Tacoma-Pierce County
COVID-19 Variance Application
Moving from Phase 1 to Phase 2

June 2, 2020

Dr. Anthony L-T Chen, MD, MPH
Director of Health, Tacoma–Pierce County Health Department

Bruce F. Dammeier
Pierce County Executive
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Introduction

With May 31, 2020 ending the Governor’s Phase 1 Stay Home, Stay Healthy COVID-19 response, Tacoma-Pierce County Health Department seeks to move to Phase 2 of the Governor’s Stay Safe recovery plan. On March 2, 2020, the Pierce County Emergency Operations Center activated the Phase 1 Stay Home, Stay Healthy initiative in support of Tacoma-Pierce County Health Department and as ordered by the Governor. The County has seen positive trends over the last four weeks towards the targets in the category of “large county” and is poised to apply and qualify for Phase 2.

State and county government, private institutions, and other partners banded together to support Tacoma-Pierce County Health Department’s ability to respond to the current pandemic. And our residents have taken action to protect and improve community health.

We are listening to residents and partners to improve our response to bolster recovery efforts. Governor Inslee’s strong direction and guidance helps Tacoma-Pierce County continue to adjust to meet existing and emergent challenges.

Tacoma-Pierce County recommends moving to Phase 2 and seeks the Secretary of Health’s approval.
<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
<th>Target</th>
<th>Data $^1$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COVID-19 Activity</strong></td>
<td>Incidence of new cases reported during prior two weeks</td>
<td>Target: &lt;25 cases / 100,000 / 14 days (5/12 – 5/26)</td>
<td>16.9 Average case per day is 10.9</td>
</tr>
<tr>
<td></td>
<td>Trends in hospitalizations for lab-confirmed COVID-19</td>
<td>Target: flat or decreasing</td>
<td>Flat</td>
</tr>
<tr>
<td></td>
<td>Reproductive rate (if available)</td>
<td>Target: Re &lt; 1</td>
<td>Re &lt; 1</td>
</tr>
<tr>
<td><strong>Healthcare system readiness</strong></td>
<td>% of licensed beds occupied by patients (i.e., hospital census relative to licensed beds)</td>
<td>Targets: Green: &lt;80% (Yellow: 81-90%; Red: &gt;90%)</td>
<td>70%</td>
</tr>
<tr>
<td></td>
<td>% licensed beds occupied by suspected and confirmed COVID-19 cases</td>
<td>Target: Green: &lt;10% (Yellow: 11-20%; Red: &gt;20%)</td>
<td>6.4%</td>
</tr>
<tr>
<td><strong>Testing</strong></td>
<td>Average number of tests performed per day during the past week (or average % tests positive for COVID-19 during the past week)</td>
<td>Target: 50 times the number of cases (or 2%)</td>
<td>Average 37.3 tests/day 2.7% tests positive</td>
</tr>
<tr>
<td><strong>Median Time</strong></td>
<td>Median time from symptom onset to specimen collection among cases during the past week</td>
<td>Target: median ≤2 days</td>
<td>2 days</td>
</tr>
<tr>
<td><strong>Case and contact investigations</strong></td>
<td>Percent of cases reached by phone or in person within 24 hours of receipt of positive lab test report</td>
<td>Target: 90%</td>
<td>81%</td>
</tr>
<tr>
<td></td>
<td>Percent of contacts reached by phone or in person within 48 hours of receipt of positive lab test report on a case</td>
<td>Target: 80%</td>
<td>89%</td>
</tr>
<tr>
<td></td>
<td>Percent of contacts during quarantine being contacted daily during their quarantine period.</td>
<td>Target: 80%</td>
<td>Started June 1, 2020</td>
</tr>
<tr>
<td></td>
<td>Percent of cases during isolation being contacted daily during their quarantine period</td>
<td>Target: 80%</td>
<td>Started June 1, 2020</td>
</tr>
<tr>
<td><strong>Protecting high-risk populations</strong></td>
<td>Number of outbreaks reported by week (defined as 2 or more non-household cases)</td>
<td>Target: 0 for small counties (&lt;75,000), 1 for medium counties (75,000–300,000), 2 for</td>
<td>0 in the last week</td>
</tr>
</tbody>
</table>

$^1$ Source data: Supporting data included in the following sections as identified by criterion number.
<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
<th>Target</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>epidemiologically linked within 14 days in a workplace, congregate living or institutional setting)</td>
<td>large counties (&gt;300,000), 3 for very large counties (&gt;1 million)</td>
<td></td>
</tr>
</tbody>
</table>
Local Approval Process and Required Documentation

1. County Health Official Recommendation Letter
   - Recommendation letter to move to Phase 2 signed by Dr. Anthony Chen, Director of Health, on May 31, 2020, see Appendix.

2. Tacoma-Pierce County Board of Health Resolution Vote Results
   - Resolution from Tacoma-Pierce County Board of Health dated May 31, 2020 endorsing the recommendation and requesting Pierce County apply for a variance, see Appendix.
     - Ayes: 8
     - Nays: 0
     - Abstaining: 0
     - Absent: 2 (Alternate Board Members)

3. Local Hospital Letters
   - MultiCare Health System, see Appendix.
   - CHI Franciscan, see Appendix.

CHI Franciscan hospital system submitted a dated attestation letter to certify that they:
   - Report data into WA HEALTH.
   - Have at least a 14-day supply of PPE on hand.
   - Use PPE conservation strategies.
   - No staff person is wearing any one N95 respirator or surgical mask for longer than one shift.
   - Are following PPE guidance on reuse or extended use in this guidance:

MultiCare Health System submitted a dated attestation letter to certify they:
   - Report data into WA HEALTH.
   - Have at least a 14-day supply of PPE on hand.
   - COVID 19 patients account for fewer than 10 percent of inpatient population.
   - Use PPE conservation strategies.
   - No staff person is wearing any one N95 respirator or surgical mask for longer than one shift.

Are following DOH’s PPE guidance on reuse or extended use.

Over the past 14 days, CHI Franciscan and MultiCare Health System consistently reported data in WA HEALTH.
MultiCare Health System data in WA HEALTH not included in this letter: Patients occupy 62.9% of Pierce County licensed beds. Suspected and confirmed COVID 19 patients account for 3% of their inpatient beds. CHI Franciscan data in WA HEALTH not included in the letter: Patients occupy 74% of Pierce County licensed beds. Suspected and confirmed COVID 19 patients account for 7% of their inpatient beds.

Overall suspected and confirmed COVID 19 patients account for 6.4% of all licensed Pierce County beds in acute care hospitals

4. **County Council Resolution Vote Results**

- County Council Resolution on June 1, 2020, [see Appendix](#).
  - Resolution
  - Ayes: 7
  - Nays: 0
  - Abstaining: 0
  - Absent: 0
Application Narrative

1. Pierce County Epidemiological Summary

COVID-19 cases and deaths in Pierce County have followed a similar trend as the Washington State average. Residents of every Pierce County region have been diagnosed with COVID-19. As seen in Figure 1, the number of COVID-19 cases peaked in late March/early April and have decreased since then. Since late May, new COVID-19 cases have occurred at a steady rate.

More than three-quarters (79%) of the cumulative COVID-19 cases among Pierce County residents do not have an epidemiologic link to other cases. In the last 14 days (since May 31), 66% of cases do not have another case linked. Applying the 6-day lag used for the COVID-19 case rate, the number stays steady at 66%. After eliminating cases with links to long-term care and other facilities, these percentages become 58%, 52%, and 45%, respectively. ²

² LHJ notification date used in this analysis.
COVID-19 deaths among Pierce County residents show similar trends, mirroring COVID-19 case counts but about 3 weeks later, reflecting the typical duration of a severe illness associated with COVID-19 (see Figure 2). About 60% of deaths were among residents of long-term care facilities in Pierce County.

