



Snohomish Health District
Board of Health Minutes
Special Meeting
March 18, 2020

The meeting was held in the Snohomish Health District, conference room 309.

Members Present

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

Members Absent

None

Call to Order

The special meeting of the Board of Health was called to order at 12:02 p.m. by Administrative Officer Shawn Frederick in conference room 309 of the Snohomish Health District. He noted that a special call-in line is set up for the public and media.

Roll Call

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

Arrivals/Departures

Chair Stephanie Wright joined by phone at 12:05 p.m.

Approval of Agenda Contents and Order

It was moved by Mr. Scott Bader and seconded by Ms. Linda Redmon to approve the agenda contents and order. The motion passed unanimously.

Action

Adopt Res. 20-07 approving a partnership with Community Foundation of Snohomish County to establish a coronavirus response fund for Snohomish County (SR 20-022)

Ms. Heather Thomas stated that we were approached last week by the Community Foundation of Snohomish County and asked if we would partner with them and with United Way of Snohomish County in a community foundation. Ms. Nicole Thomsen stated that CFSC and UWSC will run the funding effort, and CFSC will hold the funds; they're not charging administrative or overhead fees, except a small processing fee charged by a



third-party vendor for credit card donations. The first meeting was on Monday to determine initial distribution of the \$263,000 in donations, which was made largely through the main donors of CFSC, Premera, and BECU, plus other online donations. Six organizations representing a geographic span of our county were granted \$25,000 each. An additional \$25,000 was set aside as a commitment to an organization that serves South County, \$25,000 is earmarked for communities of color, and \$50,000 is for public health. How the grants are used is flexible. How we use our funds is dependent on Board comments and feedback. Ideas presented at the meeting included help with coronavirus testing (including drive-through) and standing up communications efforts such as on-call interpreters. Moving forward, for additional donations over the initial \$263,000, 20% will be set aside for the Health District, and 80% will go back into the community. Ms. Christine Frizzell asked if funds could be used for videos in other languages. The funds are flexible; however, Ms. Thomas pointed out that information is changing rapidly, making it challenging to develop and translate print materials. We do have plans to provide more user-friendly information both in video and print, as well as radio spots

It was moved by Chair Stephanie Wright and seconded by Ms. Christine Frizzell to adopt Res. 20-07 approving a partnership with Community Foundation of Snohomish County to establish a coronavirus response fund for Snohomish County. The motion passed unanimously.

Authorize the Administrative Officer to approve compensatory time for exempt staff working over 40 hours during the Health District's COVID-19 emergency response (SR 20-021)

Ms. Pam Aguilar stated that the request is for comp hours for exempt employees who work over 40 hours. This would start the pay week that the emergency was declared on March 4. Legal counsel advised human resources that for backdated pay, it would be better to provide ranges; moving forward, we would pay hour for hour worked. Ms. Aguilar also requests that the cap of 320 hours be waived for exempt staff who aren't able to take vacation due to the response; vacation overage hours would need to be used within one year. If they separate employment, they would not be cashed out for anything over 320. Comp time would need to be used by the end of the year. She noted that multiple employees went over 70 hours in one week, and we could include a range over 71 hours. The week where cases ramped up caused increased response hours. Mr. Frederick noted that in the employee handbook there's language addressing compensation in circumstances like this where there's a need for exceptionally long hours; that language states that an exception to extra pay or comp time will be reviewed in the event of emergency response. Chair Wright expressed support of this and encouraged the Board to support it as well. Vice Chair Matsumoto Wright also expressed support. Ms. Fraley-Monillas asked how we handled the Oso response; Ms. Aguilar responded we weren't the lead agency so we made no changes at that time.

It was moved by Mr. Bader and seconded by Ms. Elisabeth Crawford to authorize the Administrative Officer to approve accrual of compensatory time for exempt staff working over 71 hours the first two weeks of March, and moving forward, during the Health District's COVID-19 emergency response, allowing comp time to be earned hour for hour for exempt staff for any hours worked over 40 hours per week.

Discussion: The Board reviewed the motion for clarification. Mr. John Joplin asked if there is a problem with the administrative officer approving his own compensatory pay. Legal counsel Grant Weed stated that the governing body responsible for the budget can authorize compensatory time. The only check and balance needed in regards to the administrative officer is to have someone review the hours independent of him, preferably the Board chair, before the hours are submitted. Ms. Redmon suggested executive committee review. Mr. Weed noted that in the next agenda item the Board will consider delegation of certain authority to the executive committee. Within the proposed motion is the ability of the chair to call the special meetings in less than 24 hours' notice, allowable under OPMA. Members of the Board expressed support of Mr. Frederick's hours to be reviewed by the executive committee.

The motion passed unanimously.

Suspend the division of responsibilities adopted in Res. 19-20 in limited areas and temporarily delegate decision-making authority to the Executive Committee until termination of the declarations of emergency by the Board of Health and Health Officer, and suspend, if necessary, notice requirements for Executive Committee meetings as authorized under RCW 42.30.070 (SR 20-023)

The purpose of this is to support the emergency declaration already in place by the health officer. The response effort continues to grow rapidly. There are areas of the response that are more policy-driven and not necessarily addressed by the emergency powers of the health officer. There is a timing issue that could be a factor in these decisions that make holding a Board meeting challenging. As we move into other areas of this response, there will be other issues of procurement of materials as well as policy issues, such as how those materials are distributed, prioritizations with implications outside the health District. These should be discussed with the Board so it has the opportunity to weigh in, give direction, and make decisions. Mr. Sam Low asked that whatever decisions are made by the executive committee, that those decisions and/or minutes are relayed as soon as possible to the rest of the Board. Chair Wright noted that the full Board will be noticed for the meeting. Mr. Weed added that anyone from the Board can participate in executive committee meetings and noted that those meetings may be held in less than 24-hours' notice. Board members can participate in executive committee conversations, but only executive committee members can take action.

