

KITSAP PUBLIC HEALTH BOARD MEETING AGENDA

June 2, 2020
12:30 p.m. to 1:45 p.m.

**** Please note that this is a virtual meeting due to the COVID-19 pandemic and Governor Inslee's "[Stay Home, Stay Healthy](#)" Proclamation and [Proclamation 20-28.4](#), Extension - Open Public Meetings Act and Public Records Act, which was extended until June 17, 2020, by the Washington State Legislature on May 29, 2020. Electronic connection information for the meeting is provided at the end of the Agenda. ****

- 12:30 p.m. 1. Call to Order
Mayor Rob Putaansuu, Chair
- 12:32 p.m. 2. Approval of May 5, 2020 Meeting Minutes
Mayor Rob Putaansuu, Chair Page 3
- 12:34 p.m. 3. Chair Comments
Mayor Rob Putaansuu, Chair
- 12:38 p.m. 4. Public Comment
Mayor Rob Putaansuu, Chair
- 12:48 p.m. 5. Health Officer and Administrator Reports
Dr. Susan Turner, Health Officer & Keith Grellner, Administrator

INFORMATION AND DISCUSSION ITEMS

- 12:50 p.m. 6. COVID-19 Update and Discussion
Dr. Susan Turner, Health Officer & Keith Grellner, Administrator Page 10
- Work with Local Food Service Establishments
 - New Data Dashboard and Community Survey Results
 - Variance Application to Move from Phase 2 to Phase 3
- 1:32 p.m. 7. 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

ACTION ITEMS

- 1:40 p.m. 8. Employment Agreement between Kitsap Public Health Board and Nathan Gibson Morrow, MD, MPH
Mayor Rob Putaansuu, Chair *Page 18*
- 1:45 p.m. 9. Adjourn

All times are approximate. Board meeting materials are available online at www.kitsappublichealth.org/about/board-meetings.php

Zoom Meeting Information**

Please note: There is no physical location for this meeting. Board members and staff will all participate remotely. The public may login using a computer or call-in using a phone to listen to the meeting via Zoom. The public may submit verbal comments during the specified public comment segment.

To join the meeting online, please click the link:

<https://us02web.zoom.us/j/82297714856?pwd=Qkw0d2t5TTljblNQbXozZDJpYW9RUT09>

Password: 799731

Or join by telephone:

Dial: +1 (253) 215-8782

Webinar ID: 822 9771 4856

**Zoom meeting is limited to the first 500 participants. A recording of the meeting will be made available on our website within 48 hours of the meeting.

**KITSAP PUBLIC HEALTH BOARD
MEETING MINUTES
Regular Meeting
May 5, 2020**

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

REVIEW AND APPROVE AGENDA

There were no changes to the agenda.

BOARD MEETING MINUTES

Commissioner Charlotte Garrido moved and Mayor Becky Erickson seconded the motion to approve the minutes for the March 17, 2020 special meeting and April 7, 2020 regular meeting. The motion was approved unanimously.

CONSENT AGENDA

The May consent agenda included the following contracts:

- 1749 Amendment 14 (2072), *Washington State Department of Health, Consolidated Contract*
- 2018 Amendment 1 (2073), *Washington State Department of Ecology, Local Source Control*
- 2070, *Jefferson County Public Health, Nurse Family Partnership Supervisor*
- 2071, *Kitsap County, Nurse Family Partnership*

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.

Councilmember Kol Medina abstained from the vote, noting a relationship between his job with Kitsap Community Foundation and the Nurse Family Partnership contract.

The motion was approved.

CHAIR COMMENTS

Mayor Putaansuu noted that several jurisdictions are strategizing how to use the CARES act funding they may be receiving. He noted that the Kitsap Public Health District and the Kitsap County Department of Emergency Management may be options for dispersing this funding because of expenses incurred that jurisdictions may need to help cover. He asked that Health District staff keep the Board apprised of what those expenses may be moving forward.

Mr. Keith Grellner, Administrator, said staff have been in communication with Mayor Putaansuu, the Kitsap County Board of Commissioners, Kitsap County Department of Emergency Management and Kitsap County Department of Human Services. Staff are looking at

all the information coming from the Governor's office to determine what work is funded and what work will need to be covered by other monies. He said the Health District should have information prepared for the jurisdictions in the next week.

Mayor Putaansuu said there will likely be a need for additional test kits, personal protective equipment (PPE), etc. He said it would make sense to work jointly to acquire these things than working separately.

There was no further comment.

HEALTH OFFICER/ADMINISTRATOR'S REPORT

Mr. Grellner, thanked BKAT for streaming the meeting today so that everyone in the community has the opportunity to watch live or later.

Mr. Grellner said, due to the extension of Governor Inslee's Stay Home Stay Health Order, the Health District offices remain closed to the public through at least May 31, 2020. He reminded the public and Board that many of the Health District's services are available online and by phone. Staff are currently in the process of making plans for reopening when the Governor announces businesses can reopen.

Mr. Grellner explained that the Health District food permit cycle is generally May-May between years. The Health District has decided to temporarily extend 2019 permits for at least 30 days. He noted that most of our food establishments in Kitsap County are closed or operating with limited takeout. The Health District will hold off on sending out permit renewal notices until there is more clarity from the state. Once the Health District has more clarity, staff will put together a packet for the Board's Finance Committee to review.

Dr. Turner deferred Health Officer comments to have ample room for presentation and discussion related to COVID-19.

Mayor Erickson commented that it would be helpful to look at the needs in a comprehensive way. She said the Health District may need to hire additional contact tracers. She said, once business starts opening back up, there will be staffing issues at the District to do regular work and continue COVID-19 response. She said it would be helpful for the Health District to make a list of needs and bring it to the Board or Finance Committee. Mr. Grellner said he would be happy to bring that information to the Board.

There was no further comment.

PUBLIC COMMENT

Nancy Langwith, member of the public, thanked the Board for making these meetings available to the public. She also thanked the Health District for providing accessible data on a daily basis. Ms. Langwith had several questions and comments for the Board:

- Can the Health District share hospitalization numbers in their data?
- What does the Board attribute to low rates of mortality, how do we leverage this as we open back up?
- In view of low rates, will the Board consider a variance to move through phases more quickly?
- Will it be possible to have any summer youth programs this summer? What would the decision process be for these?
- Has the Health District considered using residents as volunteer contract tracers?

Ms. Langwith had no further comments.

Roger Gay, South Kitsap resident, said he appreciates the info shared at the beginning of the meeting regarding permitting. He said he was also curious how health inspections for food establishments and farmers markets are going to continue or if they have been occurring, with all the changes made to operating procedures in food service.

There was no further public comment.

COVID-19 UPDATE AND DISCUSSION

Dr. Turner and Mr. Grellner approached the Board to provide an update on COVID-19.

Since December 2019, the world has experienced an international outbreak of novel coronavirus (COVID-19), caused by the SARS-CoV-2 virus. The COVID-19 outbreak has been classified as a pandemic by the World Health Organization.

On February 4, 2020, the Kitsap Public Health District “activated” an Incident Command System to efficiently coordinate our COVID-19 containment efforts, and on February 27, we broadened our response to slow and limit the spread of the novel infection. Statewide social distancing and other mitigation methods implemented shortly thereafter appear to have effectively slowed the spread of the infection, thereby preventing the healthcare system from being overwhelmed and reducing severe illness and deaths in Washington State and Kitsap County.

