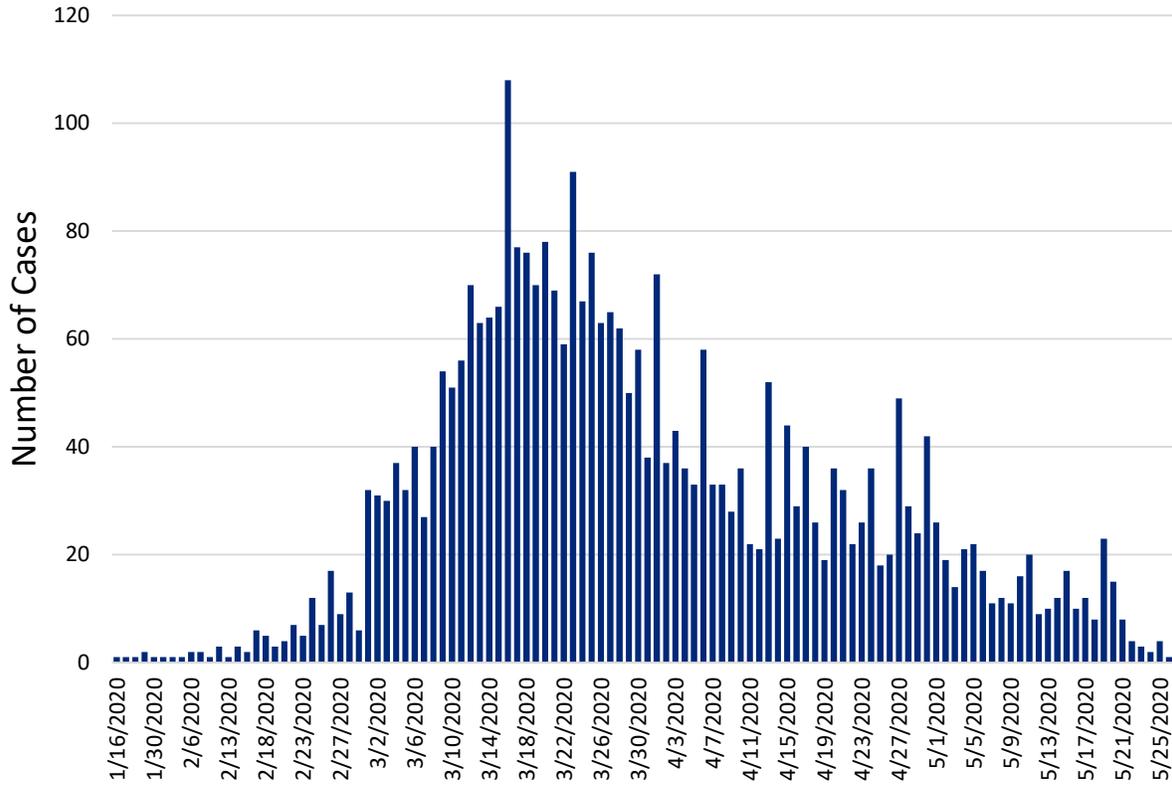
Source: Snohomish Health District

A peak incidence of 60-80 new onsets of reported cases daily was observed during the third week of March followed by an initial steep decline through the second week of April. This was

followed by a slower decline that persists through the current time. From that initial peak, cases have now been in decline for 11 weeks.

Figure 1.2

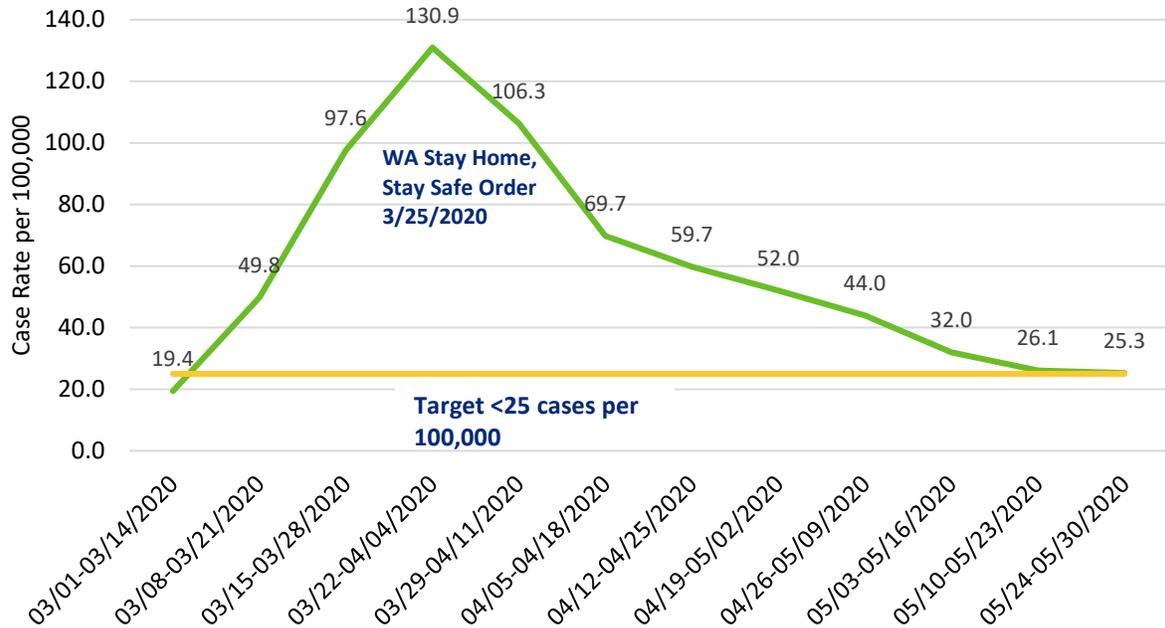
Snohomish County COVID-19 Case Onset Dates



Source: Snohomish Health District

Figure 1.3

Snohomish County COVID-19 Case Rate per 100,000 for 2-week Rolling Periods March 1 - May 30, 2020

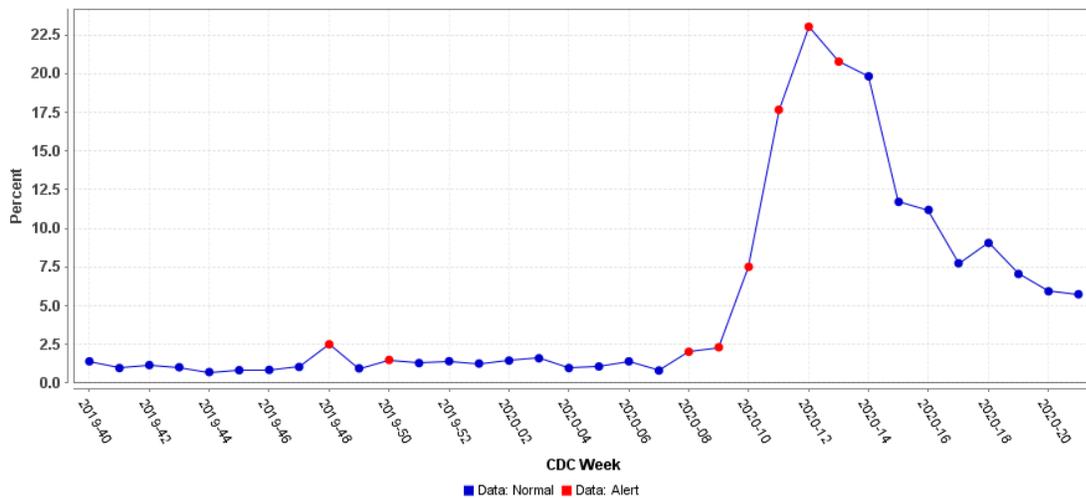


Source: Snohomish Health District. Note: based on date of report, not date of onset.

The peak in hospitalizations for COVID-like illness occurred during the first week of April, approximately two weeks following the peak in case onsets. At that time, the total acute inpatient census for confirmed-plus-suspected COVID cases peaked at approximately 160. Subsequent declines occurred in lagged parallel to case report decreases. The acute inpatient COVID census now has been stable in the 35-45 range for over a month.

Figure 1.4

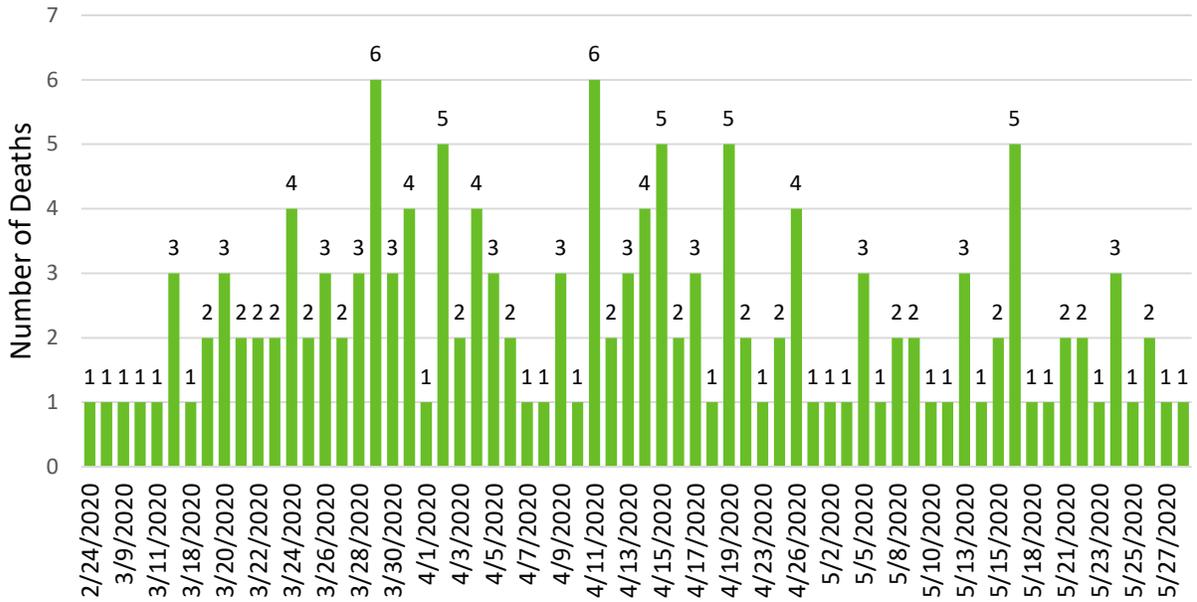
Weekly Percent of Hospitalizations for CLI



Source: Rapid Health Information Network [RHINO], c/o Washington State Department of Health

COVID-associated deaths (n=149, 4.4% of cases cumulatively) peaked in the second-to-third week of April and have subsequently declined with ≤2 deaths reported during all but four days in May (higher toll days: 3,3,5 and 3 deaths).

