



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

APPLICATION FOR COUNTY COVID-19 VARIANCE

Date: May 22, 2020

County: Grant County

Local Health Jurisdiction: Grant County Health District

Submitter's Name, Organization, E-mail Address, Phone Number:

Theresa Adkinson, Administrator
Grant County Health District
tadkinson@granthealth.org
509-793-3520 or 509-766-7960 ext. 24

The brackets below should be checked to confirm the applicant has included the materials in their variance application or agrees to the statement.

[X] Included with this application are documents demonstrating approvals and endorsements for all of the following:

1. The local public health officer's recommendation to the Board of Health.
2. Documentation of the vote of the Board of Health, including the motion and the vote totals.
3. Letters from all hospitals used by the county certifying their bed capacity for COVID-19 patients and PPE supplies.
4. Documentation of the vote of the county commission, including the vote totals.

[x] Attached to this application is a document describing all of the following, in accordance with the instructions:

1. COVID-19 testing site information.
2. Data on median number of days from onset of illness to COVID-19 specimen collection date.

3. Testing data for each of the previous four weeks.
4. LHJ's resources to perform case and contact investigations.
5. Information on isolation and quarantine facilities.
6. Resources for supporting persons in *home* isolation/quarantine.
7. LHJ's capacity to perform outbreak investigations in congregate living situations and workplaces.
8. Any additional information the applicant feels is important for consideration.

[x] By submitting this application, the local health jurisdiction agrees to notify the DOH on-call communicable disease duty officer at 206-418-5500 of any COVID-19 outbreak investigation within their jurisdiction within 6 hours of beginning the investigation.

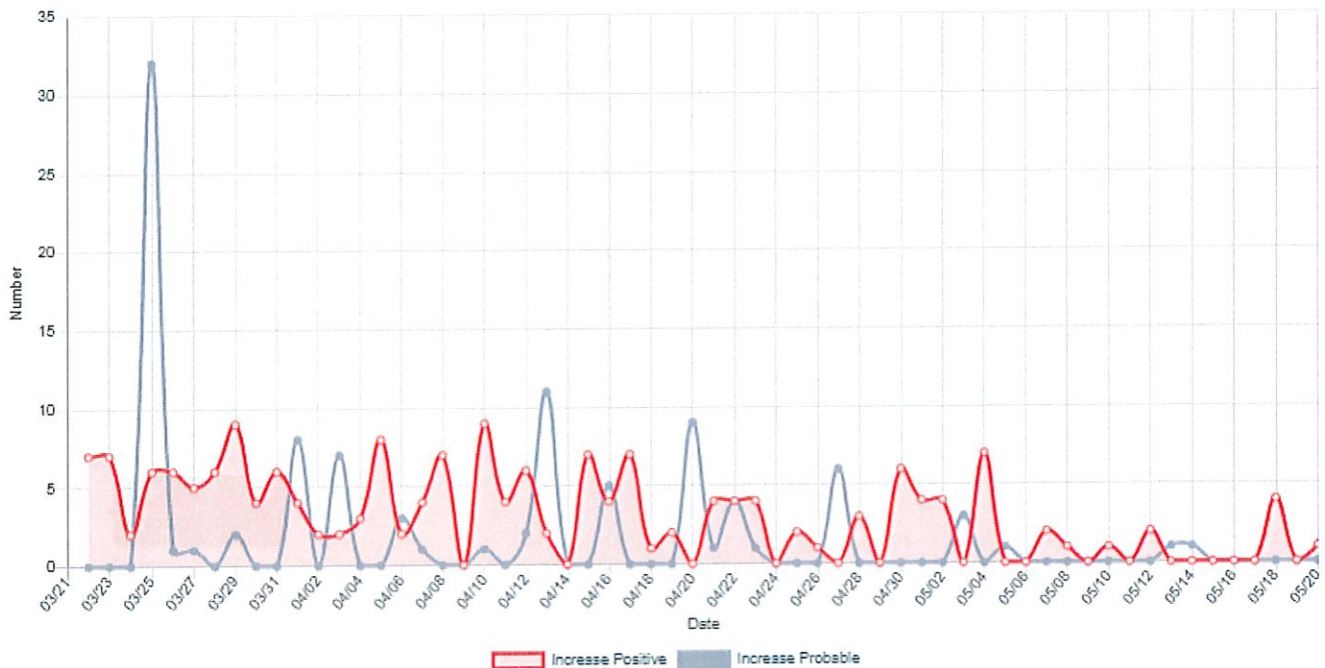
As the Director of the applicant LHJ, I am authorized pursuant to the adoption of the COVID-19 Variance Plan by the local board of health and county commission to submit to the Washington State Department of Health this application for consideration.

Theresa Adkins
Signature

5/22/2020
Date

FIGURE 2. Grant County, WA, New Cases Per Day (n)

New Cases (# daily change)

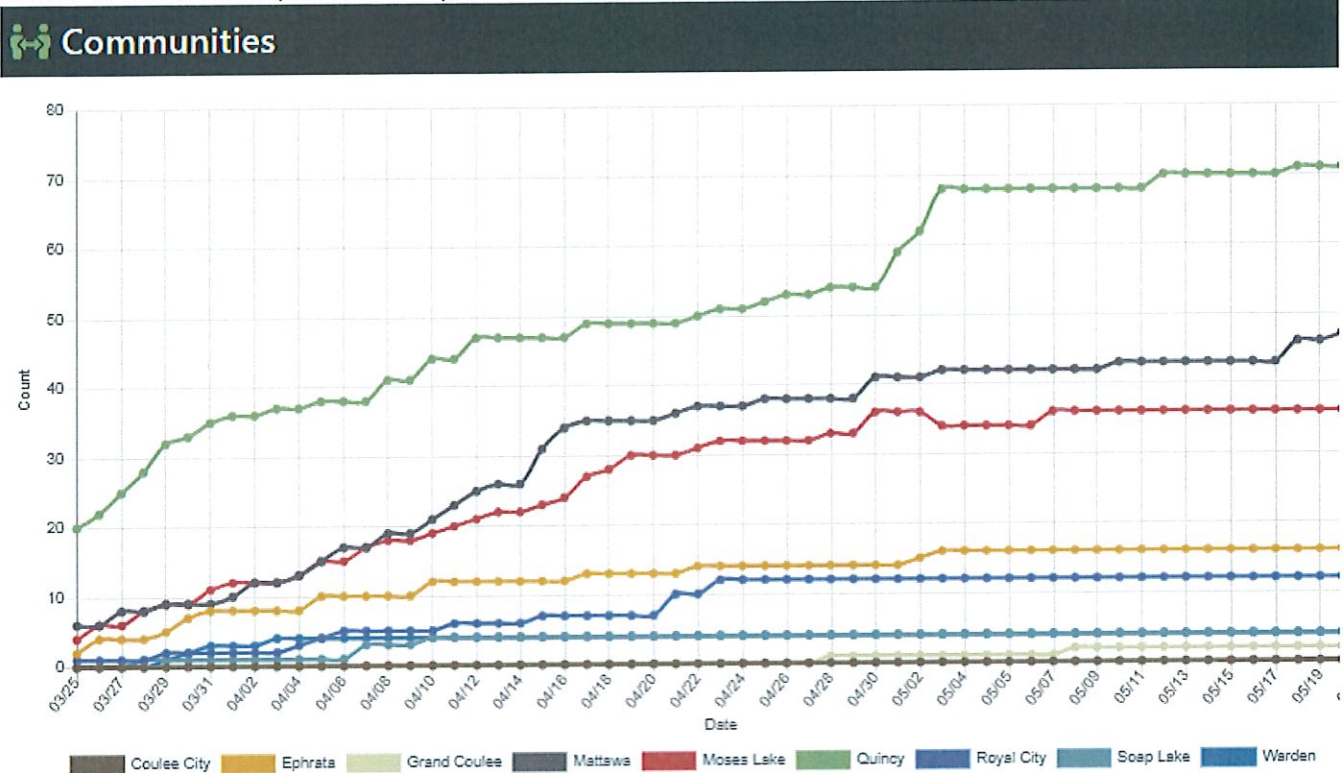


c. During a two-week specimen collection period between 05/05/2020 and 05/18/2020, there were on **average 0.71 newly diagnosed cases per day for a crude rate of about 0.7 cases /100,000 /day**. This remained the case for the two-week time period ending 05/20/2020, according to the most recent count (with additional tests pending).

d. If Grant County's undocumented residents and migrant farm workers were included in the population count, a daily incidence would be below 0.7 /100,000 /day during the last 3 weeks. However as is the case with any rural agricultural county, even a few additional individuals with COVID-19 or one outbreak among farm workers can dramatically impact the statistics in the opposite direction.

e. Grant County cities of Quincy and Mattawa have experienced a disproportionately higher number of COVID-19 cases, while central and northern cities of Ephrata, Moses Lake, Soap Lake, Electric City /Grand Coulee have seen a protracted period of proportionately lower activity (Fig. 3. Communities). It is estimated that migrant housing communities (located mostly in the southern and western part of the county) will continue to pose a challenge to local statistics, presently essential to the variance determination and without any extenuating circumstances provisions in the current variance eligibility calculus.

