

Phased Reopening Working-Group Summary & Recommendations

On June 10, 2020, the Chelan and Douglas County Health District received approval from the Secretary of Health to advance to Phase 1+ of Governor Inslee's Safe Start for Re-Opening Plan. That decision allowed many businesses to re-open pursuant to specific guidance and restrictions; however, numerous businesses continue to remain closed, or operating at levels below their profitability. Chelan and Douglas County residents are keenly interested in moving into Phase 2, and beyond, of the Safe Start plan.

Phase 1+ Approval

Secretary Wiesman's approval for Phase 1+ included a requirement for the Chelan-Douglas Health District (CDHD) to provide:

“...strategies to increase use of face cloth coverings in public when people cannot maintain a distance of at least 6 feet, and with strategies to increase COVID-19 testing in the agriculture sector to quickly identify any possible outbreaks.”

The Secretary's approval was also conditioned upon the CDHD:

“...convening a meeting with the Department of Health, the Chelan-Douglas Health District, local elected officials, business leaders, agriculture industry representatives (employers and workers), and others...to discuss the plan.”

The CDHD worked with community stakeholders to develop and provide the supplemental information required under Phase 1+ approval. This information was submitted June 30, 2020. The CDHD is now eligible to apply for the next phase of re-opening.

Moving to Phase 2 or Phase 3

In order to move to Phase 2, or beyond, the Secretary of Health evaluates a number of metrics, including the recent rate of newly diagnosed cases (over a 14 day period) and the capability to meet patient needs at local hospitals and facilities.

Unfortunately, metrics for Chelan and Douglas Counties are trending in the “wrong” direction. Figures 1 and 2 display the data for newly diagnosed cases in both counties. Some trends include:

- The infection rate today in Chelan and Douglas Counties is 126 cases per 100,000 people and trending up. This is up from of the 94.85 cases per 100,000 people that we were at when CDHD applied for Phase 1+ in early June. We have 152 new cases in the last 14 days (6/17 – 6/30) up from 115 new cases in a 14-day period reported when CDHD applied for Phase 1+ (week ending 5/31)
- We have an ongoing outbreak at a large packing facility in East Wenatchee. Mass testing was accomplished 7/2/2020 through CVCH.
- 60% or more of new infections are in the 20 to 50-year age group.
- Infection rates are likely due to outdoor gatherings with the onset of nice weather, and the opening of some business activity.
- New information suggests that 80% or more of infections are the result of droplets from coughs, sneezes or breathing.
- Recent data shows that Washington State is already amid a “second wave” with rate of confirmed cases now exceeding levels in March and April.

Figure 1 Chelan County Newly Diagnosed Cases

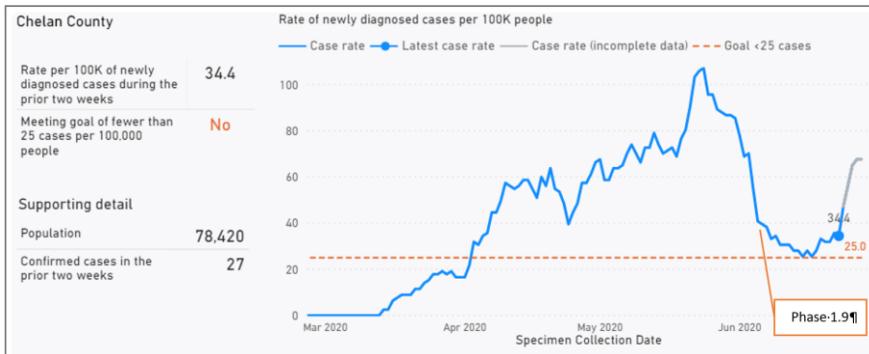
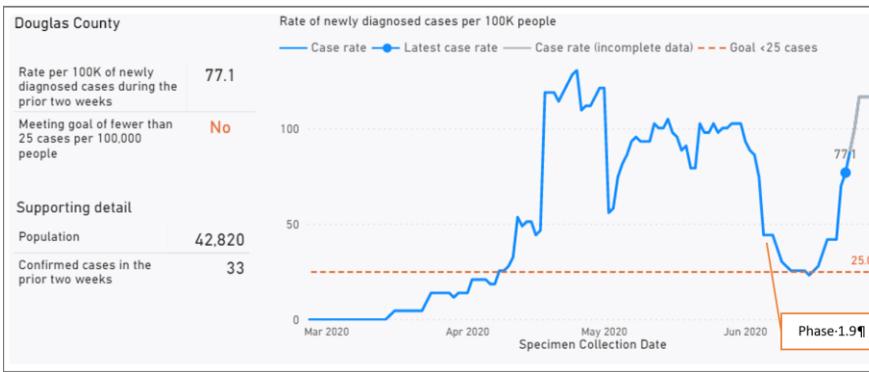