It was moved by Ms. Redmon and seconded by Mr. Bader to suspend the division of responsibilities adopted in Res. 19-20 in limited areas and temporarily delegate decision-making authority to the Executive Committee until termination of the declarations of emergency by the Board of Health and Health Officer, and suspend, if necessary, notice requirements for Executive Committee meetings as authorized under RCW 42.30.070. The motion passed unanimously.

Briefings

Update on the COVID-19 response

Mr. Frederick stated that we're on day 58 of our response, with a total of 328 confirmed and probable cases, with six deceased, 62 hospitalized, and 46 on home isolation. He noted that the communications team is doing a great job, including their participation at the joint information center, press releases, and coordinating press conferences. We have three epidemiologists, two of which are full-time and one is a .8 FTE. They've been going through hundreds of case investigations and making contacts; it could take one day to do one case investigation. They work seven days a week and long hours. We've had assistance from both CDC and DOH, including two physicians from the CDC who made suggestions on improving our operations, specifically around long-term-care facilities. We've requested for specific strike teams allocated to work on the long-term-care issue. Epidemiology support from DOH is for case investigations. DOH is working to increase their staff who can conduct these investigations. The rest of the CD and EH staff continue the work on foodborne and other illnesses as well as the rest of our body of work outside of COVID. We still have Hep A, influenza, and other diseases that we continue to respond to. Health District staff are also working in the emergency coordination center with DEM, focused on medical surge planning and working hand-in-hand with logistics staff, and making sure we're using every opportunity to use and leverage county resources to improve our operations. Our communications staff continues to work to get messaging out and keep the public informed.

In the Rucker Building we model social-distancing practices. All of our service counters have been closed. We leveraged our online and phone/fax capabilities to continue our work in permitting, vital records, WIC, and other services. External services like land use and food inspections have continued. Even though food service establishments are closed, many are operating to-go services. We continue to have the responsibility to keep food facilities safe. We've been working to maintain contact with many local partners. In conjunction with DEM, we've set up a series of private partner calls to give them updates to the disease response and inform them of wraparound services that are available. Additionally, Chair Wright, Dr. Spitters, and Mr. Frederick participate in the County Executive's daily policy group meetings to ensure the Health District is working in parallel and we have a unified front in our response. The Executive has been supportive in making sure the

County provides as much support as possible. HHS and FEMA have given some indication that there might be availability of testing in the future; we continue to coordinate and plan around that opportunity and look forward to leveraging that when it becomes available. We're working on medical-surge planning in the event the number of cases rises and the need for hospitalization, isolation, and quarantine increases. We're looking at bringing on staff to address that need.

We're starting to see shortages in personal protective equipment in the healthcare environment. Mr. Frederick has received notice today from three dental facilities that they're closing their operations due to lack of PPE. We're working with our partners at DOE and the Northwest Healthcare Response Network and public and private partners to make sure we monitor the status of the healthcare system on an ongoing basis.

In response to a Board questions, Dr. Spitters responded that the majority of the 62 hospitalized patients are in Snohomish County hospitals. Mr. Frederick stated that there are some reports that the Navy is readying the Mercy and the Comfort ships; however, he knows of no specific plans for the Mercy, which is located on the West Coast. As for the National Guard, he understands that there's limited medical capacity in our state relative to the nature of this response. However, additional challenge is that citizen soldiers are already working in the healthcare field in hospitals in clinics. Ms. Thomas stated that we can't specifically request the National Guard; the request to the state would be the types of services and functions needed, then the resourcing people would determine the best fit to fill that need.

Unified command

Mr. Frederick stated that the unified command is a tool that exists in emergency management to bring in multiple agencies to create efficiencies. As this continues to escalate, the decisions of public health have impact that go downrange that require a lot of coordinated effort. We have entered into a unified command with Snohomish County DEM. Our former incident commander is now rotating as an emergency coordination, onsite manager. Most of our planning and logistics staff and leadership for our operations are now there working under emergency support function 8. Emergency management is structured under emergency support functions, ESF 8 is public health and healthcare, where public health is the lead agency for those functions. This is a broad arena; ESF 8 covers access to healthcare, medical surge, and normal aspects of public health, plus other functions, such as veterinary services. Having a unified command creates some efficiencies and eliminates the need for two operation centers and multiple documents and incident action plans. At the county level, were' moving forward with this structure, including reps from fire and EMS, Everett emergency management, members of the County leadership, and the joint information center that coordinates messaging.

Executive Session

Chair Wright announced that the Snohomish Health District Board of Health will convene into executive session for the purpose of collective bargaining matters pursuant to RCW 42.30.140(4). Executive session is expected to last up to 10 minutes. Unless extended to a later time, the Board will reconvene into regular session at 12:59 p.m. and may or may not take action. The Board reconvened at 1:02 p.m. and did not take action.

Adjournment

The meeting was adjourned at 1:03 p.m.

Stephanie Wright, Chair

Shawn Frederick, Administrative Officer / Secretary