FIGURE 3. Communities, Grant County, WA, Cumulative Case Count



f. There have been **no outbreaks of COVID-19** in long-term care facilities or other congregate living or institutional settings in Grant County **since late April**, when a cluster of individuals with the novel coronavirus was investigated in a congregate H2A housing near Quincy.

2. Number of SARS-CoV-2 positive tests is declining, while the total test numbers remain steady.

a. The number of individuals with **COVID-19 positive test** has been generally declining during the last 3 weeks.

b. The rate of increase in cases has slowed from the April's peak of 10% a day at the beginning of the month, about 5.3% during mid-April, to 0%-2.13% per day during the last 15 days (Fig. 4. New Positives).

c. During May 2020, there were 713 tests performed in Grant County to date, with a total of 22 positive tests. This means that it took on average 32.5 tests to discover one new confirmed COVID-19 case in May. However, **during the last two weeks a total of 450 test were performed with 9 positive tests: it took about 50 tests to discover one case** (FIG. 5. Testing).

d. The proportion of positive tests vs. all tests performed per week has also been declining: a month ago, about 9.3% of tests were positive per week, 2 weeks ago that number declined to about 2%. **During the last 2 weeks, exactly 2% of all tests were positive for COVID-19.**

e. **The number of tests performed in Grant County has remained steady at about 32 tests per day during the last 2 weeks**, which is close to the average of about 34 tests per day during the same period of time a month ago, while the number of positives has declined fourfold.

FIGURE 4. Grant County, WA, New Positives (% vs. prior day total)

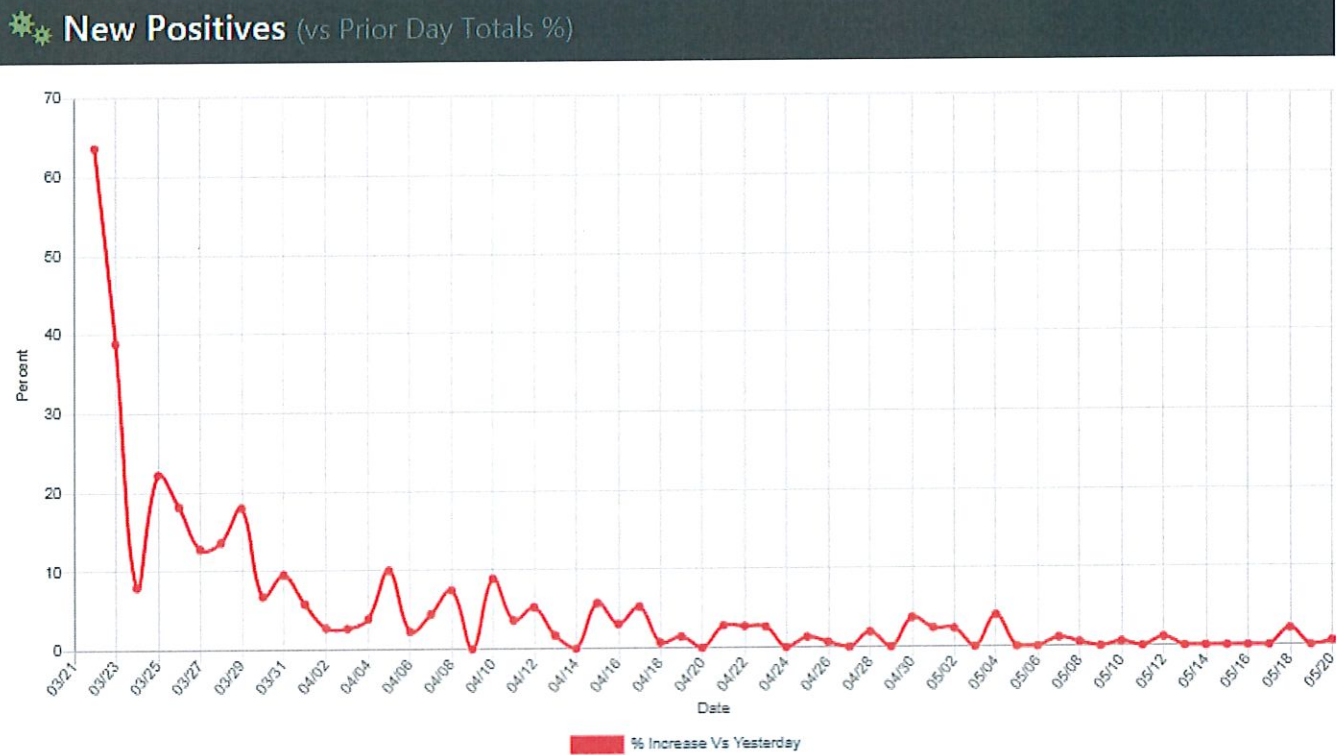
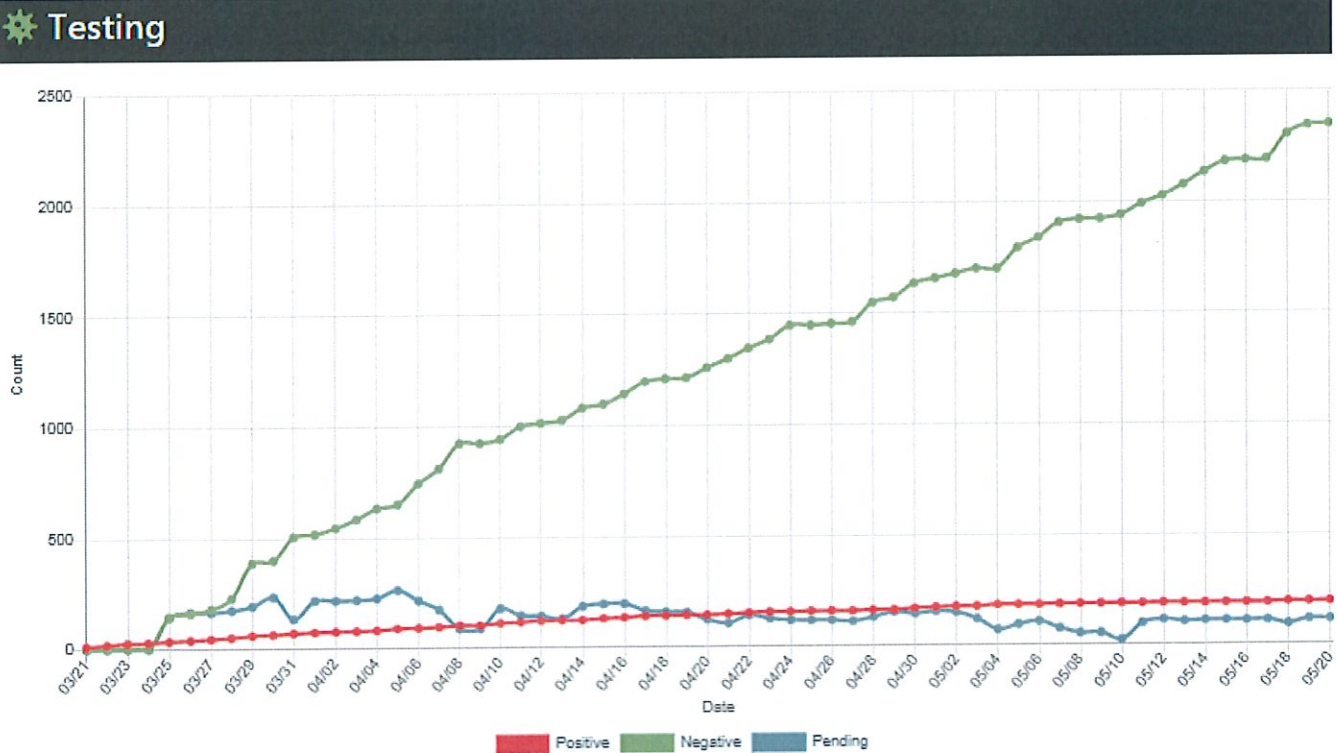


