

King County Safe Start
Variance
Application

June 3, 2020



King County

Contents

I.	Local Approval Process and Required Documentation	3
II.	Targeted Metrics	3
III.	Local Hospital Documentation	5
IV.	Application Narrative	5
V.	Appendices	18
	Appendix A: Secretary Weisman guidance email to King County.....	18
	Appendix B: Letter from King County leadership pursuant to guidance from Secretary Weisman	20
	Appendix C: Recommendation from King County Local Health Officer.....	23
	Appendix D: King County Hospital PPE Responses	25

I. Local Approval Process and Required Documentation

Please see:

[Appendix A: Secretary Weisman guidance email to King County](#)

[Appendix B: Letter from King County leadership pursuant to guidance from Secretary Weisman](#)

[Appendix C: Recommendation from King County Local Health Officer](#)

II. Targeted Metrics

Many of the State’s metrics are available online in the Key Indicators of COVID-19 Activity Dashboard, <https://www.kingcounty.gov/depts/health/covid-19/data/key-indicators.aspx>. The COVID-19 activity metrics and the hospital readiness metrics are green showing the county meets the criteria to move out of Phase 1 and the two metrics for testing are close to their respective criterion but show room for improvement. While not yet incorporated in the linked dashboard, the case contact tracing metrics (based on the approximately one-half of current cases managed by PHSKC; data for cases managed by DOH not shown) are green for cases and contacts reached within the specified time intervals, but not met for case and contact daily follow-ups. The number of outbreaks is above the DOH metric as in the last four weeks we have experienced between 2 and 11 outbreaks per week as defined by DOH. Based on this combination of metrics, the Local Health Officer is requesting a modified Phase 1 re-opening.

	Description	Target	King County Actual
Case and contact investigations	Percent of cases reached by phone or in person within 24 hours of receipt of positive lab test report	90%	96%
	Percent of contacts reached by phone or in person within 48 hours of receipt of positive lab test report on a case	80%	90%
	Percent of cases being contacted daily (by phone or electronically) during their isolation period	80%	Not met, cases are contacted every 2 to 3 days
	Percent of contacts being contacted daily (by phone or electronically) during their quarantine period	80%	Not met, contacts are contacted every 2 to 3 days
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)	3 for very large counties (>1 million)	Week of May 17: 4 Week of May 10: 10 Week of May 3: 14 Week of April 26: 8



Key Indicators of COVID-19 Activity in King County, Washington

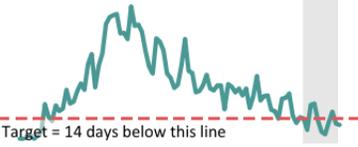
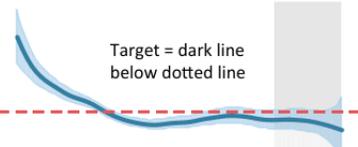
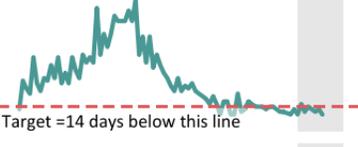
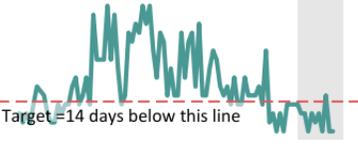
Updated:
5/30/2020
2:00 PM

Hover over the circles to get more details on the criteria or visit our blog:
<https://publichealthinsider.com/2020/05/27/public-health-publishes-new-covid-19-key-indicators-dashboard/>

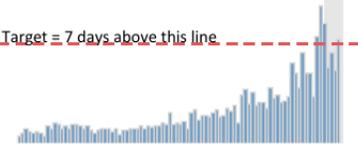
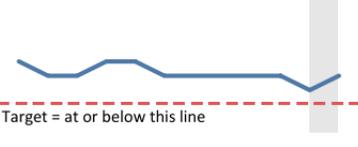
Legend
Meeting target 
Not meeting target 

Key question	Criteria	Target	Current status	Target met?	Trend from March 1 to May 29 (grey bands are the days of interest)
--------------	----------	--------	----------------	-------------	--

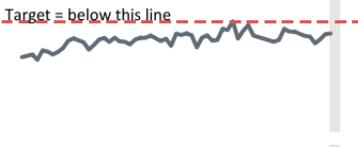
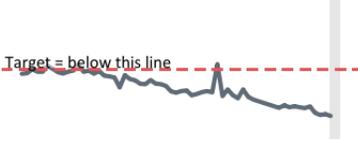
COVID-19 Activity

What are the trends in the numbers of reported cases?	Total number of cases for the last 14 days per 100,000 residents.	<25 per 100k	24 per 100k		
Is the outbreak growing, shrinking or stable?	Effective reproductive (Re) number calculated by the Institute for Disease Modeling and Microsoft AI for Health team.	Best estimate below 1	0.6		
Is the risk of being hospitalized with COVID-19 changing?	Rate of hospitalization per 100,000 residents in the past 14 days compared to the prior 14 days.	Flat or decreasing	Decreasing		
Is the risk of death from COVID-19 changing?	Rate of death per 100,000 residents in past 14 days compared to the prior 14 days.	Flat or decreasing	Decreasing		

Testing Capacity

Are we testing enough to detect most cases?	Number of people tested for each positive result over the last 7 days.	≥50	40		
Are we testing quickly enough? (prompt testing is needed to decrease transmission)	Number of days (median) between illness onset and test date over the last 7 days.	≤2	4		

Healthcare System Readiness

How many beds are occupied in our hospitals?	Percent of beds occupied across hospitals in King County.	≤80%	70%		
What proportion of hospital beds are filled with COVID-19 patients?	Percent of King County hospital beds serving COVID patients.	≤10%	4%		

III. Local Hospital Documentation

All 28 hospitals in King County report to WA HEALTH, that data was used to answer each of the questions below.

- 1. The percent of licensed beds occupied by patients (i.e., hospital census relative to licensed beds).**

The percent of licensed beds occupied by patients in King County hospitals is 70%.¹

- 2. The percent of licensed beds occupied by suspected and confirmed covid-19 cases (*ideal target is <10%*).**

The percent of licensed beds occupied by suspected and confirmed COVID-19 cases is 4%.²

- 3. 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 did they report into WA HEALTH.**

The King County hospitals will continue to report daily, including on weekends, all data requested into WA HEALTH. They reported data 14 days in the last 2 weeks into WA HEALTH.

- 4. 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.**

For the 17 major acute care hospitals which are expected to care for the vast majority of COVID-19 positive inpatients in King County, data completion over the past week of available data in WA Health, using a criteria of 80% data completeness, including bed capacity, staffing, equipment, supplies, and COVID-19 Statistics, 92% of facilities reported at a level equal to or greater than 80% data completeness.

- 5. If or when they are using PPE conservation strategies, they must certify 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](#).**

Please see [Appendix D](#) for additional documentation required related to use of PPE conservation strategies.