**Equity Analysis**

Prior to the COVID-19 epidemic, epidemiologists at Tacoma-Pierce County Health Department developed an equity framework to evaluate inequities among various Pierce County communities. This framework provides demographic, social and economic variables to use as a lens to view health outcomes in different ways. We then applied our health equity framework to COVID-19 surveillance data.

Figure 3 shows that COVID case rates vary by racial/ethnic group. In general, persons of color in Pierce County have had higher risk. The group with the highest COVID-19 rate is Native Hawaiian or Other Pacific Islander (NHOPI) residents. The NHOPI rate is about five times greater than the white non-Hispanic rate. Black, Hispanic, and Native American diagnosis rates are roughly twice those of non-Hispanic white residents (see Table 2). The percentage of COVID-19
cases that are persons of color has risen over time. This population now accounts for about 50% of all COVID-19 cases in Pierce County.

Table 2

<table>
<thead>
<tr>
<th>Race/ethnicity</th>
<th>Rate ratio vs. white NH</th>
<th>Rate ratio vs. county total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>1.21</td>
<td>0.94</td>
</tr>
<tr>
<td>Black</td>
<td>2.01</td>
<td>1.55</td>
</tr>
<tr>
<td>Hispanic</td>
<td>2.65</td>
<td>2.04</td>
</tr>
<tr>
<td>Multiple Race</td>
<td>0.20</td>
<td>0.16</td>
</tr>
<tr>
<td>Native American/Alaska Native</td>
<td>2.21</td>
<td>1.70</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>4.98</td>
<td>3.84</td>
</tr>
<tr>
<td>White</td>
<td>reference</td>
<td>0.77</td>
</tr>
<tr>
<td>Total</td>
<td>1.30</td>
<td>reference</td>
</tr>
</tbody>
</table>

Although people ages 60 and older make up 22% of the county’s population, they account for 49% and 91% of hospitalized and deceased COVID-19 cases, respectively (see Table 3).

Table 3

<table>
<thead>
<tr>
<th>Age Groups</th>
<th>Confirmed Cases</th>
<th>Hospitalized Cases</th>
<th>Deaths</th>
<th>Pierce County Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-19</td>
<td>103</td>
<td>5%</td>
<td>4</td>
<td>1%</td>
</tr>
<tr>
<td>20-29</td>
<td>283</td>
<td>14%</td>
<td>18</td>
<td>6%</td>
</tr>
<tr>
<td>30-39</td>
<td>288</td>
<td>15%</td>
<td>33</td>
<td>11%</td>
</tr>
<tr>
<td>40-49</td>
<td>351</td>
<td>18%</td>
<td>4</td>
<td>15%</td>
</tr>
<tr>
<td>50-59</td>
<td>383</td>
<td>20%</td>
<td>48</td>
<td>17%</td>
</tr>
<tr>
<td>60-69</td>
<td>267</td>
<td>14%</td>
<td>59</td>
<td>20%</td>
</tr>
<tr>
<td>70-79</td>
<td>158</td>
<td>8%</td>
<td>51</td>
<td>18%</td>
</tr>
<tr>
<td>80+</td>
<td>129</td>
<td>6%</td>
<td>31</td>
<td>11%</td>
</tr>
</tbody>
</table>
Figure 4 describes the cumulative concentration of COVID-19 cases by census tract in Pierce County. Many of the tracts with the most cases (shaded dark purple) are in southeast Tacoma, as well as the Parkland and Puyallup communities (light green ovals).
Strong spatial correlation exists between COVID-19 incidence and areas with lower median income in Pierce County. Figure 5 shows median household income by census tract in Pierce County (U.S. Census Bureau). Although the scale is slightly different than the previous map, you can see that the tracts in which median household income is lowest (light green ovals) also tend to be in southeast Tacoma, Parkland and parts of Puyallup.

In Figure 6, each blue bar represents about 25% of Pierce County residents. People who live in areas where more than 72% residents have attended college are less likely as a group to be diagnosed with COVID-19. The census tracts with the highest risk for COVID-19 are those in which less than 55% of residents have attended college.
In Figure 7, we show the percent of residents with limited English. People living in census tracts with a higher percentage of non-English speakers also have more risk for COVID-19.

We also stratify our data by median household income, the proportion of households living in poverty, and the proportion of people who have health insurance.

2. **Pierce County COVID-19 Testing Sites Summary**

Pierce County test locations are distributed throughout the county to serve individuals who are low income, lack insurance and may not have a medical home, in addition to those with established medical providers. In addition, Community Health Care, Walgreens and Kroger sites offer free testing. The locations are located on the Tacoma-Pierce County Health Department’s website:

https://www.tpchd.org/healthy-people/diseases/covid-19/testing-information

The listings include hours, days of the week, and addresses of sites. They are listed by affiliation to health systems, if they are temporary, drive through, and test type. This information is promoted through an ongoing communication plan and strategies including coordination with partner agencies serving diverse populations, social media, blogs and media interviews. We add new sites as we learn about them. See Appendix

Tacoma-Pierce County Health Department is in process of entering into CARES funded agreements with MultiCare Health System, CHI Franciscan, and Community Health Care to expand capacity and capability to better serve all individuals regardless of ability to pay, with or without insurance, and located in areas that are underserved. Northwest Physician’s Network wants to explore involving independent physicians in expanded testing efforts in various communities.
3. Median Onset

Table 4

<table>
<thead>
<tr>
<th>Description</th>
<th>Target</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>Target: median ≤ 2 days</td>
<td>2 days</td>
</tr>
</tbody>
</table>

Table 5

<table>
<thead>
<tr>
<th>LHJ Notification dates</th>
<th>Number reporting symptom onset date</th>
<th>Median days from symptom onset to lab test</th>
<th>Mean days from symptom onset to lab test</th>
<th>Percent not reporting symptoms$^3$</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 26-May 2</td>
<td>132</td>
<td>4</td>
<td>5.1</td>
<td>25%</td>
</tr>
<tr>
<td>May 3-9</td>
<td>142</td>
<td>3</td>
<td>4.1</td>
<td>24%</td>
</tr>
<tr>
<td>May 10-16</td>
<td>67</td>
<td>3</td>
<td>4.1</td>
<td>40%</td>
</tr>
<tr>
<td>May 17-23</td>
<td>54</td>
<td>2</td>
<td>3.0</td>
<td>29%</td>
</tr>
</tbody>
</table>

Figure 8

Mean and median time between symptom onset and specimen collection (days)

Figure 8

Evidence suggests that approximately 25% of cases do not show symptoms and targeted testing may result in identification of a notable number of asymptomatic cases. These ‘non-reporters’ include both asymptomatic cases and those who did not report this information.
4. COVID-19 Test Results

The average percent of tests positive for COVID-19 during the past week is 2.7%. This has steadily decreased over the past four weeks from 7.4% during the last week of April.

The average number of tests performed per day during the past week per positive case was 37.3. This has steadily increased toward the target of 50 since the last week of April when it was 15.7. We believe the total number of tests is underestimated and know anecdotally of about 3,000 negative tests that have not been submitted to the Department of Health. We have contacted Walgreens, MultiCare Health System, CHI Franciscan and Madigan Hospital to obtain documentation of negative test results and expect to have those entered in WDRS or submitted to Department of Health.