FIGURE 5. Grant County, WA, Testing (n)



3. Healthcare facilities in Grant County have sufficient and available capacity, per their assessment.

- a. Emergency Room visits have declined substantially since March in all four public hospitals in Grant County, showing only mild rebound unrelated to COVID-19 care recently.
- b. Grant County's four public hospitals report **occupancy below 50% of all available beds during the last 4 weeks with a bed surge capacity to >120% available if necessary.** In addition, Samaritan Hospital in Moses Lake reports an action plan to stand up a respiratory care /ventilator unit for >10 beds if necessary, with a potential to surge this capacity further (assuming an additional ventilator availability).
- c. So far, local hospitals did not experience a surge in COVID-19 visits or hospitalizations. A total of **six individuals with COVID-19 were hospitalized for at least some period of time in Grant County** (Samaritan Hospital, Moses Lake) mainly during March and early April. **In total, 21 (10.9% of all cases) Grant County residents required hospitalization for COVID-19 since the beginning of this emergency,** most of them placed in a regional center in Wenatchee.
- d. **A total of four Grant County residents died from COVID-19 since beginning of this emergency (2.1% of all cases):** two passing away in a regional hospital (neighboring county), one out of state, and another at home.
- e. According to WATrac, referral hospitals in Spokane and Wenatchee continue to possess additional capacity to accept patients from Grant County if needed.
- f. Hospitals in Grant County are reporting more than 14 days of PPEs on hand.
- g. Local surge ventilator capacity in Grant County is not optimal. Previously obtained and delivered ventilators from the National Stockpile had to be returned back. At that time, verbal reassurances were provided by DOH that, if needed, state-resourced ventilators would be made available.

4. Public health investigations of individuals suspected or confirmed for COVID-19 and tracing of their contacts is aggressive, its results reassuring, and the capacity to test very good and increasing.

- a. GCHD has always aimed for all individuals suspected or confirmed for COVID-19 to receive an investigator call within 24 hours to assure an immediate isolation. In addition, GCHD is now contacting all confirmed individuals daily. GCHD has responded **within 24 hours of the initial report to 99% of all COVID-19 confirmed cases.**
 - b. GCHD has been in contact with a large proportion of all tested individuals **BEFORE** their test result.
 - c. Most contacts are reached within 24 hours; more than 90% of known contacts are reached or have an attempt to be reached recorded within 48 hours.
 - d. Arrangements have just been finalized for an **isolation and quarantine facility.**
 - e. GCHD has 1,500 test kits ready for use in case of large outbreaks. The largest public hospital (Samaritan Hospital, Moses Lake) has the capacity to perform 100 tests per day through their test site and is preparing an outdoor screening /drive through unit capable of handling even greater number of tests per day. All municipalities in Grant County possess testing capacity, with public hospital districts conveniently located in key parts of the county. Mobile testing team for remote locations could be assembled utilizing healthcare staff within 24 hours with a testing capacity of hundreds of cases per day.
-

5. Greatest threat to Grant County's COVID-19 case load comes from a large number of congregate settings associated with agriculture and from a recently observed informal relaxing of physical distancing and masking standards in our communities.

- a. While H2A housing-associated cases of COVID comprise a low proportion of all cases so far, at least one cluster of individuals with COVID-19 has already been investigated at a H2A housing community, with a large proportion of asymptomatic individuals testing positive.
- b. Approximately 8,000 individuals are expected to reside in Grant County's H2A housing units by the summer, with additional non-H2A-housing temporary farm workers arriving by that time.
- c. GCHD has taken additional steps to prevent occurrence of outbreaks in congregate setting associated with essential agricultural production by working closely with the farms and the housing communities, by developing specific farm housing guidance, by prepositioning testing capacity, and by working closely with and learning from neighboring counties with similar challenges.
- d. Even though a greater risk of clusters and outbreaks in these congregate settings exists, the individuals residing in this setting are predominantly young and healthy, their activity in the community at large is generally low, their risk for hospitalizations is also low, while the capacity for their sequestration away from the community at large is good (assuming early cases identification).
- e. In addition, recent mobility data demonstrated an increase in activity community-wide. Anecdotal reports of reduced voluntary mask use and relaxation of physical distancing have been received by GCHD. Out-of-county visitor numbers have also been observed as increasing.
- f. In response, and to improve public awareness about integrating physical distancing and disease surveillance into our daily life, GCHD has recommended its own "COVID-19 SMART" business guide suitable for a county-wide implementation in this and any subsequent phase of the "Safe Start Washington".

While the presence of COVID-19 in our county demands a continued vigilance and a readiness to re-impose more stringent community-wide mitigation measures in case of a disease surge, it is my assessment that Grant County is presently experiencing an objective decrease in local SARS-CoV-2 activity with additional favorable mitigation indicators. However, with the aforementioned risks unique to Grant County, it is my plan to issue additional directives to the county residents including a face covering requirement at indoor or confined public settings (when within 6 feet of another person with whom they don't live) should this Board decide to move forward with a variance request and become successful.

Ultimately, as a result of my review, including the assessment of county's existing healthcare capacity supported by a robust public health response, I **recommend requesting a variance to implement all Phase 2 modifications per the Governor's "Safe Start Washington"**.

Respectfully Submitted,



Alexander L. Brzezny, MD, MPH, FAAFP
Grant County Health Officer

RESOLUTION 20-5

**A RESOLUTION OF THE BOARD OF THE GRANT COUNTY BOARD OF RESOLUTION TO APPLY FOR A
VARIANCE TO PHASE 2 OF THE GOVERNOR'S COVID-19 RECOVERY PLAN.**

Section 1. RECITALS

The Board of Health finds that:

1. WHEREAS, on March 5, 2020, the Washington State Department of Health (DOH) confirmed the first case of the novel coronavirus (COVID-19) in Grant County, Washington, and the Grant County Health District and the Washington State Department of Health have since worked to identify, contact, monitor and test others in Grant County potentially exposed to COVID-19 in coordination with the US Centers for Disease Control and Prevention (CDC); and
2. WHEREAS, COVID-19, a respiratory disease that can result in serious illness or death, is caused by the SARS-CoV-2 virus, which is a new strain of coronavirus that had not been previously identified in humans and can easily spread from person to person; and
3. WHEREAS, the CDC identifies the potential public health threat posed by COVID-19 both globally and in the United States as "very high," and has advised that person-to-person spread of COVID- 19 will continue to occur globally, including within the United States and Grant County; and
4. WHEREAS, on January 31, 2020, the United States Department of Health and Human Services Secretary Alex Azar declared a public health emergency for COVID-19, beginning January 27, 2020; and
5. WHEREAS, on February 29, 2020, Washington State Governor Jay Inslee proclaimed a public health emergency for COVID-19, beginning February 29, 2020; and
6. WHEREAS, on March 2, 2020, the Grant County Health District activated its District Operations Center to manage their response to the COVID-19 cases; and
7. WHEREAS, on March 12th, 2020, the Grant County Health Officer proclaimed a countywide public health emergency (Per RCW 70.05.070) for COVID-19; and
8. WHEREAS, on March 13, 2020, the Grant County Board of Commissioners declared a State of Emergency in Grant County, beginning March 13, 2020; and
9. WHEREAS, on March 23, 2020, Board Chair Massa, Health Officer Brzezny, and Administrator Adkinson issued a Declaration of Emergency, declaring COVID-19 pandemic to be an emergency in Grant County pursuant to Section 38.52.010 RCW, Chapter 70.05 RCW, and other relevant provisions of state, local, and federal law.