Figure 1.5
Number of COVID-19 Related Deaths in Snohomish County Residents by Date

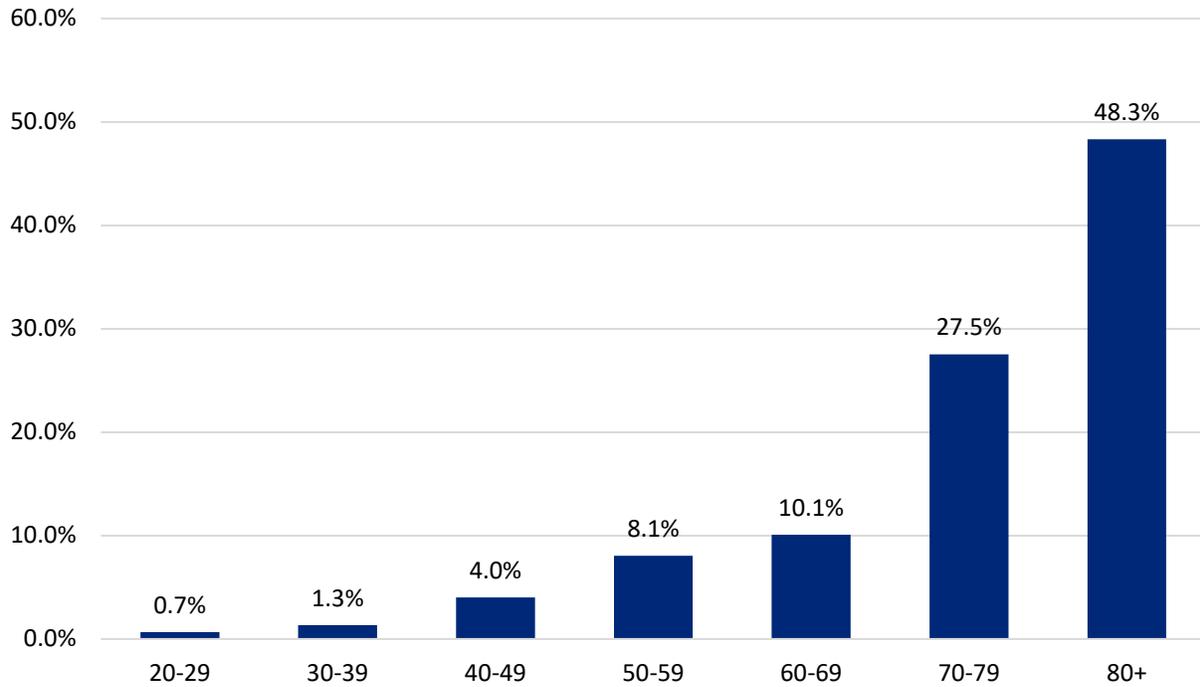


Source: Snohomish Health District

Advanced age is the primary factor driving case fatality.

Figure 1.6

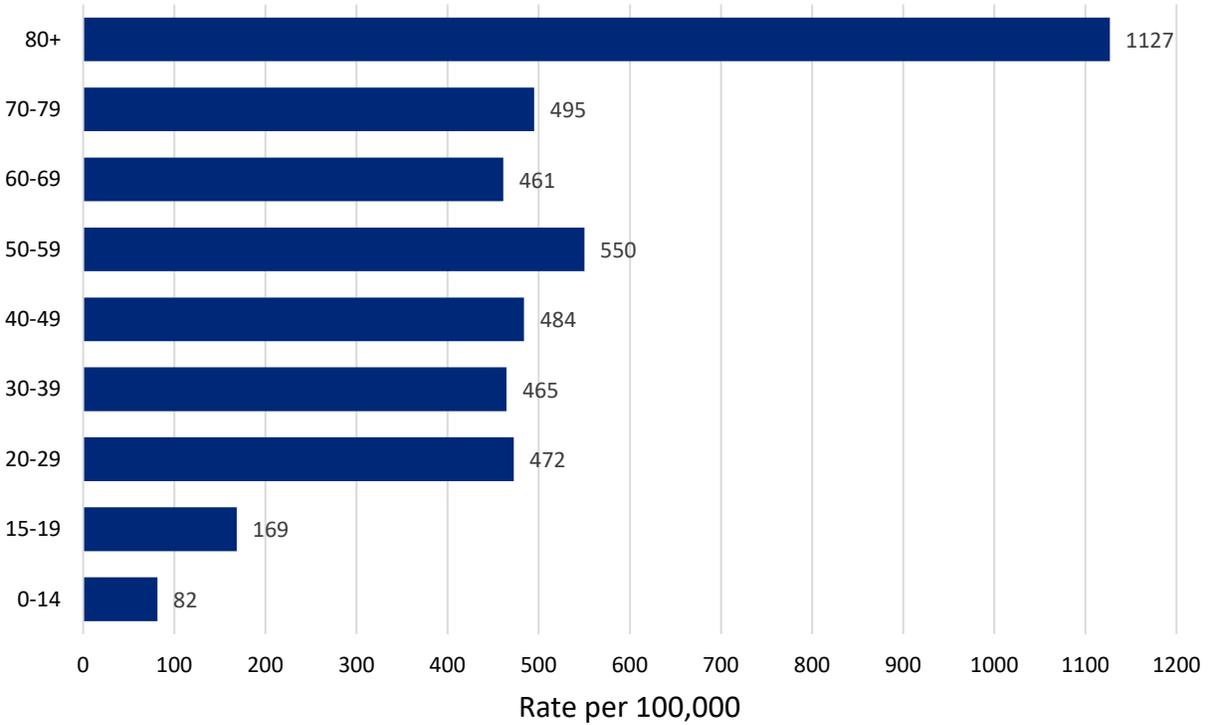
Age Group of Deceased COVID-19 Patients in Snohomish County



Source: Snohomish Health District

The age-specific rates for reported COVID-19 cases suggest that all age groups are affected. Higher rates in those >80 years probably reflects ascertainment bias due to severity of illness and residence in LTCFs where active case finding is occurring (see below). Younger age groups have more subclinical disease, and this likely explains the lower detection in those <20 years of age.

Figure 1.7
Snohomish County COVID-19 Case Rate per 100,000 by Age Group



Source: Snohomish Health District

Long-term care facility (LTCF) cases to-date account for 591 (17%) of the cumulative total. Of note, staff account for 303 (51%) of the LTCF cases; residents, 283 (48%); and visitors, 5 (1%). Of the 591 total LTCF cases reported, 167 (28%) were identified through active case finding by Health District surveillance testing conducted in these facilities. In total, the Health District has conducted outreach testing or has facilitated surveillance testing in 20 facilities including 1122 residents (10% positive) and 1017 staff (5% positive). LTCF-association accounts for 75 (50%) of Snohomish County’s 149 COVID-19 deaths.

In addition to advanced age and residence or work in long-term care, the leading identifiable risk factors for acquisition of the virus among reported cases are close contact to a known case and health care work. Thirty-nine percent of cumulative cases to-date have no identifiable risk factor other than living in the community. However, over time the proportion of cases with no identifiable risk factor (“community acquired”) has fallen to 19% in the past two weeks (albeit with some investigations still pending).

Figure 1.8

Weekly Percent of Snohomish County COVID-19 Cases by Type of Exposure and Onset Date

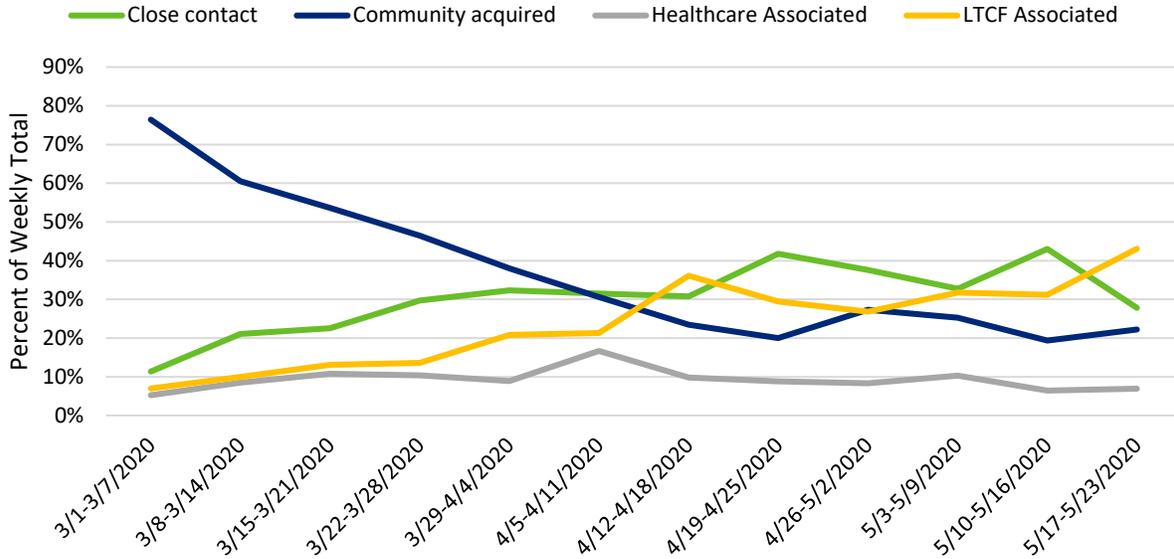


Table 1.1

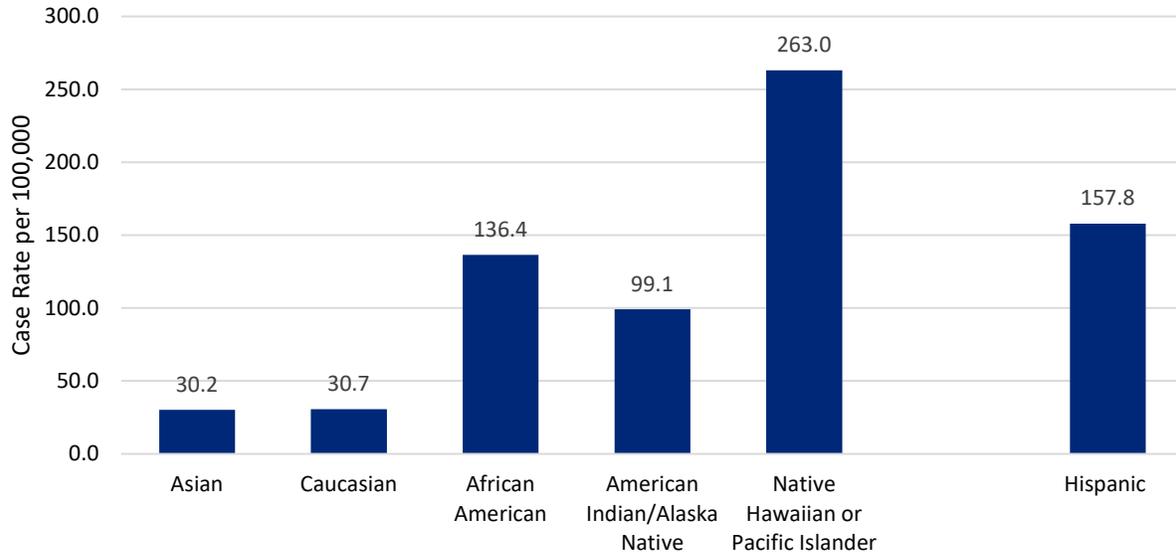
Exposure type	Cumulative		May 17 - 30	
	Number	Percent	Number	Percent
Community acquired	1310	38.8%	43	19.0%
Close contact	852	25.2%	56	24.8%
Long-term Care Facility Associated	591	17.5%	58	25.7%
HCW	268	7.9%	7	3.1%
Travel	49	1.5%	1	0.4%
Monroe Correctional Complex	24	0.7%	--	--
Nosocomial	19	0.6%	2	0.9%
Pending investigation	96	2.8%	59	26.1%
Unknown	166	4.9%	--	--
Grand Total	3375	100.0%	225	100.0%

Source: Snohomish Health District

In addition to elevated risk associated with long-term care, exposure to known cases, and health care work, most racial and ethnic minority groups experience elevated rates of reported COVID-19, including Native Hawaiian-or-Pacific Islanders, Latinos, African Americans and Native American-or-Alaska Natives. These groups are reported with COVID-19 at roughly 3-10 times the rate for Whites and Asians.

Figure 1.9

Snohomish County COVID-19 Case Rates per 100,000 by Race and Ethnicity



Source: Snohomish Health District

Deaths in most racial and ethnic minority groups in Snohomish County are too low to calculate stable or meaningful rates. It is noteworthy that despite elevated case rates, Latinos do not seem have elevated COVID-19 death rates in Snohomish County.

