

JAY INSLEE
Governor



STATE OF WASHINGTON
OFFICE OF THE GOVERNOR

P.O. Box 40002 • Olympia, Washington 98504-0002 • (360) 902-4111 • www.governor.wa.gov

May 22, 2020

Dear Sarah Wishingrad:

Thank you for your interest in public records of the Office of Governor Jay Inslee. This letter is in regards to your request for records (PRR-2020-58) dated March 31, 2020. The item[s] listed below:

Meeting/conference passwords or codes

are exempt from public inspection or copying pursuant to

RCW 42.56.420(4) Information regarding the public and private infrastructure and security of computer and telecommunications networks, consisting of security passwords, security access codes and programs, access codes for secure software applications, security and service recovery plans, security risk assessments, and security test results to the extent that they identify specific system vulnerabilities, and other such information the release of which may increase risk to the confidentiality, integrity, or availability of security, information technology infrastructure, or assets;

Pursuant to RCW 42.56.520, within ten business days, you may petition in writing, a request for review of this decision. Please submit the request for review to:

Taylor Wonhoff
Deputy General Counsel
PO Box 40002
Olympia, Washington 98504-0002

If I can be further assistance, you may contact Tricia A. Smith at (360) 902-0611.

Thank you for your attention to this matter.

Sincerely,

Tricia A. Smith

Tricia A. Smith

Public Information & Records Officer | Office of Governor Jay Inslee
Desk: 360.902.0611 | P.O. Box 40002, Olympia, Washington 98504-0002

From: Smith, Tricia (GOV) <Tricia.Smith@gov.wa.gov>
Sent: Friday, May 22, 2020 12:23 PM EDT
To: FOIA <foia@americanoversight.org>
Subject: PRR 2020-58 [records provided via postal service] (WA-GOV-20-0742)
Attachment(s): "Denial Ltr 052220.pdf"

This email was received from an external sender. Exercise caution when opening attachments or clicking links.

Dear Sarah Wishingrad:

This email is in response to the above referenced request. After conducting an inventory to ensure all records that have been request were sent, I realized that the emails with exemptions were not sent to you. I apologize for any inconveniences this may have caused you. I am sending these documents to you immediately. During this difficult time, we are making adjustment to deliver public records in a more timely manner, therefore we are reviewing Dropbox as an alternative delivery method. Shortly, if you haven't already, you will receive a message from DropBox inviting you to join without any commitments. After which, you will be able to access the emails with attachments.

Attached above you shall find a denial letter. This letter explains why the meeting access PIN codes are redacted. If you have any questions or require any assistance with Dropbox, please feel free to contact me at 253.267.1348.

Respectfully,
/S/

Tricia A. Smith

Public Information & Records Officer | Office of Governor Jay Inslee
Preferred gender pronouns: she/her/hers
Desk: 360.902.0611 | P.O. Box 40002, Olympia, Washington 98504-0002
www.governor.wa.gov | Tricia.Smith@gov.wa.gov

Email communications with state employees are public records and may be subject to disclosure, pursuant to Ch. 42.56 RCW.



From: Smith, Tricia (GOV)
Sent: Wednesday, May 13, 2020 22:52
To: FOIA <foia@americanoversight.org>
Subject: PRR 2020-58 [records provided via postal service] (WA-GOV-20-0742)

This email is in response to the above referenced request. Attached above you shall find a closing letter to said request. The information you request has been sent via postal service. If you have not received the package in ten working days, please contact me.

This email concludes your request.

Respectfully,
/S/

Tricia A. Smith

Public Information & Records Officer | Office of Governor Jay Inslee
Preferred gender pronouns: she/her/hers
Desk: 360.902.0611 | P.O. Box 40002, Olympia, Washington 98504-0002
www.governor.wa.gov | Tricia.Smith@gov.wa.gov

Email communications with state employees are public records and may be subject to disclosure, pursuant to Ch. 42.56 RCW.



From: FOIA <foia@americanoversight.org>
Sent: Wednesday, May 13, 2020 06:52
To: Smith, Tricia (GOV) <Tricia.Smith@gov.wa.gov>
Subject: Re: [Ext]PRR 2020-58 [address] (WA-GOV-20-0742)

Good morning,

Thank you for the update! Our mailing address is:

American Oversight,
1030 15th Street NW, Suite B255
Washington, DC 20005

Sincerely,

Sarah Wishingrad



Paralegal
American Oversight
foia@americanoversight.org
www.americanoversight.org | @weareoversight

From: "Smith, Tricia (GOV)" <Tricia.Smith@gov.wa.gov>
Date: Tuesday, May 12, 2020 at 1:53 PM
To: FOIA <foia@americanoversight.org>
Subject: [Ext]PRR 2020-58 [address] (WA-GOV-20-0742)

This email is to update you on your public records request. The information you requested is ready for release. At this time, the information is being provided via postal service. My apologies for any inconveniences. May I have an address to where you would like for the information to be sent?

Respectfully,
/S/

Tricia A. Smith

Public Information & Records Officer | Office of Governor Jay Inslee
Preferred gender pronouns: she/her/hers
Desk: 360.902.0611 | P.O. Box 40002, Olympia, Washington 98504-0002
www.governor.wa.gov | Tricia.Smith@gov.wa.gov

Email communications with state employees are public records and may be subject to disclosure, pursuant to Ch. 42.56 RCW.



From: Smith, Tricia (GOV)
Sent: Wednesday, April 1, 2020 18:59
To: FOIA <foia@americanoversight.org>
Subject: PRR 2020-58 [acknowledgement] (WA-GOV-20-0742)

This email is to notify you the Office of Governor Jay Inslee is in receipt of your public records request located below. Attached you shall find an acknowledgment letter to said request.

If you have any questions, you are welcome to contact me at the number listed below or via email.

Respectfully,
/S/

Tricia A. Smith

Public Information & Records Officer | Office of Governor Jay Inslee
Preferred gender pronouns: she/her/hers
Desk: 360.902.0611 | P.O. Box 40002, Olympia, Washington 98504-0002
www.governor.wa.gov | Tricia.Smith@gov.wa.gov

Email communications with state employees are public records and may be subject to disclosure, pursuant to Ch. 42.56 RCW.



From: FOIA
Sent: Tuesday, March 31, 2020 11:52
To: GOV mi Public Disclosure
Subject: Public Records Request (WA-GOV-20-0742)

Dear Public Disclosure Officer:

Please find attached a request for records under Washington's public records laws.

Sincerely,

Sarah Wishingrad
Paralegal
American Oversight
foia@americanoversight.org
www.americanoversight.org | @weareoversight

From:

To:

Date:

Subject: 4:00 Call re: Nutrition Initiative in Washington State

Attachments: 4:00 Call re: Nutrition Initiative in Washington State.msg

Subject: 4:00 Call re: Nutrition Initiative in Washington State

Location: Call-in: 1. 12.451.06 Mtg ID: 42.56.420(4)

Start: Fri 21-Feb-20 4:00 PM

End: Fri 21-Feb-20 4:30 PM

Recurrence: (none)

Meeting Status: Meeting organizer

Organizer: Voris, Molly (GOV)

Required Attendees: Heartwick, ira P CPT SARM 1-2 SBCT (SA) Thompson, Colleen A (DOH)
Orr, Daisye (DOH) Eilers, atie E (DOH) elly Cooper
(elly.Cooper DOH.WA.GOV)

Adding in a conference line because there are additional people on the call:

Conference Line: Call-in: 1.712.451.0687 Mtg ID: 42.56.420(4)

From: [Cole, Lashonda \(GOV\)](#)

To: [Voris, Molly \(GOV\)](#)

[Heartwick, Kira P CPT USARMY 1-2 SBCT \(USA\)](#)

[Thompson, Colleen A \(DOH\)](#)

[Orr, Daisye \(DOH\)](#)

[Eilers, Katie E \(DOH\)](#)

[Kelly Cooper \(Kelly.Cooper@DOH.WA.GOV\)](#)

Date: 19-Feb-20 10:28:31 AM

Subject: 4:00 Call re: Nutrition Initiative in Washington State

Adding in a conference line because there are additional people on the call:

Conference Line: Call-in: 1.712.451.0687 Mtg ID: 42.56.420(4)

From:

To:

Date:

Subject: Call w/CMS re: Life Care Kirkland

Attachments: Call w/CMS re: Life Care Kirkland.msg

Subject: Call w/CMS re: Life Care Kirkland

Location: 1-360-40 -3 0 42.56.420(4)

Start: Thu 19-Mar-20 4:00 PM

End: Thu 19-Mar-20 4:30 PM

Recurrence: (none)

Meeting Status: Accepted

Organizer: Strange, Cheryl (DSHS/OOS)

Required Attendees: Moss, Bill (DSHS/ALTSA) Goehring, Candace (DSHS/ALTSA/RCS) Dietrich, Paige L (ATG) Leaders, Amber (GOV) ing, Natalie (ATG) Dickey, Seth E (ATG) steven.chickering cms.hhs.gov kimberly.brandt1 cms.hhs.gov David.Wright cms.hhs.gov

Categories: Constituent or Lobbyist

The call in number for the conference bridge is: (360) 407-3780

PIN Code: 42.56.420(4) #

Conference Operators Assistance During Your Call

For Assistance, Dial 360-902-3310 or 0 using your Telephone Dialing Pad. *Conference Operators are available during normal business hours (7:30am-5pm) Monday-Friday.*

From: [Strange, Cheryl \(DSHS/OOS\)](#)
To: [Strange, Cheryl \(DSHS/OOS\)](#)
[Moss, Bill \(DSHS/ALTSA\)](#)
[Goehring, Candace \(DSHS/ALTSA/RCS\)](#)
[Dietrich, Paige L \(ATG\)](#)
[Leaders, Amber \(GOV\)](#)
[King, Natalie \(ATG\)](#)
[Dickey, Seth E \(ATG\)](#)
steven.chickering@cms.hhs.gov
kimberly.brandt1@cms.hhs.gov
David.Wright@cms.hhs.gov

Date: 19-Mar-20 11:59:38 AM

Subject: Call w/CMS re: Life Care Kirkland

The call in number for the conference bridge is: (360) 407-3780

PIN Code: 42.56.420(4) #

Conference Operators Assistance During Your Call

For Assistance, Dial 360-902-3310 or 0 using your Telephone Dialing Pad. *Conference Operators are available during normal business hours (7:30am-5pm) Monday-Friday.*

From:

To:

Date:

Subject: community mitigation meeting [A]

Attachments: community mitigation meeting [A].msg

Subject: community mitigation meeting [A]

Location: Commerce Office, 2001 4th Ave, Ste 2000, Seattle / dial-in information forarrant County participants
below

Start: Sat 07-Mar-20 10:30 AM

End: Sat 07-Mar-20 1:30 PM

Show Time As: Out of Office

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: Wiesman, John (DOH)

Join call-in

Please join my meeting from your computer, tablet or smartphone.

[https://global.gotomeeting.com/join/42.56.420\(4\)](https://global.gotomeeting.com/join/42.56.420(4))

You can also dial in using your phone.

United States: 1 (509) 312-3112

Access Code: 42.56.420(4)

Join from a video-conferencing room or system.

Dial in or type: 42.56.420(4) or inroomlink.goto.com

Meeting ID: 42.56.420(4)

Or dial directly: 42.56.420(4) 42.56.420(4) or 42.56.420(4) 42.56.420(4)

Join to GoToMeeting? Get the app now and be ready when your first meeting starts:

[https://global.gotomeeting.com/install/42.56.420\(4\)](https://global.gotomeeting.com/install/42.56.420(4))

When you arrive, contact Simon Vila for entrance: 304.80.28

4 - 49-3122 / code 42.56.420(4)

Wi-Fi network: COM uest

Password: 42.56.420(4) (case sensitive)

PI Phase Table DRAFT W. S. cid:4834 9E214F42312DA1C A4C4 0A 824012A9A43 1 1 - PI guidance and
Implementation 2.29.20.pdf cid:DE D 9F 4 F84F23019113DD 0F42EF09 488FC 1
[] []

Contact for questions regarding the meeting: Terry Bergener 305.55.2543

From: [Wiesman, John \(DOH\)](#)
To: [Wiesman, John \(DOH\)](#)
[Postman, David \(GOV\)](#)
[Brzezny, Alex \(DOHi\)](#)
[Lindquist, Scott W \(DOH\)](#)
[Frederick, Shawn \(DOHi\)](#)
[Vila, Simon \(GOV\)](#)
[Lofy, Kathy H \(DOH\)](#)
[Clark, Thomas A. \(CDC/CCID/NCIRD\)](#)
[Wickersham, Kevin P \(DOH\)](#)
[Voris, Molly \(GOV\)](#)
[Worsham, Dennis \(DOHi\)](#)
[Wicker, Kelly \(GOV\)](#)
[Spitters, Christopher \(DOHi\)](#)
[Duchin, Jeffery, MD \(DOHi\)](#)
[Adkinson, Theresa \(DOHi\)](#)
CC: [Daugherty, Bret D. \(MIL\)](#)
[Ezelle, Robert \(MIL\)](#)
[Halvorson, Emily \(GOV\)](#)
Date: 23-Mar-20 8:49:48 AM
Subject: community mitigation meeting [A]

New call-in

Please join my meeting from your computer, tablet or smartphone.

[https://global.gotomeeting.com/join/42.56.420\(4\)](https://global.gotomeeting.com/join/42.56.420(4))

You can also dial in using your phone.

United States: +1 (571) 317-3112

Access Code: 42.56.420(4)

Join from a video-conferencing room or system.

Dial in or type: 67.217.95.2 or [inroomlink.goto.com](#)

Meeting ID: 42.56.420(4)

Or dial directly: 42.56.420(4) 67.217.95.2 or 67.217.95.2##42.56.420(4)

New to GoToMeeting? Get the app now and be ready when your first meeting starts:

[https://global.gotomeeting.com/install/42.56.420\(4\)](https://global.gotomeeting.com/install/42.56.420(4))

When you arrive, contact Simon Vila for entrance: 360.480.2877

646-749-3122 / code 42.56.420(4)

Wi-Fi network (COMGuest

Password: 42.56.420(4) (case sensitive)

WA-GOV-20-0742-A-000006

NPI Phase Table DRAFT KW.XLSX<cid:4834B9E214F42312DA1C7A4C470A6824012A9A43@1>

16 - NPI Guidance and Implementation

2.29.20.pdf<cid:DE6BDB9F746F84F23019113DDB0F42EF096488FC@1> [X] [X]

Contact for questions regarding the meeting: Terry Bergener 360.556.2543

From:

To:

Date:

Subject: CONFIRMED: Washington Military Alliance WINTER Meeting

Attachments: CONFIRMED: Washington Military Alliance WINTER Meeting.msg

Subject: CONFIRMED: Washington Military Alliance WINTER Meeting

Location: 2001 Sixth Ave, Suite 2600 Seattle, WA 9 121 - Main Conference Room

Start: Thu 13-Feb-20 10:00 AM

End: Thu 13-Feb-20 12:00 PM

Show Time As: Tentative

Recurrence: (none)

Meeting Status: Tentatively accepted

Organizer: Reeves, ristine (COM)

Required Attendees: ristin M. Reeves Bill Adamson Tiffany Scroggs Perreault, Tammie L CIV
OSD O SD P-R (SA) Ryan. R. Eddy (ryan.eddy pnnl.gov) Bickford, Nancy
(MIL) Alvarado-Ramos, Alfie (DVA) Sullivan, Mark (DVA) Erik Ashlie-Vinke
Chris Green (chris.green commerce.wa.gov) Berger, oshua (COM)
Terlinchamp, ulia (COM) oung, Brian (COM) Hatfield, Brian (COM) Lee,
Sarah (COM) Sarah Garrison ohn Powers Richard Hadley Brown, Lisa (COM)
Baumgart, im (GOV) Larry lgssolutions.us

Optional Attendees: shawn bills murray.senate.gov ryan pettit murray.senate.gov
onathan.hale mail.house.gov shantany.tata mail.house.gov
onathan.golden mail.house.gov ben.brunns mail.house.gov
travis.martinez mail.house.gov clayton.swope mail.house.gov
danielle.fulfs mail.house.gov isaac.tobis mail.house.gov
tyler.ensen mail.house.gov graham.markiewicz mail.house.gov
roel.vanderlugt mail.house.gov

Good Morning All, (miss someone, please forward to them)

Friendly reminder that we are hosting a WMA meeting on Thursday in Seattle from 10-12.

ou can attend in person (please RSVP for security purposes) or by phone.

360-40 -3 0 pin 42.56.420(4)

Can t make it but want to share your thoughts prior to the meeting or hear what happens, please let us
know here: ristine.reeves@commerce.wa.gov

-k

From: [Reeves, Kristine \(COM\)](#)
To: [Reeves, Kristine \(COM\)](#)
[Kristin M. Reeves](#)
[Bill Adamson](#)
[Tiffany Scroggs](#)
[Perreault, Tammie L CIV OSD OUSD P-R \(USA\)](#)
[Ryan. R. Eddy \(ryan.eddy@pnml.gov\)](#)
[Bickford, Nancy \(MIL\)](#)
[Alvarado-Ramos, Alfie \(DVA\)](#)
[Sullivan, Mark \(DVA\)](#)
[Erik Ashlie-Vinke](#)
[Green, Chris \(COM\)](#)
[Berger, Joshua \(COM\)](#)
[Terlinchamp, Julia \(COM\)](#)
[Young, Brian \(COM\)](#)
[Hatfield, Brian \(COM\)](#)
[Lee, Sarah \(COM\)](#)
[Sarah Garrison](#)
[John Powers](#)
[Richard Hadley](#)
[Brown, Lisa \(COM\)](#)
[Baumgart, Jim \(GOV\)](#)
[Larry@lgssolutions.us](#)

CC: [shawn_bills@murray.senate.gov](#)
[ryan_pettit@murray.senate.gov](#)
[jonathan.hale@mail.house.gov](#)
[shantany.tata@mail.house.gov](#)
[jonathan.golden@mail.house.gov](#)
[ben.bruns@mail.house.gov](#)
[travis.martinez@mail.house.gov](#)
[clayton.swope@mail.house.gov](#)
[danielle.fulfs@mail.house.gov](#)
[isaac.tobis@mail.house.gov](#)
[tyler.jensen@mail.house.gov](#)
[graham.markiewicz@mail.house.gov](#)
[roel.vanderlugt@mail.house.gov](#)

Date: 10-Feb-20 9:00:58 PM

Subject: CONFIRMED: Washington Military Alliance WINTER Meeting

Attachments: 2020-02-13 Winter WMA Agenda - Reconvene Realign.pdf

Friendly reminder that we are hosting a WMA meeting on Thursday in Seattle from 10-12.

ou can attend in person (please RSVP for security purposes) or by phone.

360-40 -3 0 pin 42.56.420(4)

Can t make it but want to share your thoughts prior to the meeting or hear what happens, please let us know here:
ristine.reeves@commerce.wa.gov

-k



WINTER QUARTERLY MEETING

February 13, 2020

10:00 AM – 12:00 PM

WA Department of Commerce

2001 Sixth Ave.; Suite 2600

Seattle, WA 98121

CALL IN: (360) 407-3780 | PIN Code: 508048#

RECONVENING & REALIGNMENT AGENDA

10:00 AM	Welcome & Introductions	
	Special Guest Welcome – Director Lisa Brown	
10:30 AM	Update: Where Have We Been	Kristine Reeves
	• Successes	
10:45 AM	Update: Where Are We Today	Kristine Reeves
	• OEA CyBER Grant • Current Alignment within Commerce	
11:00 AM	Update: Where Do We Want to Go	Kristine Reeves
	• Option 1: Spin WMA out to 501c • Option 2: Mothball WMA at Commerce • Option 3: Alternative	
11:45 AM	Next Steps: Where Do We Go From Here	Kristine Reeves
	• When is the next meeting?	
	CONFIRMED:	Thursday, March 12, 2020
		1:00 PM – 3:00 PM
		TBD; Tacoma
12:00 PM	Conclusion	

From:

To:

Date:

Subject: CONOPS Concept Orientation: WA STATE COVID-19 Response Contingencies (WAARNG)

Attachments: CONOPS Concept Orientation: WA STATE COVID-19 Response Contingencies (WAARNG).msg

Subject: CONOPS Concept Orientation: WA STATE COVID-19 Response Contingencies (WAARNG)

Location: [https://chime.aws/42.56.420\(4\)](https://chime.aws/42.56.420(4)) or by Phone

Start: Fri 03-Apr-20 2:30 PM

End: Fri 03-Apr-20 3:00 PM

Show Time As: Tentative

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: Nugent, im

[https://chime.aws/42.56.420\(4\)](https://chime.aws/42.56.420(4))

Meeting ID: [42.56.420\(4\)](https://chime.aws/42.56.420(4))

ou can use your computer s microphone and speakers however, a headset is recommended. Or, call in using your phone:

nited States Toll-Free: 1 55-552-4463

Meeting ID: [42.56.420\(4\)](https://chime.aws/42.56.420(4))

One-click Mobile Dial-in (nited States Toll-Free): 1 55-552-4463,, [42.56.420\(4\)](https://chime.aws/42.56.420(4))

From: Nugent, im

Sent: Friday, April 3, 2020 12:23 PM

To: Hudspeth, Peter D LTC SARM NG WAARNG (SA) peter.d.hudspeth.mil@mail.mil

Cc: peter.hudspeth@gmail.com De Blaey, Gretchen blaey@amazon.com im.nugent gov.wa.gov im.nugent@gov.wa.gov

Subject: CONOPS Concept Orientation: WA STATE COVID-19 Response Contingencies (WAARNG)

Greatly appreciated LTC Hudspeth. More to follow at 2:30pm.

Jim Nugent

WA State Distribution Coordinator
COVID-19 Response Management

jinj@amazon.com

www.linkedin.com/in/jimnugentjr

512.919.0063

-----Original Message-----

AMERICAN
OVERSIGHT

WA-GOV-20-0742-A-000012

From: Hudspeth, Peter D LTC SARM NG WAARNG (SA) peter.d.hudspeth.mil_mail.mil
Sent: Friday, April 3, 2020 12:04 PM
To: Nugent, im n_amazon.com
Cc: peter.hudspeth@gmail.com
Subject: ETERNAL introduction

Mr. Nugent,

Here is my contact info.

I look forward to talking with you about 2:30.

ours,

Pete H

Peter D. Hudspeth
LTC, LG, WAARNG

(253) 512- 259

From: [Nugent, Jim](#)
To: [Nugent, Jim](#)
[Hudspeth, Peter D LTC USARMY NG WAARNG \(USA\)](#)
CC: peter.hudspeth@gmail.com
[De Blaey, Gretchen](#)
[Nugent, Jim \(GOV\)](#)
meet@chime.aws
[pin](#) 42.56.420(4) [chime.aws](#)
Date: 03-Apr-20 12:24:29 PM
Subject: CONOPS Concept Orientation: WA STATE COVID-19 Response Contingencies (WAARNG)

<https://chime.aws/> 42.56.420(4)

Meeting ID: 42.56.420(4)

ou can use your computer s microphone and speakers however, a headset is recommended. Or, call in using your phone:

nited States Toll-Free: 1 55-552-4463
Meeting ID: 42.56.420(4)

One-click Mobile Dial-in (nited States Toll-Free): 1 55-552-4463,,, 42.56.420(4)

From: Nugent, im
Sent: Friday, April 3, 2020 12:23 PM
To: Hudspeth, Peter D LTC SARM NG WAARNG (SA) peter.d.hudspeth.mil@mail.mil
Cc: peter.hudspeth@gmail.com De Blaey, Gretchen blaey@amazon.com im.nugent gov.wa.gov
im.nugent@gov.wa.gov
Subject: CONOPS Concept Orientation: WA STATE COVID-19 Response Contingencies (WAARNG)

Greatly appreciated LTC Hudspeth. More to follow at 2:30pm.

Jim Nugent
WA State Distribution Coordinator
COVID-19 Response Management
n@amazon.com
www.linkedin.com/in/imnugent_r
512.919.0063

-----Original Message-----

From: Hudspeth, Peter D LTC SARM NG WAARNG (SA) peter.d.hudspeth.mil@mail.mil
Sent: Friday, April 3, 2020 12:04 PM
To: Nugent, im n@amazon.com
Cc: peter.hudspeth@gmail.com
Sub ect: E TERNAL introduction

Mr. Nugent,

Here is my contact info.

AMERICAN
OVERSIGHT

WA-GOV-20-0742-A-000014

I look forward to talking with you about 2:30.

ours,

Pete H

Peter D. Hudspeth
LTC, LG, WAARNG

(253) 512- 259

From:

To:

Date:

Subject: COVID-19 briefing (phone, video-conference or in-person)

Attachments: COVID-19 briefing (phone, video-conference or in-person).msg

Subject: COVID-19 briefing (phone, video-conference or in-person)

Location: NEW LOCATION: King Cty Chinook Bldg, 401 Fifth Avenue, Seattle 1st flr exec conf rm or call-in below

Start: Sun 0 -Mar-20 9:00 AM

End: Sun 0 -Mar-20 11:00 AM

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: Wicker, Elly (GOV)

Call/text April if the outside door is locked: 206-519-9766

Please join my meeting from your computer, tablet or smartphone.

[https://global.gotomeeting.com/join/42.56.420\(4\)](https://global.gotomeeting.com/join/42.56.420(4))

You can also dial in using your phone.

United States: [1 \(872\) 240-3212](tel:1(872)240-3212)

Access Code: 42.56.420(4)

Join from a video-conferencing room or system.

Dial in or type: 67.217.95.2 or inroomlink.goto.com

Meeting ID: 42.56.420(4)

Or dial directly: 42.56.420(4) [67.217.95.2](tel:67.217.95.2) or 67.217.95.2## 42.56.420(4)

New to GoToMeeting? Get the app now and be ready when your first meeting starts:

[https://global.gotomeeting.com/install/42.56.420\(4\)](https://global.gotomeeting.com/install/42.56.420(4))

From: [Wicker, Kelly \(GOV\)](#)
To: [Wicker, Kelly \(GOV\)](#)
[Nick Harper](#)
[Adkinson, Theresa \(DOHi\)](#)
[Lee, Tara \(GOV\)](#)
[Lofy, Kathy H \(DOH\)](#)
[Lindquist, Scott W \(DOH\)](#)
[Frederick, Shawn \(DOHi\)](#)
[Duchin, Jeffery, MD \(DOHi\)](#)
[Rachel Smith](#)
[Voris, Molly \(GOV\)](#)
[Wiesman, John \(DOH\)](#)
[Spitters, Christopher \(DOHi\)](#)
[Stephanie Wright](#)
[Tichenor, Stacey \(GOV\)](#)
[Stephanie Formas](#)
[Leathers, Kathryn \(GOV\)](#)
[Worsham, Dennis \(DOHi\)](#)
[Daugherty, Bret D. \(MIL\)](#)
[Wickersham, Kevin P \(DOH\)](#)
[Clark, Thomas \(DOHi\)](#)
[Vila, Simon \(GOV\)](#)
[Reykdal, Chris](#)
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Date: 23-Mar-20 8:49:48 AM

Subject: COVID-19 briefing (phone, video-conference or in-person)

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Attachments: Crisis Standards of Care & COVID-19 Response Discussion.msg

Subject: Crisis Standards of Care COVID-19 Response Discussion

Location: Large Conference Room oom-NW District

Start: Thu 26-Mar-20 :00 PM

End: Thu 26-Mar-20 :00 PM

Recurrence: (none)

Meeting Status: Accepted

Organizer: NWHRN Info

Importance: High

-----Original Appointment-----

From: NWHRN Info mailto:info@nwhrn.org

Sent: Wednesday, March 25, 2020 9:44 AM

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tdocker@oceanbeachhospital.com Deborah Hunt
Subject: Crisis Standards of Care COVID-19 Response Discussion
When: Thursday, March 26, 2020 :00 PM- :00 PM (TC-0 :00) Pacific Time (S Canada).
Where: Large Conference Room oom-NW District
Importance: High

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Distributed to: Disaster Clinical Advisory Committees (Central, NW, and West), WA State Disaster Medical Advisory Committee, Acute Infectious Disease Advisory Group, and Nephrology and Pediatric Workgroups.

We are inviting Committee members and guests within the groups noted above to join us via oom to discuss Crisis Standards of Care (CSC) and the COVID-19 Response. Please share this meeting invite widely with clinicians and administrative (Exec. Level) staff at your organizations. Agenda and supporting documentation to follow. Thank you and we look forward to your participation.

Join Zoom Meeting: <https://zoom.us/j/90994>

Meeting ID: 42.56.420(4)

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To: [NWHRN Info](#)
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Date: 25-Mar-20 10:09:57 AM

Subject: Crisis Standards of Care & COVID-19 Response Discussion

-----Original Appointment-----

From: NWHRN Info mailto:info_nwhrn.org

Sent: Wednesday, March 25, 2020 9:44 AM

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Subject: Crisis Standards of Care COVID-19 Response Discussion

When: Thursday, March 26, 2020 :00 PM- :00 PM (TC-0 :00) Pacific Time (S Canada).

Where: Large Conference Room oom-NW District

Importance: High

A friendly reminder: DO NOT accept/decline from your mobile device

Distributed to: Disaster Clinical Advisory Committees (Central, NW, and West), WA State Disaster Medical Advisory Committee, Acute Infectious Disease Advisory Group, and Nephrology and Pediatric Workgroups.

We are inviting Committee members and guests within the groups noted above to oin us via oom to discuss Crisis Standards of Care (CSC) and the COVID-19 Response. Please share this meeting invite widely with clinicians and administrative (Exec. Level) staff at your organizations. Agenda and supporting documentation to follow. Thank you and we look forward to your participation.

Join Zoom Meeting: <https://zoom.us/j/90994>

Meeting ID: 42.56.420(4)

WA-GOV-20-0742-A-000035

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Meeting ID: 42.56.420(4)

From:

To:

Date:

Subject: Deputy directors call

Attachments: Deputy directors call.msg

Subject: Deputy directors call
Location: Teleconference

Start: Tue 10-Mar-20 2:00 PM
End: Tue 10-Mar-20 2:30 PM

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: Lashway, Patricia (OFM)

1-888-283-9250

PIN: 42.56.420(4)

From: [Lashway, Patricia \(OFM\)](#)
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[Ortiz, Sharon \(HUM\)](#)
[Hinsch, Robert \(WTB\)](#)
CC: [Burnes, Lauren \(DNR\)](#)
[Meyer, Annette \(DES\)](#)
[Bartlett, Heather \(ECY\)](#)
[McDermott, Louis \(HCA\)](#)
[Mele, Catherine \(DFI\)](#)
[Melroy, Mark \(ATG\)](#)
[Capper, Patrick \(AGR\)](#)
[Erdmann, Sarah \(OMWBE\)](#)
[Stewart, Kendrick \(COM\)](#)
[Johnson, Mark L. \(UTC\)](#)
[Hagen, Shelly \(PARKS\)](#)
[Nelson, Sheri](#)
[Gunther, Wendi \(WaTech\)](#)
[Trujillo, Dave \(GMB\)](#)
[Metcalf, Keith \(WSDOT\)](#)
[Siguenza, Maria \(CHA\)](#)
[Verme, Celina \(SIB\)](#)
[Bilyeu,Shauna \(CDHL\)](#)
[West, Terry \(ARTS\)](#)
[Clintsman, Don \(DSHS/OOS\)](#)
[Todorovich, Jessica L \(DOH\)](#)
[Rongen, Kecia L. \(DOC\)](#)

[Capp, Donald \(OAH\)](#)
[Spaulding, Randy](#)
[Johnston, Joshua \(LOT\)](#)
[Quimby, Mark \(WaTech\)](#)
[Thomas, Jamila \(OSPI\)](#)
[Sciba, Jennifer \(ACB\)](#)
[Feek, Cami \(ESD\)](#)
[Duffy, Megan \(LCB\)](#)
[McCann, Meg \(DOL\)](#)
[Bennett, Don \(WSAC\)](#)
[Smith, Jaime \(GOV\)](#)
[Puente Jr., David \(DVA\)](#)
[Vann, Nicholas \(DAHP\)](#)
[Hesse, Regan \(MIL\)](#)
[Martin, Julie A. \(DOC\)](#)
[Phelps, Dana \(DSHS/OOS\)](#)
[Windrope, Amy \(DFW\)](#)
[Pruitt, Shad \(TRE\)](#)
[Rooney, Keri \(SAO\)](#)
[Garcia, Cassandra \(PLIA\)](#)
[Gellermann, AnnaLisa \(OIC\)](#)
[Wicker, Kelly \(GOV\)](#)
[Dowd, Patrick \(GOV\)](#)
[Feldhausen, Mark \(DRS\)](#)
[Becker, Jody \(DCYF\)](#)
[Pannkuk, Pam \(WTSC\)](#)
[Barnes, Brent \(PSP\)](#)
[Welsh, Gent COL \(MIL\)](#)
[Warick, Randi L \(LNI\)](#)
[Robinson, Scott \(RCO\)](#)
[Clemmens, Levi \(DFI\)](#)

Date: 23-Mar-20 8:49:44 AM

Subject: Deputy directors call

1- -2 3-9250
PIN: 42.56 420(4)

From:

To:

Date:

Subject: FEMA Region 10 and Partners Congressional Member and Staff Briefing on COVID-19 -- TUESDAY 10 AM PDT

Attachments: FEMA Region 10 and Partners Congressional Member and Staff Briefing on COVID-19 -- TUESDAY 10 AM PDT.msg

Subject: FEMA Region 10 and Partners Congressional Member and Staff Briefing on COVID-19 -- T ESDA 10
AM PDT

Location: Conference Call: -2 0-9936 PIN: 42.56.420(4)

Start: Tue 24-Mar-20 10:00 AM

End: Tue 24-Mar-20 11:00 AM

Recurrence: (none)

Meeting Status: Accepted

Organizer: Rossie, Camilla

Good Morning Colleagues,

Please note we have a **NEW CONFERENCE LINE and PIN for today's call** – to ensure everyone has access to the briefing. In addition, our Agenda for today's call is below. We look forward to your participation.

Conference Call for Washington Delegation Members and Staff

Date: Tuesday, March 24th at 10:00 am PDT / 1:00 pm EDT

Dial In Number: 1-888-270-9936

Passcode: 42.56.420(4)

We encourage you to dial-in at least 5 minutes prior to the call start time to be placed into the conference call.

**FEMA REGION 10 AND PARTNERS CONGRESSIONAL BRIEFING FOR WASHINGTON
MEMBERS AND STAFF**

AGENDA

Welcome and Roll Call (5 min)

- FEMA Region 10 Congressional Affairs Cam Rossie

Opening remarks (5 min)

- FEMA Region 10 Administrator Mike O'Hare

Partner Reports: (5 min each)

- Washington Emergency Management Division Director – Robert Ezelle
- Department of Health and Human Services – Capt. John Smart
- U.S. Small Business Administration – Cynthia Cowell
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Q&A (15 min)

Closing remarks – (1 min)

- HHS
- SBA
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- Region 10 Administrator O'Hare

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Additional Resources

-

For more information on FEMA's response to COVID-19, visit www.fema.gov/coronavirus

SBA Information: <https://www.sba.gov/funding-programs/disaster-assistance>

Thank you,

Cam Rossie

Government Relations Region 10 Office of External Affairs

Office: (425) 4 -4651 Mobile: (540) 532-102

Email: camilla.rossie@fema.dhs.gov fema-r10-cong@fema.dhs.gov

Federal Emergency Management Agency
[fema.gov](https://www.fema.gov)

From: [Rossie, Camilla](#)
To: [Rossie, Camilla](#)
[O Hare, Michael](#)
[Maykovich, Vincent](#)
[Biasco, Lon](#)
[Davidson, Lisa](#)
[Lofaro, Daniel](#)
[Daggett, Anna](#)
[Ike, Ryan](#)
[Ezelle, Robert \(MIL\)](#)
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[Wallace, Sharon \(MIL\)](#)
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[Jackson-Diaz, Sanura \(MIL\)](#)
[Baumgart, Jim \(GOV\)](#)
[Wilson, Morgan \(GOV\)](#)
[Cockrill, Jennifer \(OS/ASPR/EMMO\)](#)
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[Lujan, Maria](#)
[Ward, Erin](#)
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[Miller, Shanley](#)
[Cash, Jennifer](#)
[Seib, Cameron \(Kilmer\)](#)
[Dehnel, Kendall](#)
[Oxner, Julie \(OS/ASPR/OEA\)](#)

Date: 21-Mar-20 2:13:35 PM

Subject: FEMA Region 10 and Partners Congressional Member and Staff Briefing on COVID-19 --
TUESDAY 10 AM PDT

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Date: Tuesday, March 24th at 10:00 am PDT / 1:00 pm EDT

Dial In Number: 1-888-270-9936

WA-GOV-20-0742-A-000045

Passcode: 42.56.420(4)

We encourage you to dial-in at least 5 minutes prior to the call start time to be placed into the conference call.

FEMA REGION 10 AND PARTNERS CONGRESSIONAL BRIEFING FOR WASHINGTON MEMBERS AND STAFF

AGENDA

Welcome and Roll Call (5 min)

- FEMA Region 10 Congressional Affairs Cam Rossie

Opening remarks (5 min)

- FEMA Region 10 Administrator Mike O Hare

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Closing remarks 1 min)

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SBA Information: <https://www.sba.gov/funding-programs/disaster-assistance>

Thank you,

Cam Rossie

Government Relations Region 10 Office of External Affairs

Office: (425) 4 -4651 Mobile: (540) 532-102

Email: camilla.rossie@fema.dhs.gov fema-r10-cong@fema.dhs.gov

Federal Emergency Management Agency

fema.gov



FEMA

From:

To:

Date:

Subject: FEMA Region 10 and Partners Congressional Member and Staff Briefing on COVID-19 -- TUESDAY 10 AM PDT

Attachments: FEMA Region 10 and Partners Congressional Member and Staff Briefing on COVID-19 -- TUESDAY 10 AM PDT.msg

Subject: FEMA Region 10 and Partners Congressional Member and Staff Briefing on COVID-19 -- T ESDA 10 AM PDT

Location: Conference Call: -2 0-9936 PIN: 42.56.420(4)

Start: Tue 24-Mar-20 10:00 AM

End: Tue 24-Mar-20 11:00 AM

Recurrence: (none)

Meeting Status: Accepted

Organizer: Rossie, Camilla

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Thank you,

Cam Rossie

Government Relations Region 10 Office of External Affairs

Office: (425) 4 -4651 Mobile: (540) 532-102

Email: camilla.rossie@fema.dhs.gov fema-r10-cong@fema.dhs.gov

Federal Emergency Management Agency
[fema.gov](https://www.fema.gov)

From: [Rossie, Camilla](#)
To: [Rossie, Camilla](#)
[O Hare, Michael](#)
[Maykovich, Vincent](#)
[Biasco, Lon](#)
[Davidson, Lisa](#)
[Lofaro, Daniel](#)
[Daggett, Anna](#)
[Ike, Ryan](#)
[Ezelle, Robert \(MIL\)](#)
[Katims, Casey \(GOV\)](#)
[Melanie M. Norton \(melanie.norton@sba.gov\)](#)
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[Smart, John \(DOHi\)](#)
[McClain, Stacey \(MIL\)](#)
[Bickford, Nancy \(MIL\)](#)
[Wallace, Sharon \(MIL\)](#)
[Shagren, Karina L. \(MIL\)](#)
[Jackson-Diaz, Sanura \(MIL\)](#)
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[Cockrill, Jennifer \(OS/ASPR/EMMO\)](#)
[Johnston, Darcie \(HHS/IEA\)](#)
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[Miller, Shanley](#)
[Cash, Jennifer](#)
[Seib, Cameron \(Kilmer\)](#)
[Dehnel, Kendall](#)
[Oxner, Julie \(OS/ASPR/OEA\)](#)

Date: 21-Mar-20 2:13:35 PM

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Dial In Number: 1-888-270-9936

WA-GOV-20-0742-A-000053

Passcode: 42.56.420(4)

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SBA Information: <https://www.sba.gov/funding-programs/disaster-assistance>

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Cam Rossie

Government Relations Region 10 Office of External Affairs

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Email: camilla.rossie@fema.dhs.gov fema-r10-cong@fema.dhs.gov

Federal Emergency Management Agency
fema.gov



FEMA

From:

To:

Date:

Subject: Follow-up call: DMAC & Central DCAC re: PPE Supply/Demand and Allocation

Attachments: Follow-up call: DMAC & Central DCAC re: PPE Supply/Demand and Allocation.msg

Subject: Follow-up call: DMAC Central DCAC re: PPE Supply/Demand and Allocation
Location: oom-NW District

Start: Fri 2 -Mar-20 4:30 PM
End: Fri 2 -Mar-20 6:00 PM

Recurrence: (none)

Meeting Status: Accepted

Organizer: NWHRN Info
Resources: oom-NW District

Importance: High

A friendly reminder: DO NOT accept/decline from your mobile device

Distributed to: Central Disaster Clinical Advisory Committee, WA State Disaster Medical Advisory Committee, other clinical colleagues, and EMS leaders

Colleagues,

Our state health officer Dr. athy Lofy invitees you to a follow-up call to further discuss PPE supply/demand, and current/future allocation and prioritization strategies, amounts, etc. Call-in/webinar information is below.

oin oom Meeting: <https://zoom.us/j/909944256420>
Meeting ID: 42.56.420(4)

Dial by your location:

1 346 24 99

1 669 900 6 33

Meeting ID: 42.56.420(4)

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BCC: [oom-NW District](#)

Date: 26-Mar-20 8:27:39 PM

Subject: Follow-up call: DMAC & Central DCAC re: PPE Supply/Demand and Allocation

A friendly reminder: DO NOT accept/decline from your mobile device

Distributed to: Central Disaster Clinical Advisory Committee, WA State Disaster Medical Advisory Committee, other clinical colleagues, and EMS leaders

Colleagues,

Our state health officer Dr. Cathy Lofy invites you to a follow-up call to further discuss PPE supply/demand, and current/future allocation and prioritization strategies, amounts, etc. Call-in/webinar information is below.

Join Zoom Meeting: <https://zoom.us/j/909944256420>

Meeting ID: 42.56.420(4)

Dial by your location:

1 346 24 99

1 669 900 6 33

Meeting ID: 42.56.420(4)

From:

To:

Date:

Subject: FW: Crisis Standards of Care & COVID-19 Response Discussion

Attachments: FW: Crisis Standards of Care & COVID-19 Response Discussion.msg

Subject: FW: Crisis Standards of Care COVID-19 Response Discussion

Location: Large Conference Room oom-NW District

Start: Thu 26-Mar-20 :00 PM

End: Thu 26-Mar-20 :00 PM

Recurrence: (none)

Meeting Status: Accepted

Organizer: NWHRN Info

Importance: High

Can you add to Rocky s calendar please

Clark

-----Original Appointment-----

From: NWHRN Info mailto:info@nwhrn.org

Sent: Wednesday, March 25, 2020 9:44 AM

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Subject: Crisis Standards of Care COVID-19 Response Discussion
When: Thursday, March 26, 2020 :00 PM- :00 PM (TC-0 :00) Pacific Time (S Canada).
Where: Large Conference Room oom-NW District
Importance: High

A friendly reminder: DO NOT accept/decline from your mobile device

Distributed to: Disaster Clinical Advisory Committees (Central, NW, and West), WA State Disaster Medical Advisory Committee, Acute Infectious Disease Advisory Group, and Nephrology and Pediatric Workgroups.

We are inviting Committee members and guests within the groups noted above to oin us via oom to discuss Crisis Standards of Care (CSC) and the COVID-19 Response. Please share this meeting invite widely with clinicians and administrative (Exec. Level) staff at your organizations. Agenda and supporting documentation to follow. Thank you and we look forward to your participation.

Join Zoom Meeting: <https://zoom.us/j/90994>

Meeting ID: 42.56.420(4)

Dial by your location

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Meeting ID: 42.56.420(4)

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Date: 25-Mar-20 10:09:57 AM

Subject: FW: Crisis Standards of Care & COVID-19 Response Discussion

Can you add to Rocky s calendar please

Clark

-----Original Appointment-----

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Sent: Wednesday, March 25, 2020 9:44 AM

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tdocker oceanbeachhospital.com Deborah Hunt

Subject: Crisis Standards of Care COVID-19 Response Discussion
 When: Thursday, March 26, 2020 :00 PM- :00 PM (TC-0 :00) Pacific Time (S Canada).
 Where: Large Conference Room oom-NW District
 Importance: High

A friendly reminder: DO NOT accept/decline from your mobile device

Distributed to: Disaster Clinical Advisory Committees (Central, NW, and West), WA State Disaster Medical Advisory Committee, Acute Infectious Disease Advisory Group, and Nephrology and Pediatric Workgroups.

We are inviting Committee members and guests within the groups noted above to join us via oom to discuss Crisis Standards of Care (CSC) and the COVID-19 Response. Please share this meeting invite widely with clinicians and administrative (Exec. Level) staff at your organizations. Agenda and supporting documentation to follow. Thank you and we look forward to your participation.

Join Zoom Meeting: [https://zoom.us/j/9 0 9 94](https://zoom.us/j/90994)

Meeting ID: 42.56.420(4)

Dial by your location

1 346 24 99 S

1 669 900 6 33 S

Meeting ID: 42.56.420(4)

From:

To:

Date:

Subject: FW: DMAC & Central DCAC Call re: PPE Supply/Demand and Allocation

Attachments: FW: DMAC & Central DCAC Call re: PPE Supply/Demand and Allocation.msg

Subject: FW: DMAC Central DCAC Call re: PPE Supply/Demand and Allocation

Location: oom-NW District

Start: Wed 25-Mar-20 :00 PM

End: Wed 25-Mar-20 :30 PM

Recurrence: (none)

Meeting Status: Accepted

Organizer: NWHRN Info

Importance: High

-----Original Appointment-----

From: NWHRN Info <mailto:info@nwhrn.org>

Sent: Wednesday, March 25, 2020 1:34 PM

To: NWHRN Info iain.asplin@multicare.org ebulger@u.washington.edu margo.bykonen@swedish.org Cartwright, Carolyn (DOHi) Erin.Dufresne@oel.edminster@gmail.com aarong_yvfwc.org Halvorson, Clark R (DOH) Henry, Erika L (DOH) ka@u.washington.edu maryking@u.washington.edu Lien, Onora (DOHi) Lindquist.Scott.W@DOH.gov Lofy, athy H (DOH) tlmcg01@gmail.com scmorris@uw.edu Newcombe, Anne (DOH) Pelaez.Susan@DOH.gov hcq@mipediatics.com Aaron Resnick adam.richards2@providence.org d.roesel@gmail.com Sakata, Vicki (DOHi) tamara.sheehan@providence.org ytu@everettclinic.com cfvealr@gmail.com volbrecht@gonzaga.edu younggren@gmail.com deci@uw.edu andie.alei@swedish.org erinfa_yvfwc.org DOH OS PHEPR My Request Bernardo Lactaoen Nelson, Ramona (DOH) stephanie.zarazua@providence.org ruth.alem@swedish.org karen.l.birmingham@kp.org blayney@uw.edu clark.coler@swedish.org anice.connolly@swedish.org fireman osh c yahoo.com thdellit@uw.edu diek@u.washington.edu Duchin, effery, MD (DOHi) Elsenboss.Carina@DOHi.gov Enriguez, Brianna (DOHi) Escobar.Mauricio@DOHi.gov gfailla@gmail.com graym1@uw.edu carli.hoaglan@virginiamason.org horanm@uw.edu cterrlee@u.washington.edu paulinouye@traumatrust.org rfmd@seanet.com baensen@evergreenhealthcare.org christopher.s.kang@gmail.com debbi091@gmail.com kkoelemay@msn.com im.kumpula@swedish.org Liebelt.Erica@DOHi.gov stuartminkin@allegropediatics.com therese.mirisola@seattlechildrens.org Miron.Cindy@DOHi.gov david.b.misner.civ@mail.mil mmmyint@multicare.org theresan@bloodworksnw.org tpham94@uw.edu grete.porteous@virginiamason.org fxriedo@evergreenhealthcare.org ulietstorm@allegropediatics.com katherine.taylor@kingcounty.gov tonelli@uw.edu Turner.Nigel@DOHi.gov Paxson.ennie@DOHi.gov stephanie.scappini@kingcounty.gov dmshimabukuro@evergreenhealth.com w Russell@wpc.org sosibal@multicare.org tonyw@bloodworksnw.org ahaven@u.washington.edu vickibarag@allegropediatics.com clark.waffle.contractor@piercecountywa.gov Lfontanilla@comcast.net thurstonmpd@gmail.com Cooper.Eric@DOHi.gov calexander@mukilteowa.gov tom.rea@kingcounty.gov

Cc: Bono, Raquel (GOV) Nugent, im Michelle McCormick (PROC REMENT HECC Director Ops Section Taskforce 1a - HECC Operations Section Chief - HECC Ops Section Taskforce 1b - HECC

Subject: DMAC Central DCAC Call re: PPE Supply/Demand and Allocation

When: Wednesday, March 25, 2020 :00 PM- :30 PM (TC-0 :00) Pacific Time (S Canada).

Where: oom-NW District

Importance: High

AMERICAN
OVERSIGHT

WA-GOV-20-0742-A-000079

A friendly reminder: DO NOT accept/decline from your mobile device

Distributed to: Central Disaster Clinical Advisory Committees, WA State Disaster Medical Advisory Committee and EMS colleagues

Colleagues,

Our state health officer Dr. Cathy Lofy requests your time this evening from 1900-2030hrs for a call to discuss PPE supply/demand, and current/future allocation and prioritization strategies, amounts, etc. A draft agenda is below the call-in information, and supporting documents are attached.

Join Zoom Meeting: <https://zoom.us/j/90994>

Meeting ID: 42.56.420(4)

Dial by your location

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1 669 900 6 33 S

Meeting ID: 42.56.420(4)

Draft Agenda

Situation Update

- Epi data
- Current PPE supply/demand

Current prioritization scheme

- Discussion of this high level plan (tier 1, 2 and 3)

Discussion on further prioritization of tier 1

Discussion on allocation amount per delivery

Discussion on data we need to make better decisions

From: [NWHRN Info](#)
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CC: [HECC Director](#)
[Ops Section Taskforce 1a - HECC](#)
[Operations Section Chief - HECC](#)
[Ops Section Taskforce 1b - HECC](#)

Date: 25-Mar-20 1:33:39 PM

Subject: FW: DMAC & Central DCAC Call re: PPE Supply/Demand and Allocation

Attachments: DRAFT Preliminary PPE Allocation FormulaV2.docx
covid19_EpiReport_2020_03_23.pdf
PPE prioritization DOH 3-11-20.pdf

-----Original Appointment-----

From: NWHRN Info <mailto:info@nwhrn.org>

Sent: Wednesday, March 25, 2020 1:34 PM

To: NWHRN Info iain.asplin@multicare.org ebulger@u.washington.edu margo.bykonen@swedish.org Cartwright, Carolyn (DOHi) Erin Dufresne oel.edminster@gmail.com aarong.yvfwc.org Halvorson, Clark R (DOH) Henry, Erika L (DOH) ka@u.washington.edu maryking@u.washington.edu Lien, Onora (DOHi) Lindquist, Scott W (DOH) Lofy, athy H (DOH) tlmcg01@gmail.com scmorris@uw.edu Newcombe, Anne (DOH) Pelaez, Susan (DOHi) hcq@mipediatrics.com Aaron Resnick adam.richards2@providence.org d.roesel@gmail.com Sakata, Vicki (DOHi) tamara.sheehan@providence.org ytu@everettclinic.com cfveal@gmail.com volbrecht@gonzaga.edu younggren@gmail.com deci@uw.edu andie.alei@swedish.org erinfa.yvfwc.org DOH OS PHEPR My Request Bernardo Lactaoen Nelson, Ramona (DOH) stephanie.zarazua@providence.org ruth.alem@swedish.org karen.l.birmingham@kp.org blayney@uw.edu clark.coler@swedish.org anice.connolly@swedish.org firemanosh@yahoo.com thdellit@uw.edu diek@u.washington.edu Duchin, effery, MD (DOHi) Elsenboss, Carina (DOHi) Enriguez, Brianna (DOHi) Escobar, Mauricio (DOHi) gfailla@gmail.com graym1@uw.edu carli.hoaglan@virginiamason.org horanm@uw.edu cterrlee@u.washington.edu paulinouye@traumatrust.org rfmd@seanet.com baensen@evergreenhealthcare.org christopher.s.kang@gmail.com debbi091@gmail.com kkoelemay@msn.com im.kumpula@swedish.org [Liebelt, Erica \(DOHi\)@stuartminkin@allegropediatrics.com](mailto:Liebelt, Erica (DOHi)@stuartminkin@allegropediatrics.com) therese.mirisola@seattlechildrens.org Miron, Cindy (DOHi) david.b.misner.civ@mail.mil mmmyint@multicare.org theresan@bloodworksnw.org tpham94@uw.edu grete.porteous@virginiamason.org fxriedo@evergreenhealthcare.org ulietstorm@allegropediatrics.com katherine.taylor@kingcounty.gov tonelli@uw.edu Turner, Nigel (DOHi) Paxson, ennie (E-mail) stephanie.scappini@kingcounty.gov

WA-GOV-20-0742-A-000083

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tom.rea kingcounty.gov
Cc: Bono, Raquel (GOV) Nugent, im Michelle McCormick (PROC REMENT HECC Director Ops Section Taskforce
1a - HECC Operations Section Chief - HECC Ops Section Taskforce 1b - HECC
Subject: DMAC Central DCAC Call re: PPE Supply/Demand and Allocation
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Where: oom-NW District
Importance: High

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Distributed to: Central Disaster Clinical Advisory Committees, WA State Disaster Medical Advisory Committee and EMS colleagues

Colleagues,

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- Epi data
- Current PPE supply/demand

Current prioritization scheme

- Discussion of this high level plan (tier 1, 2 and 3)

Discussion on further prioritization of tier 1

Discussion on allocation amount per delivery

Discussion on data we need to make better decisions

DRAFT

Preliminary PPE Allocation formula

This formula is interim methodology for distributing PPE to requesting facilities/organizations when King County is unable to completely fulfill requests due to limited supply.

Step 1: Per requesting facility/organization: (of each type of care resource) (points) facility weighted score

Facility/organization type	Type of resource	Points per resource*		
Hospital	Critical care beds	15	Multiple shifts, more likely to need PPE for procedures and will	
	Regular hospital beds	5		
Long Term Care Facility	Nursing care beds	3		
EMS	EMTs	3		
EMS	Paramedics	5	More likely to be engaged in procedures with higher risk of exposure	

Step 2: Facility weighted score/total points for all requesting facilities of PPE allocated per facility

DRAFT

Weighting should be modified to reflect best available information, expert opinion of clinicians and Public health staff and changing situations.

can be distributed directly to agency or via King County EMS (private ambulance transport agencies are also eligible since they transport undifferentiated patients to hospitals and should be considered part of the EMS system

Daily Epidemiology Report

23-03-2020 13:32

COVID-19 surveillance data are dynamically stored in the Washington Disease Reporting System (WDRS). The data are updated when new information about a case is entered, such as exposure information, change in address, lab data from diagnostic and routine tests, date of death, case information from medical providers, or information from other jurisdictions indicating a person has moved out of Washington. Given the dynamic nature of COVID-19 surveillance data, data reported in the past may not match data reported in present time.

For questions, please contact doh-epi-branch@doh.wa.gov or call 206-418-5500.

Summary

Total Confirmed Cases: 2221

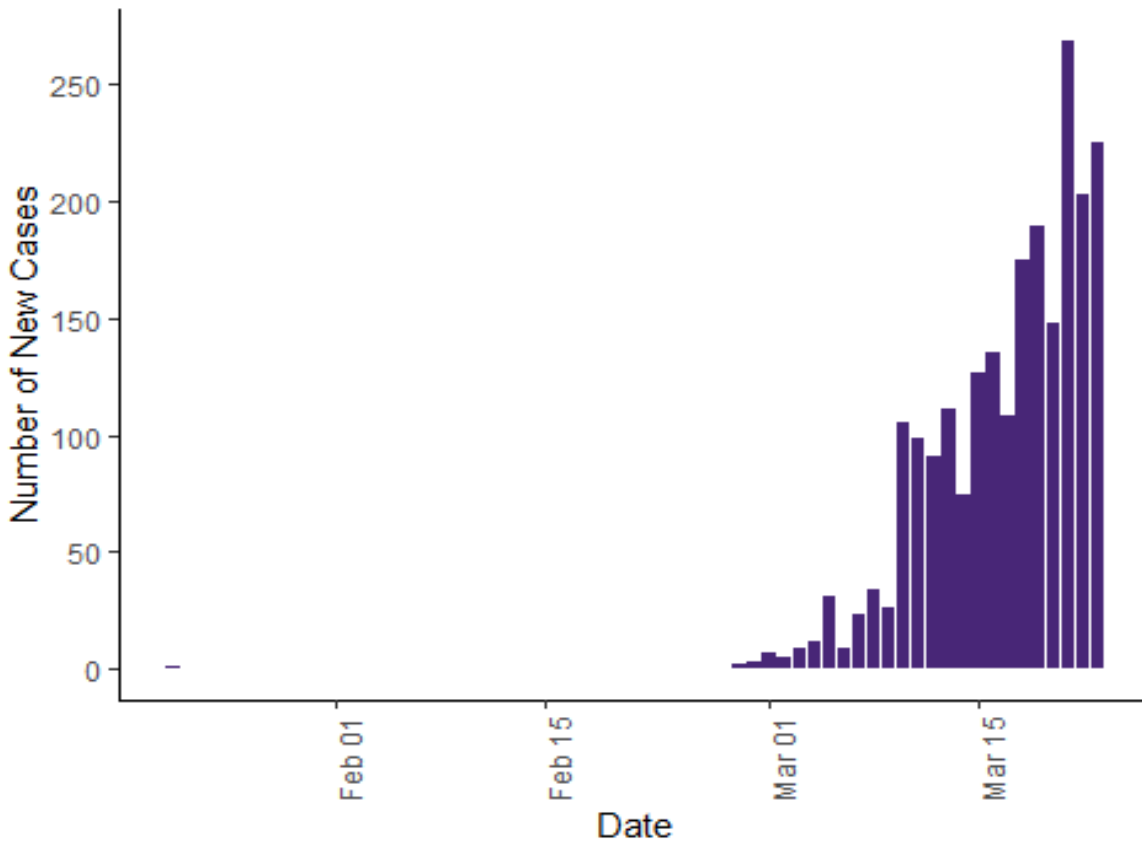
Total Deaths: 110

Number of Individuals Tested

Result	Number of Individuals Tested	Percent of Tests
Negative	31712	93%
Positive	2221	7%

Confirmed COVID-19 Cases by Day

This chart displays the number of confirmed COVID-19 cases by day in Washington State, excluding known non-Washington State residents. Cases are considered confirmed by a positive test result.



Positive and Negative Tests by Day

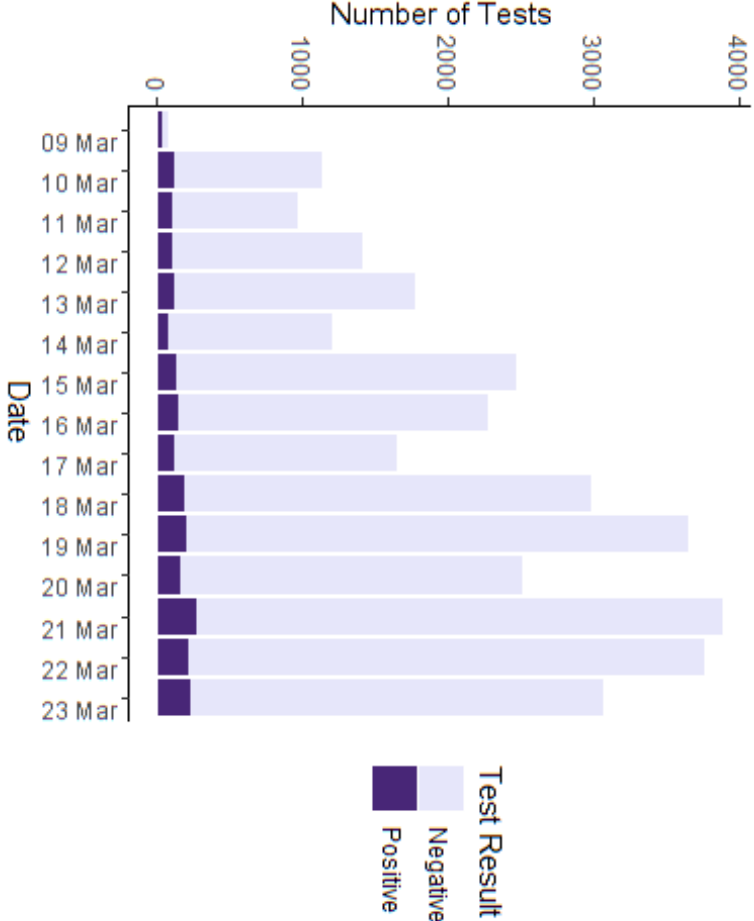
This table displays the number and percentage of persons with positive test results and number of persons with negative test results by day in Washington State, excluding known non-Washington State residents.

Date	Positive Tests	Negative Tests	Percent Positive Tests
09 Mar	26	39	40%
10 Mar	105	1026	9%
11 Mar	99	862	10%
12 Mar	91	1313	6%
13 Mar	111	1651	6%
14 Mar	74	1121	6%
15 Mar	127	2329	5%
16 Mar	135	2131	6%
17 Mar	108	1535	7%
18 Mar	175	2801	6%
19 Mar	189	3448	5%
20 Mar	148	2353	6%

Date	Positive Tests	Negative Tests	Percent Positive Tests
21 Mar	269	3609	7%
22 Mar	203	3551	5%
23 Mar	225	2833	7%

Daily Reports of COVID-19 Positive and Negative Tests in Washington State by Report Date

This chart displays the number of new positive and negative test counts of COVID-19 in Washington State by day.



Confirmed Cases and Deaths by County

This table displays the number of laboratory confirmed (including presumptive) positive COVID-19 cases in Washington State by county. Data are preliminary and presumptive positive tests are subject to change after confirmatory testing.

County	Number of Cases	Number of Deaths
Adams County	1	0
Benton County	7	2
Chelan County	6	0
Clallam County	4	0

County	Number of Cases	Number of Deaths
Clark County	13	4
Columbia County	1	0
Cowlitz County	3	0
Douglas County	1	0
Franklin County	3	0
Grant County	23	1
Grays Harbor County	1	0
Island County	25	1
Jefferson County	7	0
King County	1170	87
Kitsap County	18	0
Kittitas County	5	0
Klickitat County	4	0
Lewis County	2	0
Lincoln County	1	0
Mason County	1	0
Pierce County	126	1
San Juan County	1	0
Skagit County	45	1
Snohomish County	519	11
Spokane County	29	0
Stevens County	1	0
Thurston County	11	0
Walla Walla County	1	0
Whatcom County	48	2
Whitman County	2	0
Yakima County	25	0

Number of Cases with Unassigned County: 117*

*Cases pending receipt of address information from outside labs

Confirmed Cases and Deaths by Sex

This table displays the number of laboratory confirmed (including presumptive) positive COVID-19 cases and deaths in Washington State by sex. Data are preliminary and presumptive positive tests are subject to change after confirmatory testing.

Sex at Birth	Percent of Cases	Percent of Deaths
Female	51%	54%
Male	46%	44%
Unknown	4%	2%

Confirmed Cases and Deaths by Age

This table displays the number of laboratory confirmed (including presumptive) positive COVID-19 cases and deaths in Washington State by age group. Data are preliminary and presumptive positive tests are subject to change after confirmatory testing.

Age Group (years)	Percent of Cases	Percent of Deaths
<19	2%	0%
20-29	9%	0%
30-39	14%	0%
40-49	13%	2%
50-59	17%	5%
60-69	16%	12%
70-79	15%	30%
80+	14%	50%

Positive and Negative Tests by County

This table displays the number of persons with positive test results and number and percentage of persons with negative test results by county in Washington State, excluding known non-Washington State residents. The 'Positive' count is the number of persons who have tested positive. The 'Negative' count is the number of persons tested whom have not had a positive lab test result.

Note that the county numbers only include results (positive or negative) for results received by WADOH that include address information on the person tested. A large number of negative results (13,202) have been received from outside labs without address information. This may artificially inflate the ratio of positive to negative results in each county.

County	Positive Tests	Negative Tests	Percent Positive Tests
Adams County	1	13	7%
Asotin County	0	13	0%
Benton County	5	157	3%
Chelan County	6	103	6%
Clallam County	3	97	3%

County	Positive Tests	Negative Tests	Percent Positive Tests
Clark County	12	285	4%
Columbia County	1	16	6%
Cowlitz County	3	79	4%
Douglas County	0	47	0%
Ferry County	0	27	0%
Franklin County	3	63	5%
Garfield County	0	3	0%
Grant County	20	91	18%
Grays Harbor County	1	71	1%
Island County	25	204	11%
Jefferson County	8	42	16%
King County	1189	7733	13%
Kitsap County	19	557	3%
Kittitas County	4	180	2%
Klickitat County	4	25	14%
Lewis County	2	80	2%
Lincoln County	1	22	4%
Mason County	1	130	1%
Okanogan County	0	56	0%
Pacific County	0	10	0%
Pend Oreille County	0	24	0%
Pierce County	128	2496	5%
San Juan County	1	41	2%
Skagit County	39	176	18%
Skamania County	0	6	0%
Snohomish County	526	3235	14%
Spokane County	29	1075	3%
Stevens County	1	47	2%
Thurston County	11	609	2%
Wahkiakum County	0	4	0%
Walla Walla County	1	103	1%
Whatcom County	55	323	15%
Whitman County	0	39	0%
Yakima County	31	228	12%

County	Positive Tests	Negative Tests	Percent Positive Tests
Total Assigned to County	2130	18510	10%
Total Unassigned to County	91	13202	1%

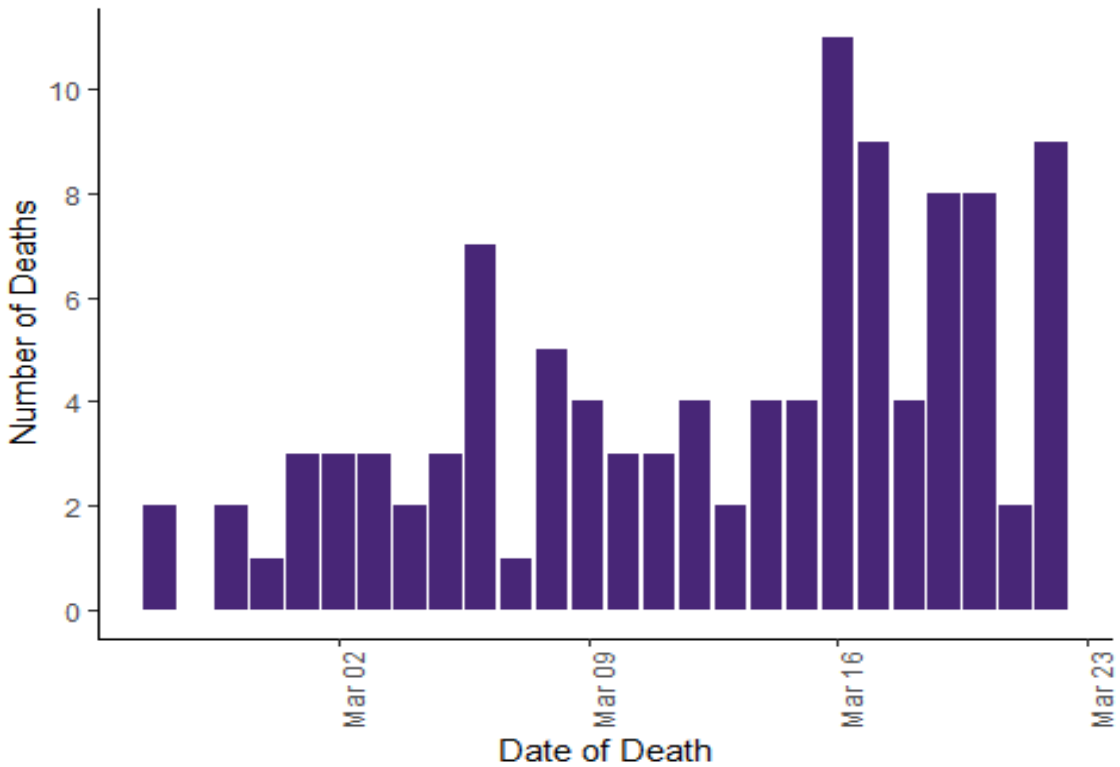
Positive and Negative tests by Age Group

This table displays the number of persons with positive test results and number of persons with negative test results by age group in Washington State, excluding known non-Washington State residents. The 'Positive' count is the number of persons who have tested positive. The 'Negative' count is the number of persons tested whom have not had a positive lab test result.

Age Group (years)	Positive Tests	Negative Tests	Percent Positive Tests
0-4	5	1293	0%
5-17	21	1798	1%
18-44	669	13443	5%
45-64	702	9485	7%
65-79	480	3705	11%
80+	321	1509	18%
Unknown	7	36	16%

Number of Deaths* for Confirmed COVID-19 Cases

This table and chart shows the number of deaths by date of death based on death certificate data.



Date of Death	Number of Deaths
2020-02-26	2
2020-02-28	2
2020-02-29	1
2020-03-01	3
2020-03-02	3
2020-03-03	3
2020-03-04	2
2020-03-05	3
2020-03-06	7
2020-03-07	1
2020-03-08	5
2020-03-09	4
2020-03-10	3
2020-03-11	3
2020-03-12	4
2020-03-13	2
2020-03-14	4
2020-03-15	4
2020-03-16	11

Date of Death	Number of Deaths
2020-03-17	9
2020-03-18	4
2020-03-19	8
2020-03-20	8
2020-03-21	2
2020-03-22	9

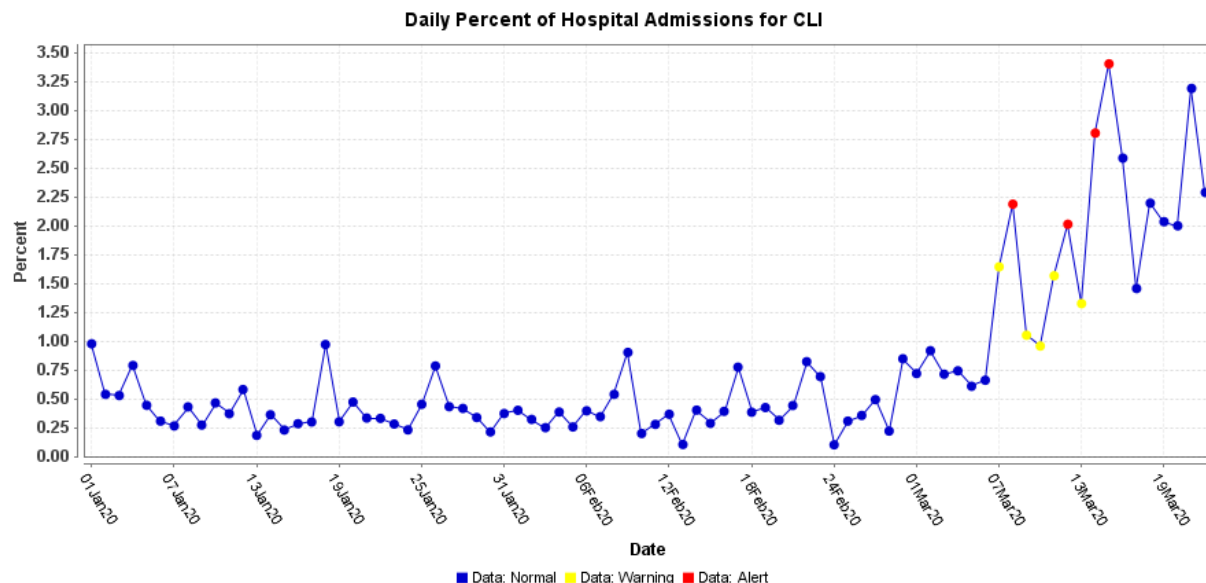
Number of Cases with Unassigned Date of Death: 3*

*Deaths pending receipt of information from local health jurisdictions

COVID-like Illness (CLI) Hospitalizations

- CLI hospitalizations are significantly elevated in all adults. A sharp increasing trend in CLI hospitalizations has been noted for the past 3 weeks. Pneumonia hospitalizations are also significantly elevated in adults and has exceeded levels from the peak of the influenza season at the end of 2019. This observation is new as of week 12 (week ending 3/21).

Below is a graph of the daily percent of hospital admissions for CLI and a table of daily CLI hospital admission counts for the past 7 days.



Admission Date	Number of CLI Hospitalizations	Total Number of Hospitalizations	Percent CLI Hospitalizations
Mar 15	37	1088	3%
Mar 16	52	2012	3%
Mar 17	28	1925	1%
Mar 18	41	1868	2%
Mar 19	34	1672	2%
Mar 20	34	1702	2%
Mar 21	30	941	3%
Mar 22	11	481	2%

Data Notes: COVID-like illness (CLI) includes visits with symptoms of fever/chills AND respiratory symptoms (such as cough, difficulty breathing or shortness of breath).

Analyses are based on information reported to the Rapid Health Information NetwOrk (RHINO). At the date of this report, 84/100 (84%) Emergency Departments in the state submit data to RHINO. Data are preliminary and may change.

Guidelines for Prioritization of Allocation of Personal Protective Equipment (PPE)

Purpose:

The process is intended to guide DOH on how to prioritize the fulfillment of resource requests for PPE across the state to meet the needs of the response to COVID-19. PPE is a scarce resource and difficult to procure across the state, nationally, and internationally. The prioritization document does not guarantee fulfillment of every order that meets the priority criteria nor does it ensure fulfillment of complete orders. Orders may be partially filled due to limited stock. The Secretary of Health, State Health Officer or Unified Command have the ability to modify this criteria based on emerging response needs.

Prioritization for PPE

TIER #1

1. Long Term Care Facilities with **confirmed cases**
2. Hospitals with the most number of **confirmed cases**
3. EMS and first responders – who are being asked to transport **confirmed cases**
4. Healthcare workers carrying out support to Long Term Care Facilities with **confirmed cases**

TIER #2

5. Healthcare facilities with a **confirmed cases**
6. Congregate locations with **confirmed cases** (Shelter, Jail, Dorm)
7. Other EMS
8. Quarantine / Isolation Facilities run by Washington State Department of Health

TIER #3

9. Quarantine / Isolation Facilities run by other jurisdiction
10. Skilled Nursing Facilities
11. Other healthcare facilities
12. Outpatient facilities

TIER #4

13. Homeless Shelter and other congregate locations such as jails, dorms
14. Families of **confirmed cases** who are at home

Other Considerations

- Recommend fill orders for up to 7 days (with assurance no gap between current order and new order)
- Amount - Methodology for quantities of PPE allocate (Recommendation based on facility size, number of HC workers, number of confirmed or suspected cases – or # patients needing to be assessed X # PPE change changes necessary X number of days being fulfilled for)
- Differentiation of prioritization for N95 masks—Recommend the locations that perform aerosol generating procedures have highest

From:

To:

Date:

Subject: FW: FEMA Region 10 and Partners Congressional Member and Staff Briefing on COVID-19 -- TUESDAY 10 AM PDT

Attachments: FW: FEMA Region 10 and Partners Congressional Member and Staff Briefing on COVID-19 -- TUESDAY 10 AM PDT.msg

Subject: FW: FEMA Region 10 and Partners Congressional Member and Staff Briefing on COVID-19 -- T ESDA
10 AM PDT

Location: Conference Call: -2 0-9936 PIN: 42.56.420(4)

Start: Tue 24-Mar-20 10:00 AM

End: Tue 24-Mar-20 11:00 AM

Recurrence: (none)

Meeting Status: Accepted

Organizer: Rossie, Camilla

-----Original Appointment-----

From: Rossie, Camilla Camilla.Rossie fema.dhs.gov

Sent: Saturday, March 21, 2020 5:14 PM

To: Rossie, Camilla O Hare, Michael Maykovich, Vincent Biasco, Lon Davidson, Lisa Lofaro, Daniel Daggett, Anna Ike, Ryan Ezelle, Robert (MIL) atims, Casey (GOV) Melanie M. Norton (melanie.norton sba.gov) Magill, Stephanie C. (CMS/CISP) richard.enkins sba.gov Smart, ohn (DOHi) McClain, Stacey (MIL) Bickford, Nancy (MIL) Wallace, Sharon (MIL) Shagren, arina L. (MIL) ackson-Diaz, Sanura (MIL) Baumgart, im (GOV) Wilson, Morgan (GOV) Cockrill, ennifer (OS/ASPR/EMMO) ohnston, Darcie (HHS/IEA) Roscoe, Heath C COL (SAR) tommy bauer cantwell.senate.gov madison brown cantwell.senate.gov ena yang cantwell.senate.gov rita stewart cantwell.senate.gov che warren cantwell.senate.gov alex scott cantwell.senate.gov rosa mcleod cantwell.senate.gov aitlin Larson cantwell.senate.gov cameron caldwell cantwell.senate.gov dennis.sills mail.house.gov patrick.hogan mail.house.gov kelly.marquardt mail.house.gov rachel.stenberg mail.house.gov ben amin.studley mail.house.gov morgan.dykeman mail.house.gov lauren.adler mail.house.gov dallas.roberts mail.house.gov roel.vanderlugt mail.house.gov tina.ohnson mail.house.gov rebecca.snyder mail.house.gov pam.peiper mail.house.gov rachel.katz mail.house.gov carson.coates mail.house.gov yazmin.mehdi mail.house.gov rachel.berkson mail.house.gov phylicia.haggerty mail.house.gov lavanya.madhusudan mail.house.gov raman.khanna mail.house.gov chantell.munoz mail.house.gov cheri.williams mail.house.gov andrea.roper mail.house.gov nicholas.carr mail.house.gov brittany.arnot mail.house.gov Laura.Gelwicks mail.house.gov amie.darnell mail.house.gov thomas.boucher mail.house.gov katrina.osborn mail.house.gov lindsey.webb mail.house.gov malcolm.friedman mail.house.gov patrick.bell mail.house.gov essica.laughery mail.house.gov paige.blackburn mail.house.gov whitney.simmons mail.house.gov mike.poulson mail.house.gov cathy.schaeffer mail.house.gov ann larson murray.senate.gov shawn bills murray.senate.gov caitlin hutt murray.senate.gov ed o neill murray.senate.gov nataly morales murray.senate.gov bryan stebbins murray.senate.gov ohn culton murray.senate.gov colleen bryan murray.senate.gov aron goddard murray.senate.gov eshia Blandford murray.senate.gov raquel crowley murray.senate.gov vicki.holleman-perez mail.house.gov osh.lozano mail.house.gov amie.daniels mail.house.gov nicole.kuchenbuch mail.house.gov ohn.estey mail.house.gov derek.flint mail.house.gov britten.hershberger mail.house.gov

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Cc: Nelson, ason anotti, essica Lu an, Maria Ward, Erin Wilcoxson, Samuel Golden, . .
melissa.guerrero@murray.senate.gov Field, eremy Cowell, Cynthia R Miller, Shanley Cash, ennifer Seib,
Cameron (ilmer) Dehnel, endall Oxner, ulie (OS/ASPR/OEA)

Subject: FEMA Region 10 and Partners Congressional Member and Staff Briefing on COVID-19 -- T ESDA 10 AM
PDT

When: Tuesday, March 24, 2020 10:00 AM-11:00 AM (TC-0 :00) Pacific Time (S Canada).

Where: Conference Call: -2 0-9936 PIN: 42.56.420(4)

Good Morning Colleagues,

Please note we have a **NEW CONFERENCE LINE and PIN for today s call** to ensure everyone has access to the
briefing. In addition, our Agenda for today s call is below. We look forward to your participation.

Conference Call for Washington Delegation Members and Staff

Date: Tuesday, March 24th at 10:00 am PDT / 1:00 pm EDT

Dial In Number: 1-888-270-9936

Passcode: 42.56.420(4)

We encourage you to dial-in at least 5 minutes prior to the call start time to be placed into the conference call.

FEMA REGION 10 AND PARTNERS CONGRESSIONAL BRIEFING FOR WASHINGTON MEMBERS AND STAFF

AGENDA

Welcome and Roll Call (5 min)

- FEMA Region 10 Congressional Affairs Cam Rossie

Opening remarks (5 min)

- FEMA Region 10 Administrator Mike O Hare

Partner Reports: (5 min each)

- Washington Emergency Management Division Director Robert Ezelle
- Department of Health and Human Services Capt. ohn Smart
- .S. Small Business Administration Cynthia Cowell
- Department of Defense Col. Heath Roscoe
- FEMA Response Division on Biasco
- FEMA Recovery Division Aisa Davidson

Q A (15 min)

Closing remarks 1 min)

- HHS
- SBA
- EMD Director Ezelle
- Region 10 Administrator O Hare

Good Morning Colleagues,

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Dial-in Information:

We encourage you to dial-in at least 5 minutes prior to the call start time to be placed into the conference call.

Additional Resources

-

For more information on FEMA's response to COVID-19, visit www.fema.gov/coronavirus

SBA Information: <https://www.sba.gov/funding-programs/disaster-assistance>

Thank you,

Cam Rossie

Government Relations Region 10 Office of External Affairs

Office: (425) 4 -4651 Mobile: (540) 532-102

Email: camilla.rossie@fema.dhs.gov fema-r10-congress@fema.dhs.gov

Federal Emergency Management Agency
fema.gov

From: [Rossie, Camilla](#)
To: [Rossie, Camilla](#)
[Wilson, Morgan \(GOV\)](#)
[O Hare, Michael](#)
[Maykovich, Vincent](#)
[Biasco, Lon](#)
[Davidson, Lisa](#)
[Lofaro, Daniel](#)
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[Wilcoxson, Samuel](#)

[Golden, J. .](#)

melissa.guerrero@murray.senate.gov

[Field, Jeremy](#)

[Cowell, Cynthia R](#)

[Miller, Shanley](#)

[Cash, Jennifer](#)

[Seib, Cameron \(Kilmer\)](#)

[Dehnel, Kendall](#)

[Oxner, Julie \(OS/ASPR/OEA\)](#)

Date: 21-Mar-20 2:13:35 PM

Subject: FW: FEMA Region 10 and Partners Congressional Member and Staff Briefing on COVID-19 -- TUESDAY 10 AM PDT

-----Original Appointment-----

From: Rossie, Camilla

Sent: Saturday, March 21, 2020 5:14 PM

To: Rossie, Camilla O Hare, Michael Maykovich, Vincent Biasco, Lon Davidson, Lisa Lofaro, Daniel Daggett, Anna Ike, Ryan Ezelle, Robert (MIL) atims, Casey (GOV) Melanie M. Norton (melanie.norton@sba.gov) Magill, Stephanie C. (CMS/CISP) richard.enkins@sba.gov Smart, ohn (DOHi) McClain, Stacey (MIL) Bickford, Nancy (MIL) Wallace, Sharon (MIL) Shagren, arina L. (MIL) Jackson-Diaz, Sanura (MIL) Baumgart, im (SBA) Wilson, Morgan (GOV)

Cockrill, enifer (OS/ASPR/EMMO) ohnston, Darcie (HHS/IEA) Roscoe, Heath C COL (SAR)
tommy bauer cantwell.senate.gov madison brown cantwell.senate.gov ena yang cantwell.senate.gov
rita stewart cantwell.senate.gov che warren cantwell.senate.gov alex scott cantwell.senate.gov
rosa mcLeod cantwell.senate.gov aitlin Larson cantwell.senate.gov cameron caldwell cantwell.senate.gov
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ann larson murray.senate.gov shawn bills murray.senate.gov caitlin hutt murray.senate.gov
ed o neill murray.senate.gov nataly morales murray.senate.gov bryan stebbins murray.senate.gov
ohn culton murray.senate.gov colleen bryan murray.senate.gov aron goddard murray.senate.gov
eshia Blandford murray.senate.gov raquel crowley murray.senate.gov vicki.holleman-perez mail.house.gov
osh.lopez mail.house.gov amie.daniels mail.house.gov nicole.kuchenbuch mail.house.gov
ohn.estey mail.house.gov derek.flint mail.house.gov britten.hershberger mail.house.gov
louise.orourke mail.house.gov maria.beltran mail.house.gov wendy.muzzy mail.house.gov
chelsea.rivas mail.house.gov kelli.scott mail.house.gov eleanor.trenary mail.house.gov
ayna.smith mail.house.gov linh.thai mail.house.gov
Cc: Nelson, ason anotti, essica Lu an, Maria Ward, Erin Wilcoxson, Samuel Golden, . .
melissa.guerrero murray.senate.gov Field, eremy Cowell, Cynthia R Miller, Shanley Cash, enifer Seib, Cameron
(ilmer) Dehnel, endall Oxner, ulie (OS/ASPR/OEA)
Subject: FEMA Region 10 and Partners Congressional Member and Staff Briefing on COVID-19 -- T ESDA 10 AM PDT
When: Tuesday, March 24, 2020 10:00 AM-11:00 AM (TC-0 :00) Pacific Time (S Canada).
Where: Conference Call: -2 0-9936 PIN: 42.56.420(4)

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FEMA REGION 10 AND PARTNERS CONGRESSIONAL BRIEFING FOR WASHINGTON MEMBERS AND STAFF

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Opening remarks (5 min)

- FEMA Region 10 Administrator Mike O Hare

Partner Reports: (5 min each)

- Washington Emergency Management Division Director ~~A~~Robert Ezelle
- Department of Health and Human Services ~~A~~Capt. John Smart
- U.S. Small Business Administration ~~A~~Cynthia Cowell
- Department of Defense ~~A~~Col. Heath Roscoe
- FEMA Response Division ~~A~~Don Biasco
- FEMA Recovery Division ~~A~~Lisa Davidson

Q A (15 min)

Closing remarks ~~A~~(1 min)

- HHS
- SBA
- EMD Director Ezelle
- Region 10 Administrator O Hare

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Additional Resources

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SBA Information: <https://www.sba.gov/funding-programs/disaster-assistance>

Thank you,

Cam Rossie

Government Relations Region 10 Office of External Affairs

Office: (425) 414-4651 Mobile: (540) 532-102

Email: camilla.rossie@fema.dhs.gov fema-r10-congress@fema.dhs.gov

Federal Emergency Management Agency

fema.gov

AMERICAN
OVERSIGHT

WA-GOV-20-0742-A-000106



FEMA

From:

To:

Date:

Subject: FW: FOOD SECURITY Coordination Team conference call / twice weekly check-in

Attachments: FW: FOOD SECURITY Coordination Team conference call / twice weekly check-in.msg

Subject: FW: FOOD SEC RIT Coordination Team conference call / twice weekly check-in
Location: -2 - 315 Mtg Id: 42.56.420(4) Host (T or atie Raines if T unavailable) 2929

Start: Thu 02-Apr-20 2:00 PM
End: Thu 02-Apr-20 3:30 PM
Show Time As: Tentative

Recurrence: Weekly
Recurrence Pattern: Occurs every Monday and Thursday from 2:00 PM to 3:30 PM effective 3/19/2020 until /2 /2020.

Meeting Status: Tentatively accepted

Organizer: Austin, T (GOV)

Required Attendees: Austin, T (GOV) Baumgart, im (GOV) Eads, im (AGR) Connelly, Leslie (OFM) Gregerson, Mia Warnick, udy oshi umara Voris, Molly (GOV) leanne.eko k12.wa.us Roberts, Babette (DSHS) Sheffels, Evan (AGR) Wilson, Morgan (GOV) Laxson, oe D (DOH) Barkley, Wendy Emmans, Gene (AGR) Sandison, Derek (AGR) Fuller, Steve (AGR) Thompson, Maddy (GOV) Orr, Daisye (DOH) atims, Casey (GOV) Hovis, Emily S (DOH) Rains, atie (AGR) Butler, Laura (AGR) Evans, Rayanna (OFM) Bailey, Sami Way, Bryan (OFM) nicolas.granum fema.dhs.gov Salazar, Salvador (GOV)

Optional Attendees: McGann, Chris (AGR) Andersen, Bryce (OFM) Throne, Paul (DOH) Thomas Reynolds Biggins, Rosemary (DSHS/ALTSA/HCS) Ellsworth, Michael L (DOH) Cooper, elly (DOH) Black, Ryan (DOH) Tiffani aeck ason Clark Linda Nageotte Tybo, Brittany M (DOH) Phillips, Todd (DOH) Drew Meuer Graham, oe M (DOH) Banuelos, Cynthia Ellings, Amy (DOH) Auvinen, Alyssa A (DOH) Aaron Czyzewski Richartz, Sandra ekel, Caitlyn (GOV) Sanchez, Ale andro (GOV)

Inviting Caitlyn and Ale andro to tomorrow s Food Security Coordination Team to discuss ESD guidance and farmworkers.

I m still working on an agenda and hope to get it out somewhat early morning.

Thank you for being willing and able to provide us with this important information.

Take care,
T

-----Original Appointment-----

From: Austin, T (GOV)

Sent: Tuesday, March 1 , 2020 1:56 PM

To: Austin, T (GOV) Baumgart, im (GOV) Eads, im (AGR) Connelly, Leslie (OFM) Gregerson, Mia Warnick, udy oshi umara Voris, Molly (GOV) leanne.eko k12.wa.us Roberts, Babette (DSHS) Sheffels, Evan (AGR) Wilson, Morgan (GOV) Laxson, oe D (DOH) Barkley, Wendy Emmans, Gene (AGR) Sandison, Derek (AGR) Fuller, Steve (AGR) Thompson, Maddy (GOV) Orr, Daisye (DOH) atims, Casey (GOV) Hovis, Emily S (DOH) Rains, atie (AGR) Butler, Laura (AGR) Evans, Rayanna (OFM) Bailey, Sami Way, Bryan (OFM)

nicolas.granum@fema.dhs.gov Salazar, Salvador (GOV)

Cc: McGann, Chris (AGR) Andersen, Bryce (OFM) Throne, Paul (DOH) Thomas Reynolds Biggins, Rosemary (DSHS /AL TSA/HCS) Ellsworth, Michael L (DOH) Cooper, Kelly (DOH) Black, Ryan (DOH) Tiffani Aechason Clark Linda Nageotte Tybo, Brittany M (DOH) Phillips, Todd (DOH) Drew Meuer Graham, Joe M (DOH) Banuelos, Cynthia Ellings, Amy (DOH) Auvinen, Alyssa A (DOH) Aaron Czyzewski Richartz, Sandra

Subject: FOOD SECURITY Coordination Team conference call / twice weekly check-in

When: Thursday, April 2, 2020 2:00 PM-3:30 PM (TC-0 :00) Pacific Time (S Canada).

Where: -2 - 315 Mtg Id: 42.56.420(4) (T or Katie Raines if T unavailable) 2929

Coordination call to establish information sharing and reporting across all lines of effort currently working on food security and food supply chain issues.

T

T Austin (she/her/hers)

COVID-19 Food Security Hunger Relief Response Senior Policy Advisor Natural Resources Office of Governor
Jay Inslee Policy Office Cell: 360-62 - 440 www.governor.wa.gov
t.austin@gov.wa.gov

Email communications with state employees are public records and may be subject to disclosure, pursuant to Ch.
42.56 RCW.

LATEST COVID-19 PDATES RESOURCES: <https://coronavirus.wa.gov/>

From: [Austin, JT \(GOV\)](#)
To: [Austin, JT \(GOV\)](#)
[Baumgart, Jim \(GOV\)](#)
[Eads, Kim \(AGR\)](#)
[Connelly, Leslie \(OFM\)](#)
[Gregerson, Mia](#)
[Warnick, Judy](#)
[Yoshi Kumara](#)
[Voris, Molly \(GOV\)](#)
[leanne.eko@k12.wa.us](#)
[Roberts, Babette \(DSHS\)](#)
[Sheffels, Evan \(AGR\)](#)
[Wilson, Morgan \(GOV\)](#)
[Laxson, Joe D \(DOH\)](#)
[Barkley, Wendy](#)
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[Thompson, Maddy \(GOV\)](#)
[Orr, Daisye \(DOH\)](#)
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[Hovis, Emily S \(DOH\)](#)
[Rains, Katie \(AGR\)](#)
[Butler, Laura \(AGR\)](#)
[Evans, Rayanna \(OFM\)](#)
[Bailey, Sami](#)
[Way, Bryan \(OFM\)](#)
[nicolas.granum@fema.dhs.gov](#)
[Salazar, Salvador \(GOV\)](#)
CC: [Jekel, Caitlyn \(GOV\)](#)
[McGann, Chris \(AGR\)](#)
[Andersen, Bryce \(OFM\)](#)
[Throne, Paul \(DOH\)](#)
[Thomas Reynolds](#)
[Biggins, Rosemary \(DSHS/AL TSA/HCS\)](#)
[Ellsworth, Michael L \(DOH\)](#)
[Cooper, Kelly \(DOH\)](#)
[Black, Ryan \(DOH\)](#)
[Tiffani Kaech](#)
[Jason Clark](#)

Linda Nageotte
Tybo, Brittany M (DOH)
Phillips, Todd J (DOH)
Drew Meuer
Graham, Joe M (DOH)
Banuelos, Cynthia
Ellings, Amy (DOH)
Auvinen, Alyssa A (DOH)
Aaron Czyzewski
Richartz, Sandra
Sanchez, Alejandro (GOV)

Date: 01-Apr-20 5:12:14 PM

Subject: FW: FOOD SECURITY Coordination Team conference call / twice weekly check-in

Inviting Caitlyn and Alejandro to tomorrow's Food Security Coordination Team to discuss ESD guidance and farmworkers.

I'm still working on an agenda and hope to get it out somewhat early morning.

Thank you for being willing and able to provide us with this important information.

Take care,

JT

-----Original Appointment-----

From: Austin, JT (GOV)

Sent: Tuesday, March 17, 2020 1:56 PM

To: Austin, JT (GOV); Baumgart, Jim (GOV); Eads, Kim (AGR); Connelly, Leslie (OFM); Gregerson, Mia; Warnick, Judy; Yoshi Kumara; Voris, Molly (GOV); leanne.eko@k12.wa.us; Roberts, Babette (DSHS); Sheffels, Evan (AGR); Wilson, Morgan (GOV); Laxson, Joe D (DOH); Barkley, Wendy; Emmans, Gene (AGR); Sandison, Derek (AGR); Fuller, Steve (AGR); Thompson, Maddy (GOV); Orr, Daisye (DOH); Katims, Casey (GOV); Hovis, Emily S (DOH); Rains, Katie (AGR); Butler, Laura (AGR); Evans, Rayanna (OFM); Bailey, Sami; Way, Bryan (OFM); nicolas.granum@fema.dhs.gov; Salazar, Salvador (GOV)

Cc: McGann, Chris (AGR); Andersen, Bryce (OFM); Throne, Paul (DOH); Thomas Reynolds; Biggins, Rosemary (DSHS/ALTSA/HCS); Ellsworth, Michael L (DOH); Cooper, Kelly (DOH); Black, Ryan (DOH); Tiffani Kaech; Jason Clark; Linda Nageotte; Tybo, Brittany M (DOH); Phillips, Todd J (DOH); Drew Meuer; Graham, Joe M (DOH); Banuelos, Cynthia; Ellings, Amy (DOH); Auvinen, Alyssa A (DOH); Aaron Czyzewski; Richartz, Sandra

Subject: FOOD SECURITY Coordination Team conference call / twice weekly check-in

When: Thursday, April 2, 2020 2:00 PM-3:30 PM (UTC-08:00) Pacific Time (US & Canada).

Where: 888-287-7315 Mtg Id: 42.56.420(4) Host (JT or Katie Raines if JT unavailable) 2929#

Coordination call to establish information sharing and reporting across all lines of effort currently working on food security and food supply chain issues.

JT Austin (she/her/hers)

COVID-19 Food Security & Hunger Relief Response Senior Policy Advisor (Natural Resources
Office of Governor Jay Inslee Policy Office Cell: 360-628-7440 www.governor.wa.gov
jt.austin@gov.wa.gov

Email communications with state employees are public records and may be subject to disclosure,
pursuant to Ch. 42.56 RCW.

LATEST COVID-19 UPDATES & RESOURCES: <https://coronavirus.wa.gov/>

From:

To:

Date:

Subject: FW: FOOD SECURITY Coordination Team conference call / twice weekly check-in

Attachments: FW: FOOD SECURITY Coordination Team conference call / twice weekly check-in.msg

Subject: FW: FOOD SEC RIT Coordination Team conference call / twice weekly check-in
Location: -2 - 315 Mtg Id: 42.56.420(4) Host (T or atie Raines if T unavailable) 2929

Start: Thu 02-Apr-20 2:00 PM
End: Thu 02-Apr-20 3:30 PM

Recurrence: Weekly
Recurrence Pattern: Occurs every Monday and Thursday from 2:00 PM to 3:30 PM effective 3/19/2020 until /2 /2020.

Meeting Status: Accepted

Organizer: Austin, T (GOV)

Required Attendees: Austin, T (GOV) Baumgart, im (GOV) Eads, im (AGR) Connelly, Leslie (OFM) Gregerson, Mia Warnick, udy oshi umara Voris, Molly (GOV) leanne.eko k12.wa.us Roberts, Babette (DSHS) Sheffels, Evan (AGR) Wilson, Morgan (GOV) Laxson, oe D (DOH) Barkley, Wendy Emmans, Gene (AGR) Sandison, Derek (AGR) Fuller, Steve (AGR) Thompson, Maddy (GOV) Orr, Daisye (DOH) atims, Casey (GOV) Hovis, Emily S (DOH) Rains, atie (AGR) Butler, Laura (AGR) Evans, Rayanna (OFM) Bailey, Sami Way, Bryan (OFM) nicolas.granum fema.dhs.gov Salazar, Salvador (GOV)

Optional Attendees: McGann, Chris (AGR) Andersen, Bryce (OFM) Throne, Paul (DOH) Thomas Reynolds Biggins, Rosemary (DSHS/ALTA/HCS) Ellsworth, Michael L (DOH) Cooper, elly (DOH) Black, Ryan (DOH) Tiffani aech ason Clark Linda Nageotte Tybo, Brittany M (DOH) Phillips, Todd (DOH) Drew Meuer Graham, oe M (DOH) Banuelos, Cynthia Ellings, Amy (DOH) Auvinen, Alyssa A (DOH) Aaron Czyzewski Richartz, Sandra ekel, Caitlyn (GOV) Sanchez, Ale andro (GOV)

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Cc: McGann, Chris (AGR) Andersen, Bryce (OFM) Throne, Paul (DOH) Thomas Reynolds Biggins, Rosemary (DSHS /ALISA/HCS) Ellsworth, Michael L (DOH) Cooper, Kelly (DOH) Black, Ryan (DOH) Tiffani Aechason Clark Linda Nageotte Tybo, Brittany M (DOH) Phillips, Todd (DOH) Drew Meuer Graham, Joe M (DOH) Banuelos, Cynthia Ellings, Amy (DOH) Auvinen, Alyssa A (DOH) Aaron Czyzewski Richartz, Sandra

Subject: FOOD SECURITY Coordination Team conference call / twice weekly check-in

When: Thursday, April 2, 2020 2:00 PM-3:30 PM (TC-0:00) Pacific Time (S Canada).

Where: -2 - 315 Mtg Id: 42.56.420(4) Host (T or Katie Raines if T unavailable) 2929

Coordination call to establish information sharing and reporting across all lines of effort currently working on food security and food supply chain issues.

T

T Austin (she/her/hers)

COVID-19 Food Security Hunger Relief Response Senior Policy Advisor Natural Resources Office of Governor
Jay Inslee Policy Office Cell: 360-62 - 440 www.governor.wa.gov
t.austin@gov.wa.gov

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LATEST COVID-19 PDATES RESOURCES: <https://coronavirus.wa.gov/>

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[Evans, Rayanna \(OFM\)](#)
[Bailey, Sami](#)
[Way, Bryan \(OFM\)](#)
[nicolas.granum@fema.dhs.gov](#)
[Salazar, Salvador \(GOV\)](#)
CC: [Sanchez, Alejandro \(GOV\)](#)
[McGann, Chris \(AGR\)](#)
[Andersen, Bryce \(OFM\)](#)
[Throne, Paul \(DOH\)](#)
[Thomas Reynolds](#)
[Biggins, Rosemary \(DSHS/AL TSA/HCS\)](#)
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Drew Meuer
Graham, Joe M (DOH)
Banuelos, Cynthia
Ellings, Amy (DOH)
Auvinen, Alyssa A (DOH)
Aaron Czyzewski
Richartz, Sandra
Jekel, Caitlyn (GOV)

Date: 01-Apr-20 5:12:13 PM

Subject: FW: FOOD SECURITY Coordination Team conference call / twice weekly check-in

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Take care,

JT

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From: Austin, JT (GOV)

Sent: Tuesday, March 17, 2020 1:56 PM

To: Austin, JT (GOV); Baumgart, Jim (GOV); Eads, Kim (AGR); Connelly, Leslie (OFM); Gregerson, Mia; Warnick, Judy; Yoshi Kumara; Voris, Molly (GOV); leanne.eko@k12.wa.us; Roberts, Babette (DSHS); Sheffels, Evan (AGR); Wilson, Morgan (GOV); Laxson, Joe D (DOH); Barkley, Wendy; Emmans, Gene (AGR); Sandison, Derek (AGR); Fuller, Steve (AGR); Thompson, Maddy (GOV); Orr, Daisye (DOH); Katims, Casey (GOV); Hovis, Emily S (DOH); Rains, Katie (AGR); Butler, Laura (AGR); Evans, Rayanna (OFM); Bailey, Sami; Way, Bryan (OFM); nicolas.granum@fema.dhs.gov; Salazar, Salvador (GOV)

Cc: McGann, Chris (AGR); Andersen, Bryce (OFM); Throne, Paul (DOH); Thomas Reynolds; Biggins, Rosemary (DSHS/ALTSA/HCS); Ellsworth, Michael L (DOH); Cooper, Kelly (DOH); Black, Ryan (DOH); Tiffani Kaech; Jason Clark; Linda Nageotte; Tybo, Brittany M (DOH); Phillips, Todd J (DOH); Drew Meuer; Graham, Joe M (DOH); Banuelos, Cynthia; Ellings, Amy (DOH); Auvinen, Alyssa A (DOH); Aaron Czyzewski; Richartz, Sandra

Subject: FOOD SECURITY Coordination Team conference call / twice weekly check-in

When: Thursday, April 2, 2020 2:00 PM-3:30 PM (UTC-08:00) Pacific Time (US & Canada).

Where: 888-287-7315 Mtg Id: 42.56.420(4) Host (JT or Katie Raines if JT unavailable) 2929#

Coordination call to establish information sharing and reporting across all lines of effort currently working on food security and food supply chain issues.

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jt.austin@gov.wa.gov

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LATEST COVID-19 UPDATES & RESOURCES: <https://coronavirus.wa.gov/>

From:

To:

Date:

Subject: FW: Hot Wash/After Action Review

Attachments: FW: Hot Wash/After Action Review.msg

Subject: FW: Hot Wash/After Action Review

Location: Skype Meeting

Start: Fri 2 -Feb-20 10:00 AM

End: Fri 2 -Feb-20 11:00 AM

Show Time As: Tentative

Recurrence: (none)

Meeting Status: Tentatively accepted

Organizer: Tiggart, Desiree, VBAVACO

-----Original Appointment-----

From: Tiggart, Desiree, VBAVACO Desiree.Tiggart_va.gov

Sent: Friday, February 21, 2020 11:2 AM

To: Tiggart, Desiree, VBAVACO STROPE, STEPHEN, VBASEAT Langley, Shannon (ESD Partner Vimoto, Isaia (DVA dcofield_mail.brandman.edu Ferguson, on (ESD Overton, Daniel (DVA ing, Dan R. (DOC Patterson, Misty A. (DOC Byron Coates Sparber, Anthony L (V20) Avina, Alberto A., VBAVACO Sampson, Shawnta N., VBAVACO Pruitt, Larry D. Garza, Codie (DVA) Mortenson, Robert (VACO) Adkins, Dante, VBAVACO Gill, Steven Rollins, Laura . Sullivan, Mark (DVA)

Subject: Hot Wash/After Action Review

When: Friday, February 2 , 2020 1:00 PM-2:00 PM (TC-05:00) Eastern Time (S Canada).

Where: Skype Meeting

Good Morning Stakeholders/Working Group Members,

Thank you for taking the time to meet on February 13, 2020 with your working groups. TED has scheduled this meeting to conduct an after action review to capture the lessons learned, and to set goals for improving future roundtables. It is an opportunity for us to reflect on outstanding tasks, and objectives so that we can continue to improve upon our mission.,

v/r,

Desiree Tiggart

Program Analyst

Office of Transition and Economic Development (TED)

202-461- 4 2

Desiree.Tiggart_va.gov

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44- 94-0415, 42.56.420(4) (North)

English (nited States)

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.....

From: [Tiggart, Desiree, VBAVACO](#)
To: [Tiggart, Desiree, VBAVACO](#)
[NAVARATNASINGAM, PRIT , VBASEAT](#)
[ROMERO, CESAR, VBASEAT](#)
[Philadelphia, William A.](#)
[ROBBINGS, TINA M., VBASEAT](#)
[Washington, Courtney, VBAPHN](#)
[carl.n.steele.civ@mail.mil](#)
[Baumgart, Jim \(GOV\)](#)
[dave@rallypoint.com](#)
[Begasse, Tammy S.](#)
Date: 21-Feb-20 8:40:09 AM
Subject: FW: Hot Wash/After Action Review

-----Original Appointment-----

From: Tiggart, Desiree, VBAVACO Desiree.Tiggart_va.gov

Sent: Friday, February 21, 2020 11:2 AM

To: Tiggart, Desiree, VBAVACO STROPE, STEPHEN, VBASEAT Langley, Shannon (ESD Partner Vimoto, Isaia (DVA [dcofield@mail.brandman.edu](#) Ferguson, on (ESD Overton, Daniel (DVA ing, Dan R. (DOC Patterson, Misty A. (DOC Byron Coates Sparber, Anthony L (V20) Avina, Alberto A., VBAVACO Sampson, Shawnta N., VBAVACO Pruitt, Larry D. Garza, Codie (DVA) Mortenson, Robert (VACO) Adkins, Dante, VBAVACO Gill, Steven Rollins, Laura . Sullivan, Mark (DVA)

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When: Friday, February 2 , 2020 1:00 PM-2:00 PM (TC-05:00) Eastern Time (S Canada).

Where: Skype Meeting

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v/r,

Desiree Tiggart
Program Analyst
Office of Transition and Economic Development (TED)
202-461- 4 2
Desiree.Tiggart_va.gov



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AMERICAN OVERSIGHT
44-35 - 954, (42.56.420(4) (North) English (nited States)

WA-GOV-20-0742-A-000120

44-210-0201,, 42.56.420(4) (North) English (nited States)
44- 94-0415,, 42.56.420(4) (North) English (nited States)

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Conference ID: 42.56.420(4)

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From:

To:

Date:

Subject: FW: ICU Surge and CSC Critical Care Algorithm and Triage Team Guideline Discussion

Attachments: FW: ICU Surge and CSC Critical Care Algorithm and Triage Team Guideline Discussion.msg

Subject: FW: IC Surge and CSC Critical Care Algorithm and Triage Team Guideline Discussion
Location: Large Conference Room or oom

Start: Tue 10-Mar-20 :00 PM
End: Tue 10-Mar-20 :30 PM
Show Time As: Tentative

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: Sakata, Vicki (DOHi)

Importance: High

Attached are the most current versions of the IC triage algorithms that I have.

-----Original Appointment-----

From: Vicki Sakata <mailto:vicki.sakata@nwrrn.org>

Sent: Sunday, March , 2020 6:1 PM

To: Vicki Sakata karen.l.birmingham@kp.org blayne@uw.edu ebulger@u.washington.edu margo.bykonen@swedish.org clark.coler@swedish.org anice.connolly@swedish.org fireman.osh.c@yahoo.com thdellit@uw.edu diek@u.washington.edu Enriquez, Brianna (DOHi) [Escobar, Mauricio \(DOHi\)](mailto:Escobar@uw.edu) gfailla@gmail.com graym1@uw.edu carli.hoaglan@virginiamason.org horanm@uw.edu cterrlee@u.washington.edu paulinouye@traumatrusterfmd.com seanet@seanet.com ba.ensen@evergreenhealthcare.org ka@u.washington.edu christopher.s.kang@gmail.com maryking@u.washington.edu debbi091@gmail.com kkoelemay@msn.com im.kumpula@swedish.org Liebelt, Erica (DOHi) tlmcg01@gmail.com stuartminkin@allegropediatrics.com therese.mirisola@seattlechildrens.org david.b.misner.civ@mail.mil scmorris@uw.edu theresan@bloodworksnw.org tpham94@uw.edu grete.porteous@virginiamason.org fxriedo@evergreenhealthcare.org ulietstorm@allegropediatrics.com katherine.taylor@kingcounty.gov tonelli@uw.edu cfvealr@gmail.com younggren@gmail.com blynch@uw.edu leevans@uw.edu Frolich, Tristan (DOHi) illian.f.phelps@mail.mil omahonylila@gmail.com Hal Quin iain.asplin@multicare.org Cartwright, Carolyn (DOHi) oel.edminster@gmail.com aarong@yvwfc.org Halvorson, Clark R (DOH) Henry, Erika L (DOH) Lien, Onora (DOHi) Newcombe, Anne (DOH) Pelaez, Susan (DOHi) Aaron Resnick adam.richards2@providence.org d.roesel@gmail.com tamara.sheehan@providence.org ytu@everettclinic.com volbrecht@gonzaga.edu Lofy, athy H (DOH) Duchin, effery, MD (DOHi) Elsenboss, Carina (DOHi) Lindquist, Scott W (DOH) NTurner@tpchd.org Miron, Cindy (DOHi) Buck, Cameron (DOHi) Stern, Susan (DOHi) Steven H. Mitchell eay, Ryan MD eric.shiple@shane.OMahony.org swedish.org
Subject: IC Surge and CSC Critical Care Algorithm and Triage Team Guideline Discussion
When: Tuesday, March 10, 2020 :00 PM- :30 PM (TC-0 :00) Pacific Time (S Canada).
Where: Large Conference Room or oom
Importance: High

are on both DCAC Central and DMAC. The agenda is below. Attached are the items for discussion. Thank you to those who have sent me comments already. I have added a few individuals to this invite that were not included in the initial review request email due to my oversight. My apologies.

Given how busy our hospitals are on a regular basis and add to that more LTC facilities with COVID cases, this discussion becomes urgent and necessary. Although some of the focus is on the CSC materials, I think the biggest question is how to avoid going into crisis. Bring your concerns, questions, ideas.

Although I know most of you will choose oom option. We (at the Network) will be hosting this in our Conference Room and you are more than welcome to join us in person, address below. (If I our building front door locks at pm, so please call or text me if the door is locked when you arrive: 206-432-5442)

Thanks.

vs

Vicki L. Sakata, MD, FAAEM, FAAP | Senior Medical Advisor
Northwest Healthcare Response Network
O: 425-9 -2 9
24/7 Duty Officer Line: 425-988-2897
www.nwhrn.org

Agenda

1. Review and Approve CSC Critical Algorithm/Worksheet
2. Review and Approve Triage Team Guidelines
3. Discussion: Triage Team Log
3. IC Surge Strategies Discussion
 - a) How can we best keep track of IC status
 - b) How can we surge quickly

oin oom Meeting
<https://zoom.us/j/9660500>

Meeting ID: 42.56.420(4)

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16699006 33,,96 60500 S (San ose)
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Meeting ID: 42.56.420(4)
Find your local number: <https://zoom.us/j/au24ITuIC>

From: [Sakata, Vicki \(DOHi\)](#)
To: [Sakata, Vicki \(DOHi\)](#)
[Duchin, Jeffery, MD \(DOHi\)](#)
[Spitters, Christopher \(DOHi\)](#)
[Chen, Anthony L-T, MD, MPH \(DOHi\)](#)
[Wiesman, John \(DOH\)](#)
[Voris, Molly \(GOV\)](#)
karen.l.birmingham@kp.org
blayney@uw.edu
ebulger@u.washington.edu
margo.bykonen@swedish.org
clark.coler@swedish.org
janice.connolly@swedish.org
firemanjosh_c@yahoo.com
thdellit@uw.edu
diek@u.washington.edu
[Enriquez, Brianna \(DOHi\)](#)
[Escobar, Mauricio \(DOHi\)](#)
gfailla@gmail.com
graym1@uw.edu
carli.hoaglan@virginiamason.org
horanm@uw.edu
cterrlee@u.washington.edu
paulinouye@traumatrust.org
rfjmd@seanet.com
bajensen@evergreenhealthcare.org
kaj@u.washington.edu
christopher.s.kang@gmail.com
maryking@u.washington.edu
debbi0918@gmail.com
kkoelemay@msn.com
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Date: 13-Mar-20 10:16:26 AM

Subject: FW: ICU Surge and CSC Critical Care Algorithm and Triage Team Guideline Discussion

Attachments: Critical Care Adult Algorithm 2020-3-6 DRAFT UPDATE .docx
Critical Care Adult Algorithm Cover Page DRAFT UPDATE 2020-3-6.docx
Triage Team Guidelines DRAFT 2020-3-6.docx
COVID19TriageLog.docx

Attached are the most current versions of the IC triage algorithms that I have.

-----Original Appointment-----

From: Vicki Sakata <mailto:vicki.sakata@nwrrn.org>

Sent: Sunday, March , 2020 6:1 PM

To: Vicki Sakata karen.l.birmingham@kp.org blayney@uw.edu ebulger@u.washington.edu margo.bykonen@swedish.org clark.coler@swedish.org anice.connolly@swedish.org fireman.osh.c@yahoo.com thdellit@uw.edu diek@u.washington.edu Enrriquez, Brianna (DOHi) [Escobar,Mauricio \(DOHi\)](mailto:Escobar,Mauricio@DOHi) gfailla@gmail.com graym1@uw.edu carli.hoaglan@virginiamason.org horanm@uw.edu cterrlee@u.washington.edu paulinouye@traumatrust.org rf.md@seanet.com baensen@evergreenhealthcare.org ka@u.washington.edu christopher.s.kang@gmail.com maryking@u.washington.edu debby091@gmail.com kkoelemay@msn.com im.kumpula@swedish.org Liebelt, Erica (DOHi) tlmcg01@gmail.com stuartminkin@allegropediatrics.com therese.mirisola@seattlechildrens.org david.b.misner.civ@mail.mil scmorris@uw.edu theresan@bloodworksnw.org tpham94@uw.edu grete.porteous@virginiamason.org fxriedo@evergreenhealthcare.org ulietstorm@allegropediatrics.com katherine.taylor@kingcounty.gov tonelli@uw.edu cfvealr@gmail.com younggren@gmail.com blynch@uw.edu leevans@uw.edu Frolich, Tristan (DOHi) illian.f.phelps@mail.mil omahonylila@gmail.com Hal Quin jain.asplin@multicare.org Cartwright, Carolyn (DOHi) oel.edminster@gmail.com aarong.yvfwc.org Halvorson, Clark R (DOH) Henry, Erika L (DOH) Lien, Onora (DOHi) Newcombe, Anne (DOH) Pelaez, Susan (DOHi) Aaron Resnick adam.richards2@providence.org d.roesel@gmail.com tamara.sheehan@providence.org ytu@everettclinic.com volbrecht@gonzaga.edu Lofy, athy H (DOH) Duchin, effery, MD (DOHi) Elsenboss, Carina (DOHi) Lindquist, Scott W (DOH) NTurner@tpchd.org Miron, Cindy (DOHi) Buck, Cameron (DOHi) Stern, Susan (DOHi) Steven H. Mitchell eam, Ryan MD@eric.shipley@shane.O Mahony@swedish.org
Subject: IC Surge and CSC Critical Care Algorithm and Triage Team Guideline Discussion
When: Tuesday, March 10, 2020 :00 PM- :30 PM (TC-0 :00) Pacific Time (S Canada).
Where: Large Conference Room or oom
Importance: High

Greetings DCAC Central and DMAC Colleagues: Apologies in advance if you receive duplicate invites. Some of you are on both DCAC Central and DMAC. The agenda is below. Attached are the items for discussion. Thank you to those who have sent me comments already. I have added a few individuals to this invite that were not included in the initial review request email due to my oversight. My apologies.

Given how busy our hospitals are on a regular basis and add to that more LTC facilities with COVID cases, this discussion becomes urgent and necessary. Although some of the focus is on the CSC materials, I think the biggest question is how to avoid going into crisis. Bring your concerns, questions, ideas.

Although I know most of you will choose oom option. We (at the Network) will be hosting this in our Conference Room and you are more than welcome to join us in person, address below. (F I our building front door locks at pm, so please call or text me if the door is locked when you arrive: 206-432-5442)

Thanks.

vs

Northwest Healthcare Response Network

O: 425-9 -2 9

24/7 Duty Officer Line: 425-988-2897

www.nwhrn.org

Agenda

1. Review and Approve CSC Critical Algorithm/Worksheet
2. Review and Approve Triage Team Guidelines
3. Discussion: Triage Team Log
3. IC Surge Strategies Discussion
 - a) How can we best keep track of IC status
 - b) How can we surge quickly

Join Zoom Meeting

<https://zoom.us/j/9660500>

Meeting ID: 42.56.420(4)

One tap mobile

16699006 33,,96 60500 S (San Jose)

1646 69923,,96 60500 S (New York)

Dial by your location

1 669 900 6 33 S (San Jose)

1 646 6 9923 S (New York)

Meeting ID: 42.56.420(4)

Find your local number: <https://zoom.us/j/9660500>

Step 1: Screen Patient for ICU Care:

Step 2

A. Does patient meet ICU inclusion criteria?

and

B. Will patient benefit from ICU care?

STEP 3

ICU Resource available?

STEP 4

Compelling reason
for reallocation of resource?

NO

NO

STEP 5

Add patient to ICU waiting list

YES

Re-evaluate

STEP 6: ADMIT TO ICU Data Collection

1. MSOFA
2. Expected duration of need
3. Prognosis
4. Response to treatment

WA-GOV-20-0742-A-000128



IMPROVING

Consider continued ICU care. If extubated with no significant organ failure, transfer to floor and reassess daily to determine continued need for hospitalization.

UNCHANGED

Consider continued ICU care or consider moving to floor with oxygen or CPAP. Reassess daily to determine continued need for hospitalization.

WORSENING

Consider discharge from critical care, provide appropriate palliative care.



ADULT Critical Care Triage Worksheet

Critical Care Guidelines During Crisis Capacity ¹

This Worksheet along with the corresponding Adult Critical Care Algorithm are to be used by “Triage Teams” during a declared emergency event whereby an appropriate healthcare official has implemented crisis standards of care. It is recommended that a “Triage Team” be comprised of senior medical personnel, preferably not those primarily taking care of the individual patient under consideration. Please see

“Triage Team Guidelines” for further information.

STEP 1: Screen Adult Patients for ICU Care During Scarce Resources

For the following conditions consider available staffing and resources. If resources are inadequate, **consider** transferring the following patients to out-patient or palliative care with appropriate resources and support as can be provided.

1. Pre-existing or Persistent coma or vegetative state
2. Severe acute trauma with a Revised Trauma Score <2 (see Table A below)
3. Severe burns with Low Survival burn scores based on the Triage Decision for Burn Victims table (See Table B below). See Burn Scarce Resource Card for management of critical burn patient outside of a Burn Center.
4. Significant underlying disease process that predict poor short term survival*

*Examples of underlying diseases that predict poor short-term survival, despite standard treatment, include (but are not limited to):

1. Severe congestive heart failure
2. Severe chronic lung disease
3. Central nervous system, solid organ or hematopoietic malignancy with poor prognosis for recovery
4. Severe cirrhotic liver disease with multi-organ dysfunction.

STEP 2: Determine if patient meets ICU Inclusion Criteria.

STEP 2A: Patients must have at least one of the following INCLUSION CRITERIA:

1. Requires ventilatory support, either invasive or non-invasive

Clinical evidence of impending respiratory failure
 - Refractory hypoxemia ($SpO_2 < 90\%$ on non-rebreather mask or $FIO_2 > 0.85$)
 - Respiratory acidosis ($pH < 7.2$)Inability to protect or maintain airway
2. Requires vasopressor or inotrope support: Hypotension ($SBP < 90$) with clinical evidence of shock (altered level of consciousness, decreased urine output, or other evidence of end stage organ failure) refractory to volume resuscitation that cannot be managed in a ward setting.

STEP 2B: To determine critical care resource allocation the following should be considered:

- Degree of Organ Dysfunction as measured by the MSOFA (Modified Sequential Organ Failure Assessment Score)
- Expected duration of need of critical care resource
- Prognosis with consideration to both current epidemiology and underlying illness*
- Response to current treatment

**Examples of underlying diseases that predict poor short-term survival, despite standard treatment, include (but are not limited to):*

5. Severe congestive heart failure
6. Severe chronic lung disease
7. Central nervous system, solid organ or hematopoietic malignancy with poor prognosis for recovery
8. Severe cirrhotic liver disease with multi-organ dysfunction.

STEP 4: Assess for re-allocation of Critical Care Resource

To determine critical care resource re-allocation the following should be considered:

- Degree of Organ Dysfunction as measured by the MSOFA (Modified Sequential Organ Failure Assessment Score)
- Expected duration of need of critical care resource
- Prognosis with consideration to both current epidemiology and underlying illness*
- Response to current treatment

**Examples of underlying diseases that predict poor short-term survival, despite standard treatment, include (but are not limited to):*

9. Severe congestive heart failure

10. Severe chronic lung disease

11. Central nervous system, solid organ or hematopoietic malignancy with poor prognosis for recovery

12. Severe cirrhotic liver disease with multi-organ dysfunction.

STEP 5: Critical Care Waiting List

If a patient meets ICU inclusion criteria and resources are not available, patient will be placed on an ICU priority list. As resources become available their clinical situation will be re-assessed beginning at Step 1 of this algorithm.

(Endnotes)

¹Crisis Capacity: Adaptive spaces, staff and supplies are not consistent with usual standards of care, but provide sufficiency of care in the setting of a catastrophic disaster (i.e. provide the best possible care to patients given the circumstances and resources available). Crisis capacity activation constitutes a significant adjustment to standards of care. (Hick et al, 2009, IOM)

²Grissom, Colin K, Disaster Med Public Health Preparedness 4(4):277-284, 2011

³Shahpori, R; Crit Care Med 39(4):827-832, 2011

ADULT Critical Care Triage Worksheet

Table A:

RTS variables used for scoring					
Glasgow coma scale		Systolic blood pressure		Respiratory rate	
GCS	Points	Systolic BP	Points	Resp rate	Points
15-13	4	>89	4	10-29	4
12-9	3	76-89	3	>29	3
8-6	2	50-75	2	6-9	2
5-4	1	1-49	1	1-5	1
3	0	0	0	0	0

Table B:

Age, in years	Percent TBSA burn size									
	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	≥ 90
0-1.9										
2-4										
5-19	Outpatient			Delayed			Immediate			
20-29										
30-39										
40-49										
50-59										
60-69					Low survival, may opt for expectant management					
≥ 70										

Saffle, JR, et al. Defining the ratio of outcomes to resources for triage of burn patients in mass casualties. *J burn Care Rehabil* 2005 26(6):478

Crisis Standards of Care

AD LT Critical Care Triage Algorithm
Updated Version: 3/2020

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SCARCE RESOURCE TRIAGE TEAM GUIDELINES
(To be used in conjunction with Scarce Resource Algorithms
during Crisis Standards of Care)
UPDATE DRAFT: 3/2020

INTRODUCTION: In the event of a large scale disaster either a no notice event such as a natural disaster or a prolonged situation such as a pandemic, there is the potential for an overwhelming number of critically ill or injured patients. In these situations, certain medical resources may become scarce and prioritization of care may need to be considered.

 2019 Northwest Healthcare Response Network. Triage Team Guidelines. This work is distributed under the terms of the Creative Commons License. (<https://creativecommons.org/licenses/by-nc/4.0/>)

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SCARCE RESOURCE TRIAGE TEAM GUIDELINES

In 2009 the Institute of Medicine (currently the National Academy of Medicine) published a landmark report, *Guidance for Establishing Crisis Standards of Care for use in Disaster Situation: A Letter Report*. In this report the authors defined surge capacity as a continuum from conventional to contingency and finally crisis. This framework has been nationally accepted and adopted. The definition of Crisis Capacity as set by the IOM, is a situation where space, staff and supplies are not consistent with usual standards of care, but provide sufficiency of care in the context of a catastrophic disaster (i.e., provide the best possible care to patients given the circumstances and resources available).¹

The content of this document is based on a thorough review of the literature, guidelines published by leading national healthcare specialty colleges and societies, recommendations of the National Academy of Medicine and detailed discussion and deliberation by the Disaster Clinical Advisory Committee (DCAC) Central District including input from both local and state Community Engagement Reports.^{2,3}

This document is to be used in conjunction with the Northwest Healthcare Response Network (NWHRN) Scarce Resource Triage Algorithms which were developed by regional workgroups of Subject Matter Experts (SME), and approved by the Disaster Clinical Advisory Committee (DCAC) Central District. Implementation of these algorithms depends upon the development of individual hospital, hospital system, and regional triage teams as outlined below.

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SCARCE RESOURCE TRIAGE TEAM GUIDELINES

PURPOSE: To provide a transparent, fair, equitable, and consistent approach to allocation of scarce resources during a declared emergency in which Crisis Standards of Care (CSC) has been implemented.

SCOPE: All healthcare organizations and providers within the affected region of the CSC declaration.

ASSUMPTIONS:

- Local Health Officer (LHO) has declared a crisis situation and crisis standards of care has been activated.
- Healthcare systems are overwhelmed despite maximizing all possible surge and mitigation strategies impacting the space, staff and supplies needed to deliver usual levels of care
- Federal assets have been requested but may be delayed.

¹ IOM (Institute of Medicine) 2009. *Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations: A Letter Report*. Washington, DC: National Academies Press.

² Washington State Crisis Standards of Care Community Engagement Report, June 2019, WA DOH.

³ Li-Vollmer, M. Health Care Decisions in Disasters: Engaging the Public On Medical Service Prioritization During a Severe Influenza Pandemic. *Journal of Participatory Medicine*. Vol 2. December 14, 2010.

IMPLEMENTATION RECOMMENDATIONS:

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SCARCE RESOURCE TRIAGE TEAM GUIDELINES

A. GENERAL

All healthcare organizations within the affected region agree to implement a uniform triage process as outlined in this document to be used along with the NWHRN Scarce Resource Triage Algorithms.

B. TRIAGE TEAMS: IDENTIFICATION and COMPOSITION

1. HOSPITAL CLINICAL TRIAGE TEAM

It is recommended that every in-patient healthcare institution have a Hospital Clinical Triage Team which will report to the Medical Care Branch Director (or equivalent position within organization's command structure) during activation of HICS.

- a) It is recommended the Hospital Clinical Triage Team consist of:
 - At least 2-3 senior clinicians with experience in tertiary triage (e.g. Critical Care, Emergency Medicine, Trauma Surgery, etc.), with one designated as Lead Triage Officer who oversees all Triage processes.
 - 1 medical ethicist

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SCARCE RESOURCE TRIAGE TEAM GUIDELINES

- When possible clinicians on the Triage Team will not be primary providers of the patients under consideration.
 - When possible, if When patients requiring a scarce resource fall under a specific specialty such as burn, trauma, pediatrics, etc. then all attempts will be made to consult one of the senior clinicians on the Hospital Clinical Triage Team should be of that specialty either in person or remotely during consideration. , or attempts be made to contact specialty clinicians remotely.
- b) All patients presented to the Hospital Clinical Triage Team will be recorded in a Hospital Clinical Triage Team Log, which will include:
- Date and time of referral.
 - Name of referring clinician and contact information.
 - Patient identifiers: These should include *only date of birth and sex*. Patient's name and other demographic data should not be considered by the Triage Team. Hospital specific MRN should be notated to confirm patient identification but should not be made available to the Triage Team.
 - All clinical information presented to the Triage Team at the time of decision.
 - Triage Team decision, date and time of the decision, and all supporting documentation reviewed and produced for the decision.
 - If patient is referred, date and time of referral and contact information of receiving Clinical Triage Team.
 - Patient outcome (if known).

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SCARCE RESOURCE TRIAGE TEAM GUIDELINES

- c) If the patient requires referral outside an individual hospital and the hospital is part of a wider hospital system please see Section 2. If the hospital is not part of a larger hospital system then please refer to Section 3.
- d) It is recommended the Hospital Clinical Triage Team follow the communication guidelines outlined in this document in order to maintain accurate and up to date situational awareness.

2. HOSPITAL SYSTEMS DURING CSC

It is recommended every Hospital System maintain good communications between individual hospitals in their system to assist in situational awareness of the scarce resource in question. It is recommended that every hospital system have a mechanism by which a critical resource can be maximized and distributed throughout their system and that all appropriate channels have been exhausted to obtain additional resource. When a specific healthcare facility within a hospital system lacks a specific resource, identifying that resource within their system should be the first step in patient placement. This would be managed by the Hospital System Triage Team.

- a) All patients presented to the Hospital System Triage Team will be recorded in a Hospital System Triage Team Log, which will include:
 - Date and time of referral.
 - Name of referring clinician and contact information.

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- Patient identifiers: These should include only *date of birth and sex*. Patient's name and other demographic data should not be considered by the Triage Team. Hospital specific MRN should be notated to confirm patient identification but should not be made available to Triage Team.
 - All clinical information presented to the Triage Team at the time of decision.
 - Triage Team decision, date and time of the decision, and all supporting documentation reviewed and produced for the decision.
 - If patient is referred to the Regional Triage Team, date and time of referral and contact information of receiving Regional Triage Team.
 - Patient outcome (if known).
- b) Those patients who cannot be managed within their system will need to be presented to the Regional Clinical Triage Team for consideration and prioritization within a different hospital system.

3. REGIONAL CLINICAL TRIAGE TEAM

It is recommended a Regional Clinical Triage Team manage prioritization and placement of patients in need of a scarce resource in the affected geographic region who cannot be managed within a specific hospital system. It is recommended the Regional Clinical Triage Team fairly represent the healthcare facilities and systems within the region. the local

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SCARCE RESOURCE TRIAGE TEAM GUIDELINES

healthcare institutions. Members will be determined by the DCAC Chair and/or Vice Chair in conjunction with other relevant partners to include but not limited to LHO, other Public Health experts, outside SME's, etc. and can consist of members from the DCAC, healthcare executives or the clinical community at large representing the following:

- Senior clinicians with experience in tertiary triage (e.g. Critical Care, Emergency Medicine, Trauma Surgery, etc.), with one designated as Lead Triage Officer who oversees all Triage processes.
 - 1 medical ethicist
 - When possible, clinicians on the Regional Clinical Triage Team will not be primary providers of the patients under consideration, nor members of the referring Clinical Triage Team.
 - When possible, if patients requiring a scarce resource fall under a specific specialty such as burn, trauma, pediatrics, etc., then one of the senior clinicians on the Regional Clinical Triage Team should be of that specialty, or attempts will be made to contact specialty clinicians remotely.
- a) All patients presented to the Regional Clinical Triage Team will be recorded in a Regional Clinical Triage Team Log, which will include:
- Date and time of referral.
 - Name of referring clinician and contact information.

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SCARCE RESOURCE TRIAGE TEAM GUIDELINES

- Patient identifiers: These should include *only date of birth and sex*. Patient's name and other demographic data should not be considered by the Triage Team. Hospital specific MRN should be notated to confirm patient identification, but should not be made available to Triage Team.
 - All clinical information presented to the Triage Team at the time of decision.
 - Triage Team decision date and time and all supporting documentation.
 - Patient outcome (if known).
- b) It is recommended the Regional Clinical Triage Team follow the communication guidelines below in order to maintain accurate and up to date situational awareness.
- c) When a specialty resource is exceeded or soon to be exceeded within the locally affected area, a request should be made by the LHO and/or DCAC to the state DMAC (Disaster Medical Advisory Committee).

C. OVERSIGHT

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SCARCE RESOURCE TRIAGE TEAM GUIDELINES

In order to maintain transparency and ensure a fair, equitable and consistent approach to allocation of a scarce resources it is important that all participants have an oversight process for decisions made during an event.

1. HOSPITAL AND HOSPITAL SYSTEMS TRIAGE TEAMS OVERSIGHT

When an event occurs which requires activation of the Hospital or Hospital System Clinical Triage Team the following documentation will be required and should be reviewed by the Triage Team Oversight Committee designated by the Medical Operations Branch Director under HICS.

- a) It is recommended the Triage Team Oversight Committee consist of the following:
 - Senior clinicians with experience in tertiary triage (e.g. Critical Care, Emergency Medicine, Trauma Surgery, etc.), with one designated as Chair who oversees all Oversight processes.
 - When possible clinicians on the Triage Team Oversight Committee will not be primary providers of the patients under consideration.
 - When possible, if patients under review fall under a specific specialty such as burn, trauma, pediatrics, etc. then one of the senior clinicians on the Oversight Committee should be of that specialty, or attempts will be made to contact specialty clinicians remotely.
 - At least one medical ethicist.

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SCARCE RESOURCE TRIAGE TEAM GUIDELINES

- b) All patients presented to the Hospital or Hospital System Triage Team will be reviewed by an Oversight Committee and will be recorded in an Oversight Triage Team Log, which will include:
 - All patient demographics.
 - Date and time of the case consideration.
 - All patient information presented to the Clinical Triage Team at the time of consideration.
 - Triage Team decision, date and time of the decision, and all supporting documentation reviewed and produced for the decision.
 - If patient was referred, date and time of referral and contact information of receiving Clinical Triage Team.
 - Patient outcome.
- c) It is recommended that at agreed upon intervals the Oversight Committee will review all cases presented to the Triage Team to ensure the following:
 - All appropriate clinical information was considered.
 - Accurate documentation was recorded.
 - Significant variances be reviewed and addressed.
- d) Depending on the nature of the incident oversight review may be in real time (e.g. in a prolonged event such as a pandemic). However in no notice, sudden or brief events, this review may be retrospective.

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SCARCE RESOURCE TRIAGE TEAM GUIDELINES

2. REGIONAL CLINICAL TRIAGE TEAM OVERSIGHT

When an event occurs which requires activation of the Regional Clinical Triage Team the following documentation will be required and will be reviewed by the Regional Clinical Triage Team Oversight Committee. Committee members will be determined by the DCAC District Chair and/or Vice Chair in conjunction with other relevant partners to include but not limited to LHO, other Public Health experts, outside SME's, etc. and can consist of members from the DCAC, HERC or the clinical community at large representing the following:

- Senior clinicians with experience in tertiary triage (e.g. Critical Care, Emergency Medicine, Trauma Surgery, etc.), with one designated as Chair who oversees all Oversight processes.
 - When possible clinicians on the Regional Triage Team Oversight Committee will not be primary providers of the patients under consideration nor members of the Regional Triage Team.
 - When possible, if patients under review fall under a specific specialty such as burn, trauma, pediatrics, etc. then one of the senior clinicians on the Oversight Committee should be of that specialty, or attempts will be made to contact specialty clinicians remotely.
 - At least one medical ethicist.
- a) All patients presented to the Regional Clinical Triage Oversight Committee will be recorded in a Regional Oversight Triage Team Log, which will include:
- All patient demographics.

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SCARCE RESOURCE TRIAGE TEAM GUIDELINES

- Date and time of the case consideration.
 - All patient information presented to the Regional Clinical Triage Team at the time of consideration.
 - The Regional Clinical Triage Team decision date, time and supporting documentation reviewed and produced for the decision.
 - Patient outcome.
- b) It is recommended that at agreed upon intervals the Regional Clinical Triage Oversight Committee will review all cases presented to the Regional Triage Team to ensure the following:
- All appropriate clinical information was considered.
 - Accurate documentation was recorded.
 - Extreme variances be reviewed and addressed.
- c) Depending on the nature of the incident oversight review may be in real time (i.e. in a prolonged event such as a pandemic). However in no notice, sudden or brief events, this review may be retrospective.

D. RE-EVALUATION PROCESS DURING RESPONSE

1. REQUEST TO CHANGE PROCESS

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SCARCE RESOURCE TRIAGE TEAM GUIDELINES

- During an event individual clinicians may request a specific change to the Scarce Resource Cards, Triage Algorithms or protocols based on new clinical information such as changes in prognostic indicators or outcome measure. These requests should be made in writing to the Chair and Vice Chair of the DCAC District.
- DCAC District will keep a log and record of every Reevaluation Process Request, date and time of request, and all the supporting documentation presented during the request and evaluation.
 - Each request will be reviewed by the DCAC District's Chair, Vice Chair along with all relevant partners including additional input from SME's.
 - All request decisions will be made in a timely fashion and will be based on consensus of all relevant partners.
 - Final decisions for all Reevaluation Process Requests will be in writing, dated and timed, and include all supporting documentation.

2. REQUEST TO REEVALUATE SPECIFIC CASE

- Any clinician may bring a Request for Patient Reevaluation of a specific case to the respective Medical Care Branch Director and designated ethicist. The Medical Care Branch Director has authority over the respective Clinical Triage Team who made the decision which is under consideration (i.e. individual hospital, hospital system, or regional Clinical Triage Team).

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SCARCE RESOURCE TRIAGE TEAM GUIDELINES

- At the individual hospital and hospital system, the Medical Branch Director will be determined by standards HICS designations within the organization
- At the Regional level, the Medical Branch Director will be determined by the DCAC District Chair and/or Vice Chair in conjunction with other relevant partners to include but not limited to LHO, other Public Health experts, outside SME's, etc.
- At all levels, a Request for Patient Reevaluation will be reviewed by the Medical Branch Director, a designated ethicist and any other relevant partners.
- A log will be maintained of every Request for Reevaluation, date and time of request, and all supporting documentation presented during the request and reevaluation.
- Every case brought to the Medical Care Branch Director and designated ethicist will be reviewed in a timely fashion to ensure the Triage Team documentation was complete and the decision process was consistent with Scarce Resource Cards, Triage algorithms, protocols or any other event related clinical documentation that was available *at the time the original decision was made*.
- Depending on the event (i.e. no notice vs prolonged) it is understood that this process may be retrospective. However, if the event is more prolonged and the potential outcomes of the patient may be affected, then processes should be in place to allow a sufficiently rapid decision.
- Final decisions for Request for Patient Reevaluation of a specific case will be in writing, dated and timed, and include all supporting documentation.
- Decision made by the respective Medical Care Branch Director and designated ethicist will be final.

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SCARCE RESOURCE TRIAGE TEAM GUIDELINES

E. RESOURCE UPDATE PROTOCOLS

1. DURING RESPONSE

It is understood that during an event, the clinical situation may change depending on resource availability, new epidemiologic information, new treatment protocols and guidelines, etc. It will be the responsibility of the DCAC District to maintain close communication with the Local Health Officer (LHO) and with all relevant partners to maintain accurate situational awareness and consensus regarding local triage recommendations. Depending on the situation, specific DCAC Districts or the state Disaster Medical Advisory Committee DMAC will be responsible for updating all Scarce Resource Cards and Triage Algorithms to reflect current information and will follow the Communication guidelines below to ensure accurate and expedient dissemination of all changes.

2. DURING PREPAREDNESS

All Scarce Resource Cards and algorithms and any supporting documentation will be reviewed and updated every 3 years.

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SCARCE RESOURCE TRIAGE TEAM GUIDELINES

COMMUNICATIONS:

1. NWHRN in conjunction with DCAC Districts will be responsible for identifying all pertinent partners during an activation of the Scarce Resource Triage Team Guidelines to include but not limited to: LHO, SME's, DOH and Federal partners to include CDC.
2. Depending on the situation, clinical updates may be required at various frequencies, and will be determined by NWHRN in conjunction with DCAC Chair and Vice Chair, LHO and any other pertinent partners. NWHRN will inform the LHO or State Health officer (SHO) who will be responsible for disseminating this information in a timely fashion to all appropriate clinical entities.
3. Communications will be electronically, but if circumstances are such that electronic communication is not possible, secondary communication processes will include FA , phone and courier.

COVID-19 Triage Log
Institution:

Date/Time	Ref. MD/	Pt. DOB/Sex	Clinical	Dispo/Outcome
			DSSO: Base Fx: Resp. status: Co-morbidities: MSOFA:	

DSSO: Days since symptom onset

Base Fx: Baseline functional status, including where domiciled

Resp. Status: Respiratory rate, FIO2 requirement, ABG (if available), C R findings (if available).

Co-morbidities: To include chronic cardiac, respiratory, hepatic, and renal disease, immunosuppressed status, morbid obesity, underlying malignancy

MSOFA: Modified Sequential Organ Failure Score

From:

To:

Date:

Subject: Taskforce meeting

Attachments: Taskforce meeting.msg

Subject: Taskforce meeting
Location: Go to meeting

Start: Fri 03-Apr-20 10:30 AM
End: Fri 03-Apr-20 11:30 AM

Recurrence: (none)

Meeting Status: Accepted

Organizer: DOH-ISOTF (DOH)

Required Attendees: doh-isotf doh.wa.gov Scarlett, evin A (DOH) Clifford, Wayne (DOH) Frank, Dan (DOH) David.Csernak hhs.gov Carrell, Rebecca S (HCA) Rector, Bea-Alise (DSHS/AL TSA) elleher, Tedd (COM) seoc43 (MIL) seoc44 (MIL) nicolas.granum fema.dhs.gov Baumgart, im (GOV) rbas, Gary (MIL) Rebecca.bova fema.dhs.gov David.Clayton fema.dhs.gov Simons, Matt C (DOH) immerman, Matthew S (DOH) Lisa.davidson fema.dhs.gov Linares-Hengen, Travis (MIL) Lu an, Lewis (MIL) seoc90 (MIL) seoc100 (MIL) Schmitz, Lou (DOHi) Covington, Trevor N (DOH) Slusher, Theresa M
Optional Attendees: McGill, ason T (HCA) Pazolt, Melodie . (HCA) rehbiel, Beth (DSHS/DDA) Dean, essie M. (HCA) Roberts, Debbie (DSHS/DDA) Weed in, Charles (DSHS/DDA) Chen, Christopher P (HCA) Fotinos, Charissa (HCA)

Agenda:

- Introduction of participants
- Review of Key tasks
- Review of Tasks under development
- Discussion of missing topics In Isolation document
- Discussion of missing topics in Checklist
- Vetting of finished products
 - Health Officer
 - AAG
 - Anyone else?
- Reporting requirements
 - occupied
 - available
 - Time to activation
- Thresholding tools/ideas
- Open discussion

ISOTF

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[Slusher, Theresa M](#)

CC: [McGill, Jason T \(HCA\)](#)
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[Weedin, Charles \(DSHS/DDA\)](#)
[Chen, Christopher P \(HCA\)](#)
[Fotinos, Charissa \(HCA\)](#)

Date: 02-Apr-20 5:19:24 PM

Subject: Taskforce meeting

Attachments: [Isolation information guidance.docx](#)
[Isolation Facility Checklist Draft.docx](#)
[Taskforce roster 4-3-2020.docx](#)

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DRAFT

1. Purpose

April 1 2020

Isolation is one of several tools used in the management of infectious disease in a community. This document is intended to supplement and provide more detail for healthcare planners as they determine they design and operate isolation centers in response to the COVID-19 pandemic in Washington State. It is important to reiterate the difference between Isolation activities and Quarantine activities

Isolation is used to separate persons who are **ill** who have a communicable disease from those who are healthy. Isolation restricts the movement of persons who are ill to help stop the spread of certain diseases. For example, hospitals use isolation for patients with infectious tuberculosis. This is the focus of this document.

Quarantine is used to separate and restrict the movement of persons who are **well** who may have been exposed to a communicable disease. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms. Quarantine can also help limit the spread of communicable disease. Separate guidance will be published for quarantine.

Based on this guide, it may be determined that an Isolation Center may not be feasible at the current time. If this is the case, please notify the department of what resources would be required to create the capacity needed in your jurisdiction. Equally, identify any barriers that exists in you r

Quarantine and Isolation decisions belong to the county health officer and it is fully understood that the perfect site may not exist. This guide is to be used as an aid in planning for Isolation activities in their own unique circumstances and in no way be considered a directive from the Department of Health

2. Facility/Location evin

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The first priority in determining the location is its proximity to a treatment facility with intensive care capability. The inability to care for a patient who rapidly decompensate is critical based on how rapidly the disease progresses. Decompensating patient may only have hours to intervene after the onset of severe symptoms.

3. Staffing. General recommendations are that staffing be appropriate to the number of patients and their acuity. This is flexible and often dependent on the intensity of care needed to care for the patients on site.

Medical Director: An independent provider should be designated to:

- Determine standing orders,
- Medical assessment if necessary (telehealth, etc)
- Admission criteria and acuity (self-care ability)
- Confirm wraparound services capability of the facility can adequately support the patient
- Discharge criteria
- Transfer criteria
- On call support for changes in condition or additional illness not COVID Related. In person or telehealth
- Determining emergency protocols
- Transfer Protocol

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- Emergency procedures validation

Registered Nurse: Responsible for clinical care and environmental safety on site:

- Developing a standardized care plan
- Maintaining infection control standards
- Initial assessments
- Confirm wraparound services capability of the facility can adequately support the patient
- Daily assessment
- Medication Management and Security
- Documentation of patient status
- Executes emergency response plans
- Periodic Cleaning

Licensed Practical Nurse assists nurse in:

- Developing a standardized care plan
- Maintaining infection control standards
- Initial assessments

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- Daily assessment
- Medication Management and Security
- Documentation of patient status
- Executes emergency response plans
- Periodic Cleaning

Certified Nursing Aid

- Executing standardized care plan
- Maintaining infection control standards
- Reports assessment of vital signs
- Adds data to the daily assessment
- Documentation of activities
- Executes emergency response plans
- Periodic Cleaning

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- Control ingress and egress to the site.
- Monitors and reports mixing of confirmed and suspected cases.
- Emergency transport/evacuation participation (gates)

Support Person

- Food service assistance,
- Comfort item support
- Coordination of wraparound services
- Periodic Cleaning

4. Logistics

Environment Standard Tasked to evin

Medical Equipment Tasked to Greg

Durable

Primary and secondary

Expendable

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Pharmaceuticals

Food Service

Comfort Items/ Clothing

5. Finance/Grants The Department of Commerce released contracts for signature to all 39 counties on March, 16. Some counties opted-out of receiving the funds directly in those cases Commerce contracted with another local government (cities) or a non-profit organization. All counties have fully executed contracts containing this funding.
 - 30 million in total funding was awarded using a formula that gave each county at least 250,000, with the balance distributed based on the number of people who are homeless in each county.
 - The funding has a primary focus of giving counties capacity to create Quarantine and Isolation beds.
 - Funding can also be used to increase sanitation in shelters, add shelter capacity to replace beds lost when beds were separated by six feet, and other costs.

Other costs is very broad: contract language other costs associated with addressing the public health needs of people experiencing homelessness, living in subsidized housing, or displaced from their former housing due to the COVID-19 outbreak.”

- Allowable uses of the funds are very broad: operating, capital construction, land acquisition, staffing, food, etc., etc.,
- Who can served with the funds is broad:
[Contract language] The primary purpose of this grant is addressing the health needs of people unsheltered or living in homeless housing, or who are in need of isolation or quarantine housing due to the COVID-19 outbreak. Documentation of the housing status of people housed or served by these funds is not necessary. Funds can be used to provide housing and other services to people who are not living unsheltered or in homeless housing, as long as the expenditures are in good faith realistically available to people who are unsheltered or living in homeless housing.

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- Commerce can unilaterally amend contract language to clarify allowable uses in less than 24 hours if necessary
- Activities funded by the grant must be approved in writing by the local public health officer.
- More details can be found at the following link, including contract language, award amounts, FAQ's, etc. Look for COVID-19 Emergency Housing Grants to Counties about halfway down the page:
<https://www.commerce.wa.gov/covid-19-homeless-services/>

6. Behavioral/Mental Health Support (trever)

7. Medical Treatment standards.

General: Treatment standards that have been used and have been similar to that of an assisted care facility. Self-care is the primary means of providing care. Medical oversight, monitoring of symptoms, minor interventions, consultative availability, and emergency response are the clinical staff's primary responsibility. Allowing large staff to patient ratios could be as high as 1:20. This ratio is intended as a starting point and not a directive. Staff may have the capability for limited nursing services at the discretion of the medical director. Critical to success of the facility is monitoring the acute care capability of the supporting hospital. If the supporting facility is no longer able to accept patients, the Isolation facility should transfer its patients temporarily to an Isolation facility that can. Social distancing and isolation amongst patients is optimal but no longer critical. Patients may be cohorted based on their level of illness and limitations of their physical environment. Primary transmission risk is from isolation patients to staff and those not infected.

Patient sources could be:

WA-GOV-20-0742-A-000163

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- Notification of a positive test result (from home or a quarantine site)
- COVID-19 positive patient discharged from a hospital
- Symptomatic patient with positive test result

Admission Criteria: The primary goal of Isolation is to protect the public. All patients in the facility should meet the following criteria (modifiable based on staff, and resources)

- Patient has tested positive for COVID-19 and may or may not have COVID-19 symptoms
- Patient is NOT ill enough to be hospitalized, or in a skilled nursing center
- Patients living situation creates a risk (homeless, Immune compromised family member, requires in-home assistance)
- Patient is capable of self-care or self-supervision of care except as determined by the medical director
- Limitations determined by the county health officer and medical director
- Clinical care based on capabilities of staff.

Discharge Criteria

- Patient no longer presents a transmission risk
- Patient worsens to the point of needing care beyond the capability of the facility and requires transfer to a higher level of care

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- Patient home living situation is changed to allow patient to recovery in a safe
- Additional directive as determined by the Medical Director

8. Site Operational considerations

- Method that patients can notify medical personnel (may be in environment)
- Method to transport emergent patients to the local health jurisdiction
- Security of belongings and medical supplies
- Method to order receive and store medication
- Clean Area for staff to relax PPE requirements (may be in environment)
- Assessment of daily PPE needs and sequencing of interactions to minimize use.
- Infectious waste management

9. Legal (To be Tasked)

10. References

- Alternate care site development U.S. Department of Health & Human Services
<https://asprtracie.hhs.gov/technical-resources/4/alternate-care-sites-including-shelter-medical-care/4>
- CDC Coronavirus data update: <https://www.cdc.gov/coronavirus/2019-nCoV/what's-new-all.html>

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- COVID-19 Emergency Housing Grants to Counties: <https://www.commerce.wa.gov/covid-19-homeless-services/>

Appendix

Capability Checklist **Greg to compile**

DRAFT

Isolation Facility Checklist of Considerations and Requirements

Facility:	Time/Date of Checklist
-----------	------------------------

Purpose: *The following checklist is designed to offer guidance with considerations to the establishment of an isolation facility to house persons confirmed of having Covid-19 for isolation and quarantine.*

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	Identified Resource	Required	On Hand or Identified	Needed	Capacity Limit Based on Need
Facility	Location supporting determined bed capacity and close to a medical treatment facility				
	Fencing / Perimeter Control with Entry and Exit				
	Separate Isolated Operations Location for Facility Personnel				
	Separate Isolated Operations Location for Medical Personnel				
	Beds w/bedding				
	Privacy screens / dividers				
	Heating/Cooling/Air Distribution				
	Gas/Propane				
	Power Distribution				
	Land Line Phone				
	Bathroom Facilities				
	Shower Facilities				
	Washing Stations				
	Waste Management				
	Cleaning Services				
Facility Support	Meal Service/Dietary Needs				
	Drinking Water/Bottled				
	Snacks				
	Waste Management				
	Secure Storage				
	Wifi/Cellular/Cable Services				
	Computer/Surface/I-Pad				
Staffing	Facility Supervisor				

DOH Isolation Taskforce

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[Worsham, Dennis \(DOHi\)](#)
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[Lien, Onora \(DOHi\)](#)
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Voris, Molly (GOV) Wiesman, ohn (DOH) Elsenboss, Carina (DOHi) Nelson,
Laurel Moninger, Edward G III CAPT SN COMNAVREG NW BGR WA (SA)
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shannon. . ohnson.mil mail.mil Lien, Onora (DOHi) Sakata, Vicki (DOHi)

Optional Attendees: elly Wicker (kelly.wicker gov.wa.gov)

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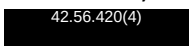
Attachments: flannery_fda_covid-19_testing.pdf

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

*PO Box 47890 • Olympia, Washington 98504-7890
Tel: 360-236-4030 • 711 Washington Relay Service*

March 14, 2020

Ellen J. Flannery, J.D.
Director, Office of Policy
Center for Devices and Radiological Health
U.S. Food and Drug Administration

Dear Ms. Flannery:

I am writing to request that the U.S. Food and Drug Administration (FDA) permit the Washington State Department of Health (DOH) to approve and monitor laboratory developed testing for COVID-19 in lieu of FDA Emergency Use Authorization (EUA). Washington State is currently in a state of emergency due to the COVID-19 pandemic and urgently needs additional testing capacity. Washington State currently has the greatest burden of COVID-19 cases in the country with 568 confirmed cases and 37 deaths.

Clinical laboratories licensed by DOH under the Medical Test Site law, Chapter 70.42 of the Revised Code of Washington (RCW), have been exempt from the requirements of the Clinical Laboratory Improvement Amendments of 1988 (CLIA) since 1993, and will remain exempt until at least October 2, 2023, under a recent extension by the Centers for Medicare & Medicaid Services.

DOH has a long-established framework in place for reviewing high complexity validations for laboratory-developed tests prior to allowing Washington State laboratories to begin testing, as well as reviewing high complexity validations for laboratory developed tests at routine surveys. The state has a large network of approximately 20 high complexity laboratories that are experienced in molecular-based virology testing, experienced in developing and validating laboratory developed tests, and capable of performing testing for COVID-19.

In light of the urgent public health need for additional COVID-19 testing capacity, DOH requests that FDA exercise enforcement discretion and not object to DOH authorizing licensed high complexity laboratories to develop and perform testing for COVID-19 without an FDA Emergency Use Authorization (EUA) or other marketing authorization under the Federal Food, Drug, and Cosmetic Act. Laboratories would be required to notify DOH that they have validated a COVID-19 test and provide validation data to the DOH within 15 business days.

The DOH will follow current regulatory requirements under 42 CFR § 493.1253 and Washington Administrative Code 246-338-090(7)(c) for high complexity validations. Additionally, DOH will recommend that laboratories follow the recommendations in FDA policy to complete studies for clinical validity, including method of specification (e.g., accuracy, precision, specificity, interference/cross-reactivity, limit of detection, reference interval) and clinical evaluation.

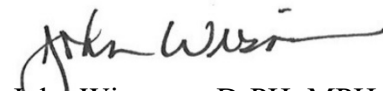
Ellen J. Flannery, J.D.
March 14, 2020
Page 2

DOH will require clinical laboratories to obtain confirmation of the first five positive and the first five negative clinical specimens using an FDA-authorized assay and then send the results to DOH. If the laboratory cannot produce comparable results with a referring laboratory, then DOH will require the laboratory to cease testing for COVID-19 until the laboratory performs further validations and resubmits comparable testing by a referring laboratory of 10 specimens (5 positive and 5 negative) prior to resuming testing. Laboratories will have to perform biannual verification with an FDA-approved assay until such time proficiency testing becomes available.

Laboratories must include on test reports a disclaimer that their laboratory developed test is validated by DOH but has not been validated by FDA, unless the laboratory obtains an EUA or other authorization from FDA.

On behalf of the people of Washington State, thank you for considering this urgent request. I look forward to your response.

Sincerely,



John Wiesman, DrPH, MPH
Secretary of Health

From:
To:
Date:
Subject: WorkFirst Leadership
Attachments: WorkFirst Leadership.msg

Subject: WorkFirst Leadership
Location: DSHS FA ESA HQ CV2 RM405 Nisqually

Start: Fri 2 -Mar-20 10:00 AM
End: Fri 2 -Mar-20 12:00 PM

Recurrence: (none)

Meeting Status: Accepted

Organizer: Nolan, Ellen E. (DSHS)

Required Attendees: Aylward, Anmarie (DSHS) Baumgart, im (GOV) Beebe, oyce (COM) Coates, Mickie (DSHS/FFA) Daniels, Cecil (COM) Frasier, Erin (SBCTC) Garcia, Sarah (DSHS) Giannobile, Diane (COM) Hall, Melissa (COM) Heddin, enny (DC F) Hinman, oshua (DSHS/FFA) Humphrey, Nate (SBCTC) ohnson, Mona (OSPI) udge, Matt (DC F) empf, Susan (COM) Iontz, Diane (COM) Lindseth, elly (ESD) Mallicoat, Nona (ESD) Marx, Alexis (DSHS) Minor, Anna (OFM) Orr, Daisye (DOH) Pfingst, Lori Probst, Tim (ESD) Riddle, Shane (DSHS) Roberts, Babette (DSHS) Rose, Nicole (DC F) Schulte, Mike (ESD) Stillman, David (DSHS) Tang, ie (DSHS) Evans, Rayanna (OFM) oung, Susanna Vann, amie imberly.Burgesssimms acf.hhs.gov Flanagan, ohn (GOV)

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Global call-in numbers:

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This is being rescheduled to accommodate ACF visitors attendance. Thank you.

From: [Nolan, Ellen E. \(DSHS\)](#)
To: [Nolan, Ellen E. \(DSHS\)](#)
[Aylward, Anmarie \(DSHS\)](#)
[Baumgart, Jim \(GOV\)](#)
[Beebe, Joyce \(COM\)](#)
[Coates, Mickie \(DSHS/FFA\)](#)
[Daniels, Cecil \(COM\)](#)
[Frasier, Erin \(SBCTC\)](#)
[Garcia, Sarah \(DSHS\)](#)
[Giannobile, Diane \(COM\)](#)
[Hall, Melissa \(COM\)](#)
[Heddin, Jenny \(DCYF\)](#)
[Hinman, Joshua \(DSHS/FFA\)](#)
[Humphrey, Nate \(SBCTC\)](#)
[Johnson, Mona \(OSPI\)](#)
[Judge, Matt \(DCYF\)](#)
[Kempf, Susan \(COM\)](#)
[Klontz, Diane \(COM\)](#)
[Lindseth, Kelly \(ESD\)](#)
[Mallicoat, Nona \(ESD\)](#)
[Marx, Alexis \(DSHS\)](#)
[Minor, Anna \(OFM\)](#)
[Orr, Daisye \(DOH\)](#)
[Pfingst, Lori](#)
[Probst, Tim \(ESD\)](#)
[Riddle, Shane \(DSHS\)](#)
[Roberts, Babette \(DSHS\)](#)
[Rose, Nicole \(DCYF\)](#)
[Schulte, Mike \(ESD\)](#)
[Stillman, David \(DSHS\)](#)
[Tang, Jie \(DSHS\)](#)
[Evans, Rayanna \(OFM\)](#)
[Young, Susanna](#)
[Vann, Jamie](#)
[Kimberly.Burgesssimms@acf.hhs.gov](#)
[Flanagan, John \(GOV\)](#)

Date: 18-Mar-20 2:00:29 PM

Subject: WorkFirst Leadership

Attachments: WorkFirst Leadership Team Draft Agenda 3-27-2020.docx
2020 leg session bills 3-24-2020.docx

OIN WEBEX MEETING

https://watech.webex.com/watech/.php?MTID=mf_debc66_eada_cdc0cd_31a5a5ba910

Meeting number (access code): 42.56.420(4)

Meeting password: WFSupport20

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1-206-20 -1 00 nited States Toll (Seattle)

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Global call-in numbers:

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WorkFirst Leadership Team Meeting
Draft Agenda
WEB-E
10:00 am to 12:00 pm
March 2 , 2020

1. Introductions

2. COVID-19 impacts update

Mitigation efforts from Community Services Division

<https://www.dshs.wa.gov/esa/online-community-services-office-cso>

3. 2020 Legislative session debrief

- a. Bills that impact clients/programs/poverty reduction
- b. Budget items of interest

4. 2021 Legislative Session DPs and Agency Request Legislation alignment/information sharing process amongst agencies to support poverty reduction goals

5. Legislative-Executive WorkFirst and Poverty Reduction Task Force and Poverty Reduction Workgroup Alignment of Work Discussion

6. Update of the 5-agency Human Centered Poverty Reduction Team

7. Other issues

8. Adjourn



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Economic Services Administration
Post Office Box 45070, Olympia WA 98504-5070

March 24, 2020

Bills impacting ESA Clients our Poverty Reduction Goal

Please note these bills are still pending final signature from the Governor, and are subject to veto or partial veto.

[2SSB 5144](#) Implementing the child support pass through This bill reinstates the child support pass through for families receiving Temporary Assistance for Needy Families (TANF). Child support collections will be passed through up to 50 per month for TANF families with one child, and up to 100 per month for families with two or more children. The passed-through support amounts will not count against their TANF grant, but is factored into their food benefit eligibility. This policy change will take effect February 1, 2021.

[SHB 2441](#) Improving access to TANF – Effective July 1, 2021, requires the department to reduce the grant of a TANF recipient who is noncompliant with work and work related activities for two continuous months, by the greater of either 40% or the recipients share, and to terminate the grant after twelve months of continuous noncompliance. The bill is null and void if not funded in the supplemental operating budget by June 30, 2020.

[2SSB 64](#) Revising economic assistance programs – Effective July 1, 2021, expands the 60 month TANF time limit exemption criteria to include homelessness as defined in the federal McKinney-Vento Act and requires DSHS to submit an annual report regarding racial demographics of TANF recipients whose grants have been reduced or terminated due to sanctions or time limits, including the department's plan to remedy any racial disproportionality reflected in the data.

[SSB 2302](#) Concerning child support, but only with respect to standards for determination of income, abatement of child support for incarcerated obligors, modification of administrative orders and notices of support owed – Makes some changes to the child support schedule regarding how income is imputed and whether a high school student is voluntarily unemployed, allows the Office of Administrative Hearings to mail the notices of hearing in petitions to modify administrative support orders allows the Division of Child Support (DCS) to serve the notice of support owed by regular mail, rather than by certified mail, and earlier than waiting for twelve months to pass, in order to help keep support from being overpaid or underpaid. This bill also allows for abatement of child support to 10% per support order when a parent is incarcerated for a period exceeding 6 months and has no income or assets to pay support. The custodial parent is entitled to a hearing to rebut the presumption that the noncustodial parent does not have the ability to pay support while incarcerated. The monthly support obligation is automatically raised to 50% of the amount in the original support order on the first day of the fourth month after the noncustodial parent's release and the obligation automatically increases to 100% of the obligation in the original order one year after release. The abatement provisions take effect February 1, 2021, as does the notice of hearing provision since it is included in one of the statutes amended by the abatement provisions. The other two provisions (income determination and the changes to the notice of support owed) take effect June 11, 2020.

[SSB 6495](#) Essential needs and housing support eligibility This Department request bill changes current law to allow individuals who have been determined to be eligible for the Pregnant Women's Assistance (PWA) program to access the Housing and Essential Needs (HEN) program for 24 consecutive months from the date their PWA eligibility is established, and allows the Department to set the income standard for HEN eligibility for persons who are eligible for the PWA program. This bill will take effect June 11, 2020

[SSB 5164](#) Providing public assistance to victims of human trafficking This bill expands eligibility for state-funded public assistance programs including the Food Assistance Program, the State Family Assistance program, and the Medical Care Services program to noncitizen victims of human trafficking and their qualifying family members, effective February 1, 2022.

[ESHB 2660](#) Hunger-free schools act - Requires schools with grades eight and below that have at least 62.5% of students who directly certify for free school meals to participate in the SDA Community Eligibility Program, which provides free meals to all students in a school. The Office of the Superintendent of Public Instruction (OSPI) must evaluate all schools in Washington not currently participating in CEP to determine their eligibility. Schools that meet the criteria must apply for CEP and be validated by OSPI. This process must be completed between April 1st and the beginning of the following school year.

Comparison of Budget Proposals for 2019-21

And Final Supplemental Operating Budget [ESSB 6168](#)

Key Provisions Impacting the Economic Services Administration and Poverty Reduction Initiatives

March 24, 2020

Senate (SSB 6168))

House (SHB 2325)

Child Support Pass-through (SSB 5144)

Provides funding and FTEs to implement the child support pass through, beginning February 1, 2021, which requires DSHS to pass through up to 50 per month of child support collections to TANF clients with one child, and up to 100 per month to TANF families with two or more children.

2.1 FTEs
1,121,000 GF-S
1,10 ,000 GF-F

Total: 2,22 ,000

Not included

Trafficking Victim Assistance (3SSB 5164)

Funds one time technology costs to implement this state-funded program, which will provided public assistance to certain victims of human trafficking.

164,000 GF-S

Total: 164,000

Not included

Postpartum Coverage (E2SSB 6128)

Provides funding for systems changes to extent postpartum coverage, beginning anuary 1, 2021, for pregnant and parenting persons from 60 days to one year postpartum.

0.2 FTEs
5,000 GF-S

Total: 5,000

Not included

Revising Economic Assistance Programs (2SSB 6478 and 2SHB 2441))

Provides funding for one time IT changes necessary for these to TANF program bills.

1,523,000 GF-S

Total 1,523,000

Not included

ABD Supplied Shelter Grant

Eliminates the supplied shelter grant standard and covers the pro ected increase in the per capita cost associated with issuing up to the maximum grant standard.

2,500,000 GF-S

Total: 2,500,000

2,369,000 GF-S

Total: 2,369,000

Eliminate ABD Mid-Cert Review

Provides funding to eliminate the mid-certification review requirement for aged participants and to restore the caseload of aged participants who have lost this benefit.

Not included

22 ,000 GF-S

Total: 22 ,000

Continue Asset Verification System

Provides funding and FTEs to continue to implement the federally compliant Asset Verification System (AVS) for asset based Medicaid eligibility system.

Not included

6.1 FTEs
2,155,000 GF-S
9 ,000 GF-F
Total: 2,952,000

AVS and FTE Adjustment ESA's AVS implementation expenditures are less than originally projected in fiscal year 2020, so funding and FTEs are adjusted.	(5.0 FTEs) (24 ,000 GF-S) (49 ,000 GF-F) Total: (46,000)	Same as Senate
DCS Intergovernmental Demonstration DCS receives a one-time funding to participate in a federal demonstration grant to develop and test innovations to increase child support payments in intergovernmental cases with Canada and Mexico.	1.0 FTE 500,000 GF-F Total: 500,000	Same as Senate
Poverty Reduction Provides funding for implicit bias training and for the Poverty Reduction Workgroup Steering Committee to continue.	Not included	3 ,000 GF-S Total: 3 ,000
Pregnant Women's Assistance (PWA) Supplied Shelter Grant DSHS will eliminate the supplied shelter grant standard. Provides funding to cover the projected increase in the per capita cost associated with issuing up to the maximum grant.	6,000 GF-S Total: 6,000	Same as Senate
RCA Supplied Shelter Grant DSHS will eliminate the supplied shelter grant standard. Provides funding to cover the projected increase in the per capita cost associated with issuing up to the maximum grant.	44,000 GF-F Total: 44,000	Same as Senate
TANF/SFA Supplied Shelter Grant DSHS will eliminate the supplied shelter grant standard. Provides funding to cover the projected increase in the per capita cost associated with issuing up to the maximum grant.	1,439,000 GF-F Total: 1,439,000	Same as Senate
WorkFirst Fund Balance Unallocated General Fund-State fund balance is offset by using available federal TANF funds during the 2019-2021 biennium	(5,500,000 GF-S) 5,500,000 GF-F	Not included
WorkFirst Services Reduction Funding for WorkFirst services is reduced to reflect under-expenditures in the program from declining caseloads	(2,944,000) GF-S Total: (2,944,000)	Not included
WIN 211 Provides one time funding for telephone and telecommunications equipment for the Washington Information Network (WIN)	Not included	200,000 GF-S Total: 200,000

From: [Jackson-Diaz, Sanura \(MIL\)](#)

Required: [Glenn, Mark E. \(MIL\)](#)
[Beaney, Joe R. \(MIL\)](#)
[Sabarese, Robert \(MIL\)](#)
[Utzinger, Chris \(MIL\)](#)
[Douglas, Mark W \(MIL\)](#)
[McClain, Stacey \(MIL\)](#)
[Marquiss, Jason \(MIL\)](#)
[Hartmann, Peter \(MIL\)](#)
[Stumph, Gary W \(MIL\)](#)
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[tamara.m.brathovde.mil](#)
[Forsythe, Susan M. \(MIL\)](#)
[Wicklund, Patrick \(MIL\)](#)
[Catlin, Kent \(MIL\)](#)
[Merritt, Annie \(MIL\)](#)
[Mask, Kim \(MIL\)](#)
[Laughlin, Brian N \(MIL\)](#)
[Johnson, Lisa \(MIL\)](#)
[Fordice, Justin](#)
[Li, Damaris \(MIL\)](#)
[Radwan, Ramsey](#)
[Nutting, Jan](#)
[Jenny.Kropelnick@courts.wa.gov](#)
[Anderson, Mary \(GOV\)](#)
[Baumgart, Jim \(GOV\)](#)

Optional: [Crespo, Fausto Omar 1SG USARMY NG WAARNG \(USA\)](#)
[Vezeau, Sue \(MIL\)](#)
[Anderson, Mary \(OFM\)](#)

Subject: EMAP/FEMA Continuity

Location: 20B Flood Room

When: 20-Feb-20 10:00:00 AM - 11:00:00 AM

Attachments: EMAP Continuity Pilot Program Overview v1.docx

****Conference Call Info has been Added****

To join a conference call, dial 877-820-7831 and enter passcode when prompted. Conference Bridge #4

Passcodes - Host: 42.56.420(4) Guest: 42.56.420(4)

Greetings This calendar invitation is for two briefings associated with the EMAP/FEMA Continuity workshop. The first is a kickoff brief from 8-9am on February 18th and the second, is for a closeout briefing, where we will receive delivery of our assessment reports, from 10-11 on February 20th. Both briefings will be on Camp Murray in building 20B, in the Flood Room, which will be the assessors Aworkspace. Attendance at either briefing is optional, although recommended, as this is an excellent training opportunity. If you can only attend one briefing, the closeout would be

WA-GOV-20-0742-A-000188

the most helpful, so that you can receive information on your plan's assessment report. Four plans will be reviewed by the assessors over the 2.5 days, the State COG Plan, the Governor's Office COOP Plan, as well as the Military Departments: EMD and IT Division's COOP plans. We appreciate your participation in this process and thank the FEMA and EMAP assessors for the opportunity. If you have questions, please let me know.

Please RSVP to Sue Vezeau Sue.Vezeau@mil.wa.gov or Carmen Trummert Carmen.Trummert@mil.wa.gov if you plan to attend one or both days.

Respectfully, Sue Vezeau

Susan L. Vezeau, Ph.D.

Preparedness Section Manager

Operations Unit Prep Section

Washington Emergency Management Division

Office: (253) 512-7041 Mobile: (253) 345-1673

sue.vezeau@mil.wa.gov www.mil.wa.gov

Continuity Assessment Pilot Program

Background

Every day, individuals, organizations, communities, and governments provide critical services and perform essential functions upon which citizens depend. Continuity ensures that that these services and functions can be sustained when normal operations are disrupted.

Objective 2.4 of the FEMA Strategic Plan, *improve continuity and resilient communications*, recognizes that whole community engagement is a critical factor in developing and maintaining effective continuity plans. The associated Strategic Plan performance measure calls upon FEMA to “increase the percentage of states and territories with comprehensive continuity plans and programs for state agencies and emergency operations centers that align with the Continuity Guidance Circular (CGC), to ensure the continuation of their essential functions under all conditions.” The FEMA 2017 Hurricane Season After-Action Report further recommends that FEMA assist states and local municipalities by providing expertise on continuity.

FEMA is implementing a two-step strategy to assist states and territories in updating and improving their continuity plans, programs, and capabilities. First, FEMA will assist states and territories in assessing their continuity plans and programs against the CGC. This effort will provide insight to governments on their continuity strengths, gaps, and capabilities. Then, FEMA will use this feedback to develop targeted technical assistance to assist states and territories in closing gaps and enhancing continuity plans.

FEMA and the Emergency Management Accreditation Program (EMAP) have partnered to conduct a pilot continuity assessment program to support states and territories in assessing their continuity plan and program against the CGC and assist in developing a baseline and methodology to meet the FEMA Strategic Plan.

Pilot Assessment Program Concept

Per the FY 2018 Emergency Management Baseline Assessment Grant notice of funding opportunity, the pilot will include:

1. Using the Continuity Assessment Tool as the baseline criteria for assessing whether a jurisdictional continuity plan and program aligns with the CGC.
2. Piloting the continuity assessment, either in coordination with or separate from a scheduled EMAP baseline assessment, with three states or territories in FY 2019. FEMA estimates the continuity assessment will require two evaluators to complete the assessment over two days.
3. Providing a summary report to the jurisdiction and FEMA within one month following each assessment. The summary report, based on the CAT, will include:
 - i. CAT summary scores by CGC chapter; planning, organization, equipment, training, and exercise (POETE) solution area; and POETE solution area by CGC chapter;
 - ii. Comprehensive continuity capability score, which represents the extent to which the jurisdiction’s continuity plan and program aligns to the CGC; and
 - iii. Overall areas of strength and areas for improvement to help guide jurisdictional continuity planning efforts and future FEMA national and regional continuity technical assistance.

The summary report may contain potentially sensitive information on jurisdictions' continuity capabilities. In order to protect this information and to foster an environment to provide assessments, FEMA assures the jurisdictions that individual assessments will not be distributed outside of FEMA unless otherwise required by law. However, states and territories may share their own data with any third parties at any time. The assessment data will not be used to rank any state or territory, nor will this data be publically released in any format in which it can be attributed to any specific state or territory.

Participation in the Pilot Program

FEMA and EMAP will coordinate to determine the initial three states or territories to approach to propose participation in the pilot assessment program. Coordination with identified states will occur through the FEMA Regions.

Upon agreement, the state and EMAP will coordinate to identify mutually agreeable dates for the assessment.

From: Sanura.Jackson-Diaz@mil.wa.gov
Required: [Glenn, Mark E. \(MIL\)](#)
[Beaney, Joe R. \(MIL\)](#)
[Sabarese, Robert \(MIL\)](#)
[Utzinger, Chris \(MIL\)](#)
[Douglas, Mark W \(MIL\)](#)
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WA-GOV-20-0742-A-000192

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Susan L. Vezeau, Ph.D.

Preparedness Section Manager

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From: Sanura.Jackson-Diaz@mil.wa.gov
Required: [Glenn, Mark E. \(MIL\)](#)
[Beaney, Joe R. \(MIL\)](#)
[Sabarese, Robert \(MIL\)](#)
[Utzinger, Chris \(MIL\)](#)
[Douglas, Mark W \(MIL\)](#)
[McClain, Stacey \(MIL\)](#)
[Marquiss, Jason \(MIL\)](#)
[Hartmann, Peter \(MIL\)](#)
[Stumph, Gary W \(MIL\)](#)
michael.p.weitzel2.civ@mail.mil
tamara.m.brathovde.mil
[Forsythe, Susan M. \(MIL\)](#)
[Wicklund, Patrick \(MIL\)](#)
[Catlin, Kent \(MIL\)](#)
[Merritt, Annie \(MIL\)](#)
[Mask, Kim \(MIL\)](#)
[Laughlin, Brian N \(MIL\)](#)
[Johnson, Lisa \(MIL\)](#)
[Fordice, Justin](#)
[Li, Damaris \(MIL\)](#)
[Radwan, Ramsey](#)
[Nutting, Jan](#)
Jenny.Kropelnick@courts.wa.gov
[Anderson, Mary \(GOV\)](#)
[Baumgart, Jim \(GOV\)](#)
Optional: [Crespo, Fausto Omar 1SG USARMY NG WAARNG \(USA\)](#)
[Vezeau, Sue \(MIL\)](#)
[Anderson, Mary \(OFM\)](#)
Subject: EMAP/FEMA Continuity
Location: 20B Flood Room
When: 18-Feb-20 8:00:00 AM - 9:00:00 AM
Attachments: EMAP Continuity Pilot Program Overview v1.docx

****Conference Call Info has been Added****

To join a conference call, dial 877-820-7831 and enter passcode when prompted. Conference Bridge #4
Passcodes - Host: 3633624/Guest: 42.56.420(4)

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Please RSVP to Sue Vezeau Sue.Vezeau@mil.wa.gov or Carmen Trummert Carmen.Trummert@mil.wa.gov if you plan to attend one or both days.

Respectfully, Sue Vezeau

Susan L. Vezeau, Ph.D.

Preparedness Section Manager

Operations Unit Prep Section

Washington Emergency Management Division

Office: (253) 512-7041 Mobile: (253) 345-1673

sue.vezeau@mil.wa.gov www.mil.wa.gov

Continuity Assessment Pilot Program

Background

Every day, individuals, organizations, communities, and governments provide critical services and perform essential functions upon which citizens depend. Continuity ensures that that these services and functions can be sustained when normal operations are disrupted.

Objective 2.4 of the FEMA Strategic Plan, *improve continuity and resilient communications*, recognizes that whole community engagement is a critical factor in developing and maintaining effective continuity plans. The associated Strategic Plan performance measure calls upon FEMA to “increase the percentage of states and territories with comprehensive continuity plans and programs for state agencies and emergency operations centers that align with the Continuity Guidance Circular (CGC), to ensure the continuation of their essential functions under all conditions.” The FEMA 2017 Hurricane Season After-Action Report further recommends that FEMA assist states and local municipalities by providing expertise on continuity.

FEMA is implementing a two-step strategy to assist states and territories in updating and improving their continuity plans, programs, and capabilities. First, FEMA will assist states and territories in assessing their continuity plans and programs against the CGC. This effort will provide insight to governments on their continuity strengths, gaps, and capabilities. Then, FEMA will use this feedback to develop targeted technical assistance to assist states and territories in closing gaps and enhancing continuity plans.

FEMA and the Emergency Management Accreditation Program (EMAP) have partnered to conduct a pilot continuity assessment program to support states and territories in assessing their continuity plan and program against the CGC and assist in developing a baseline and methodology to meet the FEMA Strategic Plan.

Pilot Assessment Program Concept

Per the FY 2018 Emergency Management Baseline Assessment Grant notice of funding opportunity, the pilot will include:

1. Using the Continuity Assessment Tool as the baseline criteria for assessing whether a jurisdictional continuity plan and program aligns with the CGC.
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[Stumph, Gary W \(MIL\)](#)
michael.p.weitzel2.civ@mail.mil
tamara.m.brathovde.mil
[Forsythe, Susan M. \(MIL\)](#)
[Wicklund, Patrick \(MIL\)](#)
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WA-GOV-20-0742-A-000200

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From: [U.S. Food and Drug Administration](#)
To: [Katims, Casey \(GOV\)](#)
Date: 19-Mar-20 7:56:00 PM
Subject: IMPORTANT NOTICE (FDA 50-State Conference Call, Coronavirus (COVID-19)
Update: Blood Donations, Friday, March 20, 2020, 11:30 am (12:00 Noon EDT)

If your email program has trouble displaying this email, [view it as a web page](#).

March 19, 2020

IMPORTANT NOTICE: 50-STATE CONFERENCE CALL

This call is intended for federal, state, local, tribal, and territorial health department and public health officials. Please do not post this message outside of your Agency.

Dear Colleagues,

The U.S. Food and Drug Administration (FDA) will host a 50-State conference call with Dr. Peter Marks, Director of FDA's Center for Biologics Evaluation and Research, on Friday, March 20, 2020 at 11:30 am EDT, regarding efforts to help ensure an adequate blood supply during the COVID-19 pandemic.

50-STATE CONFERENCE CALL INFORMATION

Date/Time: **Friday, March 20, 2020, 11:30 am – 12:00 Noon EDT**

Phone Number: **(800) 857-5383**

Participant Passcode: **42.56.420(4)**

NOTE: After you have typed in the phone number and numerical participant passcode above using your keypad, you will be asked by the automated voice capture system to verbally provide your name and organization slowly and clearly with spelling before being placed in the audio portion of the conference call. Please do not enter your name and organization using your phone keypad – you must verbally provide your name and organization (ensure that your mute button is off).

As highlighted in today's [press release](#), there has been a dramatic reduction in blood donation due to implementation of social distancing, travel restrictions, and cancellation of blood drives during the COVID-19 pandemic. We have also heard concerns about collections of source plasma, which is a critical ingredient in biologics used to treat many serious diseases, and is also currently being used to develop potential treatments for COVID-19 infections.

As you develop your local response to the COVID-19 pandemic, including any planned or potential travel restrictions, we urge you to consider the continued operation of blood and source plasma collection centers, including travel to the centers by individuals intending to donate, because of the essential nature of these activities. We would appreciate your help, within your respective agencies and jurisdictions, to ensure awareness, coordination and communication with appropriate law enforcement agencies, state/local emergency operation centers, and with other stakeholders, so that those operating blood and plasma collection centers as well as donors (who are contributing immeasurably to the country's preparedness - can travel to and from blood and source plasma collection centers.

We also hope that you will reiterate our messages in the press release about the importance of blood and plasma donation and the measures that are being taken so that individuals can donate safely during this critical time.

This message is being broadcast by the Division of Communications in FDA's Office of Regulatory Affairs (ORA).

Thank you,

FDA/ORA

Office of Communications and Project Management

Division of Communications

Mailbox: DivComm-ORA@fda.hhs.gov

U.S. Food and Drug Administration

10903 New Hampshire Avenue, Silver Spring, MD 20993

1-888-INFO-FDA (1-888-463-6332)

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From: [U.S. Food and Drug Administration](#)
To: [Wilson, Morgan \(GOV\)](#)
Date: 19-Mar-20 7:56:00 PM
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From: [Baumgart, Jim \(GOV\)](#)
To: [Knight, Thomas G Jr CIV USARMY IMCOM \(US\)](#)
Date: 13-Feb-20 12:34:34 PM
Subject: FW: Impending Letter to GOV re DOD State Licensure Report

Tom,

When you have some time, I need to chat with you about this.

im

JIM BAUMGART

Sr. Policy Advisor Office of Governor ay Inslee
Policy Office Desk: 360.902.0559 Cell: 360.4 0.9 2
www.governor.wa.gov im.Baumgart@gov.wa.gov



Email communications with state employees are public records and may be subject to disclosure, pursuant to Ch. 42.56 RCW.

From: Wilson, Morgan (GOV)
Sent: Thursday, February 13, 2020 12:12 PM
To: Postman, David (GOV) Baumgart, im (GOV) ekel, Caitlyn (GOV)
Cc: atims, Casey (GOV)
Subject: Impending Letter to GOV re DOD State Licensure Report

David, Caitlyn and im:

Following up from the meeting we had on 1/1 with Tammie Perreault from DOD, I wanted to give everyone a heads up about a letter the Governor will be receiving soon on military spouse licensure. DOD recently released a report, [Military Spouse Licensure: State Best Practices and Strategies for Achieving Reciprocity](#), and they have decided to send each governor a personalized letter based on that report essentially scoring their state based on the recommended best practices DOD identified. NGA is hosting a briefing next week (invite below) to brief governors A staff before these letters hit our offices, and I should have more info to share after that meeting.

In the interim, I didn't want anyone to be caught off guard if we see this letter come through.



NGA Homeland Security and Public Safety
& Education and Workforce Committees
Briefing - Department of Defense State Licensure Report

Wednesday, February 19 at 2pm EST

NGA Governors Room

Dial In 877 853 5257; Conference ID: 42.56.420(4)

Please join the National Governors Association's (NGA) Homeland Security and Public Safety Committee (HSPS) & Education and Workforce Committee (EdW) on Wednesday, February 19th at 2pm in the Governors room to hear from the Department of Defense on its recently released report - Military Spouse Licensure: State Best Practices and Strategies for Achieving Reciprocity.

Speakers

Mr. Marcus Beauregard ([bio](#)), Director, State Liaison Office, Office of the Undersecretary for Personnel and Readiness

Resources

[Department of Defense Report](#)

Mary Catherine Ott
Homeland Security & Public Safety Committee
mcott@nga.org; 202.719.2867

Stephen Parker
Education & Workforce Committee
sparker@nga.org; 202.624.5396



From: [Knight, Thomas G Jr CIV USARMY IMCOM \(USA\)](#)
To: [Baumgart, Jim \(GOV\)](#)
Date: 18-Feb-20 6:52:20 AM
Subject: RE: [Non-DoD Source] FW: Impending Letter to GOV re DOD State Licensure Report

Jim--You around for a phonecall today?

Tom

Tom Knight
Chief of Staff, Joint Base Garrison
Joint Base Lewis-McChord
Office: [DSN: 677] (253) 477-1005
Cell: (253) 226-9556
FA : (253) 477-1024
Mail: Joint Base HQs, Box 339500, Mail Stop 1AA, Joint Base Lewis-McChord WA
98433-9500 We are the Army's Home - Learn more at www.imcom.army.mil

-----Original Message-----

From: Baumgart, Jim (GOV) [mailto:jim.baumgart@gov.wa.gov]
Sent: Thursday, February 13, 2020 12:35 PM
To: Knight, Thomas G Jr CIV USARMY IMCOM (USA) thomas.g.knight.civ@mail.mil
Subject: [Non-DoD Source] FW: Impending Letter to GOV re DOD State Licensure Report

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Policy Office Desk:360.902.0559 Cell:360.480.9782

Caution-www.governor.wa.gov Caution-<http://www.governor.wa.gov/>
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Caution-<https://www.facebook.com/WaStateGov> Caution-<https://twitter.com/GovInslee>
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WA-GOV-20-0742-A-000211

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Speakers

Mr. Marcus Beauregard (bio [Caution-https://urldefense.proofpoint.com/v2/url?u=https-3A__prCaution-home.defense.gov_M-2DRA_Inside-2DM-2DRA_MCFP_Biographies_Beauregard_&d=DwMCAg&c=euGstcaTDIlvimEN8b7jrwqOf-v5A_CdpgnVfiiMM&r=G72dTGLzC_M7rtl5pfj7uw&m=MN-0q9GT8TjyPSYjl4y07PDfMDT6W2FOveJcxEKuSq0&s=JzyAVHS42Mtn75BUI4- HTMQGBUSovr7YfVLMibyejgl&e=](https://urldefense.proofpoint.com/v2/url?u=https-3A__prCaution-home.defense.gov_M-2DRA_Inside-2DM-2DRA_MCFP_Biographies_Beauregard_&d=DwMCAg&c=euGstcaTDIlvimEN8b7jrwqOf-v5A_CdpgnVfiiMM&r=G72dTGLzC_M7rtl5pfj7uw&m=MN-0q9GT8TjyPSYjl4y07PDfMDT6W2FOveJcxEKuSq0&s=JzyAVHS42Mtn75BUI4- HTMQGBUSovr7YfVLMibyejgl&e=)), Director, State Liaison Office, Office of the Undersecretary for Personnel and Readiness

Resources

Department of Defense Report [Caution-https://urldefense.proofpoint.com/v2/url?u=https-3A__ngaorg1-2Dmy.sharepoint.com_-3Ab-3A_g_personal_ngabox-5Fnga-5Forg_Ecv4xty-5FyoNMIagE59fkzCABcN6MO92QP1uQuQ50KPV9UA&d=DwMCAg&c=euGstcaTDIlvimEN8b7jrwqOf-v5A_CdpgnVfiiMM&r=G72dTGLzC_M7rtl5pfj7uw&m=MN-0q9GT8TjyPSYjl4y07PDfMDT6W2FOveJcxEKuSq0&s=mAUkcxyWVaLGnlffCJ_qdL6meN0D4busCt2WPFOjFg&e=](https://urldefense.proofpoint.com/v2/url?u=https-3A__ngaorg1-2Dmy.sharepoint.com_-3Ab-3A_g_personal_ngabox-5Fnga-5Forg_Ecv4xty-5FyoNMIagE59fkzCABcN6MO92QP1uQuQ50KPV9UA&d=DwMCAg&c=euGstcaTDIlvimEN8b7jrwqOf-v5A_CdpgnVfiiMM&r=G72dTGLzC_M7rtl5pfj7uw&m=MN-0q9GT8TjyPSYjl4y07PDfMDT6W2FOveJcxEKuSq0&s=mAUkcxyWVaLGnlffCJ_qdL6meN0D4busCt2WPFOjFg&e=)

Mary Catherine Ott

Homeland Security & Public Safety Committee mcott@nga.org [Caution-mailto:mcott@nga.org](mailto:mcott@nga.org) ; 202.719.2867

Stephen Parker

Education & Workforce Committee

sparker@nga.org [Caution-mailto:sparker@nga.org](mailto:sparker@nga.org) ; 202.624.5396

From: [Baker, Michael \(OS/IEA\)](#)
To: [Baker, Michael \(OS/IEA\)](#)
Date: 19-Feb-20 2:35:44 PM
Subject: [INVITATION] Call with HHS and DHS on COVID-19

Dear Governor –

The HHS Office of Intergovernmental and External Affairs invites you to a 30 minute Governor-only call **TOMORROW**, February 20, 2020, with Health and Human Services Secretary Alex Azar, Homeland Security Acting Deputy Secretary Ken Cuccinelli, CDC Director Dr. Robert Redfield, NIAID Director Dr. Anthony Fauci, and other HHS officials for an update on the Administration's COVID-19 response. Given the extensive number of recent actions, members of President's Coronavirus Task Force would like to update you on current initiatives and answer questions that you may have.

This invite is primarily for the Governor. We encourage that any Governor be joined by the respective Governor's State Health Officer, Homeland Security Advisor, and/or the State Emergency Manager.

We strongly encourage your Governor to try to participate. Only the individuals identified above are invited to join this call.

Please note: this invite is NOT transferrable. Any exception to the