IV. Application Narrative

- 1. Provide a brief summary of the epidemiology of COVID-19 in the county, including populations disproportionately affected by COVID-19 and proportion of cases without an epidemiologic link to other cases.**

In King County, Washington, on May 31, 2020 there were 8,159 confirmed cases and 557 confirmed deaths since the first COVID-19 case was reported on February 28, 2020. The

¹ Public Health – Seattle & King County, Key Indicators of COVID-19 Activity in King County, <https://www.kingcounty.gov/depts/health/covid-19/data/key-indicators.aspx>

² Ibid.

current doubling time is 46 days for both confirmed cases and for deaths. In the last week of May, 272 new cases were reported, 12 percent lower than the previous week's total of 308 and 21% the level of the peak case number of 1,296 in the week of March 23, 2020. The most recent week is the lowest new incidence since the week of March 2, 2020. More information at the King County Daily COVID-19 Outbreak Summary website.³

The populations disproportionately affected by COVID-19 in King County include older adults, long term care facility residents, people with underlying health conditions, men, residents of low-income communities, and persons of Hispanic ethnicity, Black race, indigenous people and people of color (BIPOC).⁴ Of the 557 deaths in King County from COVID-19 to date, 77% have been age 70 or older. Maps of COVID-19 case residences and places of residence where there are more people with underlying health conditions and low incomes are very similar.⁵ Men account for 53% of COVID-19 deaths in King County. Among measured race/ethnic categories, Pacific Islanders in King County have the highest age-adjusted case rate at 1,052 per 100,000; Latinx residents are experiencing a case rate of 923 per 100,000; Black residents have a rate of 514; American Indians have 272 and Asian residents have 208 cases per 100,000 Asian residents. All race/ethnic groups measured in King County have higher case rates than White residents who are at 179 COVID-19 cases per 100,000 White residents. More information and data limitations are available at Public Health-Seattle & King County's Race and Ethnicity Data Dashboard and on the graphs that follow on pages seven and eight.⁶

The proportion of cases without an epidemiologic link to other cases is approximately 40%; 32% are presumed household transmission, 14% community (not-linked to other case), 13% essential worker or workplace, 7% long-term care facility related, 5% close contact with a confirmed case, 4% unknown (included in not-linked total), 3% health care worker and 2% homeless shelter or living homeless.

³ Public Health – Seattle & King County, Daily COVID-19 Outbreak Summary, <https://www.kingcounty.gov/depts/health/covid-19/data/daily-summary.aspx>

⁴ Ibid.

⁵ Communities Count, COVID-19 Vulnerable Communities Data Tool, <https://www.communitiescount.org/covid19vulnerable>

⁶ Public Health – Seattle & King County, COVID-19 Race and Ethnicity Data Dashboard, <https://www.kingcounty.gov/depts/health/covid-19/data/race-ethnicity.aspx>



King County

COVID-19 cases among King County, WA residents by race and ethnicity

Updated:
5/29/2020
1:01 AM

Select:

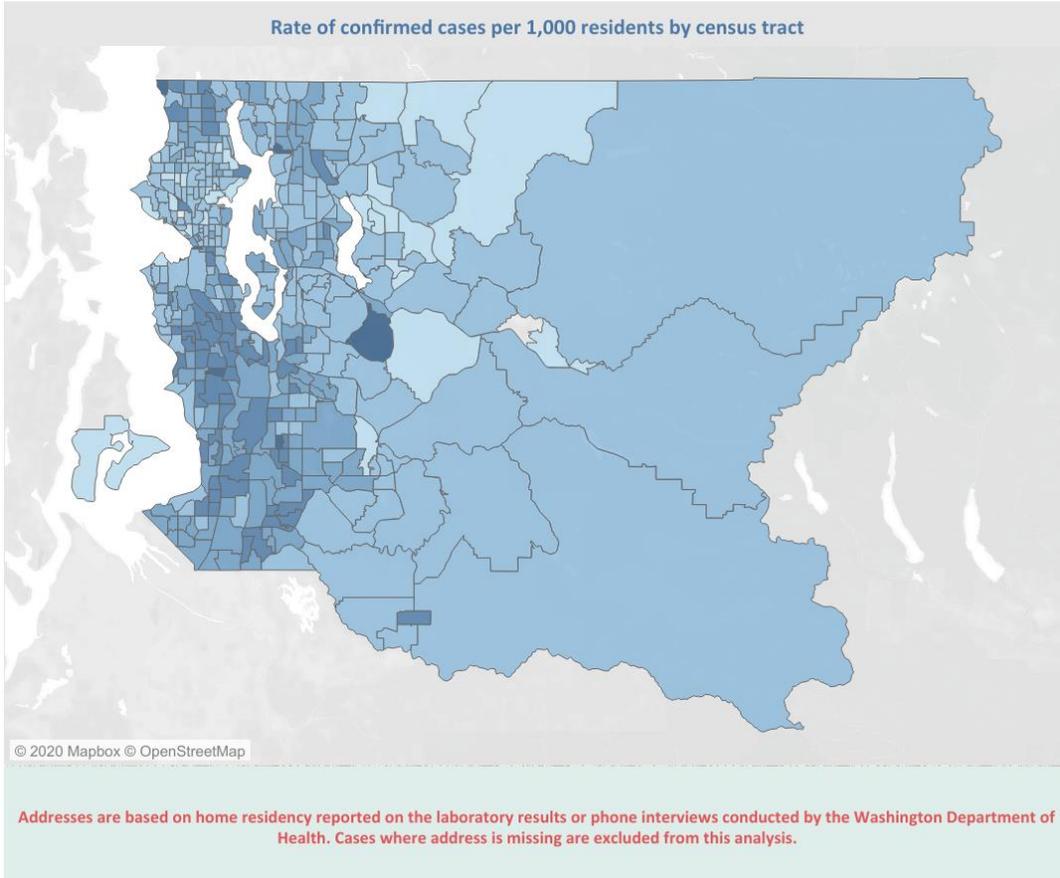
- All cases
- All cases excluding skilled nursing and assisted living residents

This map shows the rate of confirmed cases per 1,000 residents. Darker colors indicate higher rates.

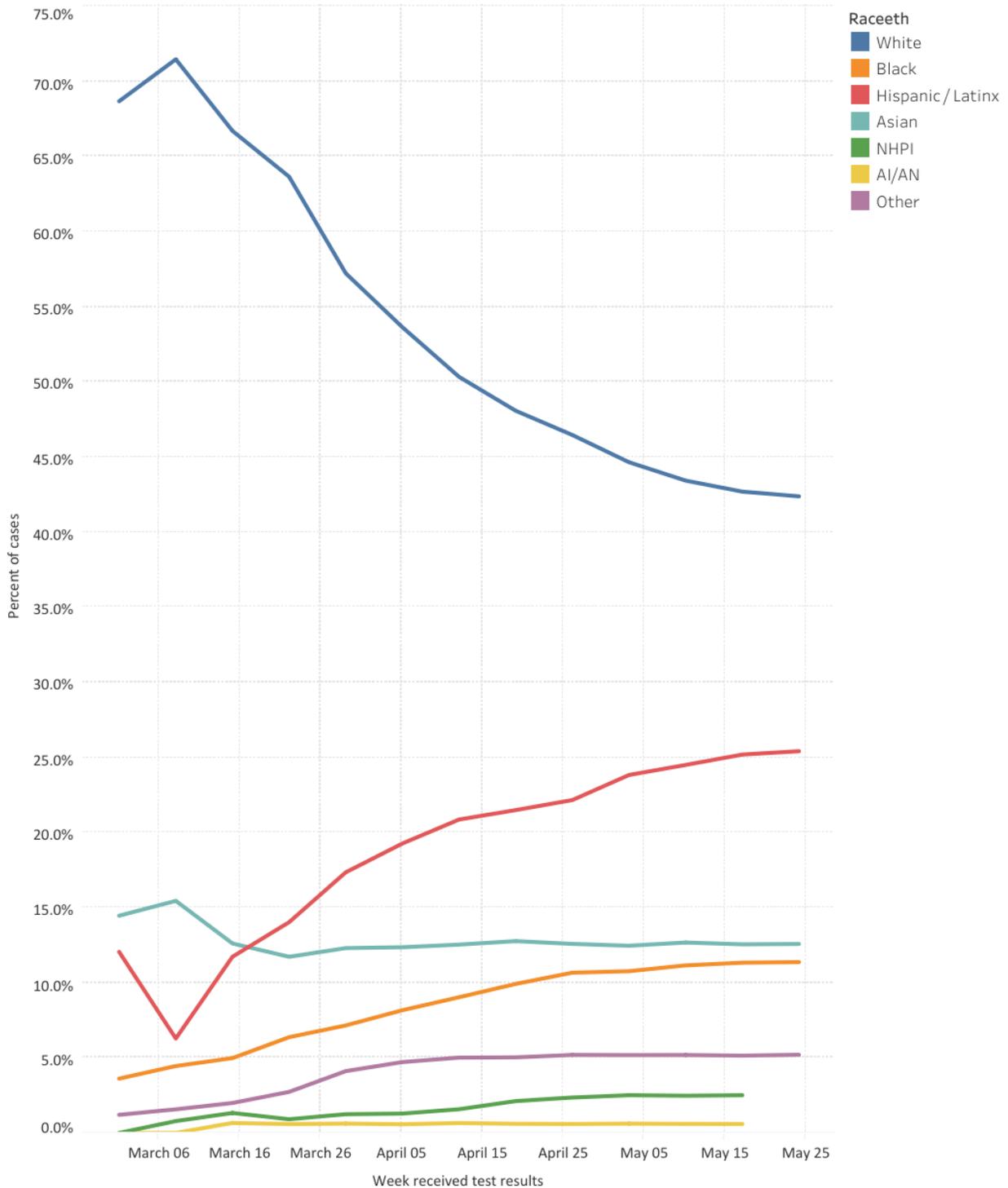
Hover over each census tract for details.