Table 6

<table>
<thead>
<tr>
<th>Week</th>
<th>Total Tests Performed</th>
<th>Negative Results(^4)</th>
<th>Positive Result</th>
<th>% Positive</th>
<th>50X Positive</th>
<th>Ratio of total tests vs. positive results</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 26 – May 2</td>
<td>2,882</td>
<td>N/A</td>
<td>184</td>
<td>7.4%</td>
<td>9,200</td>
<td>15.7</td>
</tr>
<tr>
<td>May 3 – 9</td>
<td>2,750</td>
<td>N/A</td>
<td>169</td>
<td>6.2%</td>
<td>8,450</td>
<td>16.3</td>
</tr>
<tr>
<td>May 10 – 16</td>
<td>2,744</td>
<td>N/A</td>
<td>118</td>
<td>4.5%</td>
<td>5,900</td>
<td>23.3</td>
</tr>
<tr>
<td>May 17 – 23</td>
<td>2,832</td>
<td>N/A</td>
<td>76</td>
<td>2.7%</td>
<td>3,800</td>
<td>37.3</td>
</tr>
<tr>
<td>Total</td>
<td>11,208</td>
<td>N/A</td>
<td>547</td>
<td>4.9%</td>
<td>27,350</td>
<td>20.5</td>
</tr>
</tbody>
</table>

Source: Washington Disease Reporting System (as documented in Washington State Department of Health’s daily Morning Case Updates).

\(^4\) DOH did not provide negative test results in the Morning Case Updates
5. a. **Case Investigation and Contact Tracing Resources**

Tacoma-Pierce County Health Department adopted the statewide standardized COVID-19 case and contact investigation protocols. The data is based on a county population of 903,000.

**Table 7**

<table>
<thead>
<tr>
<th>#</th>
<th>Description</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Contact Tracers Required: 15 contact tracers for every 100,000.</td>
<td>135</td>
</tr>
<tr>
<td>i.</td>
<td># Health Department staff trained and ready to perform case investigations and contact tracing (FTE) and job classifications.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clinic Coordinator – 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Disease Investigation Specialist – 6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Environmental Health Specialist – 11</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Environmental Health Technician – 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health Promotion Specialist – 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health Promotion Technician – 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Licensed Practical Nurse – 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Public Health Nurse – 15</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Program Manager – 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total – 40</td>
<td></td>
</tr>
<tr>
<td>ii.</td>
<td># other county/city government staff trained and ready to perform case investigations and contact tracing (FTE).</td>
<td>0</td>
</tr>
<tr>
<td>iii.</td>
<td># volunteers or non-governmental staff trained and ready to perform case investigations and contact tracing (FTE).</td>
<td>4</td>
</tr>
<tr>
<td>iv.</td>
<td>Subtotal of those trained and ready (FTE).</td>
<td>44</td>
</tr>
<tr>
<td>v.</td>
<td># of persons in the pipeline (from all sources) to be trained in the next 4 weeks (FTE).</td>
<td>80</td>
</tr>
<tr>
<td>vi.</td>
<td>Gap between the minimum and the trained and to-be-trained (FTE). Plan for filling gap, which could be a request for staff trained by the state.</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>See “Investigation Team Expansion Summary” in Appendix.</td>
<td></td>
</tr>
<tr>
<td>vii.</td>
<td>If using non-local health jurisdiction resources, provide a letter certifying that they have the resources noted to assist.</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>See “Medical Reserve Corps letter” in Appendix.</td>
<td></td>
</tr>
</tbody>
</table>

5. b. **Cases Identified and Reached**

Percent of cases reached by phone or in person within 24 hours of receipt of positive lab test report. Target = 90%.

In the last 2 weeks (5/17 to 5/30), we reached out to cases within 24 hours of notification 98% of the time for which we have a date of first contact recorded. For the same time period, we conducted an interview with cases within 24 hours of notification 81% of the time for which we have a date of interview recorded.

The date of interview is missing from almost one-fourth (24%) of all COVID cases in our internal database. We recently conducted a quality process review and have implemented steps to decrease the percent of missing data.
5.c. Contacts Identified and Reached

Percent of contacts reached by phone or in-person within 48 hours of receipt of positive lab test report on a case. Target = 80%.

In the last 2 weeks (5/18 to 5/28), we conducted an interview with contacts within 48 hours of case notification (n=164) **89%** of the time.

We had a high number of contacts with missing data (about half) in our internal database. The quality process review discussed above also addressed improvements in collecting and reporting these contact data variables.

<table>
<thead>
<tr>
<th>Description</th>
<th>Total Identified</th>
<th>Reached Target</th>
<th>Interviewed Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>164</td>
<td>Target: 90%</td>
<td>81%</td>
</tr>
<tr>
<td>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.</td>
<td>190</td>
<td>Target: 80%</td>
<td>89%</td>
</tr>
</tbody>
</table>

5.d. Case Status and Ability to Isolate

As we move to Phase 2, we will implement daily monitoring for cases under isolation. This system is under development and will use Case Risk and Exposure Surveillance Tool (CREST) to electronically notify cases under isolation. This system is scheduled to be in place on June 10. Until this is operational, we have developed a plan to call or text all new cases under isolation daily basis to check on their overall status and ability to isolate. Tacoma-Pierce County Health Department staff notified all case contacts on June 1 that they will receive daily communications beginning June 2. Currently, we provide all cases under isolation with a telephone number to contact Public Health staff if they become symptomatic or need resources. We monitor and respond to these calls daily.

5.e. Contact Symptom Development and Ability to Self-Quarantine

As we move to Phase 2, we will implement daily monitoring for contacts under quarantine. This system is under development and will use the CREST system to electronically notify cases under isolation. This system is scheduled to be in place on June 10th. Until this is operational, we’ve developed a plan to call or text all new cases under quarantine daily to check on their overall status and ability to isolate. Tacoma-Pierce County Health Department staff notified all case...
contacts on June 1 that they will receive daily communications beginning June 2. Currently, we provide all cases under isolation with a telephone number to contact Public Health staff if they become symptomatic or need resources. We monitor and respond to these calls daily.

5.f. Tacoma-Pierce County Health Departments Case and Contact Investigation Hours

Tacoma-Pierce County Health Department conducts case and contact investigations 7 days a week between 8 a.m. and 4:30 p.m.

Case, contact and facility investigation teams meet daily and respond to reports. In addition, we maintain a 24/7 on call resource to cover emergent after hour needs.

