

**KITSAP PUBLIC HEALTH BOARD
MEETING AGENDA**

March 3, 2020

10:30 a.m. to Noon

Norm Dicks Government Center, First Floor Chambers Room
Bremerton, Washington

- 10:30 a.m. 1. Call to Order
Mayor Rob Putaansuu, Chair
- 10:32 a.m. 2. Approval of February 4, 2020 Meeting Minutes
Mayor Rob Putaansuu, Chair *Page 2*
- 10:33 a.m. 3. Approval of Consent Items and Contract Updates: See Warrant and EFT
Registers and Contracts Signed Report
Mayor Rob Putaansuu, Chair *External document*
- 10:35 a.m. 4. Public Comment
Mayor Rob Putaansuu, Chair
- 10:45 a.m. 5. Health Officer and Administrator Reports
Dr. Susan Turner, Health Officer & Keith Grellner, Administrator

ACTION ITEMS

- 10:55 a.m. 6. Amendment of 2020 Health Board Committee Assignments
Mayor Rob Putaansuu, Chair *Page 12*

INFORMATION AND DISCUSSION ITEMS

- 10:57 a.m. 7. COVID-19 Situation Update and Status Report for Kitsap Public
Health District Response Work
*Dr. Susan Turner, Health Officer and Jessica Guidry, Public Health
Emergency Preparedness & Response Manager* *Page 13*
- 11:20 a.m. 8. Executive Session Pursuant to RCW 42.30.110 (1)(g): Discussion
to Evaluate the Qualifications of an Applicant for Public Employment
Keith Grellner, Administrator
Karen Holt, Human Resources Manager
- 11:50 a.m. 9. Adjourn

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**KITSAP PUBLIC HEALTH BOARD
MEETING MINUTES
Regular Meeting
February 4, 2020**

The meeting was called to order by Board Chair, Mayor Rob Putaansuu at 12:30 p.m.

REVIEW AND APPROVE AGENDA

Mayor Putaansuu requested to rearrange the last two agenda items to allow for discussion of wastewater management at the end of the meeting.

BOARD MEETING MINUTES

Commissioner Charlotte Garrido moved and Mayor Becky Erickson seconded the motion to approve the minutes for the January 7, 2020, regular meeting. The motion was approved unanimously.

CONSENT AGENDA

The February consent agenda included the following contracts:

- 1749 Amendment 12 (2055), *Washington State Department of Health, Consolidated Contract*
- 2054, Peoples Harm Reduction Alliance, Secondary Syringe Exchange

Commissioner Rob Gelder moved and Commissioner Garrido seconded the motion to approve the consent agenda, including the Contracts Update and Warrant and Electronic Funds Transfer Registers. The motion was approved unanimously.

PUBLIC COMMENT

There was no public comment.

HEALTH OFFICER/ADMINISTRATOR'S REPORT

Health Officer Update:

Dr. Susan Turner, Health Officer, provided the Board with an update on public health threats that arose in the last few weeks. She explained that, fortunately, the Health District has received some Foundational Public Health Services (FPHS) funding over the past few years, which has helped provide staff time and funding to work on these challenges.

The Health District responded to an oyster-associated foodborne illness outbreak which resulted in:

- closure of a shellfish bed
- 13 ill individuals

- investigation, restaurant inspections, interviews, specimen collection and shipping facilitation
- Giardia implicated as cause

Councilperson Kol Medina asked if Giardia is common in Kitsap County. Dr. Turner explained that Giardia is very common, though rarely associated with an outbreak.

Mayor Putaansuu asked how serious Giardiasis is. Dr. Turner explained that it is mild, but it can last a very long time and is uncomfortable.

Next, Dr. Turner said the Heath District issued a restaurant closure in recent weeks.

There was recently an announcement of upcoming PFAS (polyfluoroalkyl substances) testing of the water wells around Naval Base Kitsap. PFAS are chemicals from firefighting activities using aqueous film forming foam which are associated with health issues in humans.

Health District staff also were notified about and reviewed water fixture lead testing at Bainbridge Island and Bremerton School Districts. The testing was performed by the Washington State Department of Health.

Dr. Turner said flu season is still in full swing. She noted that flu activity was higher than usual for a brief time but has returned to normal levels for this time of year, though she noted flu season is not yet over.

Due to some additional challenges pushing capacity, the Health District activated Partial Incident Command Structure (ICS) to address the following issues:

- **Hep A:** exposure at a residential behavioral health treatment facility connected with the statewide and national outbreak among people experiencing homelessness and/or that use drugs. The case was not a resident of Kitsap County but was residing at the local facility along with residents of Kitsap. Staff have done a variety of activities to mitigate exposure including:
 - Administered 64 vaccinations in a 36-hour period to prevent infection
 - Monitoring six individuals at the facility for 50 days
 - Disinfection activities
- **Mumps** ongoing community transmission, coordination with Navy
- **Coronavirus**

CORONAVIRUS

The Health District has activated full-partial ICS to address coronavirus. Dr. Turner explained that Full-partial ICS means staff will be accessing additional personnel and financial resources at the Health District to provide the best protections to our community. That means that it is likely in the coming days that there may be some less time-sensitive activities of daily work that are not

completed, following the District's Continuity of Operations Plan. Dr. Turner provided several key highlights about the current situation:

1. There are no cases of 2019 novel coronavirus (2019 n-CoV) in Kitsap County and there are currently no persons under investigation (PUI).
 - a. One case of 2019 n-CoV has been identified in Washington, but there is no evidence of the virus spreading in the state.
 - i. There have been as many as 15 PUI at a time being investigated across the state, with 22 tests completed (17 negative, 5 PUI still pending)
 - b. Across the United States there are 11 cases in five states.
 - c. Around world, public health officials are responding to a growing outbreak of 2019 n-CoV centered in China. She said that, as of 8:53 a.m., there have been 20,704 confirmed cases with 20,492 in mainland China, resulting in 427 deaths (all but one in mainland China).
2. The Health District has been working closely with Washington State Department of Health (WSDOH) to monitor the rapidly changing situation.
 - a. Staff are working hard to stay abreast of the many changes in knowledge about infectiousness, medical care, recommended prevention measures for the public, monitoring of travelers, etc.
 - b. Staff are working hard to ensure local healthcare providers, emergency responders, government agencies, tribes, schools, workplaces, local media and members of the public have the best information and guidance available.
 - c. Staff have asked local healthcare providers to screen patients for 2019 n-CoV and immediately report suspect cases to the Health District.
3. Staff want the public to know what they can do:
 - a. People planning to travel internationally should consult the Centers for Disease Control and Prevention (CDC) traveler website for the latest guidance
 - b. People who traveled to China or had close contact with a confirmed or being investigated case of 2019 n-CoV infection in the past 14 days, and who begin to feel sick with fever, cough or difficulty breathing should call their healthcare provider to seek evaluation.
 - i. The full case definition is very important in order to reduce the volume of evaluations by healthcare providers and especially the ED, especially during flu season
 - c. People can take simple steps to reduce their risk of getting and spreading any viral respiratory infection
 - i. Wash your hands often
 - ii. Avoid touching your face with unwashed hands
 - iii. Avoid close contact with people who are sick
 - iv. Cover coughs and sneezes
 - v. Clean and disinfect objects and surfaces
 - vi. Stay home when sick and avoid close contact with others
 - d. To stay current, there are several resources—because of the swift pace and continuous nature of changes, staff recommend that people refer to the CDC's and WSDOHs websites for the most up to date information.

- i. People who have questions about coronavirus can also call the WSDOH hotline: 1-800-525-0127
- ii. Staff will update KitsapPublicHealth.org with information and resources relevant to Kitsap organizations and residents as staff are able to develop and update these things. The ICS structure should help facilitate this.

Lastly, Dr. Turner said ICS is going to be a big effort for the Health District, consuming a lot of available resources long term. She explained that, if early measures are unable to contain the spread of the disease, there are other measures that can be done to tackle the spread of coronavirus such as social distancing measures. She also noted that a vaccine is being developed, but it could take several months.