Legend:
(Click on color to highlight all relevant census tracts)

<input type="checkbox"/> <1 per 1,000	<input type="checkbox"/> >=10 per 1,000
<input type="checkbox"/> 1-2.9 per 1,000	<input type="checkbox"/> 3-4.9 per 1,000
<input type="checkbox"/> 5-9.9 per 1,000	



Trends



2. Provide a summary narrative of the COVID-19 testing sites in your county (clinic, hospital, health department, pharmacy, drive up, etc.) and your efforts to communicate with the public about the need to get tested and promote/advertise those sites. In addition, specifically

identify sites that serve persons with low-income, no insurance, or underserved and the hours and days of those services.

Public Health – Seattle & King County and the health care delivery system work together to make COVID-19 testing widely available. The King County COVID-19 call center, 206-477-3977, is available seven days per week from 8 am to 7 pm to assist people without a healthcare provider to access testing sites. Mobile testing is done by two Harborview Medical Center mobile clinics. The County has carried out community outreach and provides public information about the need to get tested. Public Health – Seattle & King County hosts a weekly call with community-based partners that leads with public health messages to reduce the spread of COVID-19, including an emphasis on access to testing. Testing is the topic of several widely viewed blog posts on Public Health Insider.⁷

Information for the public on where testing is available is posted at:
<https://www.kingcounty.gov/depts/health/covid-19/care/testing.aspx>

The following locations provide free or low cost COVID-19 testing – regardless of immigration or insurance status. They are open to anyone who cannot access a COVID-19 test through their regular health care provider. Most sites are non-profit Community Health Centers. Their hours vary and include weekday, evening and weekend options.

Agency	Site	Address	Languages Spoken On-site
City of Seattle	Aurora (North Seattle)	12040 Aurora Ave N., Seattle, WA 98133	Interpretation available
	SODO (South Seattle)	3829 6th Ave South Seattle, WA 98108	Interpretation available
HealthPoint	Kent Urgent Care	219 State Ave N. (#100) Kent, WA 98030	Spanish; No interpretation available
	Renton Administration Office	955 Powell Ave SW Renton, WA 98057	Russian, Spanish; interpretation available
International Community Health Services (ICHS)	International District Clinic	720 8th Ave S. Seattle, WA 98104	Cantonese, Mandarin, Toisanese, Vietnamese; interpretation available
	Shoreline Clinic	16549 Aurora Ave N. Shoreline, WA 98133	Cantonese, Korean, Mandarin, Vietnamese; interpretation available
	Meridian (North Seattle)	10521 Meridian Ave N. Seattle, WA 98133	Amharic, Somali, Spanish, Tagalog, Vietnamese; interpretation available

⁷ “COVID-19 Testing is Increasingly Available in King County,” *Public Health Insider*, May 12, 2020, <https://publichealthinsider.com/2020/05/12/covid-19-testing-is-increasingly-available-in-king-county/>

Agency	Site	Address	Languages Spoken On-site
Neighborcare Health	Rainier Beach (South Seattle)	9245 Rainier Ave S. 2nd Floor Seattle, WA 98118	Amharic, Arabic, Cham, French, Malay, Somali, Spanish, Tagalog, Tigrinya, Vietnamese; interpretation available
	High Point (West Seattle)	6020 35th Ave SE, 1st Floor Seattle, WA 98126	Amharic, Arabic, Cambodian, Oromo, Russian, Somali, Spanish, Ukrainian; interpretation available
	Vashon Island	10030 SW 210th St Vashon Island, WA 98070	Interpretation available

3. The *median* number of days from onset of illness to COVID-19 specimen collection date for the cases identified in your county over the past 4 weeks. The ideal target is a median number of ≤ 2 days.

The median number of days from onset of illness to COVID-19 specimen collection is 4 days over the past 4 weeks.⁸

4. For each of the previous 4 weeks, 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 four-week period. The *ideal* target is to perform about 50 tests per case and have a percent positivity no more than 2%.

a. Week 1 (May 14 to May 30, 2020): Total # of tests, # of negative tests, # of positive tests, percent positive, by test collection date. Ideal target: 50 times the number of positive tests.

Total # of tests	# of negative tests	# of positive tests	% positive	50 x # of positive tests
Week 1: May 24 to 30, 2020				
10,009	9,760	249	2.5%	12,450

b. Repeat for weeks 2, 3, and 4.

Total # of tests	# of negative tests	# of positive tests	% positive	50 x # of positive tests
Week 2: May 17 to 23, 2020				
12,077	11,771	306	2.5%	15,300
Week 3: May 10 to 16, 2020				

⁸ Public Health – Seattle & King County COVID-19 Key Indicators Dashboard, <https://www.kingcounty.gov/depts/health/covid-19/data/key-indicators.aspx>

12,739	12,322	417	3.3%	20,850
Week 4: May 3 to 9, 2020				
11,696	11,216	480	4.1%	24,000

c. For the 4 weeks: total # positive tests/total # of tests = percent positive.

In the last 4 weeks, since May 3, 2020, there have been 1,452 positive tests out of 46,521 total tests which is 3.1% positive.

5. 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: county population/100,000 x 15 = #.

King County’s population is 2,252,782/100,000 x 15 = 338.

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.

Public Health – Seattle & King County currently has 22 individuals performing case investigations and contact tracing (18 FTEs). **DOH contact tracers now fill the gap for King County contact tracing during the county’s transition to take on more county case investigations and contact tracing in July.** In addition, PHSKC has 74 staff who are trained and performing case and contact tracing in congregate living and other high risk settings. Please see response to Question 8 for addition detail about outbreak investigations.

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.

There are now 0 other city/county staff trained and ready to perform case investigations and contact tracing, but the City of Seattle has offered more than 75 FTEs and several will be trained in upcoming months.

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.

