



**Snohomish Health District
Board of Health Minutes
March 10, 2020**

The meeting was held at the Snohomish Health District, 3020 Rucker Ave., first floor Auditorium.

Members Present

Scott Bader, Councilmember, Everett
Megan Dunn, County Councilmember (via phone)
Adrienne Fraley-Monillas, Councilmember, Edmonds
Christine Frizzell, Councilmember, Lynnwood (via phone)
John Joplin, Councilmember, Brier (via phone)
Anji Jorstad, Councilmember, Lake Stevens (via phone)
Sam Low, County Councilmember (via phone)
Kyoko Matsumoto Wright, Mayor, Mountlake Terrace – BOH Vice Chair (via phone)
Nate Nehring, County Councilmember (via phone)
Dan Rankin, Mayor, Darrington
Linda Redmon, Councilmember, Snohomish (via phone)
Stephanie Wright, County Councilmember – BOH Chair

Members Absent

Elisabeth Crawford, Councilmember, Mukilteo
Jeff Vaughan, Councilmember, Marysville

Call to Order

The regular meeting of the Board of Health was called to order at 3:06 p.m. by Chair Stephanie Wright in conference room 309 of the Snohomish Health District Rucker Building.

Roll Call

Roll call was taken by Ms. Linda Carl who reported there was a quorum present.

Arrivals/Departures

Kyoko Matsumoto Wright joined via phone at 3:19 p.m.

Approval of Agenda Contents and Order

Staff requested to add to the agenda a request to fill a soon-to-be vacant public health nurse position. The division update currently on the agenda will be scheduled for a future meeting. There will also be two items added to executive session, one for potential and one for pending litigation.

It was moved by Ms. Adrienne Fraley-Monillas and seconded by Mr. Scott Bader to approve the agenda contents and order with the additions and deletion requested by staff. The motion passed unanimously.

Approval of Minutes

It was moved by Ms. Fraley-Monillas and seconded by Mr. Dan Rankin to approve the minutes of the regular meeting of February 11, 2020. The motion passed unanimously.

It was moved by Ms. Fraley-Monillas and seconded by Mr. Rankin to approve the minutes of the special meeting of March 2, 2020. The motion passed unanimously.



Public Comment

There were no volunteers to speak during public comment. Public comment was closed.

Division Update

This item was taken off the agenda and postponed to a future Board meeting.

Written Reports

Chair Wright noted that the written reports can be found in the Board packet.

Consent

It was moved by Ms. Fraley-Monillas and seconded by Mr. Bader to approve the following items on consent:

- a. Approve vouchers and Res. 20-05 authorizing February 2020 Health District expenditures
- b. Adopt Res. 20-04 approving POL 100.001 Policy and Procedures Policy
- c. Authorize the Administrative Officer to approve filling the TB/Refugee Health supervisor position
- d. Authorize the Administrative Officer to sign the Solid Waste Management Local Solid Waste Financial Assistance agreement with the Washington State Department of Ecology
- e. Confirm the appointment of Frank Busichio to fill an unexpired term on the Public Health Advisory Council through June 2021

The motion passed unanimously.

Briefings

Naloxone distribution update (SR 20-013)

Ms. Heather Thomas reported that Mr. Kyle Wansing, our AmeriCorps VISTA member, is working with police departments of our per capita cities to verify naloxone supplies and expiration dates; he's also making sure their officer list matches ours. We began ordering naloxone kits at a cost of about \$7 less per kit than the County's cost. Mr. Wansing has also reached out to the Sheriff's office for clarification on what cities they contract with for naloxone and if Snohomish County needs an ILA in place.

Health Champion Awards update (no staff report)

The awards normally held at the April Board meeting will be postponed to a later date.