The healthcare system continues to face intermittent shortages in recommended personal protective equipment (PPE), and until this shortage is resolved permanently the healthcare system will continue to be vulnerable to overload should outbreaks or recurrences of viral spread occur. There also remains a national shortage in testing supplies, and as such, testing for COVID-19 is still limited. The limited availability of testing supplies has hampered not only the District’s ability to provide surveillance data describing the status of community spread of COVID in Kitsap, but also hampers the surveillance and recovery efforts at the state and national levels. The shortage of these supplies continues to threaten and undermine our ability to respond to outbreaks and/or to detect a resurgence of community spread moving forward.

During this Board meeting, the District provided an update on the District's current activities, expenditures to date, available COVID epidemiologic data, and the status of our preparations for the next stage of response as social distancing measures are relaxed. The Health District's data dashboard, reports and case details discussed during this meeting can be found at kitsappublichealth.org.

Mr. Grellner shared dates of significance beginning December 2019. While the first case in Kitsap was March 8, Kitsap's response has begun to decrease and level off during the latter half of April. He noted that all local health jurisdictions have been suffering from a lack of funding for decades. He said adequately funded local health jurisdictions are better positioned to respond to outbreaks.

Mr. Grellner noted several strengths of our local COVID-19 response: community agencies have worked together, staff have been trained in new tasks, and generally, most Kitsap residents have done a good job of staying home. In response to Ms. Langwith's question, Mr. Grellner said one of the reasons Kitsap County has had fairly low positive COVID-19 rates is because of the commitment from Kitsap residents to stay home and keep each other healthy. Additionally, the Health District has several staff trained and on reserve for contact tracing, though as Mayor Erickson noted, this may not be enough in the case of a surge.

Through the end of April, the Health District expenditures related to COVID-19 response have included 9,400 hours of staff time at a cost of \$600,600. The Health District just received \$309,000 of disaster response money from the state, which will only cover part of the expenditures so far. There is also an additional \$340,000 of federal funding coming. Health District staff, in coordination with the Kitsap County Emergency Operations Center (EOC), will put together a budget estimate for the next year to continue tracking COVID-19 and working to keep the rate of infection down so that the county can reopen.

Dr. Turner provided an update on COVID-19 testing. Many tests have come to the Kitsap market. She noted that the standard COVID-19 test is a PCR test distributed by the Centers for Disease Control and Prevention (CDC) to accredited labs. Testing is becoming more widely available across Kitsap, but global supply shortages are still an issue. The Washington State Department of Health (DOH) recently changed testing recommendations to include all symptomatic people. Point of Care PCR tests have proven problematic, while many other PCR tests being offered have not been fully explored by the FDA, but have been approved through emergency use authorization.

Additionally, Dr. Turner noted the introduction of serology testing, which analyzes bloodwork for immunoglobulin to COVID-19 or other coronaviruses. She said that, according to two studies (linked in the presentation), current serology testing has no role in diagnosis and no clear role in surveillance. Dr. Turner is hopeful that this will become more useful the future.

Dr. Turner shared some Kitsap COVID-19 testing data.

Commissioner Gelder asked if the uptick in number of tests and increase in providers testing could be attributable to the expansion of testing criteria? Dr. Turner suspects that this is likely, however she said we can only hypothesize at this point.

Mayor Erickson asked if the Health District called providers directly and asked how many supplies they each have. Dr. Turner said the Health District has not yet done this but has been strategizing with unified command. Health District staff feel that the community should be made aware of locations of test kits to align with the Governor's guidance for recovery. The EOC has reserved some kits for high surge risk locations, such as long-term care residences. Mr. Grellner said test kit levels have been good for Kitsap the last 2-3 weeks but is hearing it may be another 2-3 kits before Kitsap gets a test kit refill. He also noted that Kitsap is lucky and he has heard reports of counties in Eastern Washington that have been waiting over 5 weeks for test kits. Despite any comments to the contrary, there is still a severe shortage of test kits.

Mayor Erickson said she is part of the EOC and based on what she has heard, she doesn't believe there is a test shortage in Kitsap and that we won't know until we call every testing provider.

Commissioner Ed Wolfe said he agrees with Mr. Grellner. He said all of the Health Board members have participated in several of the same meetings. Commissioner Wolfe said testing is not limited, it is severely depleted. He said we are competing with every other county in the state and the nation. He said the Board of Commissioners discussed a variance from the Governor's orders, but said it became very clear to them that Kitsap County probably can't move forward until we have adequate testing. He said the testing stock is dismal in Kitsap. He said he hopes it gets better in the near future, because the lack of available test kits is holding Kitsap back from reopening small businesses.

Mayor Wheeler said now is the time to be transparent with the public about what measures need to be met in order to start moving toward reopening. He said the public needs to know what our current testing and personal protective equipment (PPE) levels are and what the required levels are to apply for a variance. Mr. Grellner said having sufficient testing supplies means when healthcare facilities need them, they have them on hand. If they need to order testing supplies, they get them within a day. He said this is not the reality in Kitsap right now. He added that, because of limits to testing and PPE, only the individuals with the most severe illness have been allowed to be tested to date. There are many people with mild symptoms that the Health District suspect have COVID-19 but were not tested.

Mayor Erickson said she is looking for more data regarding how many tests each testing site is providing each day, and what their stockpile numbers are, so that we know the quantity of supplies we need to request. Dr. Turner said this is a time-consuming thing to do, that has not yet been done, however, but the EOC and community are working to put one together. Dr. Turner said the Health District knows how important testing is for all of us to move forward. She expects supply requests will be based on best guesses as providers begin testing more people and, as our messaging to the public changes, and how this increases demand.

Dr. Turner said the Governor has indicated that only counties with populations of less than 75k can apply for variances at this time.

Commissioner Wolfe recommended that the Health District and Board start the application process so it is ready when more testing kits become available in Kitsap.

Commissioner Gelder asked what denominator is being used to determine the infection rate in Kitsap County. He said there are some contradictory numbers for Kitsap population, but wants to ensure the same number is used consistently throughout the tracking process. Additionally, he asked how the state's stockpile of test supplies will filter down to the county.

Dr. Turner said her understanding that the state tests that were expected 2 weeks ago did not arrive and are not anticipated for another couple of weeks. She explained that, information from the EOC, suggests that those tests won't become avail to state for at least 2 weeks and will likely be sent to regions experiencing surges in outbreak, like Eastern Counties. She noted again that these issues are global and national. She said it will be a challenge to test a significant part of our community.

Dr. Turner continued the presentation and explained the Governor's prerequisites for easing restrictions which include decreasing disease morbidity, increasing healthcare capacity, public health capacity and ability to protect high risk populations.

Mr. Grellner said if Kitsap county were to apply for variance right now the state would not approve it. Right now, only small counties with 75k residents or less AND have not identified a resident with COVID-19 for the past 3 weeks qualify. Kitsap County is still getting, on average, 2 positive cases per day.

Mayor Wheeler said there are a lot of unknowns, but we need to start communicating to the public what we *do* know. He said we can't just hope more test equipment comes in. Hope is not a plan – citizens are going to need to know the plan.

Commissioner Gelder said communication is important but everyone may not know how to find this information on the Health District website to see how it aligns with the data with the state's metrics. He asked if the Health District can partner with other agencies to get some space on the top of their websites to show day by day look at our metrics.

Commissioner Garrido agreed with Commissioner Gelder and said we also need to continue communicating reminders of guidance to not pass on the virus.

Mayor Erickson thanked Dr. Turner and Mr. Grellner for working around the clock the last two months. She added that we need to double the amount of testing we are doing so we can move forward.

Mayor Kol Medina asked if Health District staff would you be willing to present the survey results on the pandemic coalition phone call next week? Dr. Turner said the data shown is only a subset of data, but the Health District can have someone share the data available by that time.

Mayors Wheeler and Putaansuu noted that the cities of Bremerton and Port Orchard, respectively, will both put out press releases by the end of the day.