5. Isolation and Quarantine Facilities

Table 9

<table>
<thead>
<tr>
<th>#</th>
<th>Data Type</th>
<th>Facility - RII</th>
<th>Facility - TCC</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Name</td>
<td>Recovery Innovations International</td>
<td>Temporary Care Center</td>
</tr>
<tr>
<td>b.</td>
<td>Type</td>
<td>Behavioral Health Facility</td>
<td>Hotel</td>
</tr>
<tr>
<td>c.i</td>
<td># Rooms / People for Isolation</td>
<td>4</td>
<td>Combined 60 rooms for I and Q, can secure an additional 64 beds within seven days upon request.</td>
</tr>
<tr>
<td>c.ii</td>
<td># Rooms / People for Quarantine</td>
<td>0</td>
<td>Combined 60 rooms for I and Q, can secure an additional 64 beds within seven days upon request.</td>
</tr>
<tr>
<td>d.</td>
<td># Cases and Contacts currently housed at facility.</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>e.</td>
<td>Time period space has been secured and extension / renewal terms.</td>
<td>Secured through end of June 2020.</td>
<td>Secured starting April 10 - May 2020.</td>
</tr>
<tr>
<td>f.</td>
<td>Terms of renewal or extension.</td>
<td>Monthly extensions through December 2020.</td>
<td>30-day extensions. Currently extended through end of June.</td>
</tr>
<tr>
<td>g.</td>
<td>Services Provided and by whom</td>
<td>Substance use and mental health assessment and support, case management, and wrap-around services provided by RI International. Includes food, lodging etc.</td>
<td>Laundry / Meals / Custodial / Site maintenance provided by Hotel Management. Security / Nursing – Medical Staff / transportation of Guests – provided by private vendors through Pierce County EOC. Stabilization and Social Work provided by Tacoma-Pierce County Health Department.</td>
</tr>
</tbody>
</table>
6. **Links to Needed Services**

Currently Tacoma–Pierce County Health Department investigation staff link people under home isolation or quarantine with needed services. As we receive requests, we connect cases with community resources. To best serve our community and provide even more resources, we plan to contract with a community agency to respond to resource needs. With the implementation of CREST 2.0 on June 10, people in home isolation or quarantine will receive a daily text asking about symptoms or resource needs.

We will refer any responses for resource needs to the community agency.

To ensure connection with clients, the contract specifies the referral agency will provide a report of all people connected to resources and resources provided.

7. **Outbreak Investigations and Technical Assistance at Congregate Care Facilities**

The COVID-19 disease investigation team has trained and supported congregate living and health care facilities such as skilled nursing facilities, jails, homeless shelters to track and investigate outbreaks. As Tacoma–Pierce County moves into Phase 2 and beyond, we understand and are prepared to respond to the increased risk for outbreaks in workplaces such as food processing facilities, manufacturing plants or office buildings and other settings. The disease investigation team is working with epidemiologists to improve data collection and management and systematically track and report workplace outbreaks. The team maintain resources to rapidly conduct testing of all residents. The team maintains a reserve supply of 1,000 test kits to ensure this.

<table>
<thead>
<tr>
<th>Week</th>
<th>Number of new outbreaks</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/3 – 5/9</td>
<td>4</td>
</tr>
<tr>
<td>5/10 – 5/16</td>
<td>2</td>
</tr>
<tr>
<td>5/17 – 5/23</td>
<td>2</td>
</tr>
<tr>
<td>5/24 – 5/30</td>
<td>0</td>
</tr>
</tbody>
</table>

Tacoma–Pierce County Health Department developed a “drop team” structure to assist high-risk facilities with prevention as well as response during outbreaks. We have identified and investigated cases in 23 long-term care or rehabilitation facilities. A drop team has provided educational visits to assess prevention readiness and outbreak mitigation visits. Tacoma–Pierce County Health Department has the capacity to concurrently deploy up to three drop teams comprised of nurses and doctors. Partnerships with both MultiCare Health System and CHI Franciscan are inclusive of their drop teams thereby creating a collaborative, scalable support structure now and in the future.

Comprehensive educational visits allow us to:

- Assess facility PPE needs.
- Review policies for testing, isolation, and quarantine.
- Develop plans for investigation of suspected or confirmed transmission.
- Improve awareness of local and regional government mandates.
Outbreak investigations include assisting the facility infection preventionist and leadership in contact investigation and triage of residents to coordinate testing of staff and residents, identify their isolation and quarantine units, and coordinate transport if patients require higher level of care.

Table 11

<table>
<thead>
<tr>
<th>#</th>
<th>Requirements</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Number and type of staff.</td>
<td>19 staff trained to conduct outbreak investigations for congregate living settings and workplaces: Registered Nurses - 12 LPN - 2 Infection Preventionist - 1 Doctor of Nursing Practice – 1 Physician’s Assistant – 1 Medical Doctors – 2</td>
</tr>
<tr>
<td>b</td>
<td>Resources to conduct testing.</td>
<td>12 nurses, 1 PA and 2 doctors can conduct testing. TPCHD provides staff to transport specimens to the Public Health Lab once each day. Test kits, PPE and resources to conduct field testing. TPCHD has a &quot;strike team&quot; to provide testing and vaccinations at homeless shelters.</td>
</tr>
<tr>
<td>c</td>
<td>Any community or state resources relied upon to conduct these investigations.</td>
<td>Health Department staff teach Skilled Nursing Facility staff how to collect COVID specimens during educational visits so the facility staff can support testing efforts if they are required. CHI Franciscan and MultiCare Health System have designated drop teams of clinicians to provide testing and outbreak support to specific Pierce County facilities.</td>
</tr>
</tbody>
</table>

9. Outbreak Summary

Table 12

<table>
<thead>
<tr>
<th>Date</th>
<th>Number of outbreaks</th>
<th>Facility types</th>
<th>Facility names</th>
<th>Number of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 10 – May 16</td>
<td>2</td>
<td>1. Disability Support Service 2. Disability Support Service</td>
<td>1. Hope Human Services 2. Life Force</td>
<td>1. 6 2. 15</td>
</tr>
<tr>
<td>May 17 – May 23</td>
<td>2</td>
<td>1. SNF 2. Hospital</td>
<td>1. Puyallup Nursing and Rehab 2. Wellfound Behavioral Health Hospital</td>
<td>1. 2 2. 6</td>
</tr>
<tr>
<td>May 24 – May 29</td>
<td>0</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
10. Plan to Protect Low Income Communities or Communities of Color

Since February, our Incident Command System (ICS) has had two FTE dedicated to the role of equity officer, ensuring our response and recovery work is focused on the most vulnerable populations. Their goals are to:

- Protect people experiencing health inequities from the short- and long-term health, social, and economic effects of COVID-19.
- Strengthen community resilience to respond to COVID-19 within communities experiencing health inequities.
- Strengthen short- and long-term trust between communities experiencing health inequities and Pierce County’s government partners in Incident Command Structure.
- Operationalize health equity in COVID-19 response.

In March, the equity team collaborated with epidemiologists to create a preliminary Health Equity Analysis for COVID-19. They customized a Health Lens Analysis Framework to help ICS staff consider the potential unintended equity consequences of their decisions during response and recovery. As test results came in, the disproportionate effects of the virus on certain communities became more obvious.

The data demonstrate disproportionality for four main racial and ethnic groups: Native Hawaiian & Other Pacific Islander, Latinx, African American and Native American. For all three of these communities, beyond the disease itself, the social economic and environmental conditions in which they live (including income) further compound the effects of the pandemic. A community needs assessment is essential to understand culturally specific needs of priority populations and highly affected areas.

We plan to train 15-30 community health workers and community leaders with lived experience in these vulnerable communities to lead listening sessions to reach 200-500 community members. We recently held our first listening session with members of the NHOP Community in partnership with the Asia Pacific Cultural Center. Additional sessions with other impacted groups are scheduled and we expect to complete the community needs assessment by the end of July.

In April, we formed the Tacoma-Pierce County Equity Action Network, a countywide team of coalitions, equity staff, partner organizations and community leaders, who will share the information learned in these listening sessions with the Pierce County Recovery and Resiliency Task Force and ICS. In collaboration with the COVID-19 communications team, the Equity Action Network will develop tailored communication tools and outreach strategies, such as on Spanish-speaking community radio, and will help reach deeply into the Pierce County communities most affected.