10. WHEREAS, on May 21, 2020 Grant County Health District was notified of their opportunity to apply for a variance to Phase 2 of the Washington State Governor's COVID-19 Recovery plan due to the downward trend in COVID-19 cases in Grant County.
11. WHEREAS, on May 22, 2020, Health Officer Alexander Brzezny presented to the Grant County Board of Health and the Grant County Commissioners his recommendations to apply for the Phase 2 variance based on his evaluation of the current COVID-19 data, increased testing capacity, and robust disease investigation and contact tracing abilities within Grant County Health District and its partners.
12. WHEREAS, on May 22, 2020 Grant County Health District has demonstrated in the variance application the required expectations of the Washington State Department of Health.
13. WHEREAS, on May 22, 2020 all Grant County Hospitals submitted letters to Grant County Health District indicating their 20% surge capacity and 14-day surplus supply of PPE as required for the variance application.

Section 2. RESOLVED

NOW THEREFORE, BE IT RESOLVED, by the Board of Health of the Grant County Health District, Grant County, Washington, that:

The Grant County Board of Health accepts Grant County Health Officer's letter regarding the phased approach to COVID-19 recovery.

Be it resolved by the Board of Health of the Grant County Health District here by directs the Grant County Health District to apply for a Phase 2 variance to implement all Phase 2 modifications in the Governor's COVID-19 Recovery Plan.

Section 3. BOARD OF HEALTH MEMBERSHIP VOTE

Board Members Present: Chair, Tony Massa – Warden, Richard Stevens – Commissioner, Mark Wanke – Ephrata, Dr. David Curnel – Moses Lake, Kevin Newland – Wilson Creek

Board Members Who Were Absent: Brad Parrish – Electric City, Tom Harris – Quincy

Board Members Who Made the Motion and Seconded: Commissioner Stevens and Dr. David Curnel

Board Members Who Pass this Resolution by a vote of Yea: Chair, Tony Massa – Warden, Richard Stevens – Commissioner, Mark Wanke – Ephrata, Dr. David Curnel – Moses Lake, Kevin Newland – Wilson Creek

Board Members Who No Not Pass this Resolution by a vote of Nay: None.

Section 4. BOARD OF HEALTH MEMBERSHIP VOTE


This resolution shall take effect on May 22, 2020

PASSED BY THE GRANT COUNTY BOARD OF HEALTH AND SIGNED BY ITS CHAIR ON May 22, 2020



Tony Massa, Chairman of the Board

ATTEST:



Theresa Adkinson, Administrator



May 21, 2020

Ms. Theresa Adkinson
Administrator
Grant County Health District
1038 W Ivy St
Moses Lake WA 98837

RE: COVID-19 Stay Home, Stay Healthy Order and Grant County Variance Request – Grant County Public Hospital District #12 certification letter (DBA Samaritan Healthcare)

This letter is to certify that at this time, Samaritan Healthcare (Samaritan) has the required fourteen (14) days of personal protective equipment (PPE) (N95, surgical masks, face shields, gowns and gloves) based on current usage rates. Samaritan is following PPE guidance on reuse and extended use for N95's as provided by DOH and our procedure is that staff would not wear N95's longer than one shift. Samaritan has a surge plan in place, and currently has the ability to accommodate a 20 percent increase in COVID hospitalizations, which meets the requirements of the COVID-19 County Variance Plan: Moving from Phase 1 to Phase 2 as published May 19th, 2020. To date, our hospital has treated six (6) confirmed COVID-19 patients as inpatients and continues to maintain 24/7 laboratory testing.

Samaritan works very closely with the Grant County Health District and has been a staunch partner during this pandemic. We stand at the ready to care for this community and implement strategies deemed necessary to fight the COVID-19 disease.

Of course, the status of PPE and bed capacity is ever changing given supply chain issues, COVID-19 disease prevalence in and surrounding our communities, and routine patient care. We will continue to report our status through those means outlined by the Department of Health and the REDi Healthcare Coalition on a daily basis.

Please feel free to contact me at 509-793-9700 (office) or by email at tsullivan@samaritanhealthcare.com if you have any questions.

Sincerely,

A handwritten signature in black ink that reads 'Theresa C. Sullivan'.

Theresa Sullivan
CEO

Samaritan Hospital
801 E. Wheeler Road
Moses Lake, WA 98837
509.765.5606
Fax: 509.764.3236

Samaritan Clinic on Pioneer
1550 S. Pioneer Way
Moses Lake, WA 98837
509.793.9770
Fax: 509.764.3246

SamaritanHealthcare.com

Samaritan Clinic on Patton
8420 Aspi Blvd
Moses Lake, WA 98837
509.793.9781
Fax: 509.764.3281



200 Nat Washington Way
Ephrata, WA 98823
509-754-4631 • FAX: 509-754-4809

May 21, 2020

Grant County Health District
1038 W. Ivy Street
Moses Lake, WA 98837

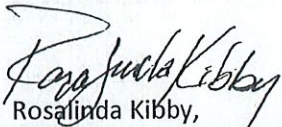
Dear Grant County Health District,

This letter is in support of the efforts of the Grant County Health District to request a variance to move to Phase 2 under the state's Safe Start recovery plan. Our facility, Grant County Public Hospital District No. 3 d/b/a Columbia Basin Hospital, Columbia Basin Family Medicine Clinic, Garden Oasis Assisted Living can certify:

1. We 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 weekends, all data requested by DOH into WA Health;
3. We currently have on-hand a 14-day supply of PPE, including N-95 respirators, surgical masks, face shields, gloves, and gowns;
4. No staff person is wearing any one N95 respirator or surgical mask for longer than one shift. We are saving used N95 respirators for disinfecting with Batelle;

Feel free to contact me at (509) 717-5207 if I may be of any further assistance.

Best regards,


Rosalinda Kibby,
Administrator/Superintendent



Grant County Public Hospital District #2
Don Condit, Commissioner
Anthony Gonzalez, Commissioner
Robert Poindexter, Commissioner
Michele Talley, Commissioner
Randy Zolman, Commissioner

Glenda Bishop, CEO

May 21, 2020

Theresa Adkinson, Administrator
1038 W Ivy St
Moses Lake WA 98837

Dear Theresa:

Quincy Valley Medical Center affirms the following specific to our hospital's capacity and emergency preparedness activities:

1. Grant County Hospital District #2 is licensed as a 10-bed general acute hospital; in a 2017 surge capacity study, it was determined that the organization's "surge capacity" is 8 additional beds, for a total of 18 beds (a surge capacity of 80 percent above the licensed capacity).
2. Quincy Valley Medical Center administrative staff is engaged in the daily reporting of all data requested by the Washington Department of Health into the WA Health system.
3. Quincy Valley Medical Center currently has at least 14-day supply in every category of PPE, including N95 respirators, surgical masks, face shields, gloves and gowns which are available as needed to all staff in each department of the organization.

Any questions regarding this information can be directed to me or to our General Services Director and Emergency Preparedness Coordinator, Newton Moats.

Sincerely,

Glenda Bishop
CEO



Douglas, Grant, Lincoln and Okanogan Counties Public Hospital District Number 6

411 Fortuyn Road, Grand Coulee, WA 99133-8718

Phone: 509-633-1753

Fax: 509-633-3644

May 21, 2020

Ms. Theresa Adkinson
Administrator
Grant County Health District
1038 W Ivy St
Moses Lake WA 98837

RE: COVID-19 Stay Home, Stay Healthy Order and Grant County Variance Request – Douglas, Grant, Lincoln and Okanogan Counties Public Hospital District Number 6 (DBA Coulee Medical Center)

This letter is to certify that at this time, Coulee Medical Center has the required fourteen (14) days of personal protective equipment (PPE) (N95, surgical masks, face shields, gowns and gloves) based on current usage rates. Coulee Medical Center is following PPE guidance on reuse and extended use for N95's as provided by DOH and our procedure is that staff would not wear N95's longer than one shift. Coulee Medical Center has a surge plan in place, and currently has the ability to accommodate a 20 percent increase in COVID hospitalizations, which meets the requirements of the COVID-19 County Variance Plan: Moving from Phase 1 to Phase 2 as published May 19th, 2020. To date, our hospital has treated zero (0) confirmed COVID-19 patients as inpatients and continues to maintain 24/7 laboratory collection capability for COVID-19.

Coulee Medical Center works very closely with the Grant County Health District and has been a partner during this pandemic. We are ready to care for our community and implement strategies deemed necessary to fight the COVID-19 disease.

The status of PPE and bed capacity is ever changing given supply chain issues, COVID-19 disease prevalence in and surrounding our communities, and routine patient care. We will continue to report our status through those means outlined by the Department of Health, WAHEALTH and the REDi Healthcare Coalition on a daily basis.