Table 1.2

Race non-Hispanic	Case count	Population	Rate per 100,000
African American	2	24195	Not calculated
American Indian/Alaska Native	2	9083	Not calculated
Asian	11	92570	11.9
Caucasian	116	563862	20.6
Native Hawaiian or Pacific Islander	2	4562	Not calculated
Other	3	N/A	Not calculated
Unknown	5	N/A	Not calculated
Ethnicity			
Hispanic	8	88072	9.1
TOTAL	149	818700	18.2

Source: Snohomish Health District

Table 1.3
Race/Ethnicity Impact Table

Race non-Hispanic	Case count	Population	Rate per 100,000
African American	28	24195	115.7

American Indian/Alaska Native	6	9083	66.1
Asian	24	92570	25.9
Caucasian	152	563862	27.0
Native Hawaiian or Pacific Islander	11	4562	241.1
Ethnicity			
Hispanic	130	88072	147.6
TOTAL	351		
Total cases in data set	584		
% with race or ethnicity data	60.1%		
Race non-Hispanic	Rate per		
	100,000		
Asian	115.7		
Caucasian	66.1		
African American	25.9		
American Indian/Alaska Native	27.0		
Native Hawaiian or Pacific Islander	241.1		
Hispanic	147.6		

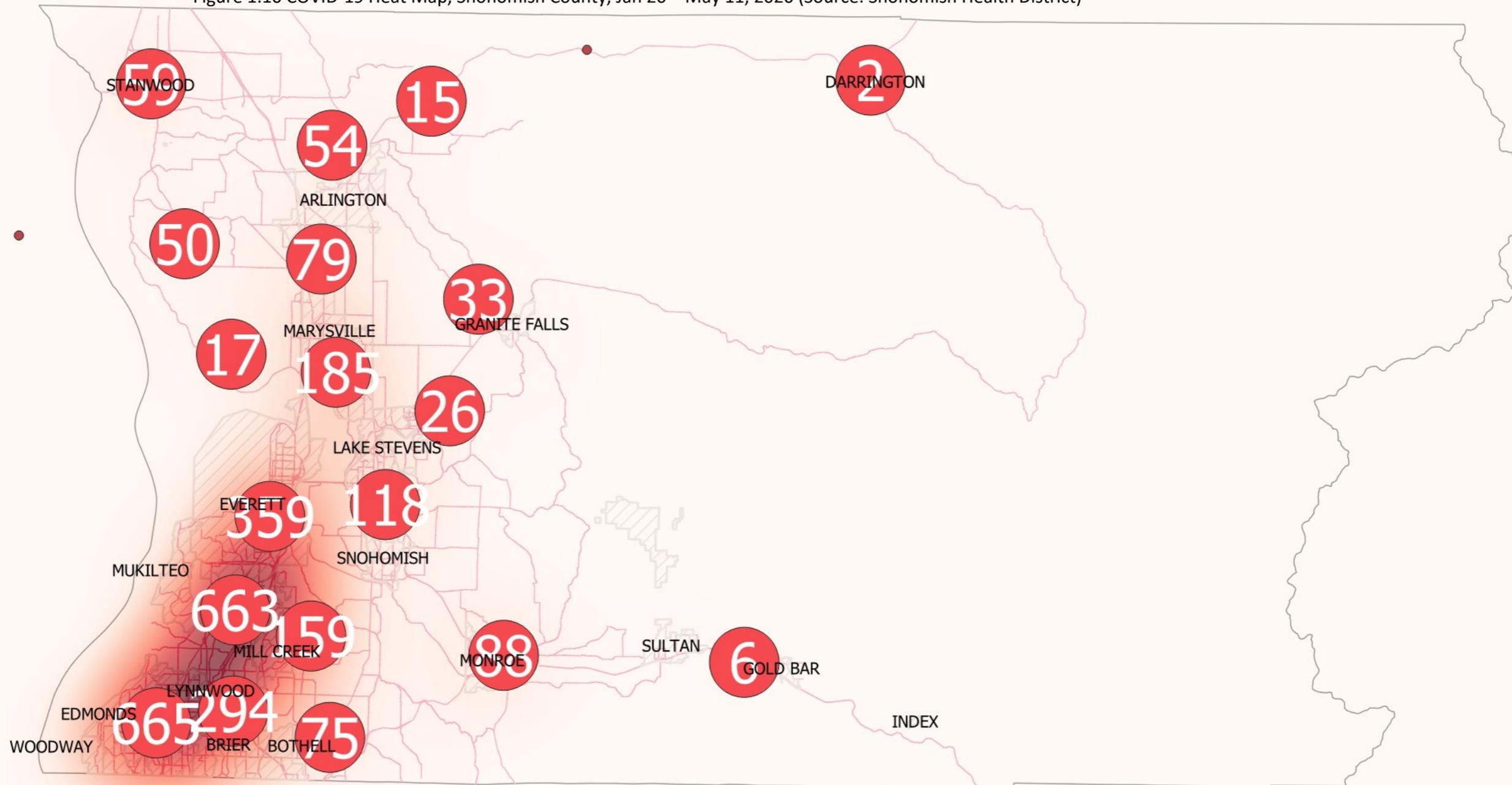
Data Source WDRS data pull 5/3/2020-5/30/2020.

Proportion of cases without an epidemiological link to other cases: 19% (See Figure 1.8 and Table 1.1) (Data source: Snohomish Health District COVID-19 database)

Based on anecdotal reports from community-based clinicians, hospital partners, and the Snohomish County Medical Examiner, unsheltered individuals do not appear to have been disproportionately affected, at least to-date. Several attempts to find symptomatic individuals through outreach to encampments has not yielded detection of previously unrecognized cases. Despite widespread notification to healthcare and human services providers, the county’s isolation-and-quarantine site has been used only sparingly (29 total admissions from April 1 through May 21). Nevertheless, vigilance for and outreach to detect emergence of disease in the unsheltered population remains of high value and the Health District is engaged with Snohomish County Human Services in its outreach, prevention and intervention efforts addressing potentially affected settings.

Case density (Figure 1.10) roughly approximates population density throughout the county, with the greatest intensity along the I-5 and SR-99 corridors between Everett and the Snohomish-King County line. No region of the county has escaped involvement, though.

Figure 1.10 COVID-19 Heat Map, Snohomish County, Jan 20 – May 11, 2020 (Source: Snohomish Health District)



2) COVID-19 TESTING SITES IN SNOHOMISH COUNTY

Testing is widely available throughout Snohomish County. A testing survey of health care facilities conducted by Snohomish Health District and Emergency Support Function (ESF) 8 was conducted on May 27, 2020 and identified **current testing capacity for Snohomish County to be 5790-6560 tests per week, see figure 2.1.** Actual testing for Snohomish County is included in Figure 2.2. This includes testing at clinics/healthcare facilities, and testing conducted through Snohomish Health District (SHD) and Medical Reserve Corps at Long term care centers (LTC) and mobile community-based (drive up) testing sites. SHD also coordinated a FEMA/HHS-supported drive up site in Everett, WA from March 23-April 16 that tested 2347 people which could be stood up again in response to a surge in cases.

Community based test sites operated by SHD are accessible to any resident with symptoms and offered throughout the County in partnership with Sno-Isle Library System. Insurance information is collected and billed, however, the Health District will arrange coverage of testing costs for all uninsured individuals to increase access to all. Language and registration assistance are available. SHD is also working with partners such as Snohomish County Human Services to identify and coordinate testing sites serving the unsheltered population and the Pacific Islander Health Board to improve testing access and opportunities for underserved populations. SeaMar Marysville is a trusted source of culturally competent care for Latinos in the area. It has a capacity of providing 1,000 tests daily which should help in reaching this disproportionately affected population. In addition, based on current staffing, SHD offers testing at one LTC facility per day with the goal of providing testing to all skilled nursing facilities by June 10th and all assisted living facilities by June 30th. Testing at LTC facilities is also open to all local first responders and law enforcement. Testing is processed through the Public Health Lab and PNW Laboratories.

Testing services available for residents who are low-income, have no insurance or are underserved in Snohomish County include:

- Community Health Centers of Snohomish County (Everett, Lynwood)
- Everett Clinic (Everett, Smokey Point). Weekly testing metrics available in Figure 2.1.
- Evergreen Health Care (Monroe and In-Home Services)
- Providence Medical Group (Everett, Mill Creek Monroe)
- SeaMar Health Clinics (Everett, Marysville, Monroe)
- Snohomish Health District CBT and LTC Sites (Locations rotate throughout the county)
- Swedish Edmonds (Edmonds)

Hours for testing sites are illustrated in **Table 2.1**. CBT availability, times, locations, criteria, and registration are available at www.snohd.org/drive-thru-testing. The registration process is online. A “button” that people can click to go straight to the drive-thru testing page is prominent on our main COVID-19 webpage (www.snohd.org/ncov2019). The SHD Equity

Committee is creating an advisory council with natural community leaders in order to improve access to the registration process for non-English speakers.

When new community testing dates are announced, the drive-thru testing page is updated with the new dates and times. Registration information is provided in a press release and in social media posts to Facebook, Twitter and Instagram, as well as in daily email briefings that are sent to public information professionals throughout Snohomish County. The most recent of the social media posts had a reach of 7,175 people who viewed it, according to metrics from the social media platforms. **There have been 40,312 visits to the drive-thru testing webpage as of May 28.**

In our Frequently-Asked-Questions document, multiple blog posts and social media posts, and on the drive-thru testing page, we also emphasize that people can contact their medical provider for COVID-19 testing. Links to information from local medical centers for COVID-19 information and testing are provided under a “Who to Call” heading on our COVID-19 page, as well.

Table 2.1

COVID Testing Sites in Snohomish County

Proprietor	Site	Hours	Test capacity (#/week)	Low income; Uninsured; Underserved	Advertising
SHD	-Long term care facilities (varies throughout Snohomish County) -Community Based Testing (currently at various Sno-Isle Library locations)	-LTC: 2-3x per week 0900-1400 - CBT: 2-3x per week 0900 - 1600	-LTC: 50-150 per facility. About 100-300 per week -CBT: 30-80 per day. About 100-250 per week	Yes	YES, website and press releases

Proprietor	Site	Hours	Test capacity (#/week)	Low income; Uninsured; Underserved	Advertising
The Everett Clinic	-Smokey Point Everett Clinic -7600 Everett Way Clinic	Monday – Friday 0900-1700 and Saturday and Sunday 0900- 1600	About 1500 per week	Yes	Yes, using their website
Providence Medical Group	-Mill Creek Walk in Clinic -Mill Creek Drive Thru Tent -Monroe walk in clinic	-Mill Creek Walk In: 0800-1930 (7 days a week) -Mill Creek Drive Thru: 1000-1700 -Monroe Walk In: 0800-1930 (7 days a week)	Drive Thru: variable (up to 50 a day and as low as 7 a day). Average about 20 a day (between 140- 350 a week) -Walk in clinics combined (Mill Creek and Monroe): roughly 210 a week	Yes	No external advertising. They only test PMG caregivers and select partner institution patients at the drive thru

Proprietor	Site	Hours	Test capacity (#/week)	Low income; Uninsured; Underserved	Advertising
Providence Medical Center	<p>-PRMCE is conducting rapid/high throughput PCR testing for PUI and inpatients</p> <p>-We have partner with ExpressCare to do a drive thru for Pre-Op swabbing and testing onsite. ExpressCare is running the test on their own analyzers, not the ones we used at PRMCE.</p>	<p>-PRMCE inhouse testing is 24/7</p> <p>-Drive Thru for Pre-Op testing by ExpressCare is Sun-Fri 9am-6pm.</p>	<p>-PRMCE inhouse capacity is 1000 per week</p> <p>-Drive Thru by ExpressCare is 300 per week</p>	We test for all patients that have a clinical need and in preparation for surgery/procedure.	We do not, these are only for clinical need and Pre-Op patients
Swedish Medical Center	-Swedish Edmonds Drive thru	Monday – Friday 0900-1500	About 300 per week	Yes	No. By appointment only but if someone comes without an appointment but has symptoms, they will still get tested