Figure 2 Douglas County Newly Diagnosed Cases



Patient and Community Issues in Applying for Phase 2 or beyond

- Risk to vulnerable populations: To date, our medically vulnerable have been well insulated from the disease. However, it is the young who care for the frail, and as the burden of disease in working-age people increases, it will eventually be transmitted to the medically vulnerable. Long term care facilities continue to do well with their high-risk populations, and we have not had any outbreaks in long term care for over a month. Home health agencies are also taking great care to protect their patients. The largest risk is in medically frail individuals cared for at home by working families.
- Hospital capacity:
 - At the current level of regional disease activity, the regional referral hospital (CWH) is managing the inpatient and ICU care needs. (Some inpatient care also at Samaritan Hospital in Moses Lake).
 - The ICU has been at higher than usual census with non COVID care needs for the last 6 weeks.
 - If the amount of ICU care needed increases significantly above current levels, contingency staffing models will be necessary and other medical care needs for the community/region will need to be curtailed.
 - Hospital and medical providers must always preserve a reserve capacity for unforeseen surges in demand. This reserve cannot be maintained if infection rates over a 14-day period exceed 100 per 100,000 people.
 - Hospital and medical providers are comfortable in their ability to handle patient needs for emergent, urgent, and non-emergent care when the infection rate is below 50 cases per 100,000 people over a 14-day period.
 - If infection rates are 75 per 100,000 people over a 14-day period, and on a declining trajectory, hospital and medical providers believe the Chelan and Douglas Counties are positioned to petition for Phase 2.
 - If infection rates are lingering, or increasing, at around 75 per 100,000 people over 14 days, the hospital and medical providers believe it is prudent to “stay the course.”
 - Continued attention to the risk of outbreaks in congregate settings is crucial, with use of “strike teams” for mass testing after the first positive case in such settings.

Community Wide Initiatives

Since the Secretary approved Chelan and Douglas Counties to move to Phase 1+, three major efforts have been initiated in the region. These include:

- Masking
 - Data is showing that mask use can be very effective in preventing the transmission of COVID-19 between people.
 - The business community, the Wenatchee Valley Recovery Council, area Chambers, and employers are all engaged in promoting mask usage by their employees, patrons, and vendors. Additionally, facial coverings are being purchased for use across the region, free of charge, by the CDHD and business partners.
- Community Wide COVID-19 testing
 - The Wenatchee Valley Recovery Council, with local health care providers, is launching a randomized COVID-19 testing effort to establish baseline information on community wide and demographic infections. The data will inform medical and policy decision makers on appropriate steps forward.
- Partnership with the Latinx community to:
 - Create culturally relevant outreach and education material through CDHD, Our Valley Our Future, and the Agricultural sector.
 - Distribution of 5,000 cloth masks and 3,400 disposable masks through area churches, health care providers, and non-profits to Latinx businesses, essential workers, and families.
 - Identifying systemic challenges in contact tracing that are likely to increase the spread of disease and/or the delay in seeking medical attention, including public charge concerns and access to healthcare and unemployment by populations most at risk of infection.
 - Stand up Latinx Advisory Group to work with the Chelan Douglas Health District on communication with diverse representatives from the Latinx community.

Timing for Petitioning for Phase 2

Recommendations:

- Continue efforts to increase participation of “masking up to open up” by the general public.
- Create a thermometer Campaign to communicate community success in key areas (testing, case count, masking up to open up, hospital capacity).
- Building on already completed work, a waiver application will be prepared and resources will be ready such that could it be submitted within 24 hours when the key COVID-19 community health indicators meet established metrics.
- Continue the Re-Opening Work Group:
 - The team assembled to assist in developing the next petition should continue to meet at least two times per week.
 - The team should continue preparation of a petition, and assemble information on best practices, lessons learned and community-based efforts.
 - The team will review ongoing metrics and the medical providers capacity and recommend to the CDHD the timing of a petition as advised by the County Health Officer.

Key Messages

- Unfortunately, the recent upturn in COVID-19 infections indicates that now is not the time to petition for moving to Phase 2 or beyond.
 - The uptick in infections increases the risk to our most vulnerable citizens.
 - Our medical community is concerned about their ability to handle the potential influx of new cases.
- Building on already completed work, a waiver application will be prepared and resources will be ready such that could it be submitted within 24 hours when the key COVID-19 community health indicators meet established metrics.
- *There is something each one of us can do:*
 - Mask Up to Open Up
 - Recent research is showing that 80% of new infections come from droplets from breathing, coughing or sneezing.
 - Masks work – the more we mask properly the sooner we can curb our cases and move toward reopening. Our targets around masking are:
 - 100% for employees,
 - 80% for public,
 - These numbers exclude children under the age of 5 and those who have health conditions that prevent them from masking.
 - Please contact your local chambers or business organization on where to get masks free of charge – and wear them when out in public, in stores.
 - Handwashing
 - Use soap and water when possible to prevent infection through hand-mouth, hand-nose, or hand-eye contact. Use 75% alcohol, hand sanitizer gel, disinfecting wipes, for instant hand hygiene when access to clean water is not possible.
 - Limit gatherings and practice physical distancing
 - It is believed that the new cases are the result of people gathering in groups as weather conditions improve, and the summer weather takes hold. Please: maintain physical distancing, use a mask, wash your hands and refrain, when possible, from large gatherings.
- *Our community has shown that by working together, we can safely re-open our economy. We need your help keeping the economy open and our hospitals COVID free by wearing a mask, refraining from large gatherings, and keeping 6 feet distance. With the cooperation of our entire community, we are confident we will be prepared to take the next step when our community efforts and data supports this movement forward.*