Please feel free to contact me at 509-633-6333 or by email at hicksr1@cmccares.org

Sincerely,

DocuSigned by:
Ramona Hicks
Ramona Hicks...

Chief Executive Officer

BOARD OF COUNTY COMMISSIONERS
Grant County, Washington

**RESOLUTION TO MOVE GRANT
COUNTY TO PHASE 2 OF THE
GOVERNOR'S REOPENING PLAN**

RESOLUTION No. 20- 048-CC

WHEREAS, on February 29, 202 Governor Inslee declared a State of Emergency in response to the COVID 19 Pandemic; and

WHEREAS, On March 13, 2020 the Grant County Board of County Commissioners declared an emergency regarding the COVID 19 pandemic; and

WHEREAS, By various emergency proclamations the Governor has severely restricted economic activity to deal with the pandemic; and

WHEREAS, The Governor has announced a four phase approach to re-opening the economy; and

WHEREAS, Grant County has met the criteria announced on May 19, 2020 to move to phase two of the recovery plan; and

WHEREAS, On May 22, 2020 Dr. Alexander Brzezny, Grant County Health Officer, submitted a letter to the Grant County Board of Health with his recommendation to apply for the phase 2 variance per "Safe Start Washington".

WHEREAS, This recommendation is based on Dr. Brzezny's assessment of Grant County's decreasing COVID-19 transmission, increased access to COVID-19 testing, Public Health's robust capacity of timely isolation of positive cases and quarantine and contact tracing of close contacts, and

WHEREAS, The Grant County Health District and the medical infrastructure in Grant County are sufficient and prepared to move to phase 2.

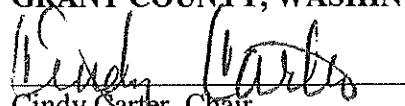
THEREFORE, BE IT RESOLVED that Grant County shall submit its request to the State to move to phase 2 of the recovery plan and move to phase two as soon as authorization is received from the State.

DATED this 22nd day of May, 2020.


**BOARD OF COUNTY
COMMISSIONERS
GRANT COUNTY, WASHINGTON**

Yea Nay Abstain

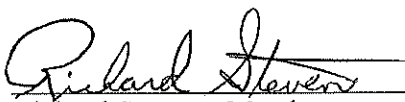
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Cindy Carter, Chair

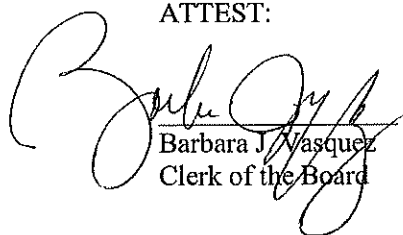
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Tom Taylor, Vice-Chair

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Richard Stevens, Member

ATTEST:


Barbara J. Vasquez
Clerk of the Board

COVID-19 testing site information.

Below are the healthcare facilities that have COVID-19 testing capacity.

Samaritan Healthcare as part of the Columbia Health Alliance is operating a COVID 19 testing site and has established a Respiratory Virus Evaluation Clinic (RVEC) located at their Samaritan Clinic. This test site has been established to help medically screen anyone with concerns that they may have been exposed to a person with COVID-19, or that may be exhibiting symptoms related to respiratory illness or COVID. The RVEC clinic will see patients regardless of their primary care doctor. The clinic is available 7 days a week from 8AM-5PM. Samaritan Healthcare has a 24-hour nurse hotline for patients can call prior to visiting the RVEC clinic to assist with triaging them to the appropriate level of care.

The facilities with an asterisk are the testing facilities who have agreed to do mass testing, should the need arise, by operating a drive through screening site or going on site at factories, migrant farm camps and long-term care facilities.

Each of the facilities report that they have adequate testing supplies on hand. GCHD has an additional 1,200 test kits for surge capacity and long-term care facilities.

Moses Lake Community Health, Quincy Community Health, Columbia Basin Health Association, Mattawa Clinic all provide additional outreach to low income families and will assist the health district with community outreach.

Agency	Address	City
Moses Lake Community Health Center* Drive Up	605 Coolidge St., ML	Moses Lake
Quincy Community Health Center* Curbside	1450 1st Ave, Quincy	Quincy
Columbia Basin Hospital* Curbside	220 Nat Washington Way	Ephrata
Columbia Basin Family Medicine Curbside or in Clinic	200 Nat Washington Way	Ephrata
Confluence Health Primarily uses Samaritan RVEC and will make referrals and promotion of the nurse hotline.	840 E Hill	Moses Lake
Coulee Medical Center Primarily Curbside	411 Fortuyn Rd	Coulee City
Samaritan Clinic* - RVEC Clinic Open to All Grant Co residents Summer of 2020 will maintain the RVEC Clinic and do Drive Through Testing	1550 S Pioneer Way	Moses Lake
Samaritan Hospital Curbside and Inpatient	801 E Wheeler	Moses Lake

Mattawa Community Medical Clinic* Primarily Curbside & Travel to Test	210 Government Rd	Mattawa
Columbia Basin Health Association* Primarily Curbside & Travel to Test	601 Government Way	Mattawa
Quincy Valley Medical Center* Primarily Curbside & Travel to Test	908 10thAve SW	Quincy

Data on median number of days from onset of illness to COVID-19 specimen collection date.

The median number of days from symptom onset to specimen collection from **4/20/20-5/17/20 was 3 days.** GCHD has daily video conference calls with local health partners and has encouraged all healthcare partners to perform symptom-based testing following CDC and DOH guidelines, while prioritizing those high-risk populations and providing additional guidance for testing of all asymptomatic and/or symptomatic close contacts of a positive case.

Testing data for each of the previous four weeks.

Over the last four weeks, GCHD has investigated:

- 45 positive cases were reported to GCHD between 4/20/20-5/17/20.
- GCHD collaborated with local healthcare partners to coordinate three mass testing events at farmworker housing sites.
- One positive case resulted from a mass testing event in another county.
 - 31% of Grant County's positive cases over the last 4 weeks were among asymptomatic cases involved in a mass testing event. Our capacity to begin sentinel testing/surveillance, will help Grant County continue to identify small outbreaks, in a particularly vulnerable population.
- Grant County has a relatively low threshold for testing, allowing for more accessible testing for anyone experiencing any symptom of COVID-19.
-

Week of:	4/20-4/26	4/27-5/3	5/4-5/10	5/11-5/17	Total 4/20-5/17
Positive Tests	14	21	4	6	45
Negative Tests	189	201	195	253	838
Still Pending	4	4	6	36	50
Total Tests	207	226	205	295	933
% Positive	6.8%	9.3%	2.0%	2.0%	4.8%
50x positive	700	1050	200	300	2250
Number contacted by phone within 24 hours	13	21	4	5	43

- Most close contacts are reached within 24 hours; more than 90% of known contacts are reached or have an attempt to be reached recorded within 48 hours.
- During the last four weeks, Grant County has had one hospitalized patient who did not occupy a bed in a local facility.

Grant County's capacity to per perform case and contact investigations

County population/100,000 x 15 = #

Population: 98,740/100,000 x 15 = 16 Number of Investigators

GCHD Lead Investigators	CD Coordinator & Manager (Trained and Ready)	2.0
GCHD Investigators & Contact Tracers	RN, Health Educators, EH Manager 6 Environmental Health Specialists and Technicians (Trained and Ready)	9.0
GCHD Contact Tracers	Public Health Associates (2), Program Specialists (2), Vital Records Coordinator (1) & Program Facilitators (GCHD leadership) (2) (Trained and Ready)	7.0
Total FTE Trained and Ready to Activate		18 FTEs

GCHD is working on MOU agreements with none Govt Healthcare facilities with staffing to do contact tracing for patients they test. Samaritan Healthcare has already been trained and completing tracing. The formal MOU will increase our FTE 3-8 tracers.

LHJ's resources to perform case and contact investigations.

GCHD has 7 days a week 24 hours a day COVID-19 response coverage. After hours there are 4 teams, which rotate to cover, afterhours, weekends, and holidays. Each team has a member of management, bilingual investigators, lead investigators, contact tracers, and admin support staff. Within 24 hours of GCHD being notified of a positive case, the case is as assigned by a Lead Investigator The investigation staff will:

- Complete the WDRS extended form.
- Gather list of close contacts.
- Case Investigator may contact trace the close contacts when:
 - Contact list is short enough for 1 person to complete within the required timeframe AND
 - Case Investigator has not been assigned to another positive case to investigate.
 - Lead investigator will assign out contact tracers to contact the close contacts within 24 hours of identification if the investigator cannot meet the above criteria.