ADDITIONAL BUISINESS

ADJOURN

There was no further business; the meeting adjourned at 1:52 p.m.

Robert Putaansuu
Kitsap Public Health Board

Keith Grellner
Administrator

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

Board Members Absent: *None.*

Community Members Present: Vivianne Atree, *self*; John Clauson, *Kitsap Transit*; Kristine Cowan, *self*; Melanie Dalton, *self*; Daniel Frederick, *self*; Roger Gay, *self*; Geoffrey Hellstrand, *self*; Brian Kelly, *Bainbridge Island Review*; Richard Kirton, *Kitsap 911*; Michelle Laboda, *North Kitsap Fire & Rescue*; Nancy Langwith, *self*; Monte Levine, *self*; Amber Lewis, *self*; Austen Macalus, *Kitsap Sun*; Rebecca Pirtle, *Kitsap County*; G. Porter, *self*; Mary Schofield, *self*; Katharine Shaffer, *Kitsap County*; Stacy Smith, *Kitsap County*; Rick Sutton, *self*; Brett Warner, *self*; Jennifer Wilson, *self*.

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*; Keith Grellner, *Administrator*; Karen Holt, *Program Manager, Human Resources*; Lyndsay Kellum, *Community Liaison, Chronic Disease Prevention*; Andrew Lau, *Epidemiologist 1, Community Health*; Megan Moore, *Community Liaison, Chronic Disease Prevention*; Gregoria Noble, *Environmental Health Technician 2, Drinking Water and Onsite Sewage Systems*; Crystal Nuno, *Environmental Health Specialist 2-RS, Solid and Hazardous Waste*; Beth Phipps, *Public Health Nurse Supervisor, Communicable Disease*; Debbie Rassa, *Tuberculosis Infection Specialist, Communicable Disease*; Denise Turner, *Senior Accounting Assistant, Payroll*; Susan Turner, *MD, Health Officer*; Kate Wagner, *Secretary Clerk 2, Parent Child Health*.

MEMO

To: Kitsap Public Health Board

From: John Kiess, Environmental Health Director
Dayna Katula, Food and Living Environment Program Manager

Date: June 2, 2020

Re: Food Establishment Survey in Response to COVID-19 Requirements

The Kitsap Public Health District's Food & Living Environment Program oversees 1,345 Food Service Establishment (FSE) Permits. To learn more about how Kitsap's FSEs were operating during Phase 1 of the COVID-19 pandemic --- and how the Health District may help FSEs adapt to our new COVID-19 world --- we surveyed our permitted establishments via telephone or electronic survey.

During today's meeting, we will provide a brief overview of the survey results (Attachment 1) and provide the Board with an update on Health District efforts to provide technical assistance and respond to concerns and complaints about food service establishments during the COVID-19 pandemic.

Recommended Action

None --- for information and discussion only.

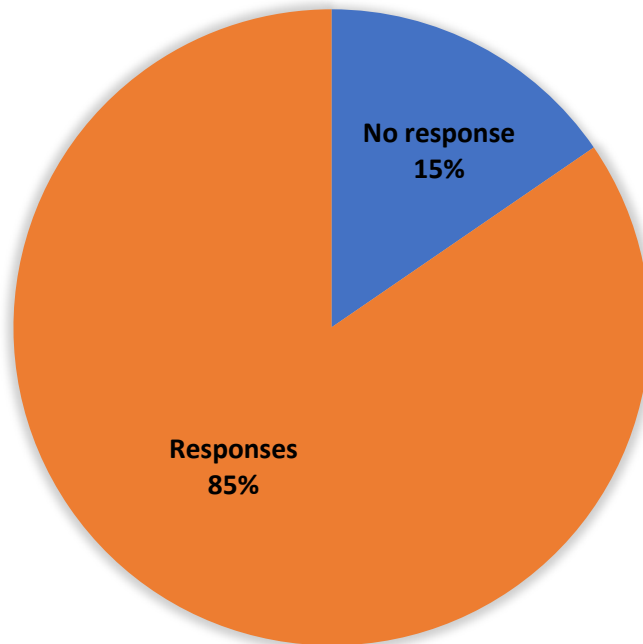
Please contact me at (360) 728-2290, or john.kiess@kitsappublichealth.org with any questions or comments.

kitsappublichealth.org

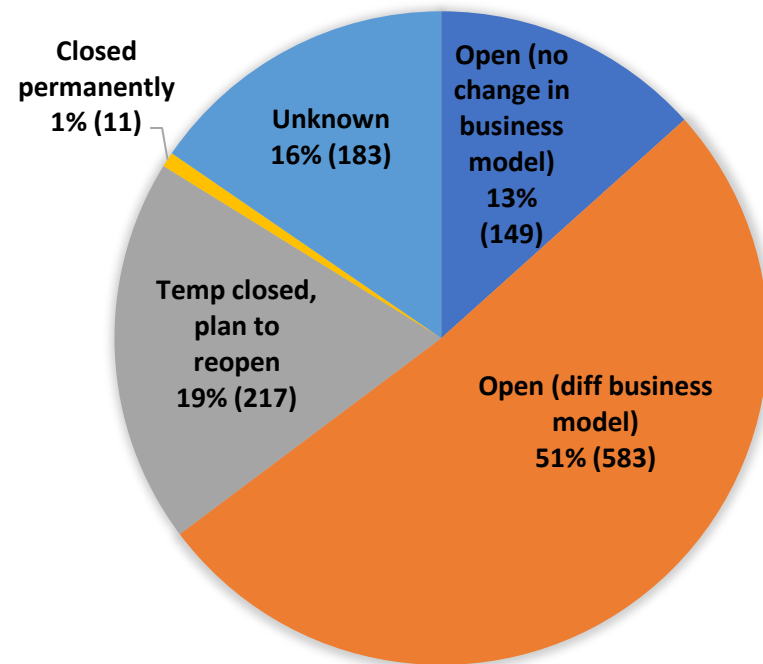


Summary of food service establishment operations in Kitsap County May 27, 2020

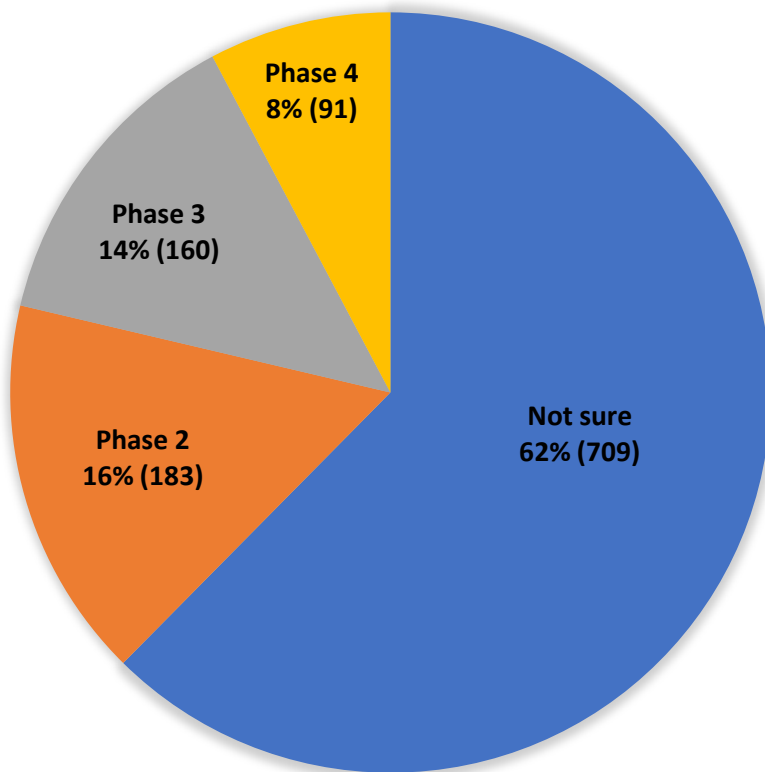
We completed contact with 85% (1143) of our food service establishments.