Action

Adopt Res. 20-06 regarding a declaration of a public health emergency and authorizing the use of the emergency general fund reserves for COVID-19-related expenditures (no staff report)

Health Officer's Order 20-056 was issued on March 4 declaring a public health emergency and a suspension of the formal bidding requirements. Legal counsel Grant Weed noted that this was necessary to allow the health officer to waive formal requirements and to trigger the ability to tap into the \$500,000 emergency fund. The second purpose is to invoke the health officer's power in case of emergency where necessary. There is also a need for the Board to declare by resolution a state of emergency for similar purposes: 1) to expedite procurement, including hiring personnel and purchasing supplies, and 2) if outside funding sources become available, to be able to apply for funds in order to help backfill resources used during our response. Mr. Shawn Frederick added that we're on day 50 of the response and we've spent about \$60,000 above normal expenditures. In order to allow staff to work remotely (due to their age or underlying conditions), we purchased nine laptops to ensure compliance with the County's IT infrastructure at a cost of about \$10,000. Ms. Redmon asked for clarification on verbiage in the resolution and if it allows for hiring of additional staff. Mr. Weed



responded that paragraph two at the end of the resolution covers personnel. He added that his office is assisting with preparation of specialized temporary employment agreements for personnel, which is authorized by the resolution. Ms. Megan Dunn asked if the language includes purchases and expenses made prior to adoption of the resolution. Mr. Weed suggested verbiage in the motion to ratify and approve prior purchases related to the coronavirus effort to include a paper trail in the official minutes of the meeting. Mr. Rankin asked if there's a benefit for the other cities and towns in the county to follow suit in order to have unification between all jurisdictions should this effort expand. Chair Wright recommended that if your city hasn't already declared an emergency to have a template ready. Mr. Weed concurred and said his office has a template available.

It was moved by Mr. Bader and seconded by Ms. Fraley-Monillas to adopt Res. 20-06 regarding a declaration of a public health emergency and authorizing the use of the emergency general fund reserves for COVID-19-related expenditures and ratifying and approving prior purchases made in anticipation of this declaration. The motion passed unanimously.

Authorize the Administrative Officer to sign the North Sound Accountable Community of Health 2020 scope of work amendment (SR 20-015)

NSACH is an organization created by a state-innovation grant from Medicare and Medicaid Services. Their goal is to put processes in place to improved health outcomes for this population using cross-jurisdictional work. This contract exists with other local health jurisdictions (LHJs) and other partners in the healthcare system in Skagit, San Juan, Island, Whatcom, and Snohomish Counties. The body of work we do in the contract is aligned with our regular body of work. This gives us additional resources and the ability to build new relationships and linkages throughout the community. During the history of the contract we've received approximately \$311,000 in revenue through phase one, which is essentially pay for reporting on projects we have in existence. Phase two of the new contract will be "pay for performance" and the impact it has on the desired population, focusing primarily on dental access, opioids and immunizations.

It was moved by Ms. Fraley-Monillas and seconded by Mr. Bader to authorize the Administrative Officer to sign the North Sound Accountable Community of Health 2020 scope of work amendment. The motion passed unanimously.

Authorize the Administrative Officer to approve utilizing VitalChek only for birth certificate online orders and to eliminate using EnvisionConnect Online (SR 20-017)

Mr. Bruce Straughn noted that we currently have two ways to order birth certificates online. ECO is cheaper for the customer; however, starting in January, ECO will no longer meet state requirements regarding verification of identities for issuing birth certifications. Currently ECO is utilized less by citizens than VitalChek, plus it requires more staff time. Eliminating the ECO option eliminates the \$22 online option, but citizens can still purchase birth certificates for \$22 in person or via email.

It was moved by Mr. Rankin and seconded by Ms. Fraley-Monillas to authorize the Administrative Officer to approve utilizing VitalChek only for birth certificate online orders and to eliminate using EnvisionConnect Online. The motion passed unanimously.

Authorize the Administrative Officer to approve the reclassification of a current Epidemiologist I to an Epidemiologist II (SR 20-019)

This position is central to the coronavirus response, including receiving reports of positive cases, making the contacts, and doing case investigations and analysis. We currently have 2.8 epidemiologists in the agency. There are divisions in the types of work that epi I and II positions are allowed to do. If the epi I position is reclassified to an epi II, we could increase the body of work the epi I is currently allowed to do related to the coronavirus response. Ms. Fraley-Monillas recused herself from the vote because she's related to the employee.