PHSKC will contract with federally qualified health centers, such as SeaMar Community Health Centers (up to 10 FTEs), to offer more in-language contact tracing capacity. PHSKC is recruiting additional non-governmental employees through the King County Jobs website and through the Public Health Reserve Corps.

iv. Subtotal of those trained and ready, using the full-time equivalent number.

18 FTEs at the health department, plus DOH case investigators and contact tracers, but the training process for other county/city staff will begin shortly. In addition, PHSKC has 74 staff who are trained and performing case and contact tracing in congregate living and other high risk settings.

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.**
36 new FTEs will be trained in the next 4 weeks.

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.**

Because of the high need for contact tracing, PHSKC is acting to scale up contact tracing staff quickly. We believe the standard formula may give an over-estimate of contact tracing FTEs to respond to the current, and even anticipated future, levels of COVID-19 in the county. For instance, PHSKC is currently able to surpass each of the 24- and 48-hour goals with our existing staff; however daily contact expectations are not being met and additional contact tracers are needed. PHSKC will continue to match FTEs with public health need and has the capacity to add and train approximately 10-20 new contact tracing FTEs weekly; our training capacity is continuing to grow. We are also discussing with the City of Seattle the potential for training and utilizing between 75-100 FTEs.

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.**

Washington State Department of Health is assisting with case and contact tracing.

b. **The total number of cases identified over the past 2 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%).**

The total number of cases identified in King County over the past 2 weeks is 223 and 96% of cases were reached by phone.

c. **The total number of close contacts identified over the past 2 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%).**

The total number of close contact identified over the past 2 weeks was 643 and 90% were reached by phone within 48 hours of receipt of positive lab test report.

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%)?**

King County typically reaches out every two to three days to cases during their isolation period but has not yet implemented daily contact procedures. We anticipate moving to daily contacts by July 1.

- 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%)?

King County typically reaches out every two to three days to contacts to check on symptom development and self-quarantine but has not yet implemented daily contact procedures. We anticipate moving to daily contacts by July 1.

- f. Does the department conduct full case and contact investigations 7 days a week, every week?

Yes.

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.)

Facility name	Type	# of rooms for isolation, quarantine or either	# of cases or contacts currently in the facility	Secured until, and extension clause	Services provided and by whom
Aurora 1132 N. 128th Street Seattle, WA	Hotel	24 beds for isolation or quarantine	2	Fully secured, King County owned	See responses to 6.g. below
Eastgate (assessment and recovery) 13620 Eastgate Way Bellevue, WA 98005	Modular structure, in standby	70 isolation, 70 quarantine	0	August 2021, no extension clause	
Issaquah 1801 12th Ave, Issaquah, WA 98027	Hotel	100 for isolation or quarantine	14	March 2021, extension in discussion	

Facility name	Type	# of rooms for isolation, quarantine or either	# of cases or contacts currently in the facility	Secured until, and extension clause	Services provided and by whom
Kent 1233 Central Ave N, Kent WA	Hotel	83 for isolation or quarantine	65	King County owned	
Shoreline (assessment and recovery) 19030 1st Ave NE Shoreline, WA 98155	Modular structure, in standby	70 isolation, 79 quarantine	0	June 2020, extension in discussion	
SoDo (assessment and recovery) 1045 6th Ave South Seattle, WA	Warehouse, decommissioned	150 isolation, 150 quarantine	0	June 2023, extension possible	
White Center 206 SW 112th St. Seattle, WA	Modular dorms, in standby	32 for isolation or quarantine	0	King County owned	

Responses to question 6.g.: All sites have county-provided health care, behavioral health services, food, support filling prescriptions, clothing (if needed), laundry, as well as transportation and housing navigation (if needed) at beginning and end of stays.

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.)?

PHSKC staff in partnership with the Red Cross provide King County residents in home isolation or quarantine with needed services, such as food, medications, basic medical supplies and essential items, such as diapers and disinfectant wipes.

b. How are referrals made to that agency, if other than health department?

A single point of contact at PHSKC (the Isolation & Quarantine Coordinator in the Health and Medical Area Command) emails four designated contacts at the Red Cross when services are needed. The Red Cross staff work with a network of volunteers to deliver the services. PHSKC serve as a back up to make deliveries when volunteers are unable to do so.

c. How it is ensured that the referral agency connects with the client?

Volunteers from the Red Cross pick up gift cards and shopping lists from PHSKC staff, make the food or medication deliveries and return receipts to the PHSKC staff. The staff record the deliveries in a database that is shared with the case investigators.

8. Describe the health department’s 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 plans should describe:

a. The number and type of staff who are trained to conduct outbreak investigations.

PHSKC has 74 staff working on clusters/outbreak investigations in congregate settings. This includes 11 FTE focusing on long-term care facilities and 17 FTEs focusing on shelters and organizations serving people living homeless. The types of staff include disease investigators, public health nurses, administrative staff, veterinarians, education specialists and others.

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).

The PHSKC COVID Mobile Assessment Team which can be deployed to various settings experiencing outbreaks consists of 1 supervisor, 1 public health charge nurse, 1 health care assistant, 4 part-time agency nurses, and 2 Community Health Services home visiting public health nurses. This team may be expanded if needed.

Testing in homeless service sites is conducted by the PHSKC COVID Mobile Assessment Team, Harborview, Medical Teams International, Neighborcare Health, PHSKC Mobile Medical Van, and the Seattle Flu Study. PHSKC serves as the coordinating body and is responsible for convening partners, establishing the testing strategy, maintaining a shared reactive and proactive testing schedule, and assigning partners to test at specific homeless service sites and encampments.

From March 23 – May 19, 2020, the PHSKC Mobile Assessment Team (MAT) has been responsible for 1/3 of testing events at homeless service sites.

Testing within Long Term Care Facilities (LTCFs) is conducted by the PHSKC COVID Mobile Assessment Team, Seattle Fire, South Puget Fire, UW Medicine volunteers and Kaiser Permanente. PHSKC serves as the coordinating body establishing the testing strategy, maintaining a shared reactive and proactive testing schedule, and assigning partners to test at LTCFs. In the coming week, the state Department of Social and Health Services (DSHS) will deliver test kits and PPE to nursing homes that have not yet completed comprehensive testing or who completed testing before April 1. Test kits and PPE will also be sent to assisted living facilities with memory care units, thereby easing demand for these items from PHSKC.

PHSKC has on hand or expected in upcoming weeks adequate supply of nasal and nasopharyngeal swabs and viral transport media to meet County-supplied services for the next 3 months, expecting moderate increases in testing (n=10,650 as of 6/2, with 50,000 expected 6/5-6/10 from KCOEM procurement). We however do not have enough PPE (specifically, fit tested N95 masks and gowns) for a significant surge in facility-based testing.

c. Any community or state resources relied upon to conduct these investigations.

The health department is working with WA DOH staff on developing processes for investigations (and to conduct investigations of businesses with employees from other LHJs/states and businesses that are in more than one LHJ/state (like fishing boats). The state Department of Labor & Industries and its Division of Occupational Safety and Health (DOSH) is a key partner in outbreak investigations as well.

9. For each of the last 4 weeks, report the number of outbreaks, the facility name, and type using an outbreak definition of 2 or more non-household cases epidemiologically linked with 14 days in a workplace, congregate living, or institutional setting, and for each facility, the number of cases associated with that outbreak.