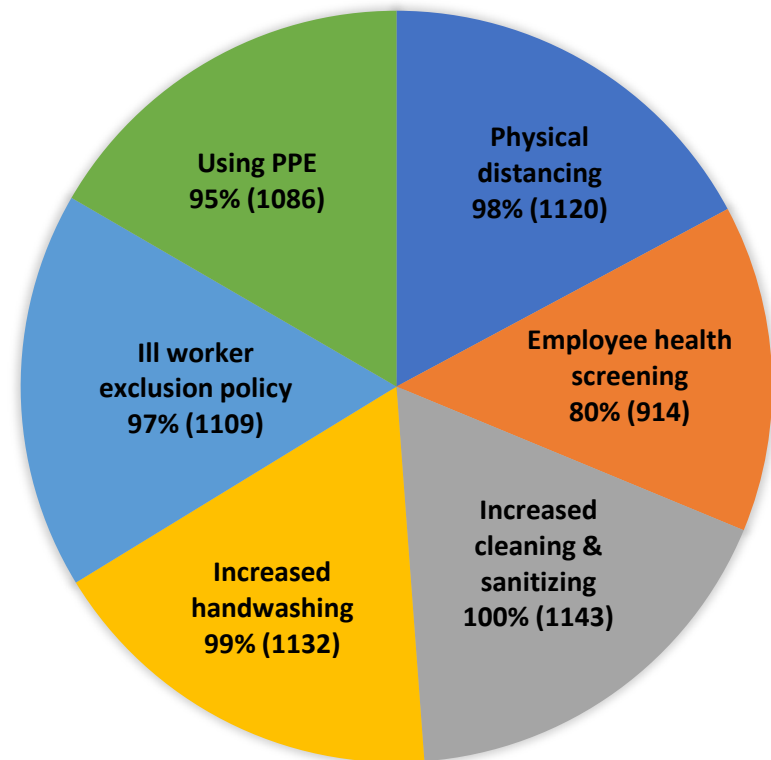
We wanted to know which establishments were open and which were closed and what business model changes might have been changed.



Of the establishments that were temporarily closed due to the governor's proclamation, we wanted to know when they planned to reopen.



Of the establishments that are open, we wanted to know which percentage of them had implemented Washington State Labor & Industries' safety measures to protect their staff.



Safe Start – Washington’s Phased Reopening

Top line messages

- Stay Home, Stay Healthy ends on May 31 as we move to Safe Start – Washington’s Phased Reopening. Each county will be required to comply with the requirements of their respective Phase, with any differences approved by the Secretary of Health.
- We plan to move Washington through the phased reopening on a county-by-county basis. Each county would start June 1 in their current Phase but would be able to apply to move between the phases or add new business activity as outlined below.
- Governor Inslee will issue a new proclamation to continue the phased reopening, county-by-county approach, and business reopening requirements.
- In this new approach, counties will now have more flexibility and the ability to apply to the Secretary of Health to demonstrate they can safely allow additional economic activity based on target metrics and a holistic review of their COVID-19 activity and ability to respond.

How will the county-by-county approach work?

- Starting on June 1, any county can apply to the Secretary of Health to move to the next phase. The application process will include target metrics set by the Secretary of Health below.
- The application must be submitted by the County Executive, in accordance with the instructions provided by the Secretary of Health. If the county does not have a County Executive, it must be submitted with the approval of the County Council/Commission.
- The Secretary of Health will evaluate county application based on how their data compare to these targets and their ability to respond to situations that may arise in their county, including outbreaks, increased deaths, health system capacity and other factors. Of note, these metrics are intended to be applied as “targets,” not hard line measures. The identified actions each contribute to reducing risk of disease transmission, and are to be considered in whole. Where one target is not fully achieved, actions taken with a different target may offset the overall risk. A final decision on whether a county is ready to implement a variance program rests with the Secretary of Health.
- The secretary may approve a county moving in whole to the next phase, or may only approve certain activities in the next phase.

COVID-19 Activity	Incidence of new cases reported during prior two weeks	Target: <25 cases / 100,000 / 14 days
	Trends in hospitalizations for lab-confirmed COVID-19	Target: flat or decreasing
	Reproductive rate (if available)	Target: $Re < 1$
Healthcare system readiness	% licensed beds occupied by patients (i.e., hospital census relative to licensed beds)	Targets: Green: <80% (Yellow: 81-90%; Red: >90%)
	% licensed beds occupied by suspected and confirmed COVID-19 cases	Target: Green: <10% (Yellow: 11-20%; Red: >20%)
Testing	Average number of tests performed per day during the past week (or average % tests positive for COVID-19 during the past week)	Target: 50 times the number of cases (or 2%)

	Median time from symptom onset to specimen collection among cases during the past week	Target: median <2 days
Case and contact investigations	Percent of cases reached by phone or in person within 24 hours of receipt of positive lab test report	Target: 90%
	Percent of contacts reached by phone or in person within 48 hours of receipt of positive lab test report on a case	Target: 80%
Protecting high-risk populations	Number of outbreaks reported by week (defined as 2 or more non-household cases epidemiologically linked within 14 days in a workplace, congregate living or institutional setting)	Target: 0 for small counties (<75,000), 1 for medium counties (75,000-300,000), 2 for large counties (>300,000), 3 for very large counties (>1 million)

- A county who remains in Phase 1 would have the ability to apply for a modified Phase 1. That application would be submitted to the Secretary of Health. The Secretary of Health has discretion to modify or change any part of the modified Phase 1 to address the needs of a specific county. All activities must follow the health and safety requirements for those activities.
- The modified Phase 1 would include the following Phase 2 activities with the specific modifications to the health and safety requirements listed:
 - **Recreation and fitness**
 - Only allowed outdoor with 5 (not including the instructor) or fewer people outside of household
 - **Gatherings**
 - Only allowed outdoor of 5 or fewer people outside the household
 - **Additional construction**
 - as outlined in Phase 2 guidance
 - **Manufacturing operations**
 - as outlined in Phase 2 guidance
 - **Real estate**
 - 25% of building occupancy.
 - Indoor services limited to 30 minutes
 - **In-store Retail**
 - 15% of building occupancy.
 - Indoor services limited to 30 minutes
 - **Personal Services**
 - 25% of building occupancy.
 - **Professional services**
 - 25% of building occupancy.
 - Indoor services limited to 30 minutes for customers
 - **Photography**
 - as outlined in Phase 2 guidance
 - **Pet grooming**
 - 25% of building occupancy.
 - **Restaurants**

- No indoor dining allowing.
- Outdoor dining is permitted but seating at 50% of existing outdoor capacity.

Can counties currently in Phase 2 apply to move (in whole or in part) to Phase 3?

- Yes, counties that have been in Phase 2 for at least three weeks can apply to move (in whole or in part) to Phase 3. The application must be submitted by the County Executive. If the county does not have a County Executive, it must come with the approval of the County Council/Commission. The earliest any counties could move would be June 3. However, they will need to submit an application, including all information requested, to the Secretary of Health.

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What if it becomes necessary for a county to move to an earlier phase (e.g., move from Phase 3 to Phase 1)?