It was moved by Mr. Bader and seconded by Mr. Rankin to authorize the Administrative Officer to approve the reclassification of a current Epidemiologist I to an Epidemiologist II. The motion passed with 11 yes votes and one abstention (Ms. Fraley-Monillas).

Authorize the Administrative Officer to approve filling a budgeted position for a full-time Communicable Disease Surveillance and Response Public Health Nurse (SR 20-020) [Added at the beginning of the meeting.]

Yesterday we received a resignation from one of the two public health nurses in the CD surveillance and response program; her last day is March 24. The nurses are part of the COVID-19 response as well as traditional notifiable-condition work. A new hire will be within the budget.

It was moved by Ms. Fraley-Monillas and seconded by Mr. Bader to authorize the Administrative Officer to fill the requested position. The motion passed unanimously.

Executive Session

Chair Wright stated that the Snohomish Health District Board of Health will convene into executive session for the purpose of a personnel matter pursuant to RCW 42.30.110(1)(g). Mr. Weed noted that the two items added at the beginning of the meeting for executive session are potential and pending litigation, both pursuant to RCW 42.30.110(1)(i). Executive session is expected to last up to 20 minutes. Unless extended to a later time, the Board will reconvene into regular session at 4:02 p.m. and may take possible action.

The Board extended executive session for five minutes, five minutes, three minutes, and two minutes. They reconvened at 4:19 p.m. and took the following action:

It was moved by Mr. Bader and seconded by Ms. Fraley-Monillas to amend the agenda to add the health officer employment agreement as an agenda item. The motion passed unanimously.

It was moved by Mr. Bader and seconded by Ms. Fraley-Monillas to authorize the execution of the health officer employment agreement, with a start date to be determined between the Administrative Officer and Dr. Spitters. The motion passed unanimously.

Administrative Officer's Report

Mr. Frederick introduced Ragina Gray, the new Environmental Health Director. Mr. Frederick reviewed his typical workday during the Covid-19 response, including a 7 a.m. phone call with DEM, DOH, and other involved counties; followed by a 10 a.m. incident command meeting that goes about 45 minutes with updates and current status. He then has a 1:30 business-community partner call with about 60 organizations. At 2:30 there's a municipality-specific call, then at 3:30 he has a County policy group call to go over mitigation strategy and looking at policy needs. There are also calls with the governor that are typically at 7 p.m. About one-third of the agency is involved in the response; normal functions of the Health District continue as well.

Mr. Frederick stated that the building's elevators will soon undergo repair and upgrade, including lighting and compliance with future code. Contracts for the work were signed today. Additionally, Mr. Frederick executed the listing agent agreement with Coldwell Banker Bain. The RFQ for a building designer to remodel the first floor has been reviewed by legal counsel and will be posted after Mr. Frederick's final approval.

Chair Wright added that Mr. Frederick has been working 18-20 hours a day during the coronavirus response, and she commended him and staff for all their work during the outbreak.

Interim Health Officer's Report

Dr. Chris Spitters began by commending Mr. Frederick for his accessibility and support. Dr. Spitters provided a PowerPoint presentation regarding COVID-19 update, status of the healthcare system, and mitigation efforts.



He showed a world map of the coronavirus cases worldwide; most U.S. cases are in the Seattle metro area, San Francisco Bay area, and New York. In the U.S. there are 605 cases out of the approximate 100,000 cases worldwide, with 22 deaths to date. Of the U.S. cases, 162 are in Washington State. King County has approximately 100 cases. At this time yesterday, Snohomish County had 44 cases; today we have 58 confirmed cases. One death is in Snohomish County; the other 21 are in King County. Pierce has 4 confirmed cases. Other counties with one confirmed case each are Clark, Grant, Jefferson, Kitsap, Kittitas, and Island. Thirty-five states nationwide are affected.

Dr. Spitters showed a graph regarding the first two cases diagnosed in Snohomish County and noted that they are related. With computer transmission modeling, simulations show an estimated 1,000 total number of infections in the region, with a range is 500 to 2,000. Based on data from other parts of the world, it appears that cases double every five to seven days. The estimated time this will peak is about eight to 12 weeks. Most will be asymptomatic or mild, with 20% ill, and .5 to 1% fatal. These stats reflect no intervention; however, we've already started interventions like identifying cases, isolating them, finding close contacts, quarantining, and social distancing. This is to stem the tide and lower the slope of the increase and reduce the total number of cases. The goal is to delay the peak and lower the top of the curve. This affects the societal infrastructure—education and healthcare systems, in particular. The goal of containment and mitigation efforts is to lower the peak height.