Whenever possible, we will pay for the participation and expertise of community leaders, and we will always report the data we gather to the communities from which it came. We will support their work in developing tailored communication tools, culturally relevant materials, community based social marketing concepts and deliverables. We will offer consultation to support trusted messengers to deliver advice people can act on so they can protect their health, improve their resiliency and experience healing and recovery from this pandemic.
Based on our listening sessions and other inputs, we will create low-barrier, accessible and equitable access to testing that directly responds to community needs. The community outreach team will help recruit case investigators and contact tracers from impacted communities, including community health workers and other leaders with lived experience in highly affected communities (both demographic and geographic). Our communications and hiring practices will be culturally grounded and accessible. Employing case investigators and contact tracers from vulnerable communities will help us focus our resources where they can do the most good.

As part of our response strategy, we will also adapt our Communities of Focus, the Health Department’s geographic approach to improve health in six Pierce County neighborhoods that face some of the highest disparities. Its four strategies are:

- Increase partnerships (cross sector collaboration and collective impact).
- Increase investments (sustainable funding and people power).
- Customer service (culturally and linguistically appropriate services (CLAS), competent communications and accessibility).
- Community engagement (we use the International Association of Public Participation Spectrum. as a guide and strive to collaborate and empower community members whenever possible).

While the Communities of Focus face serious health risks because of their social, economic and environmental conditions, this strategy leverages their protective factors and willingness to partner with us to codesign health interventions for their communities. In May, we increased staff time on our Communities of Focus teams to help gauge community needs and conduct at least one listening session per area as part of the community needs assessment.

Tacoma Creates is an example of how Communities of Focus work has adapted to meet the specific challenges of COVID-19. Tacoma Creates is an initiative of the City of Tacoma, which is partnering with the Health Department to increase the availability of arts, culture, heritage and science projects in East and South Tacoma, two Communities of Focus. Through a process of Participatory Planning and Budgeting, community members have final decision-making power to design and allocate $100,000 for innovative projects in each neighborhood. Before the pandemic, we gathered thousands of their ideas, and they narrowed them. However, ideas such as a multicultural community festival aren’t viable given social distancing. So, artists and community members are co-designing innovative projects that promote healing and resiliency. Now, instead of the festival, community members in East Tacoma are talking about ideas such as hosting a virtual Dia de los Muertos festival to honor the community members lost during the pandemic.

The community needs assessment and ongoing work of the Equity Action Network, Communities of Focus and Tacoma Creates will elevate policy, system and environmental needs caused by COVID-19. Our equity approach will combine the knowledge of these issues with our robust community engagement to seek policy, systems and environmental solutions to the complex problems that led to these communities being disproportionately impacted. The extended timeline as we go in and out of response and recovery for 12-24 months gives us an extraordinary opportunity to advance equity-informed policy changes that may improve health long-term.
To keep our public informed of how COVID-19 is affecting our community, including who’s affected and what they can do to protect themselves and those around them, timely and accurate public health information is essential. As we move into broader testing efforts through our local healthcare systems and providers, testing of higher risk populations through Health Department drop teams, and related contact tracing efforts for exposed individuals, our community will continue to rely on us for updates, answers, and solutions.

Of critical importance is getting this information to community members who may not trust government, may not use web-based communication, and may not access “mainstream” media.

We will align our COVID-19 communications to support the work of the Tacoma-Pierce County Equity Action Network as they conduct outreach to vulnerable populations. We will help develop tailored communication tools, culturally relevant materials, community-based social marketing concepts and deliverables, and consultation to support trusted messengers to deliver advice people most affected by the pandemic can act on.

We will also pilot a Language Access Lead role within our COVID-19 communications team. According to Title VI of the Civil Rights Act, agencies are responsible to ensure meaningful language assistance services. Following FEMA guidance, the state Department of Health’s Equity Office provided specific guidelines to advance this need during the COVID-19 pandemic. We are happy to advance this initiative with the support of the CARES act funding.

Tacoma-Pierce County Health Department should ensure our information and services are accessible to all communities, regardless of language, disability status, or other factors. With the support of CAREs act funding, we will pilot the Language Access Lead role within the content writer position to ensure the Department has systems in place to provide meaningful access to vital information through:

- Translated public documents, materials, and essential website information into appropriate languages. (Work with media specialist to process translation requests).
- Access to information for individuals with disabilities. This includes providing access for individuals with hearing, vision, sensory, developmental, and/or cognitive disabilities.
- Audio and video communication strategies. Some communities and language groups have indicated a preference for receiving information in audio or video format.
- Spanish translation of all urgent updates and vital information communicated via social media.
- For vital information, news releases are issued in both English and Spanish or other languages depending upon the needs of targeted media outlets.
- Consult with Tacoma-Pierce County Equity Action Team who will gather information from community stakeholders and partners to identify preferred methods of communication of Limited English Proficient persons.
- American Sign Language Interpretation at all press conferences.
- Transcription of Health Department produced video content.

Information that if not provided accurately or timely, would cause harm to the individual, e.g., how to protect yourself from COVID-19 or forms to access unemployment, food, or other benefits.
Appendix

Reproductive Rate

Tacoma-Pierce County Health Department is in process of capturing its own transmission data for ongoing reporting. For this submittal, we are leveraging the Governor’s Transmission Trend chart as our data for this criterion. As Governor Inslee shared in his May 29 press conference, the effective reproductive number for Western Washington has been below 1.0 since early May. The Institute for Disease Modeling provided data.

Figure 9: $R_e$ estimates for Eastern (red) and Western (purple) WA, with 2 standard deviation error bars. Our most recent estimates suggest that $R_e$ was below 1 and likely declining through May 7 in Western WA, but was above 1 and likely increasing in Eastern WA through May 3.
May 30, 2020

State of Washington Department of Health
P.O. Box 47890
Olympia, WA 98504-7890

Subject: Letter of Attestation for COVID-19 County Variance Plan: Moving from Phase 1 to Phase 2

To whom it may concern,

St. Anthony Hospital, St. Clare Hospital, and St. Joseph Medical Center attest to the following:

1. We currently have 20 percent surge capacity to accommodate a 20 percent increase in suspected or confirmed COVID-19 hospitalizations.
2. We are reporting, and will continue to report daily, including on weekends, all data requested by DOH into WA HEALTH.
3. We have at least a 14-day supply on-hand of PPE, including N-95 respirators, surgical masks, face shields, gloves, and gowns. Our system can supply us with the PPE that we need.
4. We are using PPE conservation strategies, and certify that no staff person is wearing any one N95 respirator or surgical mask for longer than one shift, and 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,

Mary Ragsdale, MSN, MBA, RN
VP of Operations/
Chief Operating Officer
St. Anthony Hospital
11567 Canterwood Blvd NW
Gig Harbor, WA 98332
253.530.2252
MaryRagsdale@chifranciscan.org

Lois Erickson, MSN, RN
VP of Operations/
Chief Operating Officer
St. Clare Hospital
11315 Bridgeport Way
Lakewood, WA 98499
253.985.6427
LoisErickson@chifranciscan.org

Tim O’Haver, MHA, FACHE
VP of Operations/
Chief Operating Officer
St. Joseph Medical Center
1717 South J Street
Tacoma, WA 98405
253.426.6588
TimothyOhaver@chifranciscan.org
May 29, 2020

TO: Tacoma-Pierce County Health Department
SUBJECT: MultiCare’s Pierce County hospitals meet DOH criteria

MultiCare Health System attests that all MultiCare Hospitals in Pierce County including MultiCare Tacoma General Hospital, MultiCare Good Samaritan Hospital, MultiCare Allenmore Hospital, and Mary Bridge Children’s Hospital 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
Exhibit A: Recommendation letter to move to Phase 2 signed by Dr. Anthony Chen, Director of Health, on May 30, 2020

May 30, 2020

TO: Tacoma-Pierce County Board of Health

FROM: Anthony L-T Chen MD, MPH
       Director of Health

SUBJECT: COVID-19 - Recommendation to enter SAFE START Phase 2

I have carefully reviewed the COVID-19 disease trends within Pierce County and believe we are prepared to move to the next phase in the Safe Start recovery plan. I recommend the Tacoma-Pierce County Board of Health approve a resolution supporting the application by Pierce County to enter Safe Start Phase 2.

