



STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

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### **COVID-19 County Variance Plan: Moving from Phase 1 to Phase 2**

**Washington State Department of Health  
May 19, 2020**

## **INSTRUCTIONS**

### **BACKGROUND**

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

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

### **REQUEST FOR VARIANCE**

County requests for a variance from the Stay Home-Stay Healthy proclamation are to be directed to the Washington State Secretary of Health John Wiesman, DrPH, at [secretary@doh.wa.gov](mailto:secretary@doh.wa.gov). Those variance requests may include moving to all, or a subset of, Phase 2 community mitigation strategies identified in the attached Phased Approach to Reopening Washington Plan. No other variances will be allowed. Furthermore, variance requests from counties not meeting the above eligibility requirement will be not be reviewed.

### **Variance Process**

1. The local approval process must follow the outlined steps:
  - a. The process starts with the local public health officer submitting a signed recommendation to the local board of health with one of the following recommendations: not request a variance and stay in Phase 1, request a variance to implement all Phase 2 modifications, or request a variance to implement a subset of Phase 2 modifications. No other modifications will be allowed.

- i. Documentation must include the local public health officer's signed recommendation to the Board of Health.
  - b. The local board of health, if it chooses to move forward with a variance request, must achieve a majority vote to request a variance. The vote must identify if all of Phase 2 modifications will be implemented or, alternatively, which subset of Phase 2 elements will be implemented.
    - i. Documentation of the vote of the Board of Health: including the dated motion/resolution and the vote totals (# Yea, # Nay, # Abstaining, # Absent).
  - c. Each local hospital must submit a letter explicitly certifying each of the following:
    - i. They currently have 20 percent surge capacity to accommodate a 20 percent increase in suspected or confirmed COVID-19 hospitalizations.
    - ii. They are reporting, and will continue to report daily, including on weekends, all data requested by DOH into WA HEALTH.
    - iii. They have at least a 14-day supply on-hand of PPE, including N-95 respirators, surgical masks, face shields, gloves, and gowns.
    - iv. If they are using PPE conservation strategies, they must certify that no staff person is wearing any one N95 respirator or surgical mask for longer than one shift, and that they are following PPE guidance on reuse or extended use in this guidance: <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/PPE-Reuse.pdf>.
    - v. If the county does not have a hospital, that local health jurisdiction must obtain the same documentation from the hospital(s) that serve the majority of the county's residents.
  - d. The county commission must vote on the local board of health's plan to apply to fully or partially implement Phase 2 measures. It cannot alter the board of health's variance plan.
    - i. Documentation must include: the dated motion/resolution and the vote totals (# Yea, # Nay, # Abstaining, # Absent).
2. Submit a document describing:
  - a. COVID-19 testing sites in your county (clinic, hospital, health department, pharmacy, drive up, etc.) and your efforts to promote/advertise those site. In addition, specifically identify sites that serve persons with low-income, no insurance or underserved and the hours and days of those services.
  - b. The median number of days from onset of illness to COVID-19 specimen collection date for the cases identified in your county over the past 4 weeks. The ideal target is a median number of days  $\leq 2$  days.