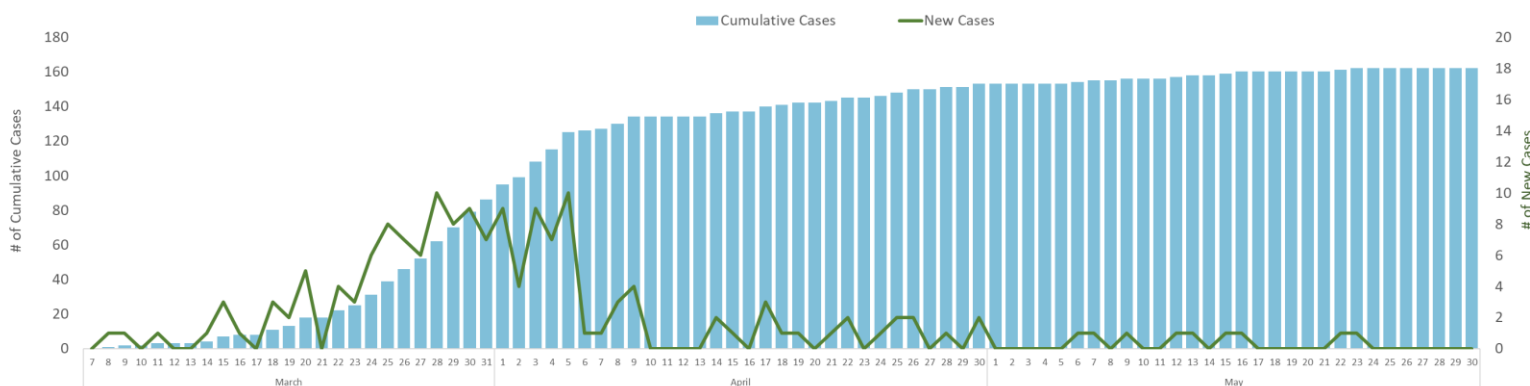
- Counties can identify when they need to return to an earlier phase by submitting a rationale and relevant data to the Secretary
- Alternatively, the Secretary has the authority to return a county to an earlier phase if the county chooses not to do so on its own, and the Secretary has identified a need to do so. The Secretary must notify a county in writing and provide a rationale for it being moved to an earlier phase.

Kitsap COVID-19 Weekly Surveillance Report

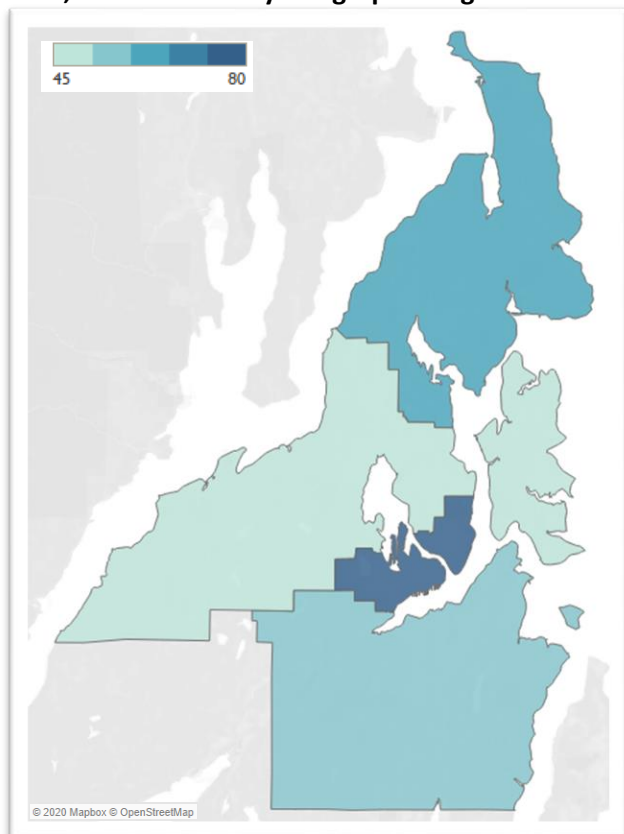
Release Date: June 1, 2020

Summary: COVID-19 is an illness caused by a new type of coronavirus. There were 0 positive COVID-19 tests between 5/24/2020 and 5/30/2020, with the total number of Kitsap resident cases at 162. Between 5/17/2020 and 5/23/2020, there were 11 healthcare visits for coronavirus-like illness (CLI). There have been two reported Kitsap resident coronavirus-related deaths as of May 30th, 2020.

COVID-19 Lab Confirmed Positive Cases by Lab Confirmation Date



Rate of COVID-19 Lab Confirmed Positive Cases per 100,000 Residents by Geographic Region



Data Source: Washington Disease Reporting System, Washington Department of Health, Web accessed 5/31/2020

2020 Total

# Tested	7,280
# Positive Covid-19	162
# Negative Covid-19	7,118
Percent Positive	2%
Percent Hospitalized Overnight ¹	16%
# of Deaths	2

Cases by Geography	N(%)
Bainbridge Island	11(7%)
Bremerton	51(31%)
Central Kitsap	28(17%)
North Kitsap	33(20%)
South Kitsap	39(24%)

Cases by Age Range	N(%)
0-19	7(4%)
20-29	30(19%)
30-39	19(12%)
40-49	27(17%)
50-59	40(25%)
60-69	19(12%)
70-79	13(8%)
80+	6(4%)

- Note:** Identified by case contact interviews or ESSENCE database of lab confirmed positive COVID19 test; excludes military members with unknown hospitalization status (n=156)

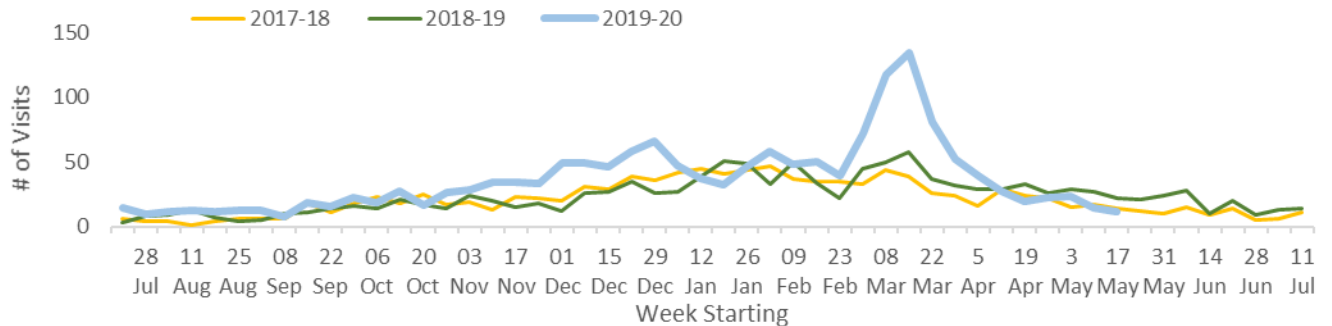
Kitsap COVID-19 Weekly Surveillance Report

Release Date: June 1, 2020

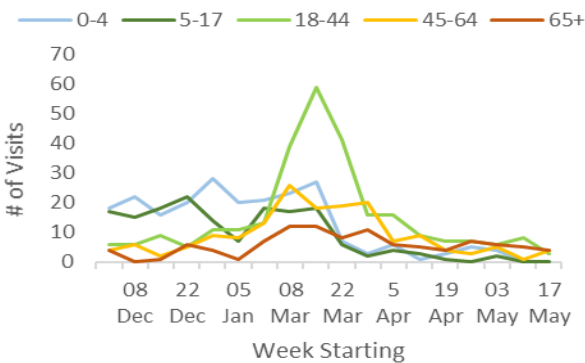
Syndromic Surveillance for Coronavirus-Like Illness (CLI)

CLI visits are primary, urgent and emergency care visits for fever AND cough or difficulty breathing or shortness of breath, excluding cases diagnosed with influenza, and may not have a lab-confirmed novel coronavirus diagnosis. CLI visits could include visits for strains of coronavirus other than COVID-19 and other similar illnesses.