The first confirmed case of COVID-19 was announced in the state of Washington on January 21, 2020. Governor Inslee announced a public health state of emergency on February 29. He announced a stay-at-home order on March 23, which he extended to May 31.

On May 29, the Governor announced revised criteria to apply to enter Safe Start recovery plan Phase 2. Pierce County meets or is very close to meeting these criteria.

The disease rate in Pierce County is slowly and steadily decreasing. The attached documents demonstrate the readiness and capacity within our hospital systems, our ability to test, conduct case and contact investigations, and to respond to outbreaks within high-risk populations.

To protect the health of everyone in our community, I strongly urge all residents to continue to follow the guidance of public health officials:

- Wash hands frequently.
- Maintain six feet social distance.
- Wear face coverings in public.
- Stay home if you feel ill.
- Monitor yourself daily for COVID-19 symptoms.
- Consult with your primary care provider if you have: cough, shortness of breath, difficulty breathing or at least two of these symptoms: fever, chills, shaking with chills, muscle pain, headache, sore throat and loss of taste or smell.

Sincerely,

Anthony L-T Chen, MD, MPH
Director of Health
Tacoma-Pierce County Board of Health Resolution Vote Results

Table 13

<table>
<thead>
<tr>
<th>Board Member</th>
<th>Vote</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board Chair Catherine Ushka</td>
<td>Aye</td>
</tr>
<tr>
<td>Board Vice Chair Derek Young</td>
<td>Aye</td>
</tr>
<tr>
<td>Board Member Bruce Dammeier</td>
<td>Aye</td>
</tr>
<tr>
<td>Board Member Keith Blocker</td>
<td>Aye</td>
</tr>
<tr>
<td>Board Member William Hirota, MD</td>
<td>Aye</td>
</tr>
<tr>
<td>Board Member Patricia Johnson</td>
<td>Aye</td>
</tr>
<tr>
<td>Board Member Dave Morell</td>
<td>Aye</td>
</tr>
<tr>
<td>Board Member Doug Richardson</td>
<td>Aye</td>
</tr>
<tr>
<td>Alternate Board Member Robert Baggett</td>
<td>Aye</td>
</tr>
<tr>
<td>Alternate Board Member Chris Beale</td>
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</tr>
<tr>
<td>Alternate Board Member Marty Campbell</td>
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<tr>
<th>Ayes</th>
<th>Nays</th>
<th>Abstaining</th>
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<tbody>
<tr>
<td>8</td>
<td>0</td>
<td>0</td>
<td>2</td>
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</tbody>
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Tacoma-Pierce County Board of Health Resolution 2020-4646

RESOLUTION NO. 2020-4646

A RESOLUTION OF THE TACOMA-PIERCE COUNTY BOARD OF HEALTH, PIERCE COUNTY, WASHINGTON, SUBMITTING AN APPLICATION TO MOVE TO PHASE 2 OF SAFE START RECOVERY PLAN.

WHEREAS, on February 29, 2020 the Governor of the state of Washington issued Proclamation 20-05 declaring a public health state of emergency for all counties in Washington State due to the novel coronavirus COVID-19; and

WHEREAS on March 23, 2020 the Governor issued Proclamation 20-25, which extended the state of emergency, established the Stay Home, Stay Healthy order until April 6, 2020, and prohibited all people from leaving their homes except for those engaged in or obtaining essential services; and

WHEREAS these orders were subsequently extended through May 31, 2020, and the Governor subsequently provided a Safe Start four phase recovery plan to restart business and modify physical distancing requirements when disease activity is adequately suppressed and readiness in key areas is achieved; and

WHEREAS the Stay Home, Stay Healthy order expires on May 31, 2020, and the Governor and the state Department of Health issued a revised Safe Start Recovery Plan effective June 1, 2020 that provides county by county flexibility to apply to move through the phases; and

WHEREAS the Director of Health of Tacoma-Pierce County Health Department (Health Department) has reviewed relevant public health data, determined Pierce County meets the revised eligibility criteria, and recommends Pierce County apply to move to Phase 2; and

WHEREAS on this date the Board of Health has heard from Health Department staff and reviewed data and documents demonstrating Pierce County’s ability to meet the requirements to move to Phase 2; now, therefore,

BE IT RESOLVED BY THE TACOMA-PIERCE COUNTY BOARD OF HEALTH that after reviewing relevant public health data and the Director of Health’s written recommendation (a copy of which is attached as Exhibit A), the Board of Health recommends the Pierce County Executive apply to the Secretary of Health to move to Phase 2 of the Safe Start Recovery Plan.
This Resolution shall be effective immediately upon adoption.

TACOMA-PIERCE COUNTY BOARD OF HEALTH

Catherine Ushka
Chair, Board of Health

May 31, 2020
Date of Adoption

ATTEST:

Patricia Darden
Clerk, Board of Health

Yea: _8________________________
Nea: ___0_____________________
Abstain: _0_____________________
Absent: __0_____________________
Pierce County Council Adoption of Resolution No. R2020-41 Letter

June 2, 2020

Dr. Anthony Chen, MD, MHP
Tacoma-Pierce County Health Department
3621 South D Street
Tacoma, WA 98418

RE: Adoption of Resolution No. R2020-41

Dr. Chen,

The Pierce County Council voted unanimously on June 1, 2020 at the Special meeting of the Pierce County Council to adopt Resolution No. R2020-41.

Resolution No. R2020-41 A Resolution of the Pierce County Council Authorizing the Submittal of an Application to the Washington State Department of Health to Proceed to Phase 2 of the Governor's Safe Start Recovery Plan and Accepting the Tacoma-Pierce County Board of Health's Recommendations and Plan to Implement Phase 2 Modifications.

The following Councilmembers voted in the affirmative:

Douglas G. Richardson, Chair
Dave Morell, Vice Chair
Derek Young, Executive Pro Tempore
Marty Campbell
Connie Ladenburg
Jim McCune
Pam Roach

Sincerely,

Kate Kennedy, CMC
Senior Committee Clerk
Pierce County Council
## County Council Vote Results

**Table 14**

<table>
<thead>
<tr>
<th>Council Member</th>
<th>Vote</th>
</tr>
</thead>
<tbody>
<tr>
<td>Council Chair Douglas Richardson</td>
<td>Aye</td>
</tr>
<tr>
<td>Council Pro Tempore Derek Young</td>
<td>Aye</td>
</tr>
<tr>
<td>Council Vice Chair Dave Morell</td>
<td>Aye</td>
</tr>
<tr>
<td>Councilwoman Pam Roach</td>
<td>Aye</td>
</tr>
<tr>
<td>Council Member Jim McCune</td>
<td>Aye</td>
</tr>
<tr>
<td>Council Member Marty Campbell</td>
<td>Aye</td>
</tr>
<tr>
<td>Councilwoman Connie Ladenburg</td>
<td>Aye</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ayes</th>
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<th>Abstaining</th>
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<tbody>
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Pierce County Council Resolution No. R2020-41

RESOLUTION NO. R2020-41

A Resolution of the Pierce County Council Authorizing the Submittal of an Application to the Washington State Department of Health to Proceed to Phase 2 of the Governor’s Safe Start Recovery Plan and Accepting the Tacoma-Pierce County Board of Health’s Recommendations and Plan to Implement Phase 2 Modifications.