An immediate issue is the state of the healthcare system in the region. Most hospitals have suspected or confirmed COVID patients, plus a spike in flu patients. Providence has about 30 COVID patients, Swedish Edmonds has just over half a dozen, Evergreen Monroe has one. There's limited emergency department capacity across the region, plus increased strain on ICUs, especially in King County and Central Puget Sound. All hospitals are reporting increased volumes in addition to more public interest in COVID testing. The capacity limitations are greatest in Seattle and east King County.

The current community mitigation strategies also encourage high-risk individuals to avoid large crowds and work from home, if possible. Employers are asked to accommodate this population, as well as those who become isolated or quarantined. At this point we don't have a "magic number" to determine what is safe for large gatherings; simply, the more people and the tighter people are packed together, the greater the risk. Social, entertainment, and nonessential gatherings are discouraged. Avoid going to healthcare settings and call ahead. If you have trouble breathing, have a high temperature, can't keep fluids down, and feel sick, then call your healthcare provider before going in so the provider can ensure other patients aren't exposed and healthcare staff is prepared for your arrival. The governor also restricted visitations to long-term-care facilities (LTCF). A LTCF in Stanwood (Josephine Caring Community) has two confirmed cases, with three patients transferred to the hospital and several in isolation in the facility who are being tested, as well as a couple healthcare workers being tested. We're actively on the case, along with the state health department and are involved in the initial control efforts. This is unlikely to be the last LTCF to be affected. Working with these facilities as a group on the front end is a high priority—if not to prevent, then to identify and mitigate early.

Thanks to Mr. Frederick's persistent efforts, we received four epidemiologists with one more on the way from the state DOH. They will help contact cases and help identify contacts and then get information to them and monitor their health. For 10 days we also have two physician epidemiologists from the CDC who have been repurposed from the King County worksite; they'll review our epidemiology processes and priorities and give us technical advice on how we can improve our efficiency and effectiveness, as well as guide us in our efforts with the LTCF. This has greatly amplified guidance for our team and is very welcome.

Mr. Bader asked if more people are visiting to their providers, and Dr. Spitters responded that the current environment leads to more people going to their healthcare provider because they want to know if their symptoms are more serious than the flu. Patient load is an issue for providers. Also, when evaluating patients for COVID, specialized personal protective equipment (PPE) is required, which will ultimately be in short supply. We're trying to work with providers to preserve their PPE and still provide the care needed. We're looking into drive-through testing as a way to protect other patients, protect clinicians from unnecessary



exposure, and streamline the process. Another option for providers is funneling patients to specific clinics in their network dependent on the symptoms or issue. Testing is now more readily available; clinicians are asked to report to us positive test results, particularly those patients (such as first responders, medical workers, and childcare providers) who work in high-risk populations so we can follow up with them.

Ms. Fraley-Monillas expressed concern for the homeless and unsheltered. Dr. Spitters reported that DEM is looking into this issue. Mr. Frederick added that this topic was part of this morning's conference call with the state and there's high-level planning in the works. There is isolation planning at the county level but not specific to the homeless population; it's more for those who don't require hospitalization but may not be able to go home. Chair Wright asked if a homeless person tests positive, where do they go if they don't require in-patient care. Dr. Spitters responded that the clinic would likely contact us in this case. TB patients are temporarily provided a motel room; this may be an option for COVID cases. Our capacity to manage this is better with only a few individuals as opposed to a large group. If they don't need hospitalization, or when they no longer need it, it could be the time a DEM-sponsored facility is used.

Information Items

Chair Wright noted that upcoming meetings will remain on the calendar for now.

Adjournment

The meeting was adjourned at 4:49 p.m.


Stephanie Wright, Chair


Shawn Frederick, Administrative Officer / Secretary