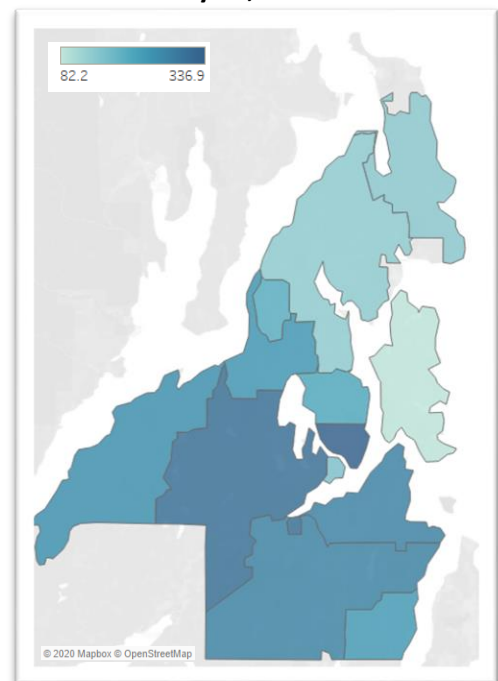
CLI Visits for Kitsap Residents by Week



Age Group of Kitsap Residents with CLI Visits by Week

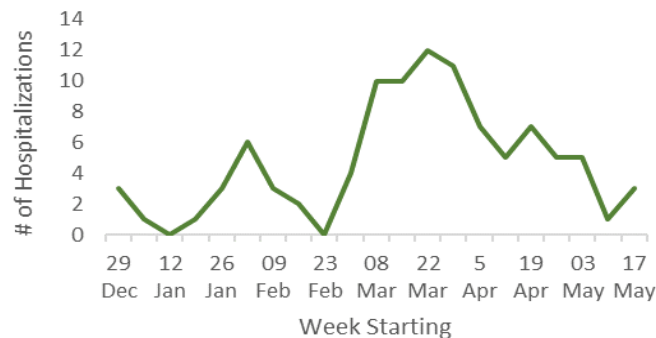


Rate of CLI visits per 100,000 Kitsap Residents by ZIP Code of Residence*: March 1 – May 23, 2020



*Areas with <10 visits not shown

Hospitalizations for CLI for Kitsap Residents by Week



Data Source: National Syndromic Surveillance Program, Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE), Version 1.22 (Fall 2019), accessed 6/1/2020.

More information: For questions or comments about this report, please contact: epi@kitsappublichealth.org

- Kitsap Public Health District: <https://kitsappublichealth.org/CommunityHealth/CoronaVirus.php>
- WA State COVID-19 Website: <https://coronavirus.wa.gov/>
- Washington Department of Health COVID-19 Website: <https://www.doh.wa.gov/Emergencies/Coronavirus>
- CDC Covid-19 Website: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- World Health Organization Covid-19 Website: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

MEMO

To: Kitsap Public Health Board

From: Keith Grellner, Administrator
Karen Holt, Manager, Human Resources

Date: June 2, 2020

Re: Health Officer Recruitment – DRAFT Employment Agreement Between Kitsap Public Health Board and Nathan Gibson Morrow, MD, MPH

With Dr. Turner's planned and impending retirement effective July 31, 2020, the Kitsap Public Health District, with approval of the Kitsap Public Health Board, has been actively recruiting for a full-time health officer since November 2019.

In coordination with the Board's Personnel Committee, selection of potential candidates was confirmed early this year. Identified candidates were interviewed three times. Candidates were first interviewed by Vice Chair Garrido, the Health District's Executive Leadership Team, and Human Resources Program in late February. During the next two rounds of interviews in April and early May, candidates were interviewed with participation from Board members, the Health District's Executive Leadership Team and Human Resources Program. Background checks were completed by Human Resources following completion of the third round of interviews.

At a special meeting of the Board on May 22, 2020, an executive session was held to share interview and background check results and to discuss next steps in the recruitment process for Health Officer.

Based on the results of the interviews and background checks, the Health District strongly recommends the Board to hire Nathan Gibson Morrow, MD, MPH, as the next health officer for the Kitsap Public Health District. Dr. Morrow is currently the Deputy Health Officer for the Whatcom County Health Department.

kitsappublichealth.org



Attached, please find a draft employment agreement between the Kitsap Public Health Board and Nathan Gibson Morrow, MD, MPH, for the Board's review and consideration. The attached draft has been agreed to in principal by Chair Putaansuu, the Health District, and Dr. Morrow.

If approved by the Board, Dr. Morrow's first day in the office will be Monday, July 27, 2020, which provides for a week of overlap with Dr. Turner, providing for a smooth transition.

Recommended Action

The Health District respectfully recommends the Board approve of the draft Employment Agreement between Kitsap Public Health Board and Nathan Gibson Morrow, MD, MPH.

If you have questions or need additional information, please contact Keith Grellner at (360) 728-22584 or Karen Holt at (360) 728-2294.

Attachments (2)

EMPLOYMENT AGREEMENT
Between
KITSAP PUBLIC HEALTH BOARD
And
NATHAN GIBSON MORROW, MD, MPH

This Agreement (“Agreement”) is entered into between the Kitsap Public Health Board (“Board”) and Nathan Gibson Morrow, MD, MPH, (“Employee”) for the terms and conditions of Employee’s employment with the Board. The parties mutually agree as follows:

1. Scope of Employment

The Board will employ Employee as the Health Officer of the Kitsap Public Health District (“District”). Employee’s duties are more fully described in Attachment A to this Agreement (the District’s Job Classification for Health Officer) and in chapter 70.05 RCW. The District’s Personnel Manual and employment policies and procedures are applicable to Employee’s employment except as otherwise provided in this Agreement. Employee will use his best efforts, skills, and abilities in performing the duties of such employment.

2. Term of Employment

Employee’s term of employment is effective on July 27, 2020, and is indefinite in duration. Employee will serve in the position of Health Officer unless and until Employee’s employment is terminated in accordance with Sections 9, 10, or 11 of the Agreement, subject to compliance with RCW 70.05.050.

3. Compensation of Employee

(a) Wages. Employee will be paid at a salary rate of \$14,500.00 per month effective July 27, 2020. Such salary will be paid subject to applicable deductions and withholdings, and paid on the District’s regular payroll schedule, the last weekday of the month. Effective January 1, 2021, and annually thereafter for the life of this Agreement, Employee will receive any wage adjustments, including any cost-of living increases, market adjustments, or general increases, consistent with the adjustments and increases made to the wages of the District’s other non-union exempt-status employees. Upon successful completion of a six (6) month probationary period, Employee will receive a salary increase of 5%. Additional adjustments to Employee’s salary are at the discretion of the Board and will be based on evaluations of performance.

(b) Workweek. Employee’s basic workweek is 40 hours, except that work may require additional hours to accomplish the duties of Employee’s position.

(c) Expenses. The Board will reimburse Employee for all other work-related expenses including professional licensure incurred during the term of his employment as allowed by and pursuant to the District’s general expense reimbursement policies.

(d) Health Benefits. The Board will provide health care coverage for Employee in the same manner as provided for the District’s other non-union exempt-status employees.

(e) Leave. Employee will receive the same leave benefits as outlined in the District's Personnel Manual for the District's other non-union exempt-status employees, except general leave accruals as described in Section 3(f), for the period July 27, 2020 through December 31, 2020 will be available for Employee's use upon hire. Effective January 1, 2021, general leave will accumulate on an accrual basis per general leave policies outlined in the District's Personnel Manual. Should Employee separate from employment prior to December 31, 2020, the value of such leave will be deducted from Employee's last paycheck prorated on a month-by-month basis. Employee may carry over a maximum of three-hundred sixty (360) hours of general leave from one calendar year to the next. Employee will receive compensation for a maximum of two hundred and forty (240) hours of accrued, but unused, general leave at the termination of his employment with the District.