In the last 4 weeks, PHSKC has investigated 30 outbreaks: 10 in long-term care facilities, 9 in congregate living settings, 11 in workplaces, 3 in childcare centers, 2 in supportive housing facilities and 1 in an outpatient facility. Lists of the long-term care facilities are available online in the Long-term Care Data Dashboard.⁹

Type of facility	Week of April 26	Week of May 3	Week of May 10	Week of May 17
Long-term care facility	0	6	3	1
Congregate living housing (shared kitchen/bathroom)	2	4	3	0
Workplaces	3	3	3	2
Childcare centers	1	0	1	1
Supportive housing	2	0	0	0
Outpatient facility	0	1	0	0
Total	8	14	10	4

10. If COVID-19 is disproportionately affecting low income communities or communities of color in your county, what are your plans to protect these populations?

In King County, COVID-19 has been disproportionately affecting both low-income and communities of color. As the response to Question 1 shows, infection rates for Pacific Islanders are 5.9 times higher than for White residents; 5.2 times higher for Latinx, 2.9 times higher for Black, 52% higher for American Indians and 16% higher for Asian residents. These figures may be undercounts, since testing has been more widespread among White residents. In absolute terms, Whites have experienced the greatest number of COVID-19 infections, with 2,665 White people affected. The number of Latinx residents with COVID-19 is second highest at 1,598 cases, Asian residents have had 791 infections, Black residents have had 716 cases, 156 Pacific Islanders have had COVID-19 and 37 American Indians have.¹⁰

When COVID-19 cases are shown on zip code or census tract maps of King County, they are

⁹ PHSKC, Long Term Care Data Dashboard, <https://www.kingcounty.gov/depts/health/covid-19/data/LTCF.aspx>

¹⁰ PHSKC Race and Ethnicity Data Dashboard, <https://www.kingcounty.gov/depts/health/covid-19/data/race-ethnicity.aspx>

disproportionately higher in locations with lower average incomes.

The COVID-19 response in the county has addressed the greater risks of communicable disease faced by low-income and communities of color in the following ways:

- COVID-19 public information is offered in 33 languages online at www.kingcounty.gov/covid.
- Webinars in partnership with the City of Seattle were offered in 8 languages.
- Anti-hate and anti-stigma toolkit is available online.
- Specific outreach and communications campaigns have been launched for Pacific Islanders, Latinx, Black and American Indian county residents.
- Outreach, in partnership with the Department of Community and Human Services and community-based organizations, has been extensive among people living without housing and housing has been secured when needed.
- In the Long-Term Care Facilities response, adult family homes, which are often operated by lower income and/or people of color, have been a focus of COVID-19 containment and mitigation work.

Communications and intervention strategies co-created with people affected and at risk of COVID-19 have been developed and PHSKC plans to continue to work in 50/50 partnerships, including compensation, with Black, Indigenous and People of Color and with all residents in low-income and in rural areas.

In addition, the Pandemic Community Advisory Group was convened in early March 2020, as one new way the health department can work directly with representatives from community, business, and government sectors who are working together to help slow the spread of COVID-19 by accelerating the use of mitigation strategies. Committed to two-way communication, the Advisory Group meets weekly to share information and urge action within their respective networks. The Advisory Group informs Public Health on what they are seeing on the ground – both challenges and opportunities. The Advisory Group works to help prevent, interrupt, and respond to misinformation and stigma. Meeting materials are at: <https://www.kingcounty.gov/depts/health/covid-19/workplaces/pandemic-community-advisory-group.aspx>

These strategies will emphasize community strengths and demonstrated resilience in the face of health and other harms.

V. Appendices

Appendix A: Secretary Weisman guidance email to King County

From: Wiesman, John (DOH) <jmwiesman@doh.wa.gov>
Sent: Monday, June 1, 2020 10:02 PM
To: Hayes, Patty <Patty.Hayes@kingcounty.gov>
Cc: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>; Putney, April <April.Putney@kingcounty.gov>; Levy, Susan (Susie) <slevy@kingcounty.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>
Subject: RE: Application to go beyond phase 1

[EXTERNAL Email Notice!] External communication is important to us. Be cautious of phishing attempts. Do not click or open suspicious links or attachments.

Per this email, I am issuing King County an exception to having full Board of Health approval for an application to move to Phase 2 (or something short of that) given that the Board of Health does not legally have the authority to do business virtually. Instead, I will require a joint letter from the Board of Health Chair and the King County Executive.

I do hope when the board is able to next meet, that there is some change to this. It does put you in a bind if you need Board of Health authority during these times.

Thanks.

-John Wiesman
Secretary of Health

From: Hayes, Patty [<mailto:Patty.Hayes@kingcounty.gov>]
Sent: Sunday, May 31, 2020 4:22 PM
To: Wiesman, John (DOH) <jmwiesman@doh.wa.gov>
Cc: Duchin, Jeffery, MD (DOHi) <jeff.duchin@kingcounty.gov>; Worsham, Dennis (DOHi) <Dennis.worsham@kingcounty.gov>; Putney, April <April.Putney@kingcounty.gov>; Levy, Susan (Susie) <slevy@kingcounty.gov>
Subject: RE: Application to go beyond phase 1

Thanks John. Please let this serve as our request for an exception to the requirement for BOH approval of our COVID-19 plan request to move to Phase 1.5. Currently, our BOH does not have the ability to do business virtually and thus would not be able to vote to approve our application. We will have the approval of the County Executive and have briefed the Board of Health Chair for his input.

Thank you John

From: Wiesman, John (DOH) <jmwiesman@doh.wa.gov>
Sent: Sunday, May 31, 2020 3:41 PM
To: Hayes, Patty <Patty.Hayes@kingcounty.gov>
Cc: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>;

Wiesman, John (DOH) <jmwiesman@doh.wa.gov>

Subject: Application to go beyond phase 1

[EXTERNAL Email Notice!] External communication is important to us. Be cautious of phishing attempts. Do not click or open suspicious links or attachments.

Hi Patty-

I understand that your board of health isn't able to meet given no provision for virtual meetings. I am going to have to grant you an exception to getting BOH approval for your proposed COVID plan as it requires a BOH vote. If you would send me an email with the fact that your board doesn't have a way to legally meet and your proposed work around (Board Chair discussion with county executive??), that would be great. I will reply then with an exception to that part of the application.

John Wiesman, DrPH, MPH

Gender Pronouns: He/Him/His

Secretary of Health

Washington State Department of Health

101 Israel Rd SE; MS: 47890

Tumwater, WA 98504-7890

jmwiesman@doh.wa.gov

360-236-4030 | www.doh.wa.gov



Appendix B: Letter from King County leadership pursuant to guidance from Secretary Weisman



King County

June 3, 2020

John Wiesman
Secretary, Washington State Department of Health
101 Israel Rd. SE
Tumwater, WA 98501

Dear Secretary Wiesman:

As leadership of King County, we are writing to request modification of King County's current Phase 1 status in King County as provided for in Washington State's Safe Start Phased Reopening Plan announced on May 29th. King County's request is made with the full support and recommendation of our Local Health Officer, Dr. Jeff Duchin, as indicated in the attached letter.

While King County has not yet met key criteria to enter Phase 2 of the Safe Start plan, we are seeking approval move forward with a modified approach, including partial re-opening of the businesses and activities noted below.

Activity Area	Limits and Requirements
Outdoor recreation	<ul style="list-style-type: none">• All activities may operate subject to Phase 2 guidance.
Fitness	<ul style="list-style-type: none">• All outdoor activities may operate subject to Phase 2 guidance, which limits the occupants to no more than five people outside of a household (excluding the instructor).• Indoor fitness studios may operate subject to Phase 2 guidance but is limited to one on one activities only.
Social Gatherings	<ul style="list-style-type: none">• Only allowed outdoors with five or fewer people outside the household.
Additional construction	<ul style="list-style-type: none">• All activities may operate subject to Phase 2 guidance.
Manufacturing operations	<ul style="list-style-type: none">• All activities may operate subject to Phase 2 guidance.
Real estate (residential and commercial)**	<ul style="list-style-type: none">• All activities may operate subject to Phase 2 guidance with the exception that at no time may an office's occupancy be higher than 25% and indoor services are limited to 30 minutes.