Within 24 hours of GCHD being notified the case is as assigned by a Lead Investigator will:

- Complete the WDRS extended form.
- Gather list of close contacts.
- Case Investigator may contact trace the close contacts when:
 - Contact list is short enough for 1 person to complete within the required timeframe AND
 - Case Investigator has not been assigned to another positive case to investigate.
 - Lead investigator will assign out contact tracers to contact the close contacts within 24 hours of identification if the investigator can not meet the above criteria.

Close contacts are contacted within 24 hours of identification.

- The contact tracer will complete the WDRS short form for all close contacts, to include those living in the household even if they are asymptomatic and those under self-delegated guidance.
- Those under self-delegated guidance are still considered close contacts and documentation that GCHD made contact.
- For contact tracers assigned PUIs and close contacts, they will fill out the WDRS short form as completely as possible.
- If there are non-working phone numbers, the lead investigator will work on finding a working number by searching medical records and get this information back to the Investigator. In most of these situations the individual is contacted and cooperative with assistance from their healthcare provider, GCHD lead investigator or leadership, or employer.

GCHD has implemented HealthSpace's contact tracing module to be used by GCHD staff and the healthcare facilities to conduct daily check ins with patients on isolation and quarantine. Daily check ins will include a combination of text message surveys and phone calls.

Grant County Health District and the testing healthcare facilities have continued to contact all (PUI's) that are tested for COVID-19. The short WDRS form is completed and reviewed by the lead investigator. After the PUI is contacted by phone with instructions for isolation, the patient is sent an isolation/quarantine letter from GCHD that outlines the importance of their isolation and instructions on what to do if they become symptomatic.

Contact Tracing Training

Grant County Health District will continue to train available contact tracers in collaboration with local healthcare partners. Trainings will take place using a virtual platform to allow for immediate feedback and ensure accurate information is shared with all participants.

The training will cover:

- Testing
- Investigations/Expectations for conducting investigations
- What contact tracing entails and daily follow up
- Guidelines outlining quarantine vs isolation
- Follow up (phone, text, and email)
- HIPAA compliance with appropriate training and scenarios

We will also apply realistic scenarios such as:

- Recent contact with someone diagnosed with COVID-19 both asymptomatic/symptomatic
- Someone with signs and symptoms of COVID-19 with no history of ill contacts
- Scenarios outlining ways to work with difficult calls/contacts

Specific contact tracing tools and protocols will be outlined during the training including:

- How contact tracers will receive assignments while working remotely.
- Appropriate documentation of communications
- Communicating with non-English speaking contacts
- Working with contacts who have hearing impairments
- Follow up resources, including childcare, grocery and mental health needs available
- Weekly follow up with all contact tracers to ensure continuity of calls and care

Information on isolation and quarantine facilities.

Isolation Quarantine Location	Number of beds
Samaritan Hospital Isolation and Quarantine Agreement	234 beds
Quincy Valley Medical Center – Alternate Care Facility	18 beds
Moses Lake Homeless Encampment	50 tents
Housing Authority of Grant County	5 family units and 1 single room unit
New Hope (Domestic Violence Housing)	16 beds
H2A housing	Isolation and Quarantine rooms available. Number unknown.

As part of Samaritan Hospital's COVID-19 response plan they have established a contract with a local hotel for isolation, 110 beds (75 rooms). For quarantine, they have a contract with a second hotel with 124 beds (80 rooms.) As part of their response plan they have established additional wrap around services and staffing for patient daily monitoring. With additional support from the Housing Authority of Grant County and Hope Source if necessary.

Quincy Valley Medical Center has an 18-bed long term care facility that they no longer operate but still have access to and can staff. They will work in partnership with the Grant County Health District to operate the beds as needed and monitor the patients.

Strategic Phased Housing Timeline for Moses Lake

Phase	1 Identification	2 Navigation	3 Priority Placement	4 Increased Housing Capacity
Purpose	Homeless Outreach	Enhanced Case Management at Temporary Homeless Encampment	Enhanced Shelter Conversion	Permanent Supportive Housing (PSH)
Actions	Enter them into Regional Coordinated Entry Create waitlist prioritized by vulnerability Enter into State HMIS Begin case management for entry into temporary homeless encampment	Gather assessment and intake information Create housing and employment stability plans Assist in gathering documents for: employment, benefits, health needs, credit/debt Referral to other agencies for barriers to self-sufficiency	Purchase Moses Lake motel(s) with State or public funds Convert temporary encampment to enhanced shelter until no longer needed Replace with new build units and convert motel to affordable housing	Continue exploration of PSH structure with housing developer Investigate the type of development with architects Build maximum homeless and affordable housing units determined by community need and site size

The City of Moses Lake is contracting with Hope Source to provide wrap around services to Grant County Homeless. Due to the COVID-19 emergency the City of Moses Lake is identifying a property for a temporary encampment while they seek a more permanent option. In this encampment they will monitor the residents for symptoms and will coordinate testing of symptomatic individuals. The initial encampment will house 50 tents.

The Housing Authority of Grant County offers affordable housing, as well as, homeless assistance services. Among the services provided by the homeless programs is emergency shelter. Five units are utilized for families with children, with one family per unit. There are 2-3 separate bedrooms in each unit in which a family member or members can isolate themselves, if necessary. 1 two-bedroom unit is also being left empty should the need arise to use for a shelter family's COVID isolation.

Alternatively, motel vouchers are available for families without children, in lieu of a physical shelter space. Again, one family is allowed per room. If necessary, separate motel rooms can be utilized for isolation should COVID be a concern. Shelter motel vouchers are available through a variety of community agencies, first responders, hospitals, and coordinated entry for homeless services. Local hospitals utilize motel vouchers if a patient is being discharged into homelessness.

HAGC's transitional housing units for the homeless are 1-bedroom units, should the need to isolate be needed, motel vouchers can be utilized for the residents as well. These motel vouchers are issued by HAGC's coordinated entry.

HAGC also operates farmworker housing in Mattawa. Per USDA, Rural Development requirements, 2 units at the property are set aside for isolation. PPE's and thermometers are available, as required, and all precautions are being taken to limit contact between families in common areas, including playgrounds being closed, picnic tables removed, and limits to the onsite laundry facility. Sanitation of common areas is complete per USDA's requirements.

New Hope provides emergency shelter for those who are homeless because they are fleeing domestic violence. GCHD and New Hope will coordinate emergency housing for COVID-19 isolation and quarantine with clients who fear for their safety during their COVID-19 quarantine or isolation.

Domestic violence is often the stimulus to seeking shelter in either an emergency "fleeing" situation or in a less imminent situation caused by the domestic violence (i.e. Abuser is arrested and no longer helps pay for rent and the DV survivor finds themselves homeless.)

New Hope's domestic violence shelter is a 4-bedroom home in a residential neighborhood. There are 2 full bathrooms and communal kitchen/dining/living space. For safety we will only accommodate one family at a time, now that the original 4 families have exited over the course of the past 10 weeks.

In optimal times, our capacity is 16 beds. Typically, one family is sheltered per bedroom. If we have 2 single women in need of shelter and only one bedroom available, we have had to ask them to share the space. It is not ideal and not preferred, but it has happened.

In certain situations, New Hope will use alternatives to shelter (hotel or referral to a sister DV shelter).

GCHD has communicated with many of the farm worker housing managers to locate a facility for isolation and quarantine by house unit, which has been utilized during COVID-19 clusters and demonstrated a reduction in the disease spread.

Resources for supporting persons in home isolation/quarantine.

As part of the investigation and follow-up processes, people needing support during home isolation or quarantine are identified. Information can also be gathered from daily check-ins using HealthSpace software. When GCHD investigation staff are made aware of specific needs, they work with local partners including law enforcement, healthcare providers, community groups, and city agencies for support of those under isolation or quarantine at home.

During COVID-19 response, GCHD staff have worked with local partners including law enforcement, retailers, and food banks to arrange pickup and delivery of food and prescription medication to those under quarantine or isolation when they had no other means to get necessary items. Additionally, “Neighbors Helping Neighbors Grant County”, a grass roots volunteer group aimed at helping people with basic needs in central Grant County has also been willing to help with deliveries of items. These partnerships will continue during the COVID-19 response. Mental health support requests will be referred to Grant Integrated Services (GrIS) for follow-up. GrIS offers mental health and substance abuse support services. Others support resources will be addressed as requests arise using established community partnerships. Additionally, wrap around services for isolation and quarantine facilities may be used by those that can remain in their homes.