She said that she would be happy to provide additional details at the Board's request.

Commissioner Ed Wolfe asked if Dr. Turner has seen anything with similar severity and exposure, such as SARS. Dr. Turner said much is still unknown, however this virus is related to the SARS and MERS viruses, which both have higher mortality rates. She noted that early containment seems effective. She explained that the world is still learning about this virus but know that it can spread person to person. She said it's hard to know what to expect at this point, however, at this point it does not appear to be as contagious as measles. Finally, she said it is still a virus of concern.

Mayor Erickson asked if this is a respiratory infection. Dr. Turner said it is a lower respiratory infection. Mayor Erickson asked how the contact is occurring between the infected and others, for example the 15 individuals being monitored in relation to the confirmed case in Washington State.

Dr. Turner said a person is under investigation when they fit the case definition: exposure to a known case or traveling to Hubei province within last 14 days, or those traveling to china hospitalized for those symptoms. She explained that doctors should report these contacts to public health and then the public health agency will investigate and evaluate who may have been exposed to the individual. Those individuals, along with the case, will be monitored until test results are available. She said there is currently 5-6 days turnaround time for test results.

There was no further comment.

Administrator Update:

Mr. Keith Grellner, Administrator, provided the Board with a few updates.

First, he noted that there was a story in the Kitsap Sun last week regarding proactive PFAS (per- and poly-fluoroalkyl substances) testing at Naval Base Kitsap – Bangor. Mr. Grellner said the Health District is involved in this coordinated effort, along with the Navy, WSDOH, Silverdale Water District, and Kitsap County Public Utility District and has been attending meetings. Additionally, Health District staff will attend the Navy's public meetings on February 19 and 20. He said there have been other areas in the state that have already gone through this and have had

to designate alternative drinking water sources, such as Fairchild Airforce Base, Naval Air Station Whidbey Island, City of Issaquah, City of Dupont, and Joint Base Lewis-McChord, have experienced this. He explained that PFAS are found in many everyday items, but there is emerging science that PFAS chemicals at certain levels may cause some negative health impacts. Among other uses, the source of PFAS that is the center of concern with this sampling effort are firefighting foams that were used at industrial-type facilities like military installations and airports. He mentioned that the Environmental Protection Agency (EPA) has been considering establishing a max contaminant level for PFAS. He said that the EPA process has been taking a while, so WSDOH has decided to pursue it at the state level.

Next, he informed the Board that the Kitsap Sun printed a story today highlighting the Health District's annual water quality report, which is one of today's agenda items.

On behalf of the Health District, Mr. Grellner will be attending Public Health Day at the legislature on February 5. The main purpose of his attendance will be to advocate for Foundational Public Health Services (FPHS) funding, which is the Health District's top legislative priority for this year, as it has been since 2015.

Other bills of significance that the Health District has been working on include SB 6434, which proposes to allow residential home kitchens for the preparation and selling of potentially hazardous food and its companion bill HB 2777. The Health District opposes this bill and advocating against it was also a legislative priority. SB 6434 was removed from the hearing agenda for Senate Agriculture, Water, Natural Resources and Parks committee last week, but HB 2777 has made its way to a hearing in the house committee on local government today. February 7 is the first bill cut-off day for bills not necessary to implement the budget.

Last week Mr. Grellner alerted the Board to some correspondence that he recently sent to Kitsap legislative contingent supporting SB 6451 and HB 2679 which propose a means to partially fund FPHS with a new tax on excessive surpluses of nonprofit health carriers. (defined as funds of any surplus above 400 percent of risk-based capital).

Commissioner Gelder said the County recently wrote an opinion editorial piece for the Kitsap Sun in support of SB 6451.

Mayor Erickson asked for clarification of SB 6451.

Commissioner Gelder explained there are a small handful of nonprofit health care companies in the state. He explained that these companies charge premiums to cover operating costs and maintain reserves and that some of these companies have a surplus far beyond these operating costs. He said the surplus has grown over the past few years to \$4.4 billion. He said there is a reasonable operating amount, and yet a couple of these companies have a surplus that is three or four times the amount needed to cover risk.

Commissioner Wolfe added that the bill is intended to carve out the some of the surplus money for public health in Washington State.

Mr. Grellner said he appreciates the County's support. He pointed out that these companies may find ways to eliminate this money for public health down the road by minimizing their surpluses.

There was no further comment.

2019 SURFACE WATER QUALITY ANNUAL REPORT

Mr. Kiess approached the Board and introduced the Pollution Identification and Correction (PIC) program manager, Grant Holdcroft. He also introduced all the PIC staff present at the meeting.

Mr. Holdcroft thanked the Board for supporting the PIC program mission to protect public health and the environment through preventing fecal pollution in Kitsap County surface waters. He said this is a new, more concise and visual format for the report that is more accessible to the public, thanks to the contributions of Public Information Officer, Tad Sooter.

Each year, the Health District's PIC program releases an annual report summarizing the previous year's surface water quality monitoring and clean-up work results. The 2019 Annual Water Quality Report has recently been completed and is now available on the Health District website. The report was also included in the packet for the Board's review. The majority of the Health District's water quality monitoring and clean-up work is funded through Clean Water Kitsap, Kitsap County's storm water utility, along with supplemental funds through temporary federal and state grants.

Mr. Holdcroft shared a presentation with a brief overview of the PIC program and presented the background and notable findings of the 2019 Annual Water Quality Report, including but not limited to the following:

- The updated format of the report, to make the report more readable by the general public.
- Ongoing success in the historically polluted Burley Creek watershed.
 - Met standards the last two years in a row, but had never met the standards before
- Impacts of the change to the Washington State water quality standards.
 - The Freshwater Standard
 - Part 1: Annual GMV < 100 FC per 100ML
 - Part 2: Not more than 10% of all samples collected for calculating geomean > FC/100ML
 - The report notes how each stream performed under the state standard based on bacterial levels:
 - Met standard: The stream had low bacteria levels and met both parts of the standard.
 - Met part 1 of standard: The stream had periodic high bacteria levels and failed part 2 of the standard.
 - Failed standard: The stream had high bacteria levels and failed both parts of the standard.

- An overview of stream water quality status, as 65% of all streams met both parts of the bacteria standard.
- A review of our 2 streams which have a Public Health Advisory in place due to elevated fecal coliform bacteria (FC) levels during summer months.
 - Lofall Creek
 - Ostrich Bay Creek

Changes in the standards mean the Health District is unable to track data over time, but staff are collecting new data for comparison moving forward.

Commissioner Gelder asked what happened if the GMV fell between 100-200. Mr. Holdcroft explained that the sample would fail part one but would pass part two of the standard.

Mayor Erickson noted that Poulsbo Creek failed the standards and asked if microbial source tracking (MST) was done on that creek and what was found. Mr. Holdcroft explained that testing has found that human fecal matter to be present, although the source is not yet known. Mayor Erickson said the City of Poulsbo has invested millions of dollars in sewer infrastructure and asked to see MST results on the creek. Mr. Holdcroft said he would share the data with her.

Commissioner Wolfe asked about sewage sniffing dogs. Mr. Kiess explained that dogs have been used in the past but results were not sufficient to continue using.

Mr. Kiess addressed Mayor Erickson's concerns about sewer infrastructure. He explained that sometimes infrastructure can be fully intact however some pipes can be misconnected. Mayor Erickson said the city of Poulsbo has done extensive testing and infrastructure to ensure everything is operating properly.

Mr. Holdcroft explained that MST is a relatively new technology and there is still much to be learned. He said there is not yet a defined standard method for MST analysis, and reminded the Board to take these results with a grain of salt and said to keep asking questions about the test results.

There was no further comment.

REGULATORY OVERVIEW OF WASTEWATER MANAGEMENT IN KITSAP COUNTY

Mr. John Kiess introduced Eric Evans, the new Environmental Health Assistant Director.