Activity Area	Limits and Requirements
In-home/domestic services	<ul style="list-style-type: none"> As outlined in Phase 2 guidance.
In-store retail**	<ul style="list-style-type: none"> All non-essential retail activities may operate subject to Phase 2 guidance with the exception that at no time may an establishment's occupancy be higher than 15% and indoor services are limited to 30 minutes.
Personal services	<ul style="list-style-type: none"> All activities may operate subject to Phase 2 guidance with the exception that at no time may the number of customers be more than 25% the number capable of being served at any one time, or 1 person if it is a single bed/chair studio.
Professional services**	<ul style="list-style-type: none"> All activities may operate subject to Phase 2 guidance with the exception that at no time may an establishment's occupancy be higher than 25% and indoor services are limited to 30 minutes.
Photography	<ul style="list-style-type: none"> All activities may operate subject to Phase 2 guidance.
Pet grooming	<ul style="list-style-type: none"> All activities may operate subject to Phase 2 guidance with the exception that at no time may an establishment's occupancy be higher than 25%.
Restaurants#	<ul style="list-style-type: none"> All outdoor dining activities may operate subject to Phase 2 guidance at 50% outdoor capacity with all tables and chairs maintaining 6 feet of distance. Additional or new outdoor seating would be allowed subject to maintaining 6 feet of distance between tables and chairs, as well as receiving a city permit as is typically needed. All indoor dining services may operate subject to Phase 2 guidance with the exception that at no time may the number of customers be more than 25% of the tables provided such tables and chairs are more than 6 feet away from each other.

***Real estate, professional services, and in-store retail businesses will be directed to provide signage encouraging indoor visits to less than 30 minutes. At no time may face to face interactions last longer than 30 minutes.*

Public Health – Seattle & King County will release guidance by Friday, June 5 to advise how additional outdoor seating may be offered in the lowest risk manner. Restaurants will need to go through the normal process within their city to seek approval to expand outdoor seating.

We will continue to reevaluate King County's data and needs as outlined by the Safe Start Washington Phased Reopening Plan. Please see the full application to review our summary of the epidemiology of COVID-19 in King County, the county's key metrics, and our work to ensure appropriate response, including addressing the needs of communities disproportionately impacted by the pandemic.

We in King County are eager to safely and thoughtfully resume additional economic activity based on the guidance offered through the Washington's Safe Start Phased Reopening Plan. Keeping our residents safe and reducing the risk of COVID transmission are among our highest priorities.

Please have your staff contact April Putney, Director of Governmental and External Relations, at 206-263-1905 if you have questions about our request or application materials.

We appreciate the partnership of the Department of Health and your continued leadership and collaboration. Thank you for your timely consideration of this proposal.

Sincerely,



Dow Constantine
King County Executive



Claudia Balducci
Chair
King County Council



Joe McDermott
Chair
King County Board of Health

Enclosure

cc: King County Councilmembers
 ATTN: Carolyn Busch, Chief of Staff
 Rachel Smith, Deputy County Executive
 April Putney, Government Relations Director, Office of the Executive
 Shannon Braddock, Deputy Chief of Staff, Office of the Executive
 Karan Gill, Director, Council Relations, Office of the Executive
 Patty Hayes, Director, Public Health – Seattle & King County
 Dr. Jeff Duchin, King County Local Health Officer
 Dwight Dively, Director, Office of Performance, Strategy and Budget

Appendix C: Recommendation from King County Local Health Officer

Office of the Director
 401 Fifth Avenue, Suite 1300
 Seattle, WA 98104-1818
206-296-4600 Fax 206-296-0166
 TTY Relay: 711
 www.kingcounty.gov/health



**Local Health Officer Recommendation
 to the Board of Health Chair and Executive**

King County has not yet met key criteria to enter Phase 2 of the Safe Start plan and case counts are still unstable. At this time, I recommend King County move forward with a modified approach, including partial re-opening of the businesses and activities noted below. **My recommendation is to follow the approach permitted by the State Department of Health for a Modified Phase One with three changes:**

1. **Outdoor recreation.** I recommend adding clarity that all outdoor activities may resume in accordance with Phase 2 guidance.
2. **Fitness.** I recommend expanding the modified phase one to allow indoor fitness studios for one on one activities.
3. **Restaurants.** I recommend adding clarity that additional outdoor seating is permitted, beyond existing capacity, provided it comply with PHSKC guidance. I also recommend allowing indoor dining at 50% of the capacity allowed in Phase 2, which means indoor dining would be limited to 25% of a restaurant’s seated capacity.

Public Health – Seattle & King County will continue to reevaluate King County’s data and needs as outlined by Governor Inslee’s Safe Start Washington- Phased Reopening Plan. Please see the full application to review our summary of the epidemiology of COVID-19 in King County, the county’s key metrics, and our work to ensure appropriate response, including addressing the needs of communities disproportionately impacted by the pandemic.

My specific recommendations for King County Safe Start Phase 1 modifications are as follows:

Activity Area	Limits and Requirements
Outdoor recreation	<ul style="list-style-type: none"> • All activities may operate subject to Phase 2 guidance.
Fitness	<ul style="list-style-type: none"> • All outdoor activities may operate subject to Phase 2 guidance, which limits the occupants to no more than five people outside of a household (excluding the instructor). • Indoor fitness studios may operate subject to Phase 2 guidance but is limited to one on one activities only.
Social Gatherings	<ul style="list-style-type: none"> • Only allowed outdoors with five or fewer people outside the household.
Additional construction	<ul style="list-style-type: none"> • All activities may operate subject to Phase 2 guidance.
Manufacturing operations	<ul style="list-style-type: none"> • All activities may operate subject to Phase 2 guidance.

Activity Area	Limits and Requirements
Real estate (residential and commercial)**	<ul style="list-style-type: none"> All activities may operate subject to Phase 2 guidance with the exception that at no time may an office's occupancy be higher than 25% and indoor services are limited to 30 minutes.
In-home/domestic services	<ul style="list-style-type: none"> As outlined in Phase 2 guidance.
In-store retail**	<ul style="list-style-type: none"> All non-essential retail activities may operate subject to Phase 2 guidance with the exception that at no time may an establishment's occupancy be higher than 15% and indoor services are limited to 30 minutes.
Personal services	<ul style="list-style-type: none"> All activities may operate subject to Phase 2 guidance with the exception that at no time may the number of customers be more than 25% the number capable of being served at any one time, or 1 person if it is a single bed/chair studio.
Professional services**	<ul style="list-style-type: none"> All activities may operate subject to Phase 2 guidance with the exception that at no time may an establishment's occupancy be higher than 25% and indoor services are limited to 30 minutes.
Photography	<ul style="list-style-type: none"> All activities may operate subject to Phase 2 guidance.
Pet grooming	<ul style="list-style-type: none"> All activities may operate subject to Phase 2 guidance with the exception that at no time may an establishment's occupancy be higher than 25%.
Restaurants#	<ul style="list-style-type: none"> All outdoor dining activities may operate subject to Phase 2 guidance at 50% outdoor capacity with all tables and chairs maintaining 6 feet of distance. Additional or new outdoor seating would be allowed subject to maintaining 6 feet of distance between tables and chairs, as well as receiving a city permit as is typically needed. All indoor dining services may operate subject to Phase 2 guidance with the exception that at no time may the number of customers be more than 25% of the tables provided such tables and chairs are more than 6 feet away from each other.