Whereas, on February 29, 2020, the Governor of Washington State issued Proclamation 20-05, proclaiming a state of emergency for all counties throughout the State of Washington as a result of the coronavirus disease 2019 (COVID-19) outbreak in the United States; and

Whereas, on March 23, 2020, the Governor issued Proclamation 20-25 which established the “Stay Home Stay Healthy” order prohibiting persons from leaving their homes, participating in gatherings and making non-essential trips. Proclamation 20-25 expired on May 31, 2020; and

Whereas, on May 1, 2020, the Governor announced the Safe Start Washington: A Phased Approach to Recovery ("Safe Start"), a four-phased approach to resuming recreational, social and business activities in Washington State; and

Whereas, on May 29, 2020, the Governor announced modifications to the original “Safe Start” plan to provide for more flexibility for counties and to allow counties the ability to apply to the Secretary of Health to demonstrate their ability to safely allow additional economic activity based on target metrics and to provide for a holistic review of counties’ COVID-19 activity and ability to respond; and

Whereas, beginning on June 1, 2020, any county can apply to the Secretary of Health to move to the next phase. Pierce County is presently in Phase 1 and meets the criteria set forth in the Governor’s order, taken as a whole, to move to Phase 2 of the “Safe Start” plan; and

Whereas, the Council is in receipt of and accepts the Tacoma-Pierce County Health Department’s recommendations and plan for moving Pierce County from Phase 1 to Phase 2 as set forth in Resolution No. 2020-4646; Now Therefore,

BE IT RESOLVED by the Council of Pierce County:

Resolution No. R2020-41
Page 1 of 2
Section 1. The Pierce County Council hereby accepts the Tacoma-Pierce County Board of Health’s recommendations and plan dated May 31, 2020, as set forth in Resolution No. 2020-4646, attached hereto and incorporated herein by reference as Exhibit A, for moving Pierce County from Phase 1 to Phase 2 of the “Safe Start” plan.

Section 2. The Council hereby authorizes the Executive to submit an application in accordance with the most current instructions issued by the Department of Health requesting the approval of the Secretary of Health to move Pierce County from Phase 1 to Phase 2.

ADOPTED this 5th day of June, 2020.

ATTEST:

PIERCe COUNTY COUNCIL
Pierce County, Washington

Denise D. Johnson
Clerk of the Council

Douglas Q. Richardson
Council Chair

Resolution No. R2020-41
Page 2 of 2
Investigation Team Expansion Summary

Introduction
Our Investigation Team is comprised of:

- Case investigators.
- Contact investigators.
- High-risk facility investigators.
- Administrative support.
- Data entry support.
- Laboratory coordinators.

Tacoma-Pierce County Health Department believes a surge of cases is likely to occur as Washington opens, schools resume operation, and seasonal illness occurs. In the event of a surge, we’ve planned for the following scenario:

Table 15

<table>
<thead>
<tr>
<th>Cases per Day</th>
<th>Contacts per Day</th>
<th>Generation 2 Contacts per Day</th>
<th>High Risk Facilities per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>350</td>
<td>1400</td>
<td>320</td>
<td>10</td>
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This ensures we meet the Washington State Department of Health (DOH) criteria outlined in the latest COVID-19 County Variance Plan: Moving from Phase 1 to Phase 2.

The criteria establish the need for 15 case and contact investigators for every 100,000 population:

- \[ 903,000 \div 100,000 \times 15 = 135 \] case and contact investigators.

This plan summary outlines strategies, timelines and progress in 4 broad areas:

- Expansion Pool Development.
- Training.
- Workspace Expansion.
- Procurement.
Expansion Pool Development
This is a flexible, initial plan. As discussions with partners clarify available resources and as a work facility becomes available, we are prepared to adjust the plan. Tacoma-Pierce County Health Department will train investigators from the following sources, listed in order of anticipated need:

- Re-assigned health department staff (May, June, July).
- Furloughed or laid off county and city staff (June, July).
- Medical Reserve Corps volunteers (June, July, August).
- Public applicants (July, August, September).
- Private sector case and contact employment firms (September, October. *We do not anticipate drawing from this pool*).
- Washington State National Guard / Department of Licensing (October. *We do not anticipate drawing from this pool*).

Expansion Schedule
Our plan is staged to scale up or down depending on the current and projected need. We intend to over recruit and over train to allow for attrition between training and potential activation.

<table>
<thead>
<tr>
<th>Group</th>
<th>Date</th>
<th>Trainee Count</th>
<th>Affiliation</th>
<th>Cumulative FTE Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existing</td>
<td>N/A</td>
<td>N/A</td>
<td>TPCHD, MRC</td>
<td>44</td>
</tr>
<tr>
<td>Pilot Group 1</td>
<td>May 18, 2020</td>
<td>5</td>
<td>TPCHD</td>
<td>49</td>
</tr>
<tr>
<td>Group 2</td>
<td>June 3, 2020</td>
<td>30</td>
<td>TPCHD, MRC, PC</td>
<td>79</td>
</tr>
<tr>
<td>Partners Group 1</td>
<td>Mid-June &amp; June 30, 2020</td>
<td>50</td>
<td>PC</td>
<td>129</td>
</tr>
<tr>
<td>Partners Group 2</td>
<td>July 27, 2020</td>
<td>20</td>
<td>TPCHD, Partners, Public</td>
<td>149</td>
</tr>
<tr>
<td>External Group 1</td>
<td>August 24, 2020</td>
<td>20</td>
<td>Public</td>
<td>169</td>
</tr>
<tr>
<td>External Group 2</td>
<td>September 29, 2020</td>
<td>20-30</td>
<td>Public</td>
<td>189-199</td>
</tr>
</tbody>
</table>

Expansion Timeline, Closing the Gap
Projected timeline to meet variance application criteria:


Projected timeline to meet health department scenario criteria:

Training Plan
Remote Training Curriculum (8 hours)
• Introduction to Public Health and Tacoma-Pierce County Health Department.
• Association of State and Territorial Health Officials’ Making Contact: A Training for COVID-19.
• Contact tracers.
• Confidentiality and HIPAA.
• Supplemental learning.

In-Person Training Curriculum (4 hours)
• COVID-19 Information and Emergency Response.
• Isolation and quarantine guidance.
• Interview and communication tips.
• PCTV investigation example video.
• Process overview.

Workspace Expansion
Current Workspace Capacity
Investigation Team is currently working out of the 3701 Pacific Avenue health department facility. This facility has limited capacity to support additional staff.

Short-Term to Mid-Term
If needed, Investigation Team could expand into the health department’s main building, located at 3629 South D Street. This option would limit the department’s ability to re-open services and maintain physical distance guidelines.

Mid- to Long-Term
Tacoma-Pierce County Health Department and Pierce County are investigating potential solutions to house an expanded workforce.

Procurement
Pierce County Council directed $67 million of federal Coronavirus Aid, Relief, and Economic Security (CARES) Act funds to Public Health Emergency Response. Tacoma-Pierce County Health Department requests access to these funds through Pierce County Finance Department as outlined in Pierce County Emergency Resolution R2020-35 and Emergency Ordinance 2020-60.