(f) Holidays. The Board provides paid leave on the following holidays: New Year's Day, Martin Luther King Jr. Day, President's Day, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day, Native American Heritage Day, (the Friday after Thanksgiving), Christmas, and one floating holiday of Employee's choice. If a holiday falls on a Saturday, it shall be observed the preceding Friday. If a holiday falls on a Sunday, it shall be observed on the following Monday.

(g) Retirement Benefits. Employee will contribute to and receive retirement benefits pursuant to the Washington Public Employees' Retirement System (PERS).

(h) Professional Liability Insurance. The District will provide professional liability coverage for Employee while acting within the scope of his duties on behalf of the District.

(i) Other Benefits. For the duration of his employment with the District, Employee will receive other benefits that are provided either currently or in the future to the District's other non-union, exempt-status employees.

(j) Relocation Expenses. The District will reimburse Employee for relocation expenses to move the Employee's personal property from the Whatcom County, Washington area to the Kitsap County, Washington area. Relocation expenses eligible for reimbursement include travel, packing, moving, storage, unpacking, and insurance, and shall not exceed \$3,000.00. Reimbursement will be made as allowed by and pursuant to the District's general expenses reimbursement policies.

4. Probationary Period

Employee will be considered a probationary employee during the first six (6) months of employment. During the probationary period, the Board will monitor Employee's performance closely to ensure that Employee's performance is satisfactory, and that Employee is otherwise a good fit for the District. If the Board believes that Employee is having performance or other problems, it may extend the probationary period, require earlier and/or more frequently performance reviews, intervene to correct any perceived deficiencies, and/or revoke Employee's contingent employment. The probationary period and revocation of Employee's contingent employment is not subject to the terms and conditions of Section 11 herein or RCW 70.05.050.

5. Performance Review

Employee will receive formal performance reviews at the end of Employee's probationary period, and at one-year intervals thereafter.

6. Professional Development

The Board will reimburse Employee for costs associated with attending job-related professional and continuing education training programs and associated subscriptions as provided in the District's annual budget.

7. Nondiscrimination

Employee will comply with all federal, state, and local laws that prohibit discrimination or harassment in employment.

8. Integration

This Agreement contains the entire agreement concerning the employment of Employee, and supersedes all previous communications, representations, or agreements, either verbal or written, between the parties. The parties stipulate that there are no promises, terms, conditions, representations, or obligations other than those specifically set forth in this document.

9. Termination for Cause

In compliance with RCW 70.05.050, the Board will provide Employee with written notice of any disciplinary action that may include termination for cause. For the purposes of this Agreement, "cause" is any reason for which any other District non-union non-exempt employee may be discharged, as more fully described in the District's Personnel Manual in effect at the time of the termination. Employee will not be entitled to severance pay should Employee be terminated for "cause" or resign. Prior to terminating Employee, the Board will also provide Employee with a hearing and an opportunity to be heard regarding any alleged disciplinary infractions or performance issues that may result in termination as provided in RCW 70.05.050.

10. Notice of Employee's Intention to Terminate

If Employee terminates his employment with the District for any reason, Employee agrees to provide the Board with ninety (90) days advance written notice. If Employee fails to provide the Board with ninety (90) days advance written notice, the Board will not compensate Employee for the value of any unused leave accrued in accordance with Paragraph 3(e) of this Agreement.

11. Notice of Employer's Intention to Terminate

If the Board terminates Employee for convenience (as opposed to termination for "cause"), the Board will provide, in addition to the notice and hearing required under RCW 70.05.050, ninety (90) days advance written notice to Employee. At the Board's option, the Board may pay Employee three (3) months of severance pay in lieu of ninety (90) days' notice.

12. Modification

This Agreement may be amended or modified only in writing by the Board and signed by the current chair of the Board.

13. Severability

If any provision of this Agreement is held invalid, the remainder of the Agreement, and the remaining rights and obligations of the parties, shall be construed and enforced as if the Agreement did not contain the invalid part.

14. Venue

This Agreement shall be governed by the laws of the State of Washington, both as to interpretation and performance, and any action at law, suit in equity, or other proceeding for the enforcement of this Agreement or any provision thereof shall be instituted only in the courts of the State of Washington, County of Kitsap.

15. Extraneous Representations

Employee has read and understands the whole of the above Agreement and states that no representation, promise, or agreement not expressed in this document has been made to induce Employee to enter into it.

Dated this ____ day of _____, 2020. **Dated** this ____ day of _____, 2020.

EMPLOYEE

KITSAP PUBLIC HEALTH BOARD

Nathan Gibson Morrow, MD, MPH

Mayor Robert Putaansuu, Chair

**Attachment A
HEALTH OFFICER****DEFINITION**

Under policy direction from the Kitsap Public Health Board (“Board”), the Health Officer is responsible for and empowered to enforce the provisions of RCW 70.05.070 and other applicable state law. The incumbent is also responsible for overseeing the public health functions of community health assessment, public health policy development, and assurance of health service delivery throughout Kitsap County. The incumbent is expected to apply a thorough and complete knowledge of procedures related to the field of medicine, and local public health programs, laws and regulations, to varied and complex work situations. Duties require innovative leadership and active collaboration with a wide range of strategic partners and stakeholders to address public health issues in a rapidly changing community environment.

DISTINGUISHING CHARACTERISTICS

Appointed by and reporting directly to the Board, the incumbent serves as the District’s Health Officer, responsible for the powers and duties assigned to the Health Officer under state law. This classification is distinguished from the Administrator who serves as executive secretary and administrative officer for the Board, and who is responsible for administering the operations of the District including such other administrative duties required by the Board, except for duties assigned to the Health Officer as enumerated in RCW 70.05.070 and other applicable state law. Although the Health Officer may delegate some responsibilities to fellow members of the Executive Leadership Team, the powers and duties set forth in RCW 70.05.070 are ultimately the responsibility of the Health Officer. This description reflects the general concept and intent of the classification and should not be construed as a detailed statement of all the work requirements that may be inherent in the position.

ESSENTIAL FUNCTIONS

Duties of the Health Officer are specifically delineated in RCW 70.050.070. The Health Officer is responsible and accountable for the performance of those duties in accordance with statutes. Additionally, the Health Officer is responsible to perform such typical duties as listed below:

- Participates in developing, recommending and implementing the District’s long-term and short-range goals and objectives.
- Participates as a member of the Executive Leadership Team, overseeing the planning, development, and implementation of District administrative, legal, and personnel policies, procedures, and regulations.
- Participates in assessing the health status of the community. Provides oversight on comprehensive studies of potentially systemic threats to public health; researches, analyzes, compiles, prepares and presents conclusions, reports and recommended actions. Evaluates the causes of communicable diseases; determines appropriate evaluation and intervention strategies.
- Develops and implements public health policy, develops regulations, and provides information and recommendations regarding public health issues and activities.