At the Board's request, Mr. Kiess and Mr. Evans provided a presentation of the regulatory overview of wastewater management in Kitsap County. The overview included the following:

- Agencies involved with wastewater management;
- Applicable laws and rules pertaining to wastewater;

- The regulatory organizational structure of wastewater management; and
- Pros/Cons of various wastewater management options.

Mr. Kiess explained that wastewater management in the state and county is complicated. He said current regulations lag in science and emerging technologies and take several years to get caught up.

The agencies involved in Kitsap stormwater regulation are Kitsap Public Health District, Washington State Department of Ecology, Washington State Department of Health (DOH) and local community development departments.

Commissioner Gelder noted that the Environmental Protection Agency (EPA) may be involved occasionally.

Mr. Kiess said there are eight different wastewater treatment plants in the county. He explained that all the jurisdictions deal with wastewater in some capacity, some have wastewater treatment plants and some do not. He said there are pros and cons to municipal sewer systems and wastewater treatment plants.

Mr. Evans said there are 24 Large Onsite Sewage Systems (LOSS) in the county. He shared two examples of LOSS in the county in Port Gamble and Belfair. LOSS are defined by capacity (over 3,500 gal/day) and are regulated by the Washington State Department of Health.

Mr. Evans said Kitsap Public Health works with onsite sewage systems. He said there are approximated 54,000 systems in Kitsap.

There are a few homes in the county that have greywater reuse systems. He explained that there is still a level of treatment required. In Washington, these can only be used in the growing season and need to have a secondary system for the rainy season. He said greywater systems still require a secondary system.

Mayor Putaansuu asked if homeowners with these systems are required to discharge to sewer in the winter months. Mr. Evans explained that if water use is low, it meets the Health District's code. However, if they had higher usage, they would be required to switch over in the winter.

Mr. Evans said composting/incinerating toilets can be used, but regular cleaning and maintenance are necessary by owners. He said they can be expensive (\$2-5,000 per toilet). It's not a cost saving method, but it is a green, environmentally friendly method.

Commissioner Gelder asked what is considered proper disposal. Mr. Evans said they are all different. He has seen incinerator versions that can be disposed in the garbage, but is not familiar enough with the others.

He explained that reclaimed water, signified by purple pipe, decreases demand on limited water sources. It requires treatment plant performance and a separate distribution network, and is regulated by the Washington State Departments of Ecology and Health.

Mayor Erickson mentioned she was at a meeting yesterday where they discussed injection of reclaimed water. She asked if anyone has approached the Health District regarding this method. Mr. Kiess said the Health District hasn't been approached, but there is a method of aquifer storage or recharge, where water goes through filtration to be pumped out as potable water supply. He said this hasn't come to higher level of discussion in Kitsap because we do not have issues of depleted aquifers in the county. He said it is more commonly discussed in eastern Washington.

Mayor Erickson noted there are regulatory burdens coming regarding fish consumption and discharge of heavy metals from larger facilities. She asked if anything different will need to be done to address these. Mr. Kiess said wastewater treatment plants have regulations that must be met and to his knowledge, there are not currently any in county that have any issues. He said all currently meet the standards.

Commissioner Gelder said as permits are renewed, he expects landscape to change over time as far as requirements. Mayor Erickson said that's why her city is looking at injection systems.

Mr. Kiess said, as the Kitsap population grows and as wastewater production grows, changes occur over time. He said we may want to consider how to use less water and reuse water over time.

Mayor Putaansuu said the Board should consider the question: as the population grows in Kitsap, and homes get closer together, how would we be able to change treatment options?

Mr. Kiess provided an example of the City of Bremerton's large investment to address historical combined sewer and stormwater systems that needed to be separated as development increased.

Commissioner Gelder one of big pushes from Association of Washington Cities (AWC), Washington State Association of Counties (WSAC) is infrastructure. He said the federal government used to provide a lot more help with infrastructure, but this burden has since fallen on local agencies.

Mayor Erickson said we need to focus on finding new technologies.

Mr. Kiess said if the Board has any questions, they can contact him anytime.

There was no further comment.

ADDITIONAL BUSINESS

Mayor Wheeler made a comment about Kitsap Lake experiencing water quality issues and closures over the last several years. He said the city has been working with Kitsap Public Health to address these and has a 3-year plan to clean up the lake and try some new improvements. Mayor Wheeler expects the lake to be completely clean in 3 years.

ADJOURN

There was no further business; the meeting adjourned at 1:54 p.m.

Robert Putaansuu
Kitsap Public Health Board

Keith Grellner
Administrator

Board Members Present: *Mayor Becky Erickson; Commissioner Charlotte Garrido; Commissioner Robert Gelder; Mayor Kol Medina; Mayor Robert Putaansuu; Mayor Greg Wheeler; Commissioner Ed Wolfe.*

Board Members Absent: *None.*

Community Members Present: *Lauren Funk, Peoples Harm Reduction Alliance; Roger Gay, South Kitsap Taxpayer; Monte Levine, Peoples Harm Reduction Alliance; Ritu P. Mehta, Kitsap Resident.*

Staff Present: *Amy Anderson, Public Health Educator, Public Health Emergency Preparedness and Response; Leslie Banigan, Senior Environmental Health Specialist, Water Pollution Identification and Correction; Angie Berger, Administrative Assistant, Administration; Karen Boysen-Knapp, Community Liaison, Chronic Disease Prevention; Yolanda Fong, Director, Community Health Division; Keith Grellner, Administrator, Administration; Jessica Guidry, Program Manager, Public Health Emergency Preparedness and Response; Grant Holdcroft, Program Manager, Pollution Identification and Correction; Karen Holt, Program Manager, Human Resources; Renee Johnson, Environmental Health Specialist, Pollution Identification & Correction; John Kiess, Director, Environmental Health Division; Melina Knoop, Senior Environmental Health Specialist 2-RS; Drinking Water and Onsite Sewage Systems; Melissa Laird, Manager, Accounting and Finance; Megan Moore, , Community Liaison, Chronic Disease Prevention; Newton Morgan, Senior Environmental Health Specialist, Water Pollution Identification and Correction; Beth Phipps, Public Health Nurse Supervisor, Communicable Disease; Tad Sooter, Communications Coordinator and Public Information Officer; Tobbi Stewart, Environmental Health Specialist, Solid & Hazardous Waste; Dr. Susan Turner, Health Officer, Administration.*

2020 KITSAP PUBLIC HEALTH BOARD OFFICERS

Amended March 3, 2020

Chair: Mayor Rob Putaansuu
Vice Chair: Commissioner Charlotte Garrido

2020 KITSAP PUBLIC HEALTH BOARD COMMITTEE ASSIGNMENTS

Health Officer Recruitment	Commissioner Charlotte Garrido Mayor Becky Erickson Councilmember Kol Medina
Finance & Operations	Mayor Becky Erickson Commissioner Charlotte Garrido Mayor Greg Wheeler
Policy	Mayor Becky Erickson Commissioner Rob Gelder Mayor Rob Putaansuu
Personnel	Mayor Kol Medina Mayor Greg Wheeler Commissioner Ed Wolfe

MEMO

To: Kitsap Public Health Board
From: Susan Turner, MD, MPH Health Officer
Jessica Guidry, Public Health Emergency Preparedness & Response Program Manager
Date: March 3, 2020
Re: Novel Coronavirus (COVID-19) Planning Update

Since December 2019, there has been an international outbreak of novel coronavirus (COVID-19), caused by the SARS-CoV-2 virus. The virus was first detected in Wuhan, China. This is an emerging, rapidly evolving situation.