- c. For *each* of the previous four weeks, report the total number of COVID-19 tests reported for your county, the number of negative and the number of positive test results, percent positive and what 50 times the number of positive tests would be. In addition, report the percent positive of all tests for the four week period. (Note: The *ideal* target is to perform about 50 tests per case and have a percent positivity no more than 2 percent.)
  - i. Week 1 (dates): Total # of tests, # of negative tests, # of positive tests, percent positive, ideal target: 50 times the number of negative tests
  - ii. Repeat for weeks 2, 3, and 4
  - iii. For the four weeks: total # positive tests/total # of tests = percent positive.
- d. The local health jurisdiction's resources to perform case investigations and contact tracing using *statewide standardized* COVID-19 case and contact investigation protocols.
  - i. The calculation showing how many case and contract tracers are needed for the county's population, assuming a minimum of 15 contact tracers for every 100,000 population. Show the calculation: county population/100,000 x 15 = #.
  - ii. The number of health department staff *trained and ready* to perform case investigations and contact tracing, as well as their job classifications. The total number should then be equated to full-time equivalent staff.
  - iii. The number of other county/city government staff *trained and ready* to perform case investigations and contact tracing. The total number should then be equated to full-time equivalent staff.
  - iv. The number of volunteers or non-governmental employees *trained and ready* to perform case investigations and contact tracing. The total number should then be equated to full-time equivalent staff.
  - v. Subtotal of those trained and ready, using the full-time equivalent number.
  - vi. The number of persons (from all sources) in the pipeline to be trained by June 15, 2020. The total number should then be equated to full-time equivalent staff.
  - vii. The gap between the minimum of 15/100,000 and the trained and to-be-trained personnel, using the full-time equivalent number. A plan for filling that gap, which could include a request for staff trained by the state.
  - viii. If the local health jurisdiction is making use of non-local health jurisdiction resources for this purpose, those other entities supplying the resource (e.g., community nonprofit, volunteer organization, Washington State Department of Health, etc.) must provide a letter certifying that they have the resources noted to assist the local health jurisdiction with case and contact investigations.
  - ix. The total number of cases identified over the past four weeks and the percentage of cases reached by phone or in person within 24 hours of receipt of positive lab test report.
  - x. The total number of close contacts identified over the past four 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.

- e. The number and type of isolation/quarantine facilities secured to house persons with COVID-19 who do not have a home or otherwise wish to isolate or quarantine themselves outside of their home, if it becomes necessary. For each facility list:
  - i. The facility name;
  - ii. Type (e.g., hotel/motel, apartment building, university dorm, county fairgrounds, etc.);
  - iii. The number of rooms/people it can house for isolation;
  - iv. The number of rooms/people it can house for quarantine;
  - v. The time period for which the space has been secured, and if there is a clause for extension/renewal and the terms of that extension; and
  - vi. Services provided (e.g., housing, laundry, food, etc.) and by whom (e.g., the motel/hotel, a non-profit, etc.).
  
- f. Describe how the health department provides or links persons in *home* isolation or quarantine with needed services they cannot otherwise obtain without going out for on their own (e.g., food, medications, etc.). In this description, include:
  - i. Who does this work (e.g., health department case investigator, contract with specific agency, etc.)?
  - ii. How referrals are made to that agency, if other than health department?
  - iii. How it is ensured that the referral agency connects with the client?
  
- g. Describe the health department's capacity to conduct outbreak investigations in congregate living settings (e.g., skilled nursing facilities, jails, multiple-family housing buildings) and workplaces (e.g., food processing facility, manufacturing plant, office building, etc.). These plans should describe:
  - i. The number and type of staff who are trained to conduct outbreak investigations.
  - ii. Resources to conduct testing.
  - iii. Any community or state resources relied upon to conduct these investigations.

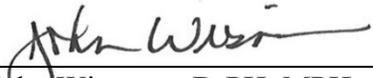
## **DETERMINATION**

The local health jurisdiction director will submit the variance request approved by the board of health and county commissioners to the Washington State Department of Health for determination by the Secretary of Health. The Department of Health will review all variance requests. Additional information may be sought if the application materials are deemed incomplete.

Variance requests may be approved as submitted, approved with modifications, or denied. Any approved variance requests may be revoked if circumstances change within the jurisdiction, such as a significant outbreak posing a threat to the community, no or minimal access to COVID-19 testing, no surge capacity in the hospital, inadequate PPE supplies, inadequate case and contact investigations.

**MOVING TO PHASE 3**

Decisions on when and how to allow a county with a Phase 2 variance to move to Phase 3 have not yet been made. That information will be determined in the next two to three weeks.

  
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John Wiesman, DrPH, MPH  
Secretary of Health

May 19, 2020  
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Date