GCHD staff will follow-up with those agencies that provide support services to verify referrals were connected to services.

LHJ’s capacity to perform outbreak investigations in congregate living situations and workplaces.

GCHD staff from the following programs are trained in outbreak response:

Community Public Health – 1 CD Coordinator, 1 Manager (trained investigator), 1 public health nurse, 3 Health Educators.

Environmental Health – .8 EH Epi lead (RS), 1 EH Manager (RS), 4 Environmental Health Specialists and Technicians. All experienced in COVID 19 investigation

Administrative Services – 2 Program Specialists, 2 Public Health Associates, 2 Supervisors – All contact tracer trained and experienced in outbreak response.

Every long-term care facility is contacted and monitored for COVID-19 with daily check ins from GCHD public health nurse and/or environmental health staff. GCHD also participates on weekly farm worker housing mitigation planning. Please see the GCHD Farm Worker Housing Guidance and other materials developed to assist with response of COVID-19 in farming and processing facilities. GCHD has 1,500 test kits to be utilized in outbreak setting such as this and as stated above 40% of the GCHD staff who respond to COVID-19 are bilingual in English and Spanish, this includes lead investigators and contact tracers.

Local health care facilities are prepared to test every staff person in close contact within a work site. See the most recent health officer regional testing guidelines. [NCW Regional Testing Guidance](#).

During the COVID-19 emergency GCHD has worked with long-term care facilities, migrant farm camps, farmers, and processing plants to do testing on site as well as at their location when a cluster of cases have been identified. The established partnerships identified above, and the GCHD COVID-19 investigation staff have quickly responded to clusters with quick testing isolation and quarantine. The local healthcare facilities have gone out to the camps and done COVID-19 testing. There have been no long term care patients with COVID-19 in a Grant County facility and the farm housing and production sites have experienced clusters with

no additional cases. It is the opinion of GCHD leadership and Health Officer our robust mitigation efforts and the diligence and cooperation from the facilities has contributed to the success. None the less we continue to be prepared and are experienced in this type of COVID-19 response effort.

Farmworker and Farmworker Housing Guidance

- COVID-19 Guidance for Farmworkers and Farmworker Housing: [English](#) / [Spanish](#)
- Isolation and Quarantine Requirements for Farmworker Housing: [English](#) / [Spanish](#)
- General Employee Precautions Sign: [English](#) / [Spanish](#)
- Employee Screening Form: [English](#) / [Spanish](#)
- Visitor Screening Form: [English](#) / [Spanish](#)

Signs, Flyers, and Posters

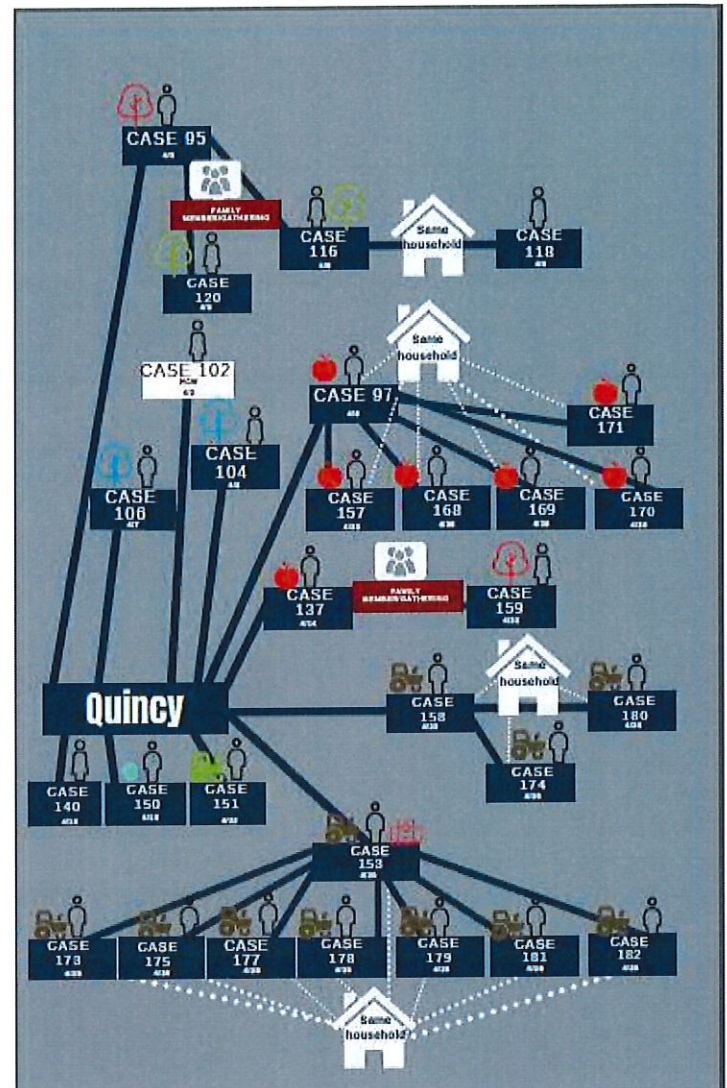
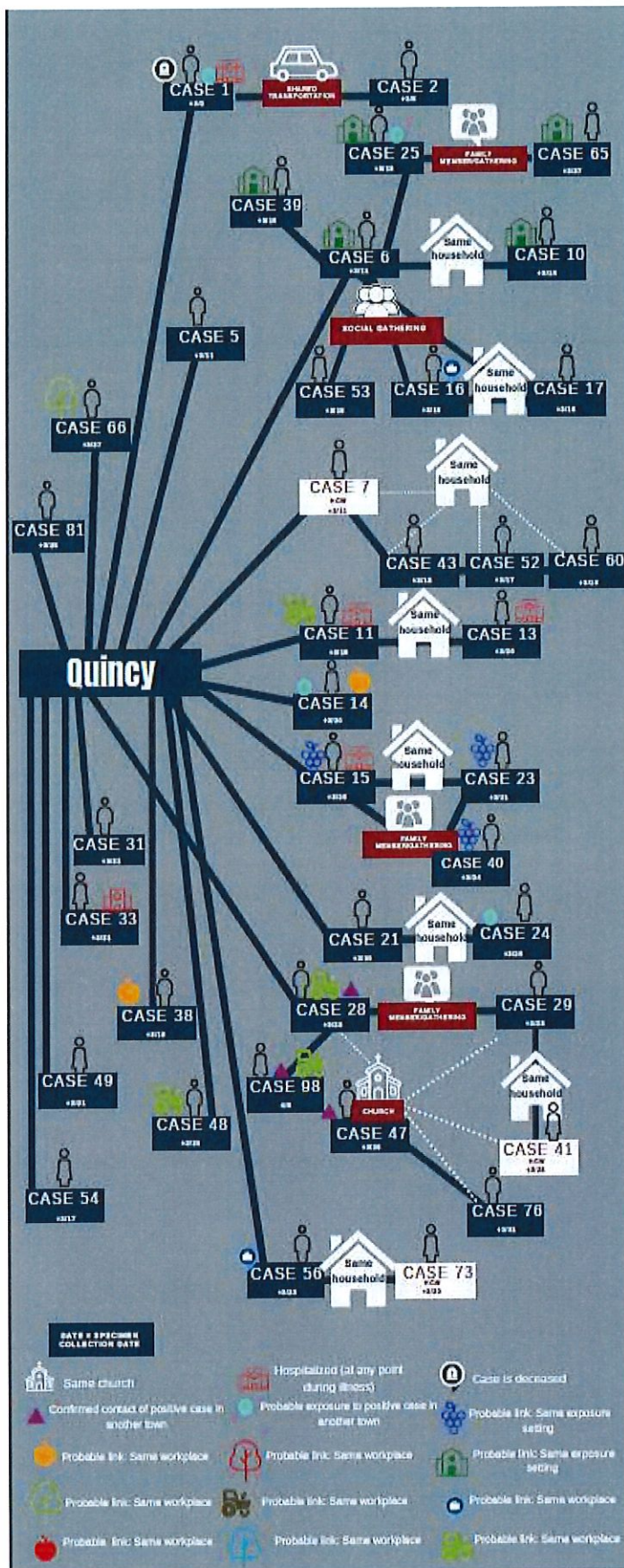
- Physical Distancing Sign in English and Spanish: [Version 1](#) or [Version 2](#)
- [Face Mask Signs in English and Spanish](#)
- [Symptoms of COVID-19 \(Do not enter\) in English and Spanish](#)
- [Symptoms of COVID-19 \(Do not work\) in English and Spanish](#)
- General Employee Precautions Sign: [English](#) / [Spanish](#)
- Precautions For Coronavirus (COVID-19 Flyer): [English](#) / [Spanish](#)
- Everybody Can Do Something to Prevent COVID-19! Flyer: [English](#) / [Espanol](#)
- [Entry Sign with symptoms and information](#)
- Employee Screening Form: [English](#) / [Spanish](#)
- Visitor Screening Form: [English](#) / [Spanish](#)
- [Stop the Spread of Germs Poster](#)
- Sign for Childcare Facilities: [English/Espanol/Russian](#)
- Signs for Grocery Stores: [English/Espanol](#)

Any additional information the applicant feels is important for consideration.