- Takes actions as necessary to educate the community on public health issues to control and prevent the spread of dangerous, contagious or infectious diseases.
- Provides guidance and leadership in the development of diverse public health promotion and education programs and the prevention of environmental hazards.
- Provides consultation and direction of communicable disease protocols.
- Provides a leadership role in preparedness and response to biological, chemical terrorism.
- Coordinates public health responses with other public health jurisdictions as appropriate, including but not limited to providing short-term Deputy Health Officer coverage in the event of the absence of the Health Officer in another jurisdiction in Washington State, upon the agreement of both jurisdictions.
- Develops and issues public health advisories to medical providers, hospitals, and community agencies, and the public.
- Responds to media inquiries regarding County public health issues, disease outbreaks, and other health-related concerns.
- Consults with physicians in the diagnosis, investigation and treatment of communicable disease.
- Conducts or supervises medical and physical examinations, makes diagnoses and administers treatments as needed. Provides medical oversight of clinical programs. Reviews, revises or writes standing orders and protocols for clinical services.
- Makes recommendations on personnel actions such as hiring, terminations, discipline and size and composition of staff.
- Hires, trains, supervises and evaluates staff; establishes work priorities and performance standards; monitors performance and provides effective feedback.
- Works with staff to correct deficiencies; implements any necessary disciplinary action after appropriate consultation with the Administrator and Human Resources Manager.
- Reviews legislation as it impacts District programs.
- Performs lobbying activities by communicating directly with federal, state and local officeholders directly on official District business and advocating only the District's official position or interest of the District, as assigned by the Board.
- Coordinates resources and services, consults and collaborates with the medical community, hospital medical staff, other health care professionals, policy and advisory boards, and the public.
- Participates in administrative appeals regarding environmental health permit denials.
- Serves on various District and other municipal management teams and related community-wide committees. Provides high-level public health expertise and perspective regarding a wide range of issues.
- Identifies emerging medical and environmental issues and confers with and makes recommendations to appropriate staff on health-related issues.
- Provides public information in a courteous manner and emphasizes public accountability and a positive service approach with staff. Makes oral presentations and functions as District representative at meetings, hearings and conferences.
- Balances fiscal impact, objectives and community input when developing public health strategies, making recommendations and providing advice.
- Participates in the development and implementation of the District budget.
- Reports for scheduled work with regular, reliable and punctual attendance.
- Performs other duties as assigned.

REQUIRED KNOWLEDGE & ABILITIES**Knowledge of:**

- Principles and practices of public health and the social determinants of health, including current trends in policy, research, treatment, prevention, education and related issues.
- Current principles and practices of public health administration, incorporating knowledge of community health, chronic disease, sanitation, environmental hazards, communicable disease control, epidemiology and emergency preparedness.
- Communicable disease management and mitigation.
- Community needs, resources and organizations related to public health and medical care.
- Current principles and practices of general and preventive medicine; and clinical protocols.
- Major types of services performed and responsibilities in public health and environmental health activities.
- Principles of disaster and emergency preparedness and response, including biological, chemical terrorism and weapons of mass destruction.
- Applicable laws, rules, regulations, ordinances and policies.
- Safety precautions, practices and procedures applicable to public health.

Ability to:

- Communicate effectively, both orally and in writing, in clear, concise language appropriate for the purpose and parties addressed, including oral presentations before groups on a variety of complex and sensitive public health issues.
- Use tact, discretion and courtesy to gain the cooperation of others and establish and maintain positive, effective working relationships and rapport with physicians, attorneys, media representatives, coworkers, volunteers, representatives of other agencies and businesses, officials and diverse members of the public.
- Demonstrate cultural competency, interacting sensitively, effectively, and professionally with persons from diverse cultural, socioeconomic, educational, racial, ethnic and professional backgrounds, and persons of all ages and lifestyle preferences.
- Fulfill the commitment of the District to provide outstanding and effective customer service.
- Maintain high standards of personal and professional integrity and commitment to quality patient care at the highest level consistent with standards and regulations.
- Assure that absolute confidentiality is maintained as required and sensitive information is handled appropriately.
- Make timely decisions considering relevant factors and evaluating alternatives, exercising discretion and sound independent judgment.
- Read, understand, interpret and apply appropriately the terminology, instructions, policies, procedures, legal requirements and regulations pertinent to area of assignment.
- Organize, prioritize and coordinate work assignments; work effectively in a multi-task environment; take appropriate initiative; apply good judgment and logical thinking to obtain potential solutions to problems; resolve complex public health problems and make major decisions involving the implementation or interpretation of policies and regulations within the scope of knowledge and authority or refer to the appropriate person.
- Initiate, prepare and direct preparation of comprehensive charts, records, reports, materials, correspondence and other documents relevant to area of assignment.
- Proficiently operate computers, related software and other office equipment with sufficient speed and accuracy to accomplish assignments in a timely manner.

- Work effectively in a dynamic environment that is constantly changing, resulting in continually re-evaluating and shifting priorities.
- Work both independently and within a collaborative team-oriented environment; contribute openly, respectfully disagree, understand the ideas of others, listen well and work for consensus.

WORK ENVIRONMENT & PHYSICAL DEMANDS

- Work is performed primarily indoors in an office environment, with frequent travel to provide medical services, and to attend meetings, conferences, seminars, etc.
- Requires the ability to communicate with others orally, face to face and by telephone. Requires manual and finger dexterity and hand-eye-arm coordination to write and to operate computers and a variety of general office equipment. Requires mobility to accomplish other desktop work, retrieve files, and to move to various District locations. Requires visual acuity to read computer screens, printed materials, and detailed information. Essential duties may involve occasional kneeling, squatting, crouching, stooping, crawling, standing, bending, and climbing (to stack, store or retrieve supplies or various office equipment).
- Frequently assigned to respond to on-call coverage, including evenings, weekends and holidays.
- Duties require carrying a cell phone or other electronic device as well as being available to work as needed to meet District needs, which may include evenings, weekends and holidays.
- This is an overtime-exempt position, which may require working beyond the normally scheduled workweek, modifying existing work schedules, or flexing hours.
- Duties require carrying a cell phone or other electronic device as well as being on call on a 7/24-hours basis for Regional Duty Officer (RDO) assigned shifts.
- Exposure to individuals from the public who are upset, angry, agitated and sometimes hostile, requiring the use of conflict management and coping skills.
- Frequently required to perform work in confidence and under pressure for deadlines, and to maintain professional composure and tact, patience and courtesy at all times.
- The environment is dynamic and constantly changing, resulting in continually re-evaluating and shifting priorities.
- May be required to stay at or return to work during public health incidents and/or emergencies to perform duties specific to this classification or to perform other duties as requested in an assigned response position. This may require working a non-traditional work schedule or working outside normal assigned duties during the incident and/or emergency.

EDUCATION & EXPERIENCE REQUIREMENTS

- Doctor of Medicine or Osteopathy degree and previous related experience in both the medical field and public health field (see license requirement below); and
- Masters degree in Public Health or its equivalent as required in RCW 70.05.051.
- Must be qualified or provisionally qualified in accordance with the standards prescribed in RCW 70.05.051 through 70.05.055

LICENSES, CERTIFICATIONS & OTHER REQUIREMENTS

- A valid license to practice medicine and surgery or osteopathic medicine and surgery in Washington State is required.
- Registration with the Drug Enforcement Agency for prescription of controlled substances.

- Performance of job duties requires driving on a regular basis, a valid Washington State driver's license, the use of the incumbent's personal motor vehicle, and proof of appropriate auto insurance.

JOB CLASS INFORMATION & DISCLAIMERS

FLSA Status	Exempt
EEO Category	Officials and Administrators
Bargaining Unit Status	Executive Management

Classification History	The "Director of Health/Health Officer" job classification formerly held by one individual was replaced by two classifications, "Administrator" and "Health Officer," effective October 1, 2013
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Adopted	November 5, 2013
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The statements contained herein reflect general details as necessary to describe the principal functions for this job, the level of knowledge and skill typically required and the scope of responsibility, but should not be considered an all-inclusive listing of work requirements. Individuals may perform other duties as assigned including work in other functional areas to cover absences or relief, to equalize peak work periods, or to balance the workload.

The physical demands described above are representative of those that must be met by an employee to successfully perform the essential functions of the job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.