Procurement requests are routed through Pierce County Department of Emergency Management and Tacoma-Pierce County Health Department’s Unified Command ICS. Procurement requests to support case and contact investigations include:

• Labor.
• Technology.
• Facility Lease Agreements.
• Office Supplies.
Pierce County Medical Reserve Corps Letter

May 20th, 2020

Dear Tacoma-Pierce County Health Department,

The Pierce County Medical Reserve Corps (MRC) has contributed, as requested, approximately 3 contact tracing volunteers a day since March 2020. Our unit has over 600 active members, many of which are eager to volunteer or work for the health department during this time.

We estimate that we can provide up to 20 volunteers each day for the Health Department based on current interest and availability. Over 30 volunteers are trained to support contact tracing and another 20 would like training. The interest to volunteer for COVID-19 response continues to grow.

The MRC has onboarded over 60 new volunteers since the beginning of March. This has already exceeded the volunteers processed in the two previous years combined. We continue to see applicants interested in our disease investigation team and enthusiastic about supporting COVID-19 response.

Our volunteers want to help as much as possible. Currently, our organization has additional capacity for response work. Please consider this when planning for the increased need for contact tracing.

Sincerely,

Olga Kimbrel
President, Pierce County MRC

mrc@tpchd.org
(253) 798-3566
### Pierce County Testing Sites

**CHI Franciscan**

Table 17

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Drive-Through?</th>
<th>Point of Care/Rapid?</th>
<th>Address</th>
<th>Phone Number</th>
<th>M-F Hours</th>
<th>Weekend Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Franciscan Prompt Care - Bonney Lake</td>
<td>No</td>
<td>No</td>
<td>9230 Sky Island Dr. E. Bonney Lake, WA 98391</td>
<td>253-750-6000</td>
<td>8am -8pm</td>
<td>Sat 8-5pm, Sun 8am-5pm</td>
</tr>
<tr>
<td>Franciscan Prompt Care - Canyon Road</td>
<td>No</td>
<td>No</td>
<td>15214 Canyon Road E. Puyallup, WA 98375</td>
<td>253-539-4200</td>
<td>8am -8pm</td>
<td>Sat 8-5pm, Sun 8am-3pm</td>
</tr>
<tr>
<td>Franciscan Prompt Care at St. Joseph</td>
<td>No</td>
<td>No</td>
<td>1812 South J Street Suite 120 Tacoma, WA 98405</td>
<td>253-428-2200</td>
<td>8am -8pm</td>
<td>Sat 8-5pm, Sun 8am-5pm</td>
</tr>
</tbody>
</table>

**MultiCare Health System**

Table 18

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Drive-Through?</th>
<th>Point of Care/Rapid?</th>
<th>Address</th>
<th>Main Phone Number</th>
<th>M-F Hours</th>
<th>Weekend Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call MultiCare Health System or do an E-visit. Urgent Cares and Indigo Cares can order tests.</td>
<td>Available at some locations</td>
<td>No</td>
<td>Several locations.</td>
<td>253-403-1000</td>
<td>Emergency hospitalization is 24/7. Routine is 8am-5:00pm.</td>
<td>Lots of locations, but generally open some Saturdays.</td>
</tr>
</tbody>
</table>

As of 5/20/20: Multicare is requesting patients complete an e-visit prior to testing at multicare.org/virtualcare.

**Kaiser Permanente**

Table 19

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Drive-Through?</th>
<th>Point of Care/Rapid?</th>
<th>Address</th>
<th>Main Phone Number</th>
<th>M-F Hours</th>
<th>Weekend Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call consulting nurse at Kaiser who will arrange the test.</td>
<td>Available at some locations</td>
<td>No</td>
<td>Several locations.</td>
<td>1-800-297-6877</td>
<td>24/7</td>
<td>24/7</td>
</tr>
</tbody>
</table>

As of 5/20/20: Kaiser is requesting patients complete an e-visit prior to testing.
### Community Health Care

**Table 20**

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Drive-Through?</th>
<th>Point of Care/Rapid?</th>
<th>Address</th>
<th>Main Phone Number</th>
<th>M-F Hours</th>
<th>Weekend Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hilltop Regional Health Center</td>
<td>In progress.</td>
<td>No</td>
<td>1202 MLK Jr Way Tacoma 98405</td>
<td>253-722-2161</td>
<td>8am-4:30pm</td>
<td>n/a</td>
</tr>
<tr>
<td>Eastside Health Center</td>
<td>Yes</td>
<td>No</td>
<td>1708 E 44th St Tacoma 98404</td>
<td>253-722-2161</td>
<td>8am-4:30pm</td>
<td>n/a</td>
</tr>
<tr>
<td>Spanaway Health Center</td>
<td>Yes</td>
<td>No</td>
<td>134 188th Street South Spanaway 98387</td>
<td>253-722-2161</td>
<td>8am-4:30pm</td>
<td>n/a</td>
</tr>
<tr>
<td>Lakewood Health Center</td>
<td>Yes</td>
<td>No</td>
<td>10510 Gravelly Lake Dr Lakewood 98404</td>
<td>253-722-2161</td>
<td>8am-4:30pm</td>
<td>n/a</td>
</tr>
</tbody>
</table>

As of 5/20/20: Testing is available by appointment, screening questionnaire prior to appointment or by drive-up with on-site screening. Screening Criteria: 18 and older, not limiting based on symptoms. They are using Abbott ID Now. Capacity: 180-200 per day. Negatives: being told a script with FDA guidelines.

### Walgreens Pharmacy

**Table 21**

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Drive-Through?</th>
<th>Point of Care/Rapid?</th>
<th>Address</th>
<th>Main Phone Number</th>
<th>M-F Hours</th>
<th>Weekend Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Pearl St Walgreens</td>
<td>Yes</td>
<td>Yes</td>
<td>3540 N Pearl St Tacoma, WA 98407</td>
<td>253-759-2378</td>
<td>9am-5:00pm</td>
<td>9am-5:00pm</td>
</tr>
</tbody>
</table>

As of 5/20/20: Testing is available by appointment, screening questionnaire prior to appointment or by drive-up with on-site screening. Screening Criteria: 18 and older, not limiting based on symptoms. They are using Abbott ID Now. Capacity: 180-200 per day. Negatives: being told a script with FDA guidelines.

### Sound Family Medicine Established Patients

**Table 22**

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Drive-Through?</th>
<th>Point of Care/Rapid?</th>
<th>Address</th>
<th>Main Phone Number</th>
<th>M-F Hours</th>
<th>Weekend Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Puyallup 31st Ave</td>
<td>Yes, self-collection available</td>
<td>No</td>
<td>611 31st Ave SW Puyallup, WA 98373</td>
<td>253-848-5951</td>
<td>9am-5:20pm</td>
<td>Not open</td>
</tr>
</tbody>
</table>

As of 5/21/20: Testing is available for established patients. Call ahead of time for appointment. Swabs may be self-collected. Swabs sent to Quest. They also offer serology through Quest for patients in the building.
## Event Testing – Kroger Tacoma Dome Testing

Table 23

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Drive-Through?</th>
<th>Rapid Test?</th>
<th>Address</th>
<th>Main Phone Number</th>
<th>M-F Hours</th>
<th>Weekend Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tacoma Dome</td>
<td>Yes</td>
<td>No</td>
<td>2727 E D St, Tacoma WA 98421</td>
<td>1-888-852-2567</td>
<td>10am-4:00pm</td>
<td>Not open</td>
</tr>
</tbody>
</table>