GCHD has had a history of disease investigations in long term care facilities in addition to two mumps outbreaks in student housing community (Job Corp) and H2A housing complex. In both of these outbreaks no additional cases were community acquired outside of the facilities. Our workforce is diverse and prepared to respond in our appropriate rolls to clusters and outbreaks of COVID-19. Our strong community partnerships and healthcare systems support puts Grant County in a strong position for a safe migration to Phase 2.

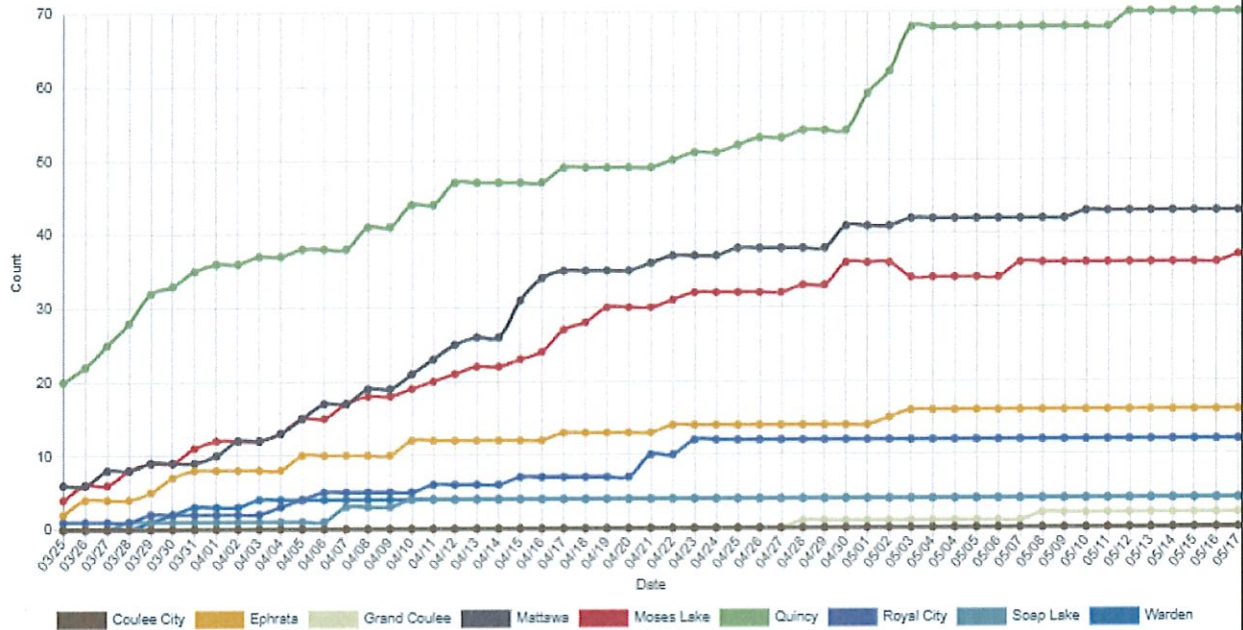
Attached is a letter from Grant County Prosecutor Garth Dano outlining his office's commitment to enforce the regulations of COVID-19 pandemic using appropriate prosecutorial discretion.

Example of contact tracing of positive cases in one Grant County community:



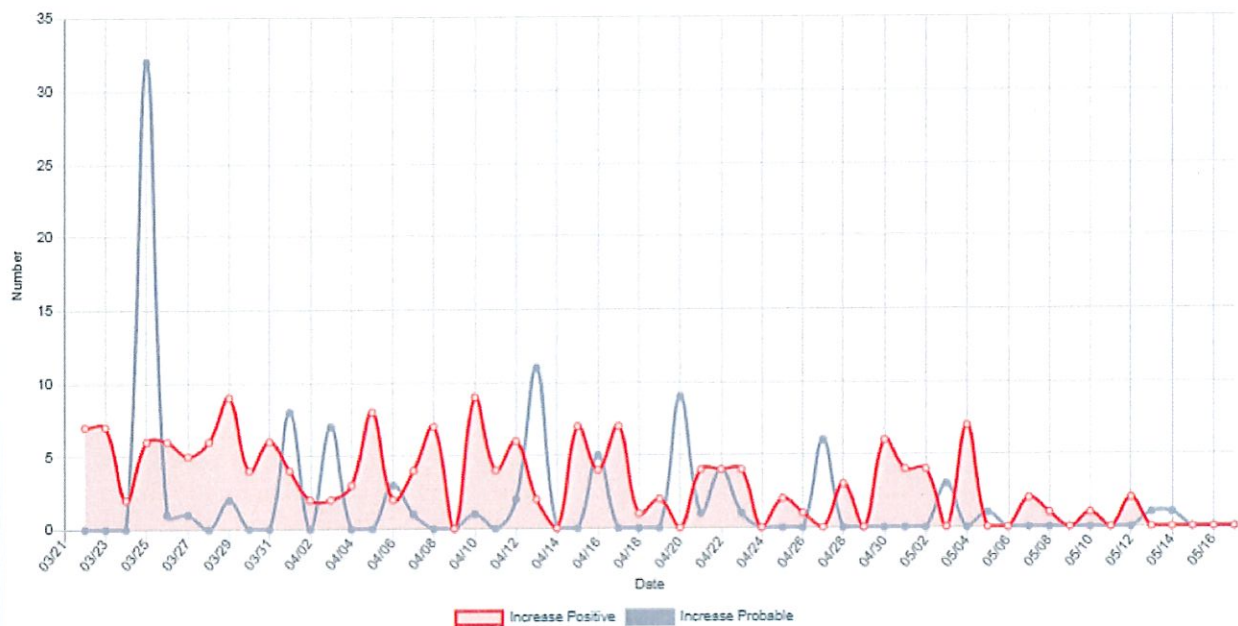
GRANT Co., WA, cases distribution by city

Communities



GRANT Co., WA, new cases /day

 **New Cases** (# daily change)



GRANT Co., % growth of + /day

🌱 **New Positives** (vs Prior Day Totals %)





GARTH DANO
GRANT COUNTY PROSECUTING ATTORNEY

Friday, May 22, 2020

Re: Safety Regulations Regarding COVID-19

To whom it may concern,

The Grant County Prosecutor's Office is committed to the rule of law and safety of Grant County citizens. State criminal statutes categorize crimes in order of their seriousness, which is a measure of risk to the community. The order is as follows: Class A felonies, Class B felonies, Class C felonies, gross misdemeanors, and misdemeanors. The law requires each case to be evaluated on its own merits with a statutory analysis conducted under RCW 9.94A.411. The higher the classification, the more risk to the community.

It goes without saying that, at a time when we are experiencing an increase in the number of crimes in the County, coupled with the likely reduced prosecution resources due to COVID, our office will necessarily prosecute crimes in order of their seriousness and risk to the community based on available resources. This office is committed to the statutory scheme and community safety. We will enforce the regulations regarding the COVID-19 pandemic using appropriate prosecutorial discretion, taking into account all the circumstances presented.

Yours Very Respectfully and Sincerely,

A handwritten signature in blue ink that reads "Garth Dano".

Garth Dano
Grant County Prosecuting Attorney

GD:kjm