According to the World Health Organization (WHO), as of February 27, 2020, there have been over 81,000 confirmed COVID-19 cases globally, with over 2,700 deaths. Due to issues with the laboratory test to confirm the presence of the virus, and new findings that suggest that asymptomatic people can be infected with the virus, it is believed that the number of confirmed cases is undercounted. While over 97% of these cases have been in China, there is now international spread of the virus and for the first time since early December 2019 there have been more new cases reported from countries outside of China than from China. To date, the United States has had 53 confirmed cases with no deaths, with only one of these cases believed to be transmitted within the U.S., the rest related to repatriation. Washington State still has had 1 confirmed COVID-19 case with no deaths.

Symptoms of COVID-19 can include fever, cough, and shortness of breath. People with compromised health are more likely than others to experience severe illness and death. The Centers for Disease Control and Prevention (CDC) reports that symptoms may appear in as few as two days or as long as 14 days after exposure. Although there is still much to be learned about how the virus spreads, the virus is believed to be spread mainly by person-to-person via respiratory droplets expelled when an infected person coughs or sneezes. Transmission points include people's mouths, noses, and possibly eyes. The virus may also be spread from contact with infected surfaces or objects (e.g., doorknobs, faucets, etc.), and then touching your mouth, nose, or eyes. New emerging science suggests that both symptomatic and asymptomatic people may spread the virus.

While the initial focus in the United States was to prevent and contain the virus, the focus now appears to be changing to trying to slow the spread of the virus so that resources such as

healthcare and personal protection equipment can keep pace with the number of illnesses. The CDC is advising communities to start preparing for possible widespread illnesses. This includes considering how people might be able to adjust their lives to accommodate significant changes to prevent the spread of the virus, including self-isolation, quarantine, closing schools, businesses, and cancelling large events in affected areas.

Since February 4, 2020, Kitsap Public Health District has “activated” an Incident Command System and team to efficiently coordinate our COVID-19 preparedness efforts. Attachments 1 and 2 contain the District’s most recent Incident Action Plan and Situational Report. The focus of this work up until February 27, 2020, has been:

- Supervising the self-monitoring of travelers returning to the United States from China or other affected countries in compliance with a federal unfunded mandate to do so;
- Conducting disease investigation interviews with these travelers to identify other contacts that the District may have to reach out to and supervise;
- Messaging and updating the medical community about evaluation of potential COVID-19 cases and use of appropriate personal protective equipment (PPE)
- Managing the large volume of quickly changing information, and relaying relevant changes to key community partners;
- Developing a communication strategy with key partners and implementing that strategy; and
- Reviewing and updating our pandemic flu plans and other associated policies and procedures.

As of February 26, 2020, the District has expended over 725 hours of staff time and over \$53,000 to respond to COVID-19. We expect this work and expense to increase significantly in the coming weeks and months. This work is exceeding the capacity of our agency and means that many of the regular, day-to-day work and responsibilities of those employees involved in the response are being suspended or cancelled.

As of February 27, 2020, the District is pivoting its focus and planning/work efforts to preparing for a possible widespread outbreak of COVID-19 in Kitsap County. Initial plans call for putting a more concerted effort on public communications to get the public to understand their role in preventing/controlling an outbreak, and to compel the public to prepare for possible significant disruptions in response to a widespread outbreak such as quarantines, isolation, closing schools and businesses, and self-care in the event that healthcare systems are overwhelmed.

During today’s meeting, Dr. Turner will provide the Board with a brief update on the COVID-19 outbreak. Ms. Guidry will provide the board with a brief overview of the District’s planning and preparedness activities.

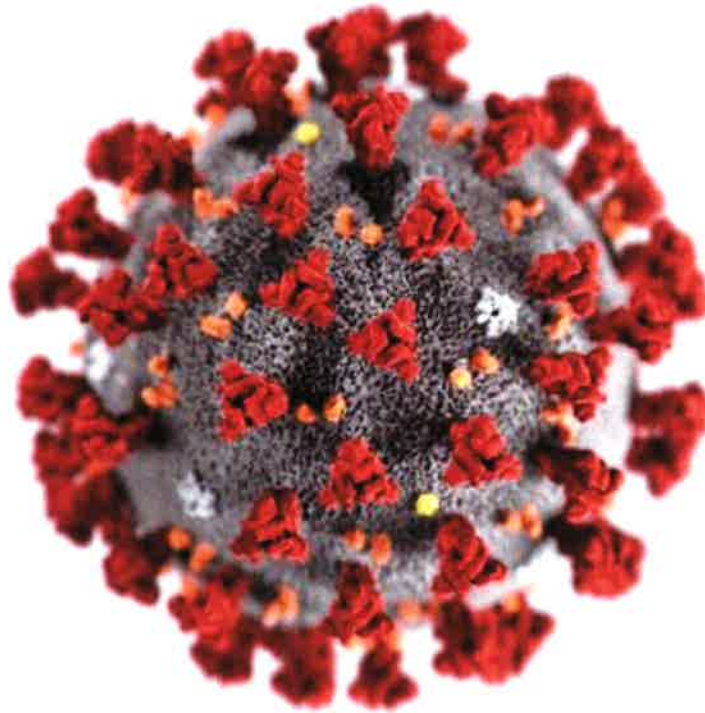
Please contact Dr. Turner or Jessica with any questions on this matter.

Recommended Action

Board engagement with their departments, staff, and citizenry to prepare for a possible COVID-19 pandemic.

Attachments (2)

COVID-19 INCIDENT ACTION PLAN (IAP)



2019 Novel Coronavirus (COVID-19)

Incident Action Plan # 2

Operational Period: 08:00 Feb 18, 2020 – 08:00 March 2, 2020

COVID-19 INCIDENT ACTION PLAN (IAP)

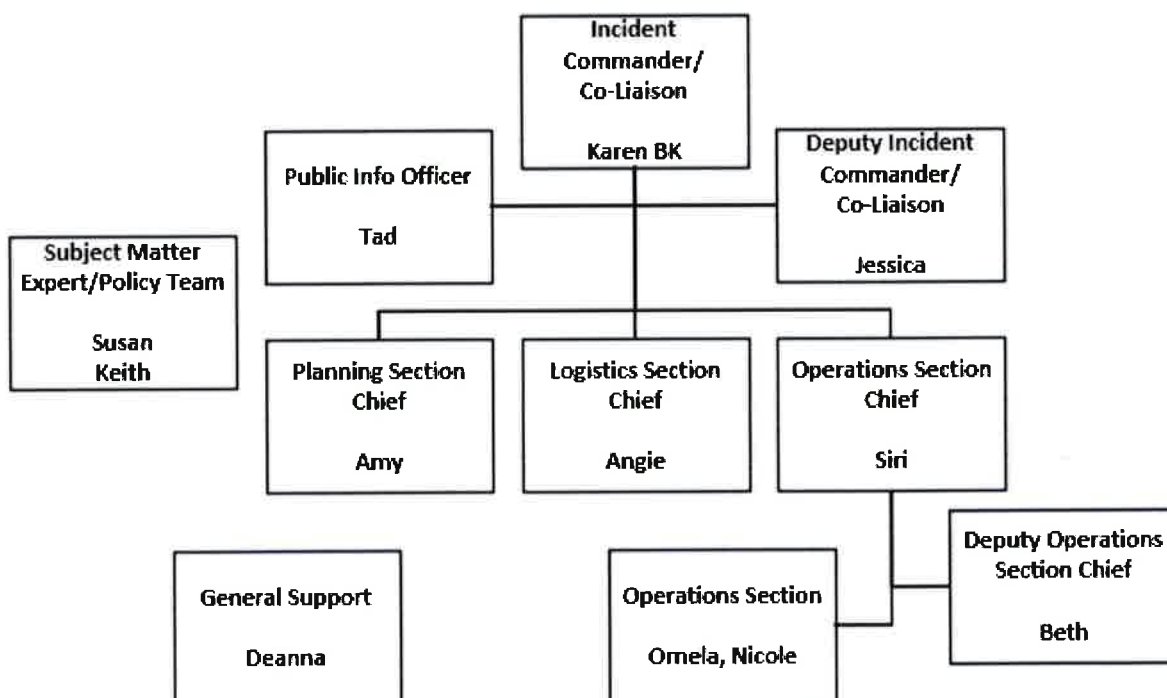
Incident Name	Operational Period (# 2)
COVID-19 (formerly 2019 Novel Coronavirus)	DATE: FROM: 2/18/2020 TO: 3/2/2020
	TIME: FROM: 08:00 TO: 08:00

Situation Summary

On January 21, 2020, the CDC and DOH announced the first case of 2019 Novel Coronavirus (COVID-19) in the United States in Washington State. The patient recently returned to Snohomish Co. from Wuhan City, China, where an outbreak of 2019 novel coronavirus has been ongoing since December.