**Real estate, professional services, and in-store retail businesses will be directed to provide signage encouraging indoor visits to less than 30 minutes. At no time may face to face interactions last longer than 30 minutes.

Public Health – Seattle & King County will release guidance by Friday, June 5 to advise how additional outdoor seating may be offered in the lowest risk manner. Restaurants will need to go through the normal process within their city to seek approval to expand outdoor seating.



Dr. Jeff Duchin
Local Health Officer
Public Health – Seattle & King County

June 2, 2020

Appendix D: King County Hospital PPE Responses

From: Juaton, Christopher <cjuaton@seattlecca.org> On Behalf Of McDonnell, Terry
Sent: Tuesday, June 2, 2020 11:04 AM
To: Barnhart, Scott <n-sbarnhart@kingcounty.gov>
Subject: Seattle Cancer Care Alliance Response: Hospital attestation to support King County Phase 2 application
Importance: High

Dear County Executive Constantine:

The Seattle Cancer Care Alliance certifies that according to the current PPE conservation strategies, 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, according to the DOH guidelines found here:

<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/PPE-Reuse.pdf>.

Warmly,

Terry McDonnell, DNP, ACNP-BC
Vice President of Clinical Operations & Facilities / Chief Nurse Executive
O: (206) 606-2266



825 Eastlake Ave. E.
P.O. Box 19023
Seattle, WA 98109-1023
www.seattlecca.org



On 6/2/20, 9:58 AM, "DeBord, Thomas" <Thomas.DeBord@overlakehospital.org> wrote:

Dear County Executive Constantine:

Overlake Medical Center and Clinics certifies that the hospital and clinics are following all recommendations for PPE conservation strategies for our staff and providers as outlined in the PPE guidance on reuse or extended use in this attached guidance:

<https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1%2FDocuments%2F1600%2Fcoronavirus%2FPPE-Reuse.pdf&data=02%7C01%7Cslevy%40kingcounty.gov%7Ca6368b6ed77d46e4b27c08d80716abf8%7Cbae5059a76f049d7999672dfe95d69c7%7C0%7C0%7C637267141235685134&sdata=B63kZWkwbVkfEGq1bXPxwPt7HdSmUgcwZOQNi5EtZU%3D&reserved=0>.

Sincerely,

Thomas A. DeBord, FACHE
Chief Operating Officer
Overlake Medical Center

Thomas A. DeBord, FACHE
Chief Operating Officer
Overlake Medical Center
p: 425-688-5479
c: 330-289-0246

From: Theresa Braungardt <Theresa_Braungardt@Valleymed.org>
Sent: Tuesday, June 2, 2020 9:51 AM
To: Barnhart, Scott <n-sbarnhart@kingcounty.gov>
Cc: Deborah Hunt <Deborah_Hunt@Valleymed.org>; James Park <James_Park@Valleymed.org>
Subject: Hospital attestation to support King County Phase 2 application

Dear County Executive Constantine:

UWM|Valley Medical Center (Public Hospital District No. 1 King County) certifies if or when the hospital(s) use PPE conservation strategies 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>.

Sincerely,

Theresa Braungardt

Theresa Braungardt, MN, RN,NE-BC
Senior Vice President, Patient Care Services/
Chief Nursing Officer
UW Medicine, Valley Medical Center
400 South 43rd St
Renton, WA 98058
425-228-3440 x5517
cell 253-394-3279



From: Chapman, Katerie <Katerie.Chapman@virginiamason.org>
Sent: Tuesday, June 2, 2020 9:49 AM
To: Barnhart, Scott <n-sbarnhart@kingcounty.gov>
Cc: VM Command Center <VMCommandCenter@virginiamason.org>
Subject: PPE Attestation
Importance: High

Dear County Executive Constantine:

Virginia Mason Medical Center certifies that when the hospital uses PPE conservation strategies, 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>.

Sincerely,
Katerie Chapman
Incident Commander

Katerie Chapman
Senior Vice President and Hospital Administrator

1100 Ninth Ave., GB-ADM | Seattle, WA 98101
(206) 341-1208 phone | (206) 233-6976 fax
VirginiaMason.org

From: "Woolley, Russell" <RussellWoolley@chifranciscan.org>
Date: Tuesday, June 2, 2020 at 9:45 AM
To: "Barnhart, Scott" <n-sbarnhart@kingcounty.gov>
Cc: "Newton, Eileen (Tacoma)" <EileenNewton@chifranciscan.org>, "Reindel, Dena" <DenaReindel@chifranciscan.org>, "Black, Toni" <ToniBlack@chifranciscan.org>, "Ananth, Aparna (Tacoma)" <AparnaAnanth@chifranciscan.org>
Subject: PPE Attestation Highline Medical Center

Dear County Executive Constantine:

Highline Medical Center certifies if or when the hospital(s) use PPE conservation strategies 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>.

Sincerely,

Russ

Russell J. Woolley
Chief Operating Officer

CHI Franciscan Health, Highline Medical Center
16251 Sylvester Rd SW Seattle, WA 98166
Office: 206.431.5237 RussellWoolley@CHIFranciscan.org



Caution: This email is both proprietary and confidential, and not intended for transmission to (or receipt by) any unauthorized person(s). If you believe that you have received this email in error, do not read any attachments. Instead, kindly reply to the sender stating that you have received the message in error. Then destroy it and any attachments. Thank you.

King County Executive Dow Constantine
King County Chinook Building
401 5th AVE. Suite 800
Seattle, WA 98104

Dear County Executive Constantine:

EvergreenHealth certifies if or when the hospital use PPE conservation strategies 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>.

At times N95's may be stored in clean plastic containers or breathable paper bags and are moving to all breathable bags.

Sincerely,
Ettore Palazzo, MD, Mary Shepler, RN, BSN, MA, NEA-BC,
Chief Medical & Quality Officer Chief Nursing Officer

June 2, 2020

Dow Constantine, King County Executive
King County Chinook Building
401 5th Ave. Suite 800
Seattle, WA 98104

Dear Executive Constantine,

Harborview Medical Center certifies if or when the hospital uses PPE conservation strategies, 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>.

Sincerely,



Paul Hayes, RN
Chief Executive Officer
Harborview Medical Center
PO Box 359735
Seattle, WA 981

Dear County Executive Constantine:

St. Francis Hospital certifies if or when the hospital(s) use PPE conservation strategies 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://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FPortals%2F1%2FDocuments%2F1600%2Fcoronavirus%2FPPE-Reuse.pdf&data=02%7C01%7Cslevy%40kingcounty.gov%7Ccd81ae4a4ee14278c6d108d807130027%7Cbae5059a76f049d7999672dfe95d69c7%7C0%7C0%7C637267125467640914&data=0b5TRy3sBe7Udi87Kh%2BcHkGpStvkl8oxcvRoRtB5Umw%3D&reserved=0.<https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Furldefense.com%2Fv3%2F https%3A%2Fwww.doh.wa.gov%2FPortals%2F1%2FDocuments%2F1600%2Fcoronavirus%2FPPE-Reuse.pdf %3B!!CqLityr3mSQ!XMOamtl5Yw1SpTz9LTNHK8NNyBzPs4gx5FqxdFVB0gao5MiLbf_Dzdw-TkSz4od2Age8vD0%24&data=02%7C01%7Cslevy%40kingcounty.gov%7Ccd81ae4a4ee14278c6d108d807130027%7Cbae5059a76f049d7999672dfe95d69c7%7C0%7C0%7C637267125467640914&data=H8egtOY40hDW2zKDJCwWVqWaiQdEGD4nPNYOU1csC1w%3D&reserved=0>

Reuse.pdf&data=02%7C01%7Cslevy%40kingcounty.gov%7Ccd81ae4a4ee14278c6d108d807130027%7Cbae5059a76f049d7999672dfe95d69c7%7C0%7C0%7C637267125467640914&data=0b5TRy3sBe7Udi87Kh%2BcHkGpStvkl8oxcvRoRtB5Umw%3D&reserved=0.<https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Furldefense.com%2Fv3%2F https%3A%2Fwww.doh.wa.gov%2FPortals%2F1%2FDocuments%2F1600%2Fcoronavirus%2FPPE-Reuse.pdf %3B!!CqLityr3mSQ!XMOamtl5Yw1SpTz9LTNHK8NNyBzPs4gx5FqxdFVB0gao5MiLbf_Dzdw-TkSz4od2Age8vD0%24&data=02%7C01%7Cslevy%40kingcounty.gov%7Ccd81ae4a4ee14278c6d108d807130027%7Cbae5059a76f049d7999672dfe95d69c7%7C0%7C0%7C637267125467640914&data=H8egtOY40hDW2zKDJCwWVqWaiQdEGD4nPNYOU1csC1w%3D&reserved=0>

Sincerely,

Dino Johnson RN, MHA, BSN
Chief Operating Officer
St Francis Hospital
34515 9th Ave. S. Federal Way, WA 98003 | MS 21-01
P 253.944.4312 | I 125.4312 | F 253.944.7988

From: Erik Walerius <ewaleriu@uw.edu>

Date: Tuesday, June 2, 2020 at 9:13 AM

To: "Barnhart, Scott" <n-sbarnhart@kingcounty.gov>

Subject: Hospital attestation to support King County Phase 2 application

[EXTERNAL Email Notice!] External communication is important to us. Be cautious of phishing attempts. Do not click or open suspicious links or attachments.

Dear County Executive Constantine/ Scott Barnhart:

UW Medicine certifies if or when our hospitals use PPE conservation strategies no staff person is wearing any one N95 respirator or surgical mask for longer than one shift, and that we 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>.

Sincerely,

Erik Walerius

Erik Walerius

Chief Supply Chain Officer

Supply Chain | **UW Medicine**

7543 63rd Ave NE, Bldg 5B | Box 359795 | Seattle, WA 98115

EMAIL: ewaleriu@uw.edu WEB: uwmedicine.org



From: Janet Huff <Janet.Huff@cascadebh.com>
Date: Tuesday, June 2, 2020 at 8:47 AM
To: "Barnhart, Scott" <n-sbarnhart@kingcounty.gov>
Subject: hospital attestation regarding PPE reuse & conservation

Dear County Executive Constantine:

Cascade Behavioral Health Hospital certifies if or when the hospital uses 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>.

Sincerely,

Janet Huff, RN

Director of Risk and Quality

Cascade Behavioral Health Hospital

12844 Military Road South
Tukwila, WA 98168
Ph: 206-248-4541
Fax 206-243-7002

"Excellence is doing ordinary things extraordinarily well"
-John W. Gardner

From: "Yanchura, Renee (Tacoma)" <ReneeYanchura@chifranciscan.org>
Date: Tuesday, June 2, 2020 at 8:28 AM
To: "Barnhart, Scott" <n-sbarnhart@kingcounty.gov>
Cc: "Newton, Eileen (Tacoma)" <EileenNewton@chifranciscan.org>
Subject: PPE Attestation St. Elizabeth Hospital

Dear County Executive Constantine:

St. Elizabeth Hospital certifies if or when the hospital(s) use PPE conservation strategies 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>.

Sincerely,

Renee Yanchura
VP of Operations/ COO
St. Elizabeth Hospital
1455 Battersby Ave.
Enumclaw, WA. 98022

*Renee Yanchura
VP Operations
Chief Operating Officer
St. Elizabeth Hospital*

From: Shannon Stone <sh0905stone@yahoo.com>
Date: Monday, June 1, 2020 at 7:24 PM
To: "Barnhart, Scott" <n-sbarnhart@kingcounty.gov>
Subject: Kindred Hospital

Dear County Executive Constantine:

Kindred Hospital LTAC certifies if or when the hospital uses PPE conservation strategies, 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 in this guidance: <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/PPE-Reuse.pdf>.

Sincerely,

Shannon Stone, DNP, RN
CCRN-K, SCRNP, PCCN-K, CNML, NEA-BC
Chief Clinical Officer

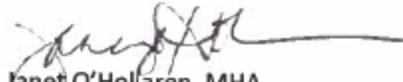
Kindred Hospital of Seattle
1334 Terry Ave
Seattle, WA 98101
915.497.8934 cell

June 2, 2020

Dear County Executive Constantine:

Kaiser Permanente Washington) certifies if or when the hospital use PPE conservation strategies 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>.

Sincerely,



Janet O'Hollaren, MHA
Chief Operating Officer
Kaiser Permanente Washington



2 June, 2020

Dear County Executive Constantine:

Swedish Health Services certifies the hospital(s) use PPE conservation strategies so 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 as per this guidance:

<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/PPE-Reuse.pdf>.

Sincerely,

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

Lynn Welling, MD
Regional Chief Clinical Officer
Swedish Health Services

747 Broadway, Seattle, WA 98122 T 206-386-6000

swedish.org

From: McDonald, Ruth <ruth.mcdonald@seattlechildrens.org>

Sent: Tuesday, June 2, 2020 1:28 PM

To: Planning Section Chief - HECC <PlanSC.HECC@nwhrn.org>

Cc: Lindsey, Katherine <katherine.lindsey@seattlechildrens.org>

Subject: FW: TIME SENSITIVE - ACTION NEEDED: Hospital attestation to support King County Phase 2

King County Safe Start Variance Application 6.3.20

Page | 34

application
Importance: High

Dear County Executive Constantine:

Seattle Children's certifies if or when the hospital(s) use PPE conservation strategies 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>.

Sincerely,
Ruth A. McDonald

Ruth A McDonald, MD
VP and Chief Medical Officer Hospital Operations (interim), Seattle Children's
Professor of Pediatrics, University of WA



MultiCare Health System

820 A Street, Tacoma, WA 98402

PO Box 5299, Tacoma, WA 98415-0299 ~ multicare.org

June 2, 2020

TO: Public Health – Seattle and King County
SUBJECT: MultiCare's King County hospitals meet DOH criteria

MultiCare Health System attests that all MultiCare Hospitals in King County including MultiCare Auburn Medical Center and MultiCare Covington Medical Center meet the following criteria from the Washington Department of Health's COVID-19 County Variance Plan: Moving from Phase 1 to Phase 2, Section 1c:

- i. We have the ability to accommodate a 20 percent increase in suspected or confirmed COVID-19 hospitalizations.
- ii. We report on a daily basis, including weekends, the data requested by DOH that we have access to. We are diligently working on collecting the remaining data.
- iii. We have a 14-day supply on-hand of PPE, including N-95 respirators, surgical masks, face shields, gloves and gowns. Please note that some of our glove supply is stored with our vendor.
- iv. We are using PPE conservation strategies. Those practices are in compliance with DOH guidance on PPE reuse including directing staff to not wear a mask longer than one shift.
- v. COVID-19 patients account for fewer than 10 percent of our inpatient population.

Thank you.

William G. "Bill" Robertson
President and CEO
MultiCare Health System