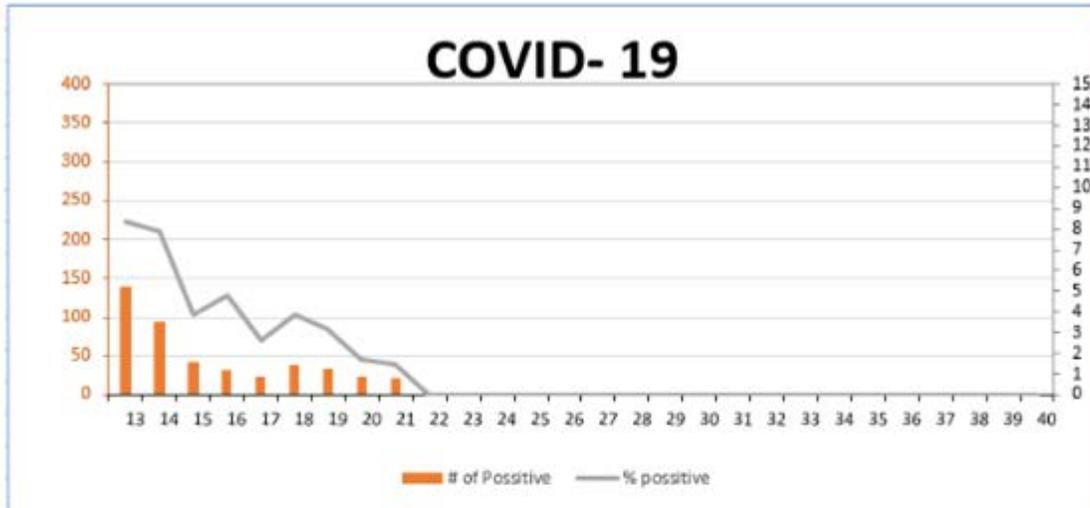
Proprietor	Site	Hours	Test capacity (#/week)	Low income; Uninsured; Underserved	Advertising
Evergreen Hospital Monroe	-Evergreen Health Monroe (in house testing)	24/7 depending on who needs testing	About 1000 per week	Yes	No, by appointment only.
Community Health Centers SC	-Lynnwood CHC -Everett CHC	-7 days a week from 0800-1700	About 20-50 per day (average 140- 350 per week)	Yes	Yes, using Facebook and website
SeaMar Marysville	-SeaMar Marysville/ Everett/ and Monroe (in house testing)	-Monday – Saturday from 0800 - 1700	About 1000 per week	Yes	No, by appointment after evaluation with physician
Total	13 sites	N/A	5790-6560/week	N/A	N/A

Figure 2.1

The Everett Clinic COVID-19 Weekly Testing Data Summary

The results are from TEC lab testing using a combination of RT-PCR (Abbott m-2000) and Abbott ID NOW Point of Care Assays.

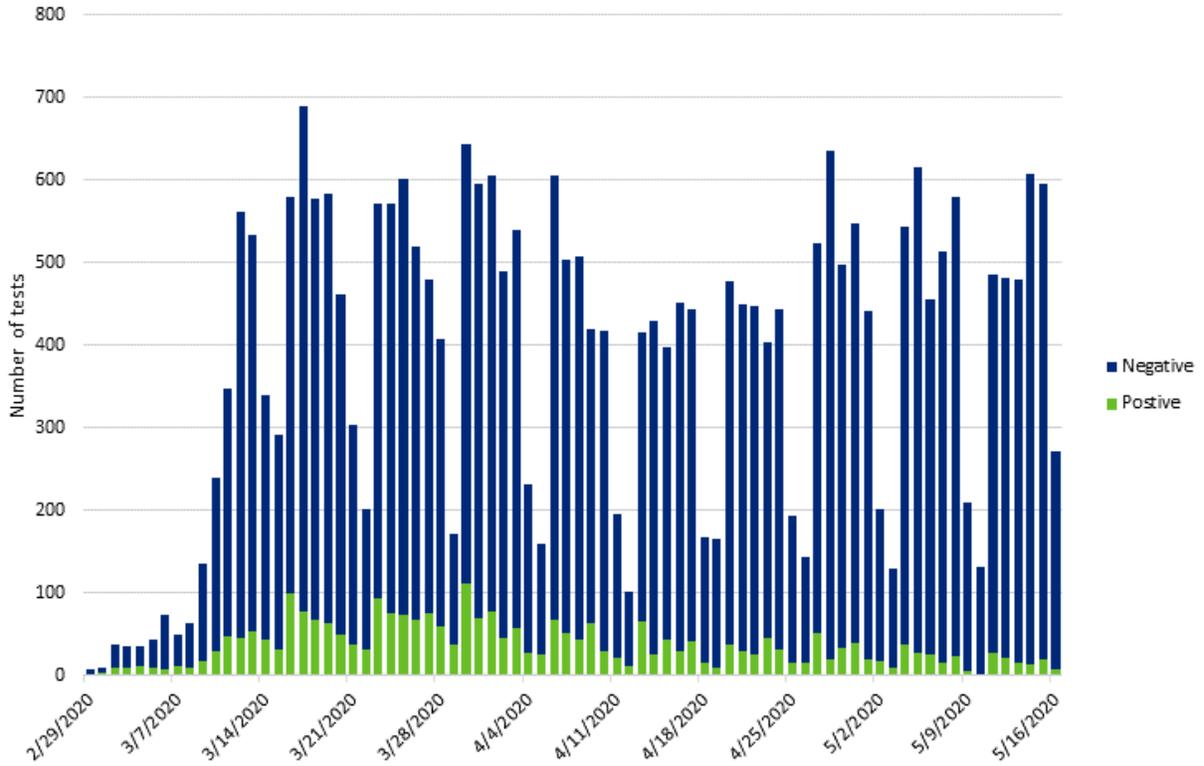
2020 COVID-19 Weekly Testing



Export to Excel

Week number	Week Ending	# of Tests Performed	Number of Positive	% Positive	
13	03/29/2020	1667	139	8	
14	04/05/2020	1190	94	8	
15	04/12/2020	1087	42	4	
16	04/19/2020	669	32	5	
17	04/26/2020	905	24	3	
18	05/03/2020	977	38	4	
19	05/10/2020	1080	34	3	
20	05/17/2020	1382	23	2	
21	05/24/2020	1539	22	1	
22	05/31/2020				

Figure 2.2
SNOHOMISH COUNTY COVID-19 TESTING BY DATE



3) MEDIAN NUMBER OF DAYS FROM ONSET OF ILLNESS TO COVID-19 SPECIMEN COLLECTION DATE FOR POSITIVE CASES OVER THE PAST 4 WEEKS

The median number of days from reported onset of illness to COVID-19 specimen collection over the past 4 weeks for Snohomish County residents is **2 days**.

Table 3.1

Week	Median (d)	Mean (d)	Interquartile Range (d)
1 (4/26-5/2/2020)	2	3	0-21
2 (5/3-5/9/2020)	3	4	0-18
3 (5/10-5/16/2020)	2	3	0-11
4 (5/17-5/23/2020)	1	1	0-4
Total	2	3	0-21

4) TOTAL NUMBER OF COVID-19 TESTS REPORTED, NEGATIVE AND POSITIVE COUNTS AND PERCENT POSITIVE OVER EACH OF THE PREVIOUS 4 WEEKS; 50 TIMES THE NUMBER OF POSITIVE TESTS; AND THE PERCENT POSITIVE OF ALL TESTS FOR THE 4-WEEK PERIOD

See **Table 4.1** for a summary of COVID-19 testing results for each of the previous 4 weeks, and the total for the previous 4-week period. Please note these results are based on SHD verified data from WDRS for lab confirmation date; data available 4/26-5/22/2020. Data not available for 5/23 to present.

Table 4.1

Week	Tests Reported	Negative	Positive	% Positive	50 Times weekly positive number cases
1 (4/26-5/2/2020)	2992	2793	199	6.7	9950
2 (5/3-5/9/2020)	3058	2913	145	4.7	7250
3 (5/10-5/16/2020)	3072	2965	107	3.5	5350
4* (5/17-5/23/2020)	2995	2895	100	3.3	5000
Total	12117	11566	551	4.5	27550

*Incomplete data available

5) SHD’S RESOURCES TO PERFORM CASE INVESTIGATIONS AND CONTACT TRACING USING THE STATEWIDE STANDARDIZED COVID-19 CASE AND CONTACT INVESTIGATION PROTOCOLS

a) CALCULATION SHOWING THE NUMBER OF CASE AND CONTACT TRACERS NECESSARY FOR SNOHOMISH COUNTY:

818,700 residents / 100,000 x 15 = **123 case & contact tracers needed**

i) NUMBER OF SHD STAFF TRAINED AND READY TO PERFORM CASE INVESTIGATIONS AND CONTRACT TRACING, THEIR JOB CLASSIFICATIONS, AND FULL-TIME EQUIVALENTS:

See **Table 5.1** for a summary of the number of SHD staff trained and ready to perform case investigations and contact tracing. SHD has developed and implemented a surge capacity system of case and contact staff so that we can utilize staff as needed based on the number of cases and contacts at any given time. SHD has submitted a request to the Department of Health (DOH) and received approval for 60 additional case and contact tracers to exceed the minimum 123 FTE.

**Table 5.1
SHD Staff Available for Case Investigations and Contact Tracing**

Job Classification	Number	FTE	Investigation capacity/4 per day
Epidemiologist	3	3.0	12
Public Health Nurse	7	7.0	28
Disease Intervention Specialist	6	6.0	24
Healthy Community Specialist	4	4.0	16
Total	20	20.0	80

ii) NUMBER OF COUNTY/CITY GOVERNMENT STAFF TRAINED AND READY/IN THE PIPELINE TO PERFORM CASE INVESTIGATIONS AND CONTACT TRACING

SHD does not have any County/City government staff trained and ready to perform case investigations and contact tracing.

However, Snohomish County Council allocated over \$10.9 million to support case investigations and contact tracing.

iii) NUMBER OF VOLUNTEERS OR NON-GOVERNMENTAL EMPLOYEES TRAINED AND READY TO PERFORM CASE INVESTIGATIONS AND CONTACT TRACING

Table 5.2

Job Classification	Number	FTE	Investigation capacity/ 4 per day
Medical Reserve Corp (Volunteers)	16	8.0	32
Total	16	8.0	32

iv) SUBTOTAL OF THOSE TRAINED AND READY TO PERFORM CASE INVESTIGATIONS AND CONTACT TRACING BY FTE

SHD has 32 FTE trained and ready to perform case investigations and contact tracing.

v) NUMBER OF PERSONS/FTE IN THE PIPELINE TO BE TRAINED

Table 5.3

Job Classification	Number scheduled for hire/training	FTE	Investigation capacity/4 per day
Disease Intervention Specialist	50	50.0	200
Healthy Community Specialist	1	1.0	4
Medical Reserve Corp (Volunteers)	32	16.0	64
Total	83	67.0	268

Table 5.4

Snohomish County Council Funding Allocation for Staffing

	May-20	June-20	July-20	August-20	September-20	October-20	November-20	December-20	Total
Sustaining Current COVID Expenditures									
Estimated Monthly Billable Costs (existing staffing & non-labor resources diverted to COVID 19 response)	334,500	334,500	334,500	334,500	334,500	334,500	334,500	334,500	2,676,000
Estimated Monthly Overhead Costs (existing staffing & non-labor resources diverted to COVID 19 response)	98,000	98,000	98,000	98,000	98,000	98,000	98,000	98,000	784,000
Contact Tracing									
50 Temp Disease Inv Spec (Salary and Benefits excluding PERS)		416,667	416,667	416,667	416,667	416,667	416,667	416,667	2,916,667
7 Temp DIS Supervisors (Salary and Benefits excluding PERS)		79,583	79,583	79,583	79,583	79,583	79,583	79,583	557,081
3 Temp Program Assistant II (Salary and Benefits excluding PERS)	20,917	20,917	20,917	20,917	20,917	20,917	20,917	20,917	167,336
2 Temp Communication Coord (Salary and Benefits excluding PERS)	15,893	15,893	15,893	15,893	15,893	15,893	15,893	15,893	127,148
Cell Phones, 50 DIS Staff	3,400	3,400	3,400	3,400	3,400	3,400	3,400	3,400	27,200
Computers, 61 New Staff		152,500							152,500
Legal Services (based on March 2020)	21,000	21,000	21,000	21,000	21,000	21,000	21,000	21,000	168,000
Upgrade Electronic Medical Records System		250,000							250,000
Testing (PPE Needs Addressed Under PPE Section)									
4 Testing Site Coordinator	34,000	34,000	34,000	34,000	34,000	34,000	34,000	34,000	272,000
2 Temp Program Assistant II (Salary and Benefits excluding PERS)		14,000	14,000	14,000	14,000	14,000	14,000	14,000	98,000
Testing Kits: Nasal Swab and UTM (Quant 1600 @ \$125 for Uninsured Sno)	200,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000	1,600,000
Serology test kits (\$45/kit at 200 kits per month)		9,000	9,000	9,000	9,000	9,000	9,000	9,000	63,000
Testing Kits: Abbot Rapid Swab (500/mo @ \$30)	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	120,000
Abbott Machines (2 at \$18k each)		36,000							36,000
Translation services	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	24,000
Advertising & Public Messaging	8,000	8,000	8,000	25,000	25,000	25,000	25,000	25,000	149,000
Meals for test sites (\$400/day per site, avg 3 days/wk - SnoCo biz only)	19,200	19,200	19,200	19,200	19,200	19,200	19,200	19,200	153,600
Misc Supplies and Printing	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	12,000
Total Expenditures	774,412	1,732,160	1,293,660	1,310,660	1,310,660	1,310,660	1,310,660	1,310,660	10,353,532

vi) GAP BETWEEN THE MINIMUM OF 15/100,000 (123 FTE) AND THE TRAINED AND TO-BE- TRAINED PERSONNEL

Snohomish Health District has 95 FTE available or in the pipeline to recruit and train to conduct case investigators and contact tracers; 28 less than the required 123 necessary to meet the minimum 15 case and contact investigators per 100,000 residents. **However, SHD staff and volunteers (ready and trained and those in the pipeline) can conduct 380 case investigations per day.**

**Table 5.5
Local Contact Investigation Resources**

Job Classification	Trained and ready	Number scheduled for hire/training	Total Available	FTE	Investigation capacity/4 per day
Epidemiologist	3	0	3	3.0	12
PHN	7	0	7	7.0	28
Disease Intervention Specialist	6	50	56	56.0	224
Healthy Community Specialist	4	1	5	5.0	20
Medical Reserve Corp (Volunteers)	16	32	48	24.0	96
Total	36	83	119	95.0	380

SHD submitted and received approval for 60 DOH FTE staff, if necessary, to support case investigations and contact tracing. **These 60 FTE, in addition to the 95 FTE available, ensures that SHD has 155 FTE available case investigators and contact tracers, exceeding the necessary 123.** Note: Snohomish County is part of centralized investigations by DOH.

Should additional case investigators and contact tracers be needed (or forecasted to be needed) exceeding the available 155 FTE, SHD and the Snohomish County Emergency Coordination Center (ECC) will request resources from the State EOC for trained staff; request support through mutual aid; or hire additional staff.

**Table 5.6
Local-plus-State Contact Investigation Resources**

Job Classification	Trained and ready	Number scheduled for hire/training	Total Available	FTE	Investigation capacity/4 per day
Epidemiologist	3	0	3	3.0	12
PHN	7	0	7	7.0	28
Disease Intervention Specialist	6	50	56	56.0	224
Healthy Community Specialist	4	1	5	5.0	20
Medical Reserve Corp (Volunteers)	16	32	48	24.0	96
DOH Staff	60	0	60	60.0	240
Total	96	83	179	155.0	620

vii) CERTIFICATION LETTERS FOR SHD PERSONNEL FOR CASE AND CONTACT INVESTIGATIONS



May 28, 2020

Matthew Zimmerman
Washington State Department of Health

Dear Mr. Zimmerman,

The Snohomish Health District would like to request the support of surge staffing available by the Washington State Department of Health to assist in our response to COVID-19. Internally we have pulled staff from all areas of the Health District and have integrated the Medical Reserve Corps into our response efforts to maximize our ability to meet the needs of our county.

The Health District would like to request the support of 60 staff from your pool of available staffing resources. This would allow the Health District to not only meet the needs of the community in responding to COVID-19 but also ensure that other immediate public health concerns are able to be addressed in a timely manner.

We look forward to collaborating with the Department of Health as we continue to respond to COVID-19.

Sincerely,

Shawn Frederick
Administrative Officer
Snohomish Health District

Christopher Spitters, MD, MPH
Health Officer
Snohomish Health District

From: [Zimmerman, Matthew S \(DOH\)](#)
To: [Chris Spitters](#)
Cc: [Katie Curtis](#); [Shawn Frederick](#); [Linda Carl](#); [Courogen, Maria \(DOH\)](#); [DOH-HR \(DOH\)](#)
Subject: RE: Snohomish Health District Request for Assistance
Date: Thursday, May 28, 2020 3:56:00 PM
Attachments: [SHD ASSISTANCE REQUEST 20200528.pdf](#)

Dr. Spitters,

Thank you for submitting this request, it has been a pleasure working with your team to plan for supporting these efforts. We acknowledge the request for support of 60 staff from our pool of available staffing resources. We will ensure that we have the capacity to fulfill this request as you identify the need for activating them to support COVID-19 response efforts within your community.

I am including Maria Courogen and Stephanie Price on the Cc line for their visibility and to ensure that the appropriate next steps are taken on our end.

We look forward to continuing to work with you all and to collaborate closely with Katie to ensure that we are able to support you to the fullest and to be able to fulfill this request in a rapid manner.

Best,

Matthew Zimmerman
Strategic Planning Officer
Shoreline IMT, WA DOH
360-870-1434

From: Chris Spitters [mailto:cspitters@snohd.org]
Sent: Thursday, May 28, 2020 3:26 PM
To: Zimmerman, Matthew S (DOH) <matthew.zimmerman@doh.wa.gov>
Cc: Curtis, Katie (DOHi) <kcurtis@snohd.org>; Frederick, Shawn (DOHi) <sfrederick@snohd.org>; Linda Carl <lcarl@snohd.org>
Subject: Snohomish Health District Request for Assistance

Hi, Matthew.

Attached is a formal written request for assistance with COVID-19 transmission suppression efforts (i.e., case investigation and contact tracing) that is part of our response planning, as well as a required element of our forthcoming application for a variance to proceed to phase 2. My understanding is that Katie Curtis has had productive conversations with your team regarding this request. In addition to accepting this written request, it would be helpful to us if you could please respond to this email with an acknowledgement so that we may include it in our variance application. Please feel free to contact me on my cell phone if you would like to discuss it directly with me.

Thank you for considering this request and for supporting Snohomish County in our shared response to this emergency.

Chris Spitters
Cell 425 422 2049

Christopher Spitters, MD, MPH | Health Officer | Snohomish Health District
3020 Rucker Avenue, Suite #306 | Everett, WA 98201 | **p: 425.339.5210**

Public Health: Always working for a safer & healthier Snohomish County

NOTICE: All emails and attachments sent to and from the Snohomish Health District are public records and may be subject to disclosure pursuant to the Public Records Act (RCW 42.56).

b) TOTAL NUMBER OF CASES IDENTIFIED OVER THE PAST FOUR (4) WEEKS AND THE PERCENTAGE OF CASES REACHED BY PHONE OR IN PERSON WITHIN 24 HOURS OF RECEIPT OF POSITIVE LAB TEST REPORT

**Table 5.7
Time to Initiation of Case Investigation, COVID-19, Snohomish County**

Week	Cases Reported	Number initiated within 24 hours	Percent initiated within 24 hours	Number initiated within 48 hours	Percent initiated within 48 hours
1 (5/3-5/9/2020)	142	112	78.9%	124	87.3%
2 (5/10-5/16/2020)	81	71	87.7%	73	90.1%
3 (5/17-5/23/2020)	117	110	94.0%	112	95.7%
4 (5/24-5/30/2020)	68	67	98.5%	68	100.0%
TOTAL	408	360	88.2%	377	92.4%

Data source WDRS, Snohomish Health District COVID-19 line list. Data excluded serology cases as they indicate older infections and are low priority for investigation.

The vast majority of cases are contacted by SHD within 48 hours (**Table 5.7, 5.8, Table 5.9, and Table 5.10**).

SHD is initiating the investigations quickly (Table 5.7), but does face challenges in achieving contact with the case during the initial 24 hours (Table 5.8). This is largely resolved by the time 48 hours has passed. Some of the 24 to 48-hour lag may be due to delays in transmission of cases from DOH to SHD as they are assigned. SHD also faces challenges in loss-to-follow-up among non-responsive cases whom we are unable to reach despite reasonable efforts. Table 5.8 demonstrates that LTCF cases are not skewing the distribution of time-to-first-contact to the right.

The proportion of cases with extended time-to-first-contact >48 hours is decreasing over time as SHD amplifies investigation efforts. However, SHD does have room for improvement in getting a larger proportion of cases contacted within the first 24 hours. SHD will monitor, assess, and manage this indicator closely. SHD will pursue additional efforts to reduce loss to follow-up going forward as SHD augments case investigation and contact quarantine efforts and works to move the frequency distribution to time-to-completion to the left (Figure 5.1).

Table 5.8
Time to Establishing Contact with Cases, COVID-19, Snohomish County

Week	Cases Reported	Number contacted within 24 hours	Percent contacted within 24 hours	Number contacted within 48 hours	Percent contacted within 48 hours
Week 1 (5/3-5/9/2020)	200	97	48.5%	132	66.0%
Non-LTCF Resident	187	90	48.1%	124	66.3%
LTCF Resident	13	7	53.8%	8	61.5%
Week 2 (5/10-5/16/2020)	108	69	63.9%	81	75.0%
Non-LTCF Resident	95	61	64.2%	71	74.7%
LTCF Resident	13	8	61.5%	10	76.9%
Week 3 (5/17-5/23/2020)	135	87	64.4%	100	81.8%
Non-LTCF Resident	98	57	58.2%	69	81.6%
LTCF Resident	37	30	81.1%	31	83.3%
Week 4 (5/24-5/30/2020)	57	38	66.7%	45	78.9%
Non-LTCF Resident	52	35	67.3%	42	80.8%
LTCF Resident	5	3	60.0%	3	60.0%
TOTAL	392	222	56.6%	277	70.7%

Data source: Snohomish Health District COVID-19 database. Data excluded serology cases as they indicate older infections and are low priority for investigation.

Figure 5.1

Snohomish County COVID-19 Case Notification to Investigation Completion Intervals by Week

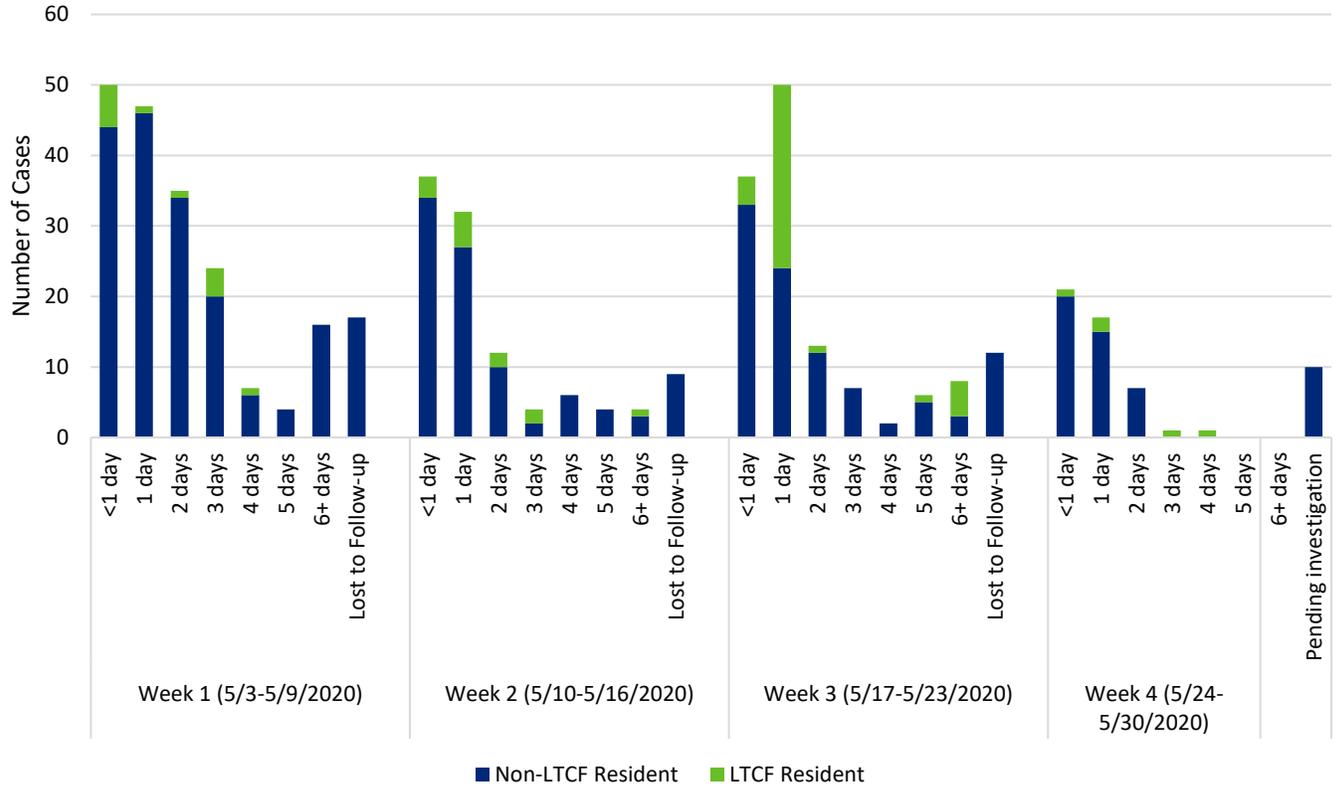


Table 5.9
Excludes lost to follow-up:

Week	Cases Reported	Number contacted within 24 hours	Percent contacted within 24 hours	Number contacted within 48 hours	Percent contacted within 48 hours
1 (4/26-5/2/2020)	195	104	53.30%	132	67.70%
Non-LTCF Resident	166	83	50.00%	110	66.30%
LTCF Resident	29	21	72.40%	22	75.90%
2 (5/3-5/9/2020)	183	97	53.00%	132	72.10%
Non-LTCF Resident	170	90	52.90%	124	72.90%
LTCF Resident	13	7	53.80%	8	61.50%
3 (5/10-5/16/2020)	99	69	69.70%	81	81.80%
Non-LTCF Resident	87	61	70.10%	71	81.60%
LTCF Resident	12	8	66.70%	10	83.30%
4 (5/17-5/23/2020)	118	85	72.00%	98	83.10%
Non-LTCF Resident	82	55	67.10%	67	81.70%
LTCF Resident	36	30	83.30%	31	86.10%
TOTAL	412	258	62.62%	311	75.49%

c) TOTAL NUMBER OF CLOSE CONTACTS IDENTIFIED OVER THE PAST FOUR (4) 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

Table 5.10

Week	Contacts identified	Number contacted within 48 hours	Percent contacted within 48 hours
1 (5/3-5/9/2020)	313	219	70%
2 (5/10-5/16/2020)	160	124	78%
3 (5/17-5/23/2020)	142	125	88%
4 (5/24-5/30/2020)	29	29	100%
Total	644	497	77%

Data source: Snohomish Health District contact list. Data excludes DOH centralized investigation cases, as contact data is unavailable.

d) CURRENT CASE DAILY FOLLOW-UP FOR PERSONS IN ISOLATION

The Health District has successfully used Call-Em-All as a system to do daily text check in's with cases. The system has been used by the Health District for measles and for COVID-19. During the initial case investigation each person is informed that the Health District will be doing a daily check in. The person is told how long the monitoring will last, and they are then asked if they would prefer a phone call or a text message.

If the person chooses text message, an SHD staff member uploads the phone number into the system and then pre-plans messages for the duration of the isolation period. The text messages go out on a rotating schedule of 10:00 am, 2:00 pm or 4:30 pm. At least one time the person will receive a phone call from a staff member. This is typically done towards the end of the isolation period. The text messaging system allows for two-way communication so staff are able to follow up quickly if an issue arises. During the monitoring period of the person does not respond to two text messages in a row then an SHD staff member will call the individual. If the person does not answer the phone call then a letter will be sent to their house asking them to call SHD.

If the person chooses a phone call, an SHD staff member will conduct a daily phone call on a rotating schedule of 10:00 am, 2:00 pm, or 4:30 pm. The staff will ask about symptoms, if the person needs any information, or if there is anything the person needs assistance with. If the person does not answer the phone call then a letter will be sent to their house asking them to call SHD.

Text message English:

This is the Snohomish Health District conducting a check in regarding your COVID illness. Please respond with 1 if you are continuing to recover and do not need to speak with anyone. Please respond with 2 if you have questions or concerns you need to speak to someone about.

Text message Spanish:

Este es el Distrito de Salud con el chequeo diario de síntomas para las personas en su hogar. Responde con 1 si todas las personas en su hogar no presentan síntomas. Responde con 2 si alguien en su hogar Sí está enfermo/a.

Text message simplified Chinese:

你好，这里是斯诺霍米什健康局。我们正在联系您，您是否有任何疑问，或您是否有任何症状，您是否想和我们谈谈。如果想，请回答"Yes"，我们的工作人员会给你回电话。如果您没事就回答"No"

Phone call:

This is ____ from the Snohomish Health District. I am just calling to check in to see how you are doing. Is there anything you need assistance with, or information about anything? Thank you – we will check in again tomorrow.

Final phone call/text:

Thank you so much for your cooperation during your isolation period. Today marks the last day of your isolation period and the last check in the Health District will be doing.

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%)?

The Health District did daily case monitoring for the first case in the county. Daily check in's were also done in February 2020 with our original case (see below).

Figure 5.2
Text conversation with person in Isolation

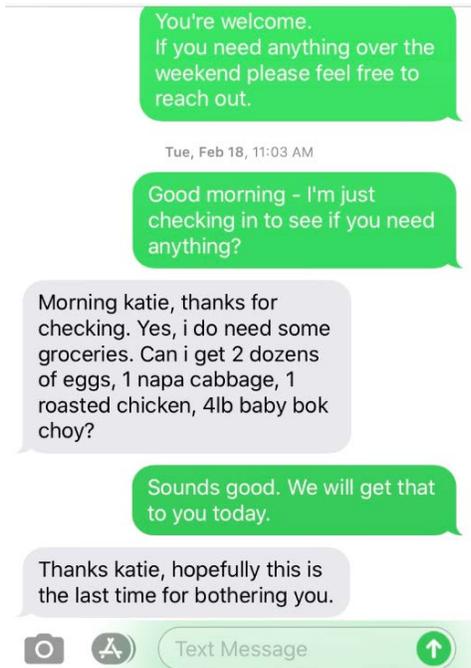


Figure 5.3
Daily monitoring for June 1, 2020

Summary

✎ EDIT
🗑️ DELETE
📡 CREATE BROADCAST FROM RESULTS
📄 SAVE MESSAGE AS TEMPLATE


COVID check
 Created Jun 1, 2020 9:03 AM
 Started Jun 1, 2020 9:03 AM
 Completed Jun 1, 2020 9:04 AM

Broadcast ID	11273668
Broadcast Type	Text
Text Number	(844) 390-7204
	Snohomish Health District
Created By	Katie Curtis
Credits Used	16



Text Message

This is the Snohomish Health District. We are conducting a check in regarding your COVID illness. Please respond with 1 if you are doing well. Please respond with 2 if you have a question or concern and staff member will call you back.

e) CURRENT CASE DAILY FOLLOW-UP FOR PERSONS IN QUARANTINE

The Health District will use the system Call-Em-All to conduct daily checks of contacts to check for symptom development and self-quarantine (as applicable). Towards the end of the quarantine period each contact will receive a call from an SHD staff person to check on any symptom development and answer any questions.

If the contact is an essential worker at a healthcare facility the Health District will pass daily monitoring onto the facilities infection control personnel.

Text message English:

This is the Snohomish Health District. We are conducting a daily check in due to your exposure to COVID-19. Please respond with 1 if you continue to have no symptoms. Please respond with 2 if you are having any symptom(s) and a staff member will call you back.

Text message Spanish:

Este es el Distrito de Salud de Snohomish. Estamos conduciendo un control diario debido a su exposición al COVID-19. Responda con 1 si continúa sin presentar síntomas. Responda con 2 si tiene algún síntoma (s) y un miembro del personal le devolverá la llamada.

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%)?

The Health District will begin daily contact monitoring on June 1, 2020.

Figure 5.4
Daily monitoring for June 1, 2020

Summary

EDIT DELETE CREATE BROADCAST FROM RESULTS SAVE MESSAGE AS TEMPLATE



COVID contact

Created Jun 1, 2020 9:08 AM

Started Jun 1, 2020 9:08 AM

Completed Jun 1, 2020 9:09 AM

Broadcast ID	11273715
Broadcast Type	Text
Text Number	(844) 390-7204 Snohomish Health District
Created By	Katie Curtis
Credits Used	10

Text Results



5 Delivered 100%

1 Text Replies 20%

Text Message

This is the Snohomish Health District. We are conducting a daily check in due to your exposure to COVID-19. Please respond with 1 if you continue to have no symptoms. Please respond with 2 if you are having any symptom(s) and a staff member will call you back.

Figure 5.5

History of contact monitoring

Jan 24, 2020 the Health District sent out texts to contacts to Case #1. Below is a screen shot that shows how contacts can respond and how we can track if someone does not respond or opts out of the text message

<input type="checkbox"/>	27 A 1	 Jan 24	
<input type="checkbox"/>	10 A 1	  Jan 24	
<input type="checkbox"/>	12 A 1	 Jan 24	
<input type="checkbox"/>	4 A 1	 Jan 24	
<input type="checkbox"/>	15 A XXXXXXXXXX has a sore throat as of last last night.	 Jan 24	
<input type="checkbox"/>	13, 16 A 1	 Jan 24	
<input type="checkbox"/>	20 A 1	 Jan 24	

Figure 5.6

The Health District has been able in the past to track texts by date

- Cov Feb 22
- Cov Feb 22
- Group A CoV Sunday 2.2....
- Group A CoV Sunday 2.2....
- Group A CoV Saturday 2....
- Group A CoV Saturday 2....
- Group A CoV Friday 1.31....
- Group A CoV Friday 1.31....
- Group A CoV Thursday 1....
- Group A CoV Thursday 1....
- Group A CoV Wednesday...
- Group A CoV Wednesday...
- CoV Tuesday 1.28.20 En...
- CoV Tuesday 1.28.20 Sp...
- CoV Monday 1.27.20 Eng...

Figure 5.7

 COVID Created May 20, 2020 8:18 AM Started May 20, 2020 8:18 AM Completed May 20, 2020 8:18 AM	1 of 1	 Delivered 100% 1
 COVID follow up Created Mar 2, 2020 4:32 PM Started Mar 2, 2020 4:32 PM Completed Mar 2, 2020 4:32 PM	5 of 5	 Delivered 100% 5 5 Replies
 Day 3 check in Created Feb 26, 2020 11:23 AM Started Feb 27, 2020 11:26 AM Completed Feb 27, 2020 11:26 AM	2 of 2	 Delivered 100% 2 2 Replies
 Day 7 text Created Feb 26, 2020 11:20 AM Started Feb 26, 2020 11:20 AM Completed Feb 26, 2020 11:20 AM	1 of 1	 Delivered 100% 1 1 Reply
 7 day feb 26 Created Feb 21, 2020 11:09 AM Started Feb 26, 2020 11:13 AM	1 of 1	 Delivered 100% 1 1 Reply

f) 7 DAY A WEEK CASE AND CONTACT INVESTIGATION STAFFING

The Health District had been relying on the Department of Health to conduct case and contact investigations on the weekend. The Health District is currently increasing staffing to ensure that cases and contacts can be contacted on the weekend by Health District personnel.

6) NUMBER AND TYPE OF ISOLATION / QUARANTINE FACILITIES SECURED TO HOUSE PERSONS WITH COVID-19 WHO NEED OR DESIRE THIS ASSISTANCE

- **Facility 1:**
 - a) Angel of the Winds Arena
 - b) Conference Center/Sporting Facility
 - i) Isolation capacity = 48
 - ii) Quarantine capacity = 48
 - c) Current census is 0 (last occupant discharged on 5/27)
 - d) Secured until June 30th (see below for extension plans)
 - e) Services: housing, laundry, meals, snacks, internet access, telemedicine, onsite medical care (Providence Regional, SeaMar, Pioneer Human Services), facility coordinators, 24-hour security, housekeeping, MAT, behavioral health, social workers, phones/tablets, clothing, pet sheltering and veterinary care
 - f) See below for information on extension.
 - g) Services coordinated by Snohomish County Human Services and ESF 6

- **Facility 2:**
 - a) Snohomish County Fairgrounds, Gary Weikel Building
 - b) Event Pavilion
 - i) Isolation capacity = 24
 - ii) Quarantine capacity = 24
 - c) Current census is N/A
 - d) Secured July 1-Indefinite
 - e) Services: housing, laundry, meals, snacks, internet access, telemedicine, onsite medical care (Providence Regional, SeaMar, Pioneer Human Services), facility coordinators, 24-hour security, housekeeping, MAT, behavioral health, social workers, phones/tablets, clothing, pet sheltering and veterinary care
 - f) See below for information on extension.
 - g) Services coordinated by Snohomish County Human Services and ESF 6

- **Surge Capacity:**

Current plans and facilities (The Gary Weikel Building) have the ability to surge to:

 - Isolation capacity = 150
 - Quarantine = 150

Medical providers who have identified a positive COVID-19 case or who have a patient with a pending COVID-19 test that does not have the ability to isolate or quarantine, contact the Isolation and Quarantine site coordinator to request admittance. The I and Q site coordinator will request and obtain the approval letter from Snohomish County Health Officers, Dr. Chris Spitters. Transportation is coordinated by the I and Q site

and provided through local cabulance service.

7) DESCRIBE HOW THE LOCAL HEALTH JURISDICTION PROVIDES OR LINKS PERSONS WITH IN-HOME ISOLATION OR QUARANTINE WITH NEEDED SERVICES WHEN REQUESTED

Snohomish Health District supports individuals in home isolation in accordance with our previously established protocol for supporting in-home TB isolation as outlined in our Isolation and Quarantine Plan.

SHD contact investigators assess the individual to determine need for additional services to support in-home isolation or quarantine, in coordination with Health Officer if necessary.

Logistics to secure the necessary wrap around services for isolation and quarantine will be coordinated through the Communicable Disease Program Manager. If the Incident Command structure is activated, then coordination will be via the logistics, finance, and administration, sections to secure the needed goods and services consistent with current contracting. Such goods and services will include but not necessarily be limited to: office supplies, clothing supplies, food and kitchen supplies, medical and health services, facilities maintenance and repair, and mileage reimbursement for staff/volunteer travel. Furthermore, The Health District will support placement in an appropriate facility if the home environment is unsuitable or unsafe to isolate or quarantine.

Referrals from outside healthcare and social service agencies can be submitted through the SHD Communicable Disease 24-hour call line.

Isolation and quarantine planning efforts must incorporate and address the unique needs and circumstances of people with disabilities and those with access and functional needs, such as those that are economically disadvantaged, homeless, have limited language proficiency, have special medical needs, experience cultural or geographic isolation, or are vulnerable due to age.

In addition, as of April of 2020, Snohomish County created the Snohomish Agencies for Engagement (SAFE) Team in partnership with the City of Everett, City of Lynnwood, City of Mill Creek, City of Monroe, South County Fire, Fire District 7, Snohomish County Sheriff's Office, Snohomish County Law Enforcement Embedded Social Workers, and Sea Mar Family Medicine.

SAFE utilizes physicians, EMTs, social workers, and law enforcement to perform outreach to vulnerable populations, especially Snohomish County residents experiencing homelessness. Their objective is to provide COVID-19 screenings (questions, temperature, blood pressure, and oxygen stats), provide information about how to protect themselves from COVID-19 and what to do if they contract the virus, education on best hygiene practices with available resources, and connect those that are willing to services such as housing, substance use disorder treatment, benefits, and more.

SAFE has contacted approximately 400 people since April.

8) DESCRIBE THE LOCAL HEALTH JURISDICTION'S CAPACITY TO CONDUCT OUTBREAK INVESTIGATIONS IN CONGREGATE LIVING SETTINGS AND WORKPLACES

Snohomish Health District currently supports two outbreak response task forces within its ICS activation to response to outbreaks or investigations within congregate living settings and workplaces:

- Long term Care Task Force
- Employer Notification Task Force

The purpose of the task force is to rapidly provide assistance and appropriate testing in a congregate living facility or work environment experiencing cases of COVID-19. Task force staffing includes:

- 1 Infection preventionist
- 2 RNS
- 1 MA
- 2 PHNs
- 1 EH
- 1 DIS
- 1 Outreach specialist (Equity Committee representative)

These teams are supported by Snohomish County Medical Reserve Corps (MRC) as requested.

In addition, SHD has division-specific expertise available to address cases in food service establishments (Environmental Health Food Safety Program) and in childcare settings (Child Care Health Program).

Snohomish Health District maintains a two-week supply of testing kits and PPE at SHD-and ECC-calculated burn rates and also has point of care testing capabilities with Abbott NOW testing currently stationed at SHD and Community Health Centers of Snohomish County. We have a mobile testing team that includes:

- 1-2 SHD Staff
- 1 MRC - Medical consult
- 1 MRC - Documentation
- 1 MRC – Lab courier

9) OUTBREAKS OF 2 OR MORE NON-HOUSEHOLD CASES

Table 9.1

Week	Number of outbreaks	Facility name	Facility type	Number of cases
1 (5/3-5/9/2020)	2	Bothell Healthcare	Long-term care facility	7
		ABC Care Partners #1	Child Care	4
2 (5/10-5/16/2020)	1	Terrace at Beverly Park	Long-term care facility	37
3 (5/17-5/23/2020)	3	Washington Oaks Assisted Living	Long-term care facility	4
		American Crawl Space	Home renovation	3
		Little Caesar's Pizza - Everett	Food establishment	3
4 (5/24-5/30/2020)	0	N/A	N/A	
Total number of outbreaks	6	Average number of outbreaks previous 4 weeks	1.5	58

Outbreak reporting: data source, Snohomish Health District COVID-19 database.

10) DISPROPORTIONATE IMPACTS TO LOW INCOME COMMUNITIES OR COMMUNITIES OF COLOR

Snohomish Health District has been working through testing operations and planning at the ECC to address outreach and response to lower income communities and communities of color in our county. In response to a listening session with Natural Leaders in our community, training materials and training videos are being created for all new case investigators in order to increase their knowledge of equity issues as well as identify the need and access appropriate interpreter services and language resources. SHD is planning additional testing sites within smaller community settings where barriers such as language, undocumented status, and access can be better addressed. Ideas currently being explored include coordination with community food distribution sites, faith communities, and the Pacific Islander Health Board. Additionally, SeaMar Marysville is a trusted source of culturally competent care for Latinos in the area. It has a capacity of providing 1,000 tests daily which should help in reaching this disproportionately affected population.

SHD is also establishing a Covid Advisory Council with local Natural Leaders of traditionally underserved communities and communities of color through their Equity Committee. The purpose of this group is to inform culturally appropriate and accessible messaging and improve access to services.

With the CARES Act funding, SHD has allocated 1-2 FTE to support outreach efforts to vulnerable and underserved populations.

Additional outreach response to vulnerable populations experiencing homelessness would be aided by Snohomish County SAFE teams. SAFE teams utilize physicians, EMTs, social workers, and law enforcement to perform outreach to vulnerable populations, especially Snohomish County residents experiencing homelessness and have reached over 400 individuals since April 2020.

11) ADDITIONAL CONSIDERATIONS

a) EMERGENCY SUPPORT FUNCTION 4 (FIRE AND EMS), EMERGENCY SUPPORT FUNCTION 6 (MASS CARE AND SHELTERING), EMERGENCY SUPPORT FUNCTION 8 (PUBLIC HEALTH) AND EMERGENCY SUPPORT FUNCTION 13 (LAW ENFORCEMENT) DATA CONSIDERATIONS

The Snohomish County ECC (specifically ESF 4, 6, 8, and 13) currently tracks the following data elements.

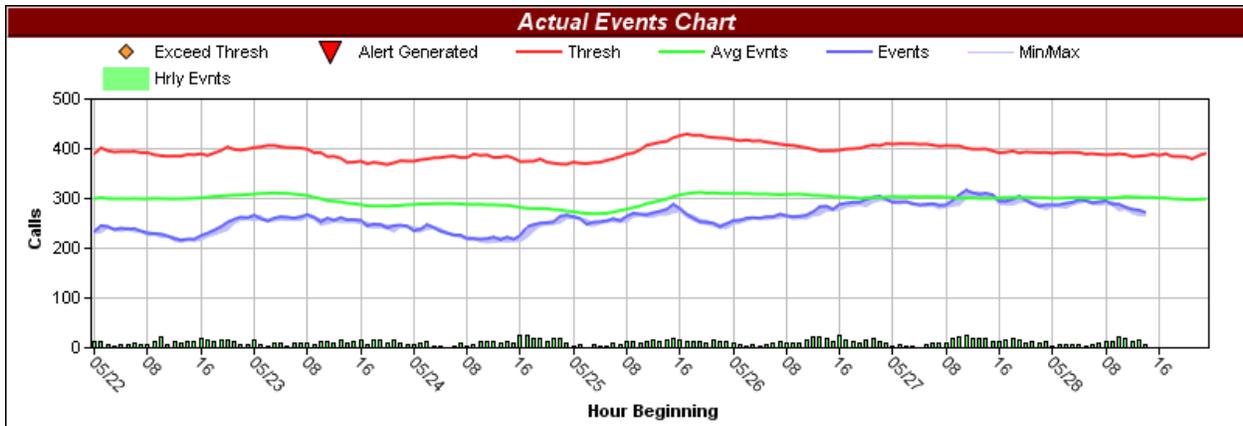
The fire and EMS data elements are looking the dispatch data in real time on a rolling 24 hours. ESF 4 can set up alerts for each of these and they are current set at 2 time standard deviation of the previous 52 weeks. When that threshold is reached the member of the data team are then alerted via email or text message. A subgroup of the team will, after receiving an alert, review all the data elements and determine the next course of action.

On March 7, 2020, Sno911, the county dispatch agency, implemented Protocol 36 in the emergency medical dispatch (EMD) system, which is a pandemic protocol determinant code.

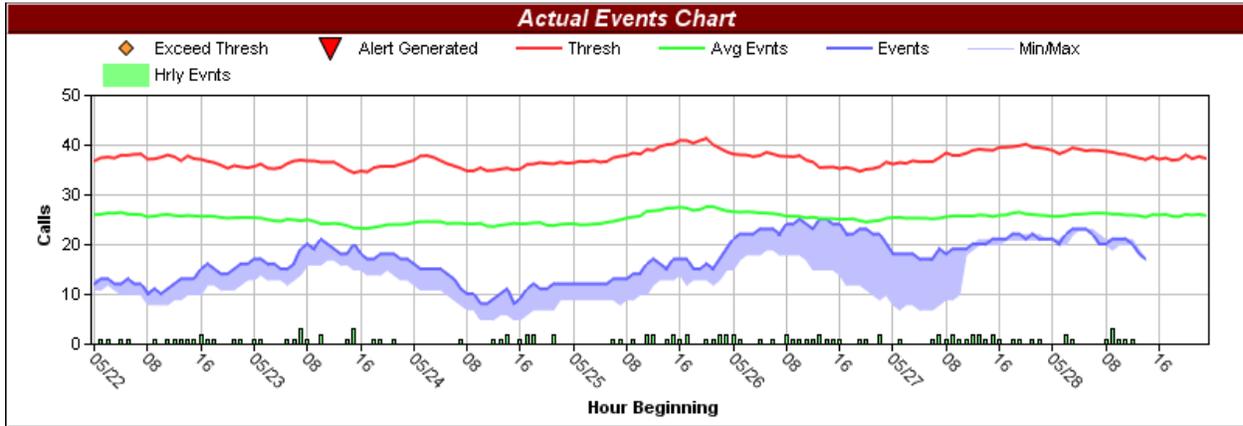
The current data points for Fire and EMS are:

- County Incidents
- EMS County Incidents
- Protocol 36 Triage – the EMS incidents that went to Protocol 36
- Protocol 36 (remained) – the EMS dispatches that remained in Protocol 36
- Shortness of Breath CAD EMD
- Falls/Weakness CAD EMD
 - These two EMD determinates have been identified in as the primary or secondary impressions of the COVID-19 positive patients that have been transported by the fire service in the county

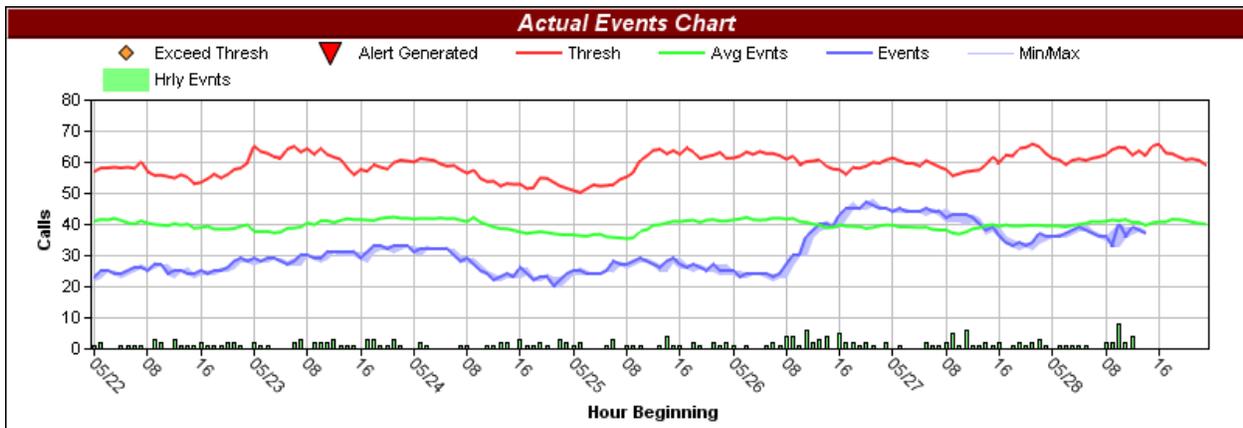
SNO911 FD – County Incidents (CAD Type)



SNO911 – Protocol 36 (remained)



SNO911 – Shortness of Breath CAD EMD



b) SNOHOMISH COUNTY FIRE CHIEFS' ASSOCIATION ATTESTATION



Snohomish County Fire Chiefs' Association

Established 1970 "Progressive Fire Protection Through Cooperation"

12425 Meridian Ave S Everett 98208

Phone – 425.551-1270

Fax – 425-551-1273

Officers

President

Chief Chris Alexander

Vice-President

AC Rich Llewellyn

Treasurer

Chief Jim Haverfield

Immediate Past President

Chief Travis Hots

Zone Representatives

Zone 9

Chief Thad Hovis

Zone 11

Chief Eric Andrews

Zone 12

Chief Keith Strotz

Liaisons

Legislative

Chief Brian McMahan

Fire Commissioners

Chief Martin McFalls

Training/Safety Officers

DC Craig Clinton

Special Operations

DC Larry Huff

EMS Council

Chief Dennis Fenstermaker

Fire Prevention

DC Mike Fitzgerald

Washington Fire Chiefs

Chief Kevin O'Brien

Policy/Procedure Committee Chair

Chief Eric Andrews

SNO911 Fire Tac

AC Steve Guptill

Shawn Frederick, MBA
Administrative Officer
Snohomish Health District
3020 Rucker Ave, Ste 306
Everett, WA 98201

Dear Mr. Frederick:

On behalf of the Snohomish County Fire Chiefs' Association, I am writing to attest to the following with respect to Fire/EMS preparedness and the Health District's request for a variance to move to Phase 2 of the *Reopening Washington Plan*:

- We currently have two months' Personal Protective Equipment (PPE) for every fire fighter in the county on-hand.
- We are continuing to use our county task force to bulk purchase PPE to maintain that level of supply for the rest of the year.
- To extend the useful life of our N-95 masks, we purchased UV-C units to decontaminate the masks up to 10 times before disposal.
- We have instituted the scout process countywide for all our medical responses to insure those that have direct patient contact are properly protected.
- To properly decontaminate our vehicles, equipment, and facilities, we have purchased applicators and solution and made them a part of our standard decontamination procedures.
- We are tracking prehospital and hospital key metrics to provide early warning of an increase in cases both county-wide and by region of the county. This capability is shared with our law enforcement, public health, emergency management, and hospital partners.

If you or DOH have any questions regarding this attestation or Fire/EMS preparedness to respond to COVID-19, please feel free to contact me.

Sincerely,

Christopher W. Alexander
Fire Chief, Mukilteo Fire Department
President, Snohomish County Fire Chiefs' Association

d. SNOHOMISH COUNTY SHERIFF'S OFFICE ATTESTATION

M E M O R A N D U M



DATE: May 28, 2020
TO: Snohomish County Board of Health
FROM: Sheriff Adam Fortney
RE: Snohomish County Request for Phase 2

I strongly support the Snohomish County Board of Health and the Snohomish County Council's decision to request a variance and move to Phase 2 of Governor Inslee's phased reopening plan. I would encourage the State to quickly approve the request and move Snohomish County into Phase 2.

The residents of Snohomish County have shown and continue to show they are following the safety precautions from the Governor and for the most part, our communities are doing all they can to keep themselves, their families and their neighbors safe and healthy.

As the curve continues to flatten, I believe it is time to trust local government with the knowledge of what is best for their respective communities. It is a unique time when all of Snohomish County government is in agreement, and it is time for Snohomish County to move to Phase 2 and help our residents get back to work safely.

I am proud to join our county leaders and I look forward to helping in any way I can to assist with getting Snohomish County back on a safe path to economic recovery.

NORTH PRECINCT
15100 40TH Ave. N.E.
Marysville, WA 98271
Phone (425) 388-5200
FAX (360) 653-7609

SOUTH PRECINCT
15928 Mill Creek Blvd
Mill Creek, WA 98012
Phone (425) 388-5250
FAX (425) 337-5809

EAST PRECINCT
515 Main Street
Sultan, WA 98294
Phone (425) 388-6260
FAX (360) 793-7774

CORRECTIONS
3000 Rockefeller Ave. M/S 509
Everett, WA 98201
Phone (425) 388-3474
FAX (425) 339-2244

ADMINISTRATION
3000 Rockefeller Ave. M/S 606
Everett, WA 98201
Phone (425) 388-3393
FAX (425) 388-3805

e. SNOHOMISH COUNTY SHERIFF AND POLICE CHIEFS' ASSOCIATION LETTER OF ATTESTATION

SNOHOMISH COUNTY SHERIFF AND POLICE CHIEFS ASSOCIATION

Representing Law Enforcement in Snohomish County

Sheriff Adam Fortney
SNOHOMISH COUNTY

Chief Jonathan Ventura
ARLINGTON

Chief Ken Seuberlich
BOTHELL

Chief Mike Catlett
BRIER

DARRINGTON

Chief Jim Lawless
EDMONDS

Chief Dan Templeman
EVERETT

Chief Craig Hess
GOLD BAR

Chief Thomas Dalton
GRANITE FALLS

Chief John Dyer
LAKE STEVENS

Chief Tom Davis
LYNNWOOD

Int. Chief Jeff Goldman
MARYSVILLE

Int. Chief Scott Eastman
MILL CREEK

Chief Jeff Jolley
MONROE

Chief Peter Caw
MOUNTLAKE TERRACE

Chief Cheol Kang
MUKILTEO

Sherman Pruitt
SAUK-SUIATTLIE

Chief Keith Rogers
SNOHOMISH

Chief Robert Martin
STANWOOD

Chief D.W. Tardiff
STILLAGUAMISH

Chief Mike Martin
SULTAN

Chief Chris Sutter
TULALIP

Chief Doug Hansen
WOODWAY

Captain Scott McCoy
WSP

Adam Cornell
PROSECUTING ATTORNEY

May 29, 2020

Shawn Frederick, MBA
Administrative Officer
Snohomish Health District
3020 Rucker Ave, Ste 306
Everett, WA 98201

Dear Mr. Frederick:

On behalf of the Snohomish County Sheriff and Police Chiefs Association, I am writing to attest to the following with respect to law enforcement's preparedness and the Health District's request for a variance to move to Phase 2 of the Reopening Washington Plan:

- Snohomish County law enforcement agencies currently have an adequate supply of PPE on hand
- Snohomish County law enforcement agencies continue to coordinate bulk purchase PPE through the Snohomish County Emergency Coordination Center (ECC), as appropriate
- Several agencies either have access to, or have submitted a request for UV-C units to decontaminate masks and other PPE
- Snohomish County law enforcement has access to electrostatic fogger equipment for large area decontamination needs, if necessary
- As an Association, we have coordinated with our county dispatch center to develop and implement a law enforcement call response protocol countywide
- As an Association, we continue to conduct remote meetings on a bi-weekly basis to share information and coordinate regional law enforcement efforts
- Through the ECC, law enforcement continues to track key hospital metrics to provide early warning of an increase in cases both county-wide and by region of the county.

If you or DOH have any questions regarding this attestation or law enforcement's preparedness to respond to COVID-19, please feel free to contact me.

Sincerely,



Dan Templeman
Police Chief, Everett Police Department
President, Snohomish County Sheriff and Police Chiefs Association

f. SNOHOMISH COUNTY MAYORS' SUPPORT FOR PHASE 2 VARIANCE

News Release

May 29, 2020

Snohomish County Mayors Support Phase II Variance Request

Today, the Snohomish County Board of Health and Snohomish County Council both unanimously approved a variance request to move Snohomish County to Phase II of the Governor's phased reopening plan.

We strongly support this action and encourage the State to act quickly to approve the variance request and move Snohomish County into Phase II. Our residents and businesses have made tremendous efforts to stay safe and help slow the spread of COVID-19, but they have also sacrificed greatly. We believe we are on the right path to recovery. We are incredibly thankful for our public health officials, emergency management professionals, and our local healthcare workers who have prepared our healthcare system to appropriately manage our County's positive COVID-19 cases. With our healthcare system in good shape, we believe we are ready to slowly re-open businesses and get our residents back to work.

We look forward to continuing to work with our partners throughout the County to open in a safe and thoughtful manner, setting us on a path to economic recovery.

Mayor Barbara Tolbert, City of Arlington

Mayor Bob Colinas, City of Brier

Mayor Dan Rankin, City of Darrington

Mayor Cassie Franklin, City of Everett

Mayor William Clem, City of Gold Bar

Mayor Matthew Hartman, City of Granite Falls

Mayor Norm Johnson, Town of Index

Mayor Brett Gailey, City of Lake Stevens

Mayor Nicola Smith, City of Lynnwood

Mayor Jon Nehring, City of Marysville

Mayor Pam Pruitt, City of Mill Creek

Mayor Geoffrey Thomas, City of Monroe

Mayor Jennifer Gregerson, City of Mukilteo

Mayor John Kartak, City of Snohomish

Mayor Leonard Kelley, City of Stanwood

Mayor Russell Wiita, City of Sultan

Mayor Carla Nichols, Town of Woodway

g. SNOHOMISH HEALTH DISTRICT AFFIRMATION OF COURT SERVICES AND JURY TRIALS AS AN ESSENTIAL FUNCTION



May 29, 2020

Affirmation of Court Services and Jury Trials as an Essential Function

When considering the application components and the essential services of government agencies and departments, Snohomish Health District recognizes that, notwithstanding the Governor's determination that Courts are an essential function, the Health District wants to reiterate that court services and jury trials are permitted to operate in Snohomish County (with proper safeguards for staff, guests, and the public) and that this permission is not subject to the phases as set forth in the Governor's Safe Start Plan.

Chris Spitters, MD, MPH
Health Officer

Shawn Frederick, MBA
Administrative Officer