KPHD activated an Incident Command structure to coordinate our planning activities. As of February 12 there have been no cases of 2019-nCoV and there are no persons under investigation (PUIs) in Kitsap County. KPHD is supervising the self-monitoring of 7 Kitsap community members who have returned home after travelling to China.

Current ICS Structure



Health & Safety Briefing

Practice self-care! While this will be a long-term event, during this operational period, we are developing the foundation (information-sharing practices, file structure, sample meeting structure, etc.) for our future operational periods.

Provide for the health, safety, and wellness of all incident responders.



COVID-19 INCIDENT ACTION PLAN (IAP)

Incident Objectives			
6a. OBJECTIVES	6b. STRATEGIES/TACTICS	6c. RESOURCES REQUIRED	6d. ASSIGNED TO
1. Provide guidance to the public on the event, disease, prevention, and when to seek health care	Website	IT	Tad, Amy (back-up)
	Social media	IT	Tad, Amy (back-up)
	Staff talking points	IT	Tad
	Monitor public inquiries and update website, social media, etc. as needed	IT	Tad, Sue R., Deanna, Ornela, Beth (and others)
2. Provide guidance to clinicians on screening, testing, diagnosis and prevention, including infection control	Transmit health alerts as needed	Mass messaging team	CD (message development) Amy/Angie (dissemination) Windie (contact updating)
	Website	IT	Tad, Angie (back-up)
	Respond to provider inquiries via notifiable conditions reporting process	Notifiable conditions fax, phone (triaged by reception)	Ornela, Beth
3. Develop strategy for monitoring affected individuals according to CDC/DOH guidance	Monitor asymptomatic travelers/contacts	Forms, phone, email, text, Siri, Deanna, Angie	Ornela, Beth
	Monitor symptomatic travelers/contacts	Forms, phone, email, text Siri, Deanna, Angie	Ornela, Beth
	Facilitate transport of symptomatic travelers/contacts needing hospitalization	Forms, phone, email, text	Siri
4. Develop and implement a KPHD communications strategy with key partners	Implement stakeholder engagement strategies per plan	Phone, email, Susan	Karen, Jessica, Tad, Amy
	Triage/handle partner inquiries and speaker requests	Phone, email, Susan, Keith	Karen, Jessica
	Develop and implement appropriate Incident Management Team meeting structure (pre-set agendas, needed frequency, etc.)	Phone, emails, meeting space, room calendar, Angie, Deanna	Karen, Jessica, Amy
5. Create and implement a system for efficiently organizing and sharing information received from various partners	Assign staff to various DOH and CDC update meetings; share results at IMT meetings	Phone, emails, meeting space, room calendar, Angie, Deanna	Karen, Jessica, Amy
	Develop team processes, systems, and rules (e.g. shared drive, shared calendar, shared ANET or Microsoft Teams site)	Shared drive, shared calendar, shared ANET or Microsoft Teams site, emails, Angie, Deanna	Karen, Jessica, Amy
6. Evaluate pandemic flu plans and how they apply to the current situation	Review updated pandemic flu guidance from DOH and CDC	Access to the internet, email, computers	Jessica, Anne
	Review our existing pandemic flu plan.	Access to the internet, email, computers	Jessica, Anne
7. Plan for next operational period	Create proposed staffing plan for next operational period	Email, computers	Karen, Jessica, Amy



KITSAP PUBLIC
HEALTH DISTRICT

COVID-19 INCIDENT ACTION PLAN (IAP)

Prepared by

PLANNING SECTION CHIEF: PRINT NAME Amy Anderson

SIGNATURE Amy Anderson

DATE/TIME Feb 18, 2020 10:15

Approved by

INCIDENT COMMANDER: PRINT NAME Karen Boysen-Knapp

SIGNATURE Karen Boysen-Knapp

DATE/TIME Feb 18, 2020 10:20

COVID-19 Response

Situation Report # 2

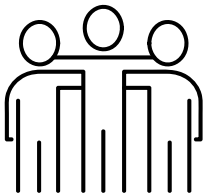
February 21, 2020

THE SITUATION

One month ago, the CDC and DOH announced the first case of 2019 Novel Coronavirus (COVID-19) in the United States in Washington State. That patient was isolated in a hospital in Snohomish County and has since returned home.

As of February 21 there have been no cases of COVID-19 and there are no persons under investigation (PUIs) in Kitsap County. KPHD is supervising the self-monitoring of Kitsap community members who have returned home after travelling to China. We are completing the supervision of our original 7 community members today, and have begun supervision of 4 more.

At this time we are scaling back our response team. A small team will remain activated and will focus on the time-sensitive planning for a PUI. KPHD is also forming a workgroup to address longer-term preparedness activities.



OUTGOING INCIDENT COMMAND TEAM (FEB 18-21, 2020)

Karen Boysen-Knapp: Incident Commander/Co-Liaison
Jessica Guidry: Deputy Incident Commander/Co-Liaison
Beth Phipps: Deputy Operations SC
Amy Anderson: Planning SC
Dr. Susan Turner & Keith Grellner: Policy/SMEs

Tad Sooter: Public Information
Siri Kushner: Operations SC
Angie Berger: Logistics SC
Ornela Abazi & Nicole McNamara: Operations
Deanna Eakes: General Support

THE NEW INCIDENT COMMAND TEAM (FEBRUARY 21-MARCH 4)



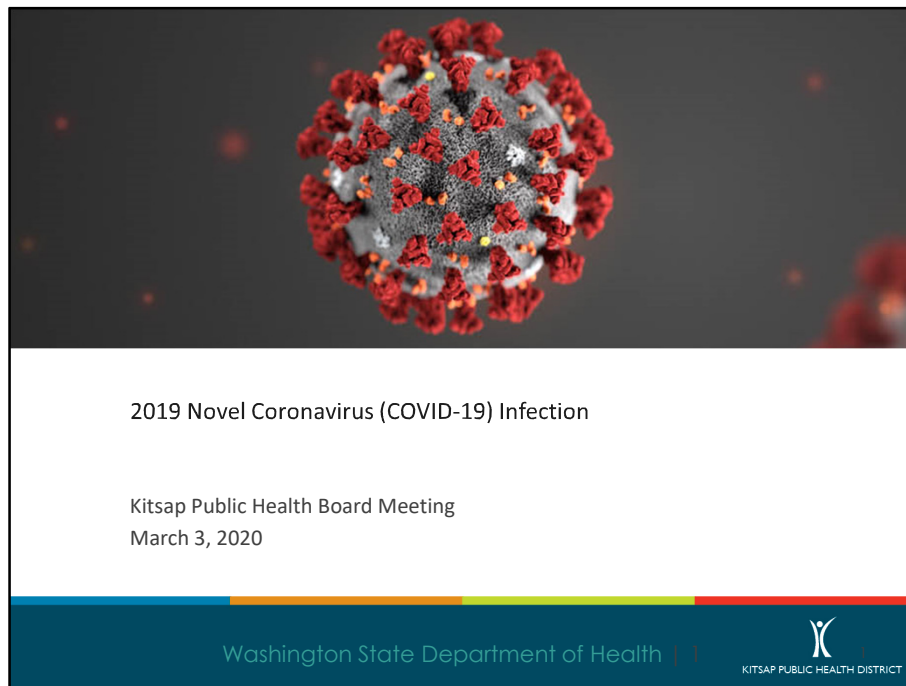
RESPONSE ACTIVITIES

- Continue supervision of residents who are self-monitoring
- Order, obtain, and test Personal Protective Equipment for our Communicable Disease staff members
- Complete procedures for working with a Person Under Investigation (PUI)
- Complete PUI surge plan
- Train PUI surge staff
- Continue public information activities
- Continue to coordinate with community partners



FOR MORE INFORMATION

- **CDC:** [cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)
- **Washington DOH:** doh.wa.gov/coronavirus
- **DOH Hotline for general coronavirus questions:** 1-800-525-0127
- **WHO Dashboard for a global picture:** bit.ly/38la3HX



Protein spikes=“crown”=coronavirus; related to SARS virus—new name is SARS-CoV-2, and dz is COVID-2019

Coronaviruses are a large family of viruses that are common in many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people such as with [MERS-CoV](#), [SARS-CoV](#), and now with this new virus (named SARS-CoV-2)

What do we know about COVID-19?

- Signs and symptoms similar to other respiratory infections
- Risk factors may include older age and underlying chronic medical conditions
- No treatment—supportive care for complications
- Case fatality rate probably <2%
 - Kids may have less severe disease
- Transmission thought to occur mostly from person-to-person via respiratory droplets among close contacts
- Infectious period unknown, may be asymptomatic illness
- Incubation period may be 2-14 days

Source: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>



KITSAP PUBLIC HEALTH DISTRICT

Signs and symptoms similar to other respiratory infections--Novel CoV can cause mild, severe or fatal illness

Risk factors may include older age and underlying chronic medical conditions--Kids may have less severe disease

Treatment

No specific treatment currently available
Incubation period: likely 2-14 days (median
~5 days)

Infectious period: Unknown

Unknown if asymptomatic transmission occurs

Infectiousness about 1.5-3?

International Situation

- Total confirmed cases: 80,410 **numbers current as of 2/24/20*
 - 77660 cases from mainland China
 - 36 other countries with confirmed cases
- Total deaths: 2708
- Follow updates in real time: [Global nCoV Case Tracker](https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299425467b48e9ecf6)



United States Situation 2-25-2020

COVID-19: Confirmed Cases in the United States*†

Travel-related	12
Person-to-person spread	2
Total confirmed cases	14
Total tested	426

* This table represents cases detected and tested in the United States through U.S. public health surveillance systems since January 21, 2020. It does not include people who returned to the U.S. via State Department-chartered flights.

† Numbers closed out at 4 p.m. the day before reporting.

COVID-19: Cases among Persons Repatriated to the United States†

	Wuhan, China	<i>Diamond Princess</i> Cruise Ship†
Positive	3	36

† Numbers closed out at 4 p.m. the day before reporting.

‡ Cases have laboratory confirmation and may or may not have been symptomatic.

Source: <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>



Washington Situation


*numbers current as of 2/24/2020 at 3 pm

- Confirmed cases: 1
- Persons Under Investigation (PUI): 1
- Number of people under public health supervision*: 438

*The number of people at risk of having been exposed to 2019-nCoV who are monitoring their health under the supervision of public health officials. This includes close contacts of laboratory confirmed cases and persons who have returned from China in the past 14 days.

- Ongoing incident management team and command center activated January 21 at the department's Public Health Laboratories

Source: <https://www.doh.wa.gov/Emergencies/Coronavirus>


KITSAP PUBLIC HEALTH DISTRICT

26 PUI have tested negative in WA State

Page 26

5

Screening at Sea-Tac International Airport

- All travelers from China funneled to 11 airports
 - If ill → isolation and evaluation
 - If asymptomatic and from Hubei Province → quarantine with active health monitoring (none in Washington)
 - If asymptomatic from China (non-Hubei) → self-monitoring at home with public health supervision, asked to avoid public settings including school and work
- Quarantine
 - Home
 - Designated quarantine facilities prepared to receive travelers; none are there currently
- Hundreds of Americans have already returned from China and been asked to quarantine at home—438 in WA



KITSAP PUBLIC HEALTH DISTRICT

All travelers from China funneled to 11 airports (including SeaTac) and screened for fever and respiratory symptoms

Travelers arriving at Sea-Tac International Airport

If ill → isolation and evaluation

If asymptomatic and from Hubei Province → quarantine with active health monitoring (none in Washington)

If asymptomatic from China (non-Hubei) → self-monitoring at home with public health supervision, asked to avoid public settings including school and work

The separation of a healthy person believed to have been exposed to a communicable disease but NOT YET symptomatic, from others who have not been exposed, to prevent the possible spread of the disease

Home quarantine preferred

Designated quarantine facilities prepared to receive travelers; none are there currently

Hundreds of Americans have already returned from China and been asked to quarantine at home

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KITSAP PUBLIC HEALTH DISTRICT

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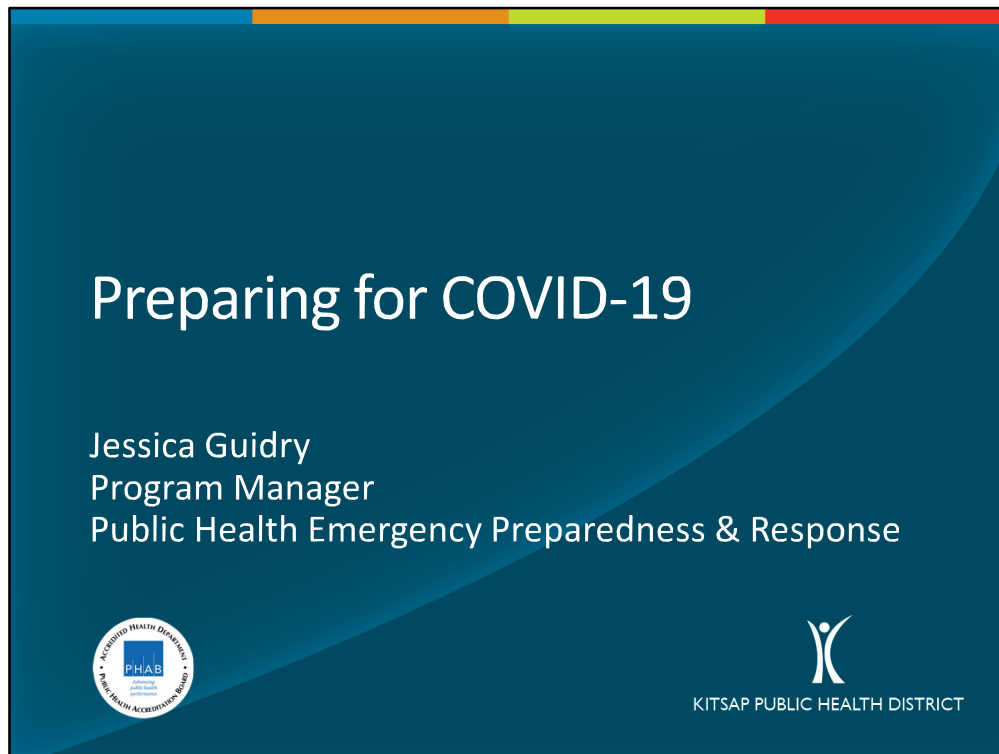
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Hundreds of Americans have already returned from China and been asked to quarantine at home

Kitsap County Situation (2/25/2020)

- No COVID-19 cases
- No PUIs
- Six community members under PH supervision
- Total supervised to date 13
- Continue to assist with physician and Navy referrals of possible PUI



Dr. Turner has given us a great overview of COVID-19 and the outbreak so far.

In the next 10 minutes or so, I will talk about how the Health District activated an emergency response team to more efficiently and effectively organize our planning and response efforts. We have been using the Incident Command System and elements of our Emergency Response Plan.

Since early January, there had been a lot of information from the media and government sources about 2019 novel coronavirus, which is now referred to as COVID-19. On Friday, January 31st, the White House announced the Presidents Emergency Declaration which required specific restrictions for individuals coming to the United States from China, including U.S. citizens. This required the local, state, and federal public health system to come up with a process to fulfil this mandate.

Decision for Activation

February 3rd: Emergency response team activated.



On Monday, February 3rd, our Administrator, Health Officer, Community Health Director, and I met to talk about the need to activate an emergency response team. An emergency response team would pull staff from various programs to work together to more efficiently and effectively organize our planning and response efforts. We would use the national Incident Command System, which I'll explain in a few minutes, and elements of our Emergency Response Plan. The ELT decided to go ahead with this and I was assigned to be Incident Commander.

Reasons for Activation

- Staff coverage for numerous conference calls
- Efficient information flow
- Collaborative and proactive planning
- Public information



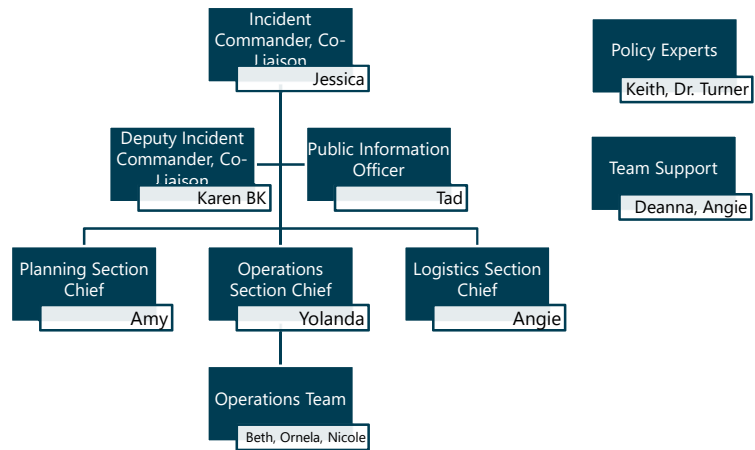
Why did the ELT make this decision?

There were a LOT of conference calls being convened by the State Department of Health; however, different sections of DOH were inviting select staff from LHJs. Our leadership had no way to know what COVID-19 calls were happening and whether we would have staff attending these calls. Also, staff weren't able to get the information they needed.

We needed a way to collect, compile, and share, the information that we were getting from these calls, from the daily situation reports from DOH, other situational updates from CDC and WHO, and other sources.

We need to bring in the expertise of our various programs, including CD, public information, Health Officer, and public health emergency preparedness and response in order to thoughtfully and proactively plan for supervising travelers who had been to China for a potential COVID-19 case (or more) in Kitsap County. We also needed this brain trust to develop proactive public information.

Phase 1 Activation (Weeks 1 – 3)



This was our first emergency response team.

Activated ECC

“Commandeered” Sinclair Room as our
Emergency Coordination Center (ECC)



What does this mean? Our Emergency Response Team did their work in the ECC almost full-time during the ECC activation. This enabled us to focus on our COVID-19 and better collaborate on activities.

Every morning, we would have a briefing, where we would receive an update on the international, national, and state COVID-19 situation. Information was rapidly changing. Then we would discuss the priorities for each team member for the day. We created a “utopia” list that we kept on the white board so everyone could see it and keep each other (and ourselves!) accountable to those priorities.

During the day, we would work on our priorities and participate in the various local, state, and national COVID-19 conference calls. And in-person meetings.

In the afternoon, we would have a briefing to report on our progress in meeting our utopia list. We would then identify the priorities that needed to be continued the next day.

This was the first time in the 12 years I have been at the Health District where we have activated the the Health District’s ECC.

Accomplishments

- Created COVID-19 page on **website**.
- Posted information on **social media**.
- Developed and maintained **talking points**.
- **Sent guidance** to various sectors, including healthcare facilities, schools, businesses, etc.
- **Clarified roles and procedures** with various agencies.
- **Updated** partners and stakeholders on our activities.



- Website – incorporated CDC’s COVID-19 microsite. Includes a description of our activities in addition to important links.
- Talking points – worked on this as a team. This ensured that our team was using consistent and accurate messaging. These talking points have also been shared with our staff.
- DOH and CDC have been developing guidance for various sectors. We have been sharing this guidance to the appropriate local organizations.
- Role clarification – we had phone calls and in-person meetings with various agencies to talk about interagency coordination and processes.
- Team updates – shared with

Accomplishments (cont'd)

- Developed **procedures and tools** for supervising travelers who are self-monitoring.
- **Supervised** Kitsap residents who are self-monitoring.
- **Improved communication** among programs and increased access to **subject matter expertise**.



KITSAP PUBLIC HEALTH DISTRICT

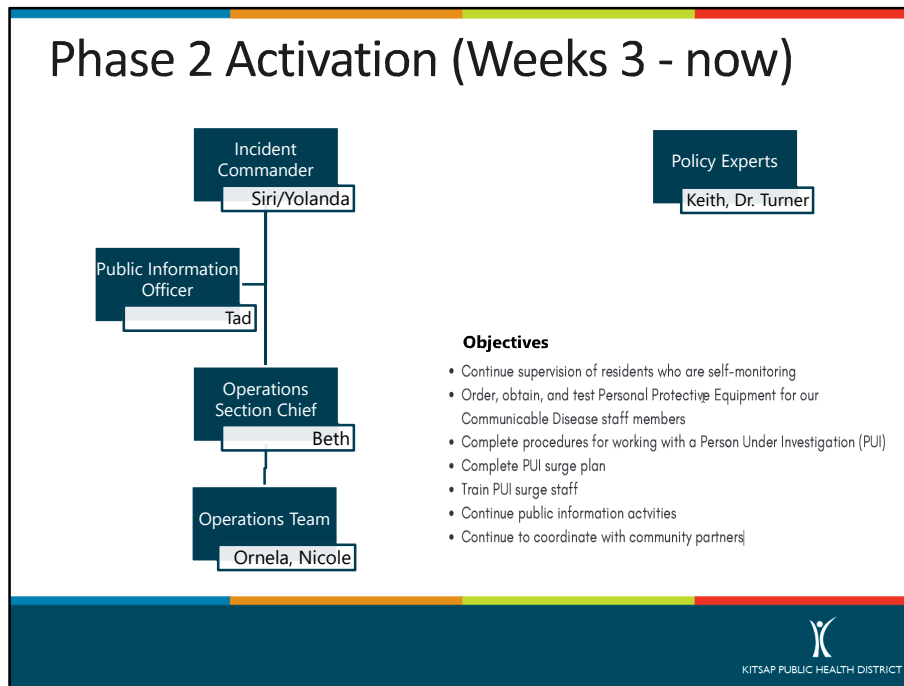
Our programs are on different floors and have different areas of expertise. By bringing representatives together as a single team, we were able to more effectively and efficiently operate.

Outreach & Partnerships

- Healthcare providers (clinics, hospitals)
- Schools (including private schools)
- Childcare Centers
- EMS Council
- Kitsap Department of Emergency Management
- Bainbridge Island EM
- Navy
- Other LHJs
- Tribes
- Jails



We received new contacts and updated contacts for these various groups, which we will use in the future.



After 2 ½ weeks, we assessed our Emergency Response Team structure. We shifted to an “ICS Lite” structure beginning February 21st to narrow our focus on communicable disease operations and communications today. This also allowed for space for important planning outside the ICS structure.

Costs (as of 2/25/2020)

- Staff Hours: **725**
- Staffing Costs: **\$ 53,113.11**



What Have We Set Aside So Far?

- Grant billable work (chronic disease, emergency preparedness)
- Performance management activities
- Participation in noncritical community meetings
- Other public information priorities
- Back-up coverage for clerical duties

While no critical work was dropped, this might not be the case if we have to activate again and involve more staff.



Dr. Turner has given us a great overview of COVID-19 and the outbreak so far.

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Planning Efforts Underway

- Strategy is to slow the spread of the virus so that we have time to:
 - Prepare the healthcare system and the general public
 - Better characterize the infection to guide public health recommendations and development of medical countermeasures including diagnostics, therapeutics, and vaccines

KPHD's Work Plan

- **All Hazards Preparedness** – update and “socialize” all-hazards plan, continuity of operations plan, and agency policies
- **Pandemic Preparedness** – work with partner agencies on developing comprehensive county pandemic flu plan, exercises, resources, etc.
- **COVID-19 Preparedness** – *continue monitoring the situation and updating disease-specific procedures as needed*



KITSAP PUBLIC HEALTH DISTRICT

CDC Risk Assessment 2-25-2020

- The potential threat posed by COVID-19 is high, both globally and to the US
- General American public risk of exposure today considered low
- More cases in US are likely
- Person-to-person spread is likely to continue, including in the US
- Global circumstances suggest it is likely that this virus will cause a pandemic

<https://www.cdc.gov/coronavirus/2019-nCoV/summary.html>



Outbreaks of novel virus infections among people are always of public health concern. The risk from these outbreaks depends on characteristics of the virus, including how well it spreads between people, the severity of resulting illness, and the medical or other measures available to control the impact of the virus (for example, vaccine or treatment medications). The fact that this disease has caused illness, including illness resulting in death, and sustained person-to-person spread is concerning. These factors meet two of the criteria of a pandemic. As community spread is detected in more and more countries, the world moves closer toward meeting the third criteria, worldwide spread of the new virus. The potential public health threat posed by COVID-19 is high, both globally and to the United States.

But individual risk is dependent on exposure.

For the general American public, who are unlikely to be exposed to this virus at this time, the immediate health risk from COVID-19 is considered low.

Under current circumstances, certain people will have an increased risk of infection, for example healthcare workers caring for patients with COVID-19 and other close contacts of persons with COVID-19. CDC has developed [guidance to help in the risk assessment and management](#) of people with potential exposures to COVID-19.

However, it's important to note that current global circumstances suggest it is likely that this virus will cause a [pandemic](#). In that case, the risk assessment would be different.

CDC Risk Assessment 2-25-2020

- If widespread transmission in US occurs:
 - Large numbers people needing medical care at same time—overload to healthcare system and PH
 - High levels of school and work absenteeism
 - Other critical infrastructure such as law enforcement, emergency medical services and transportation industry may also be affected



If widespread transmission in US occurs:

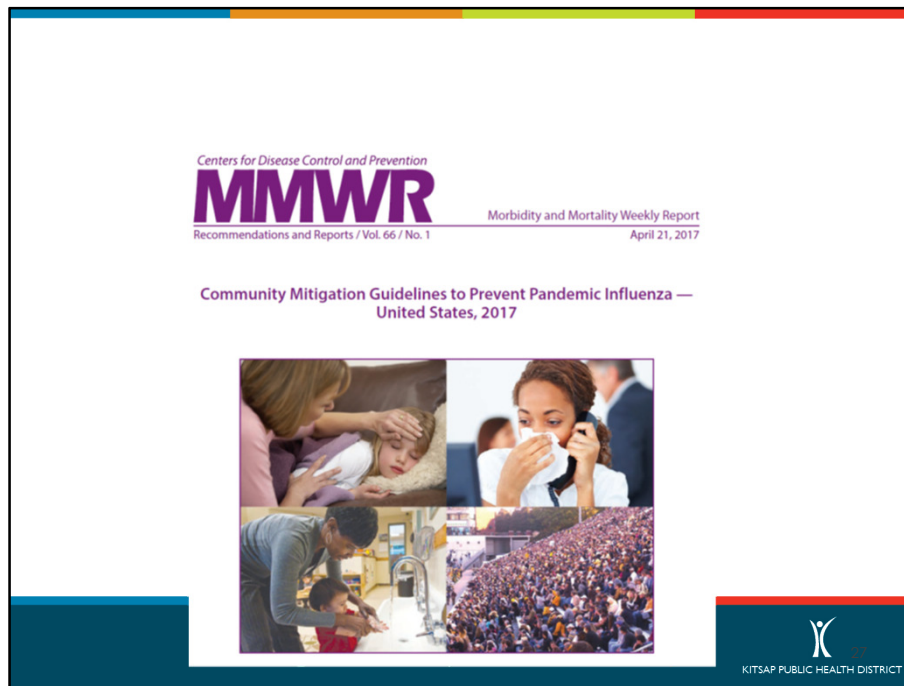
Large numbers people needing medical care at same time—overload to healthcare system and PH

Healthcare providers and hospitals may be overwhelmed

May result in elevated rates of hospitalization and deaths

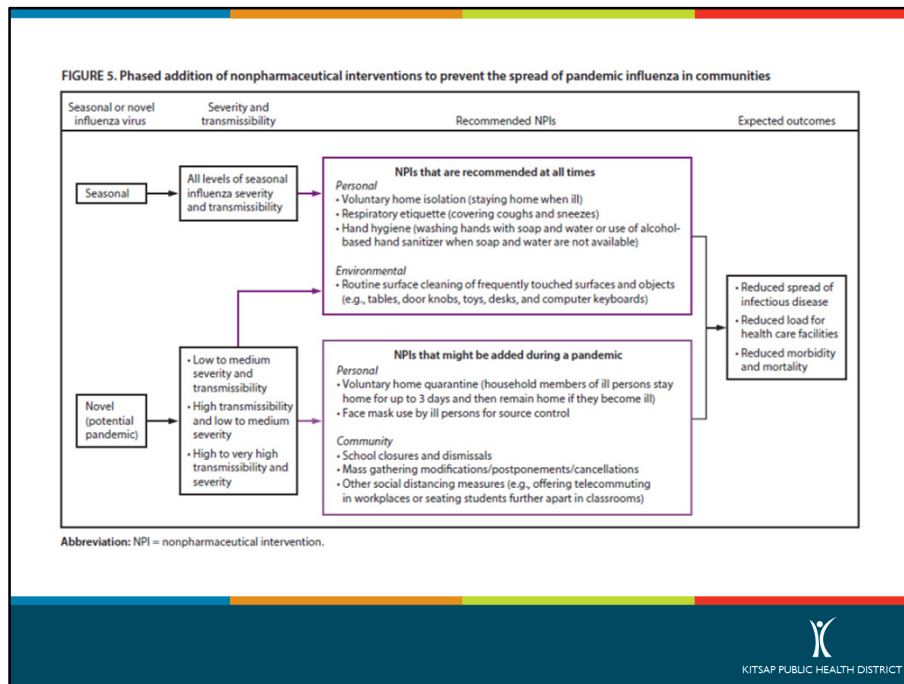
Schools, workplaces and other gathering places may experience more absenteeism

Other critical infrastructure such as law enforcement, emergency medical services and transportation industry may also be affected



But planning has occurred—pandemic planning has been in place since before the 2009 H1N1 pandemic.

KPHD has a Pandemic plan, but much work needs to be done



Non-pharmaceutical Interventions (NPIs) (AKA community mitigation measures)

Personal NPIs

Home isolation of ill people, hand hygiene, resp. etiquette

Home quarantine of well, potentially exposed people

Social distancing

School closures and dismissals

Social distancing in workplaces

Postponing or cancelling mass
gatherings

Environmental measures (e.g., routine
cleaning of frequently touched surfaces)

New guidance: [CDC Interim Guidance for
Businesses & Employers to Plan & Respond
to 2019 Novel Coronavirus](#)

Other Items for District:

- See risk assessment slide
- Staff to help Kitsap agencies, businesses, schools, healthcare prepare
- Messaging public to help community prepare
- Healthcare system overloaded
- When ask for EOC support

Policy Issues for Board & District

- Is COVID-19 response the top priority?
- District's capacity is exceeded
- No funding for COVID-19 work
- Stop doing other work that has revenue? (e.g., contracts, grants, service fees)
- Cease accepting public speaking invitations?
- Closing schools, businesses, and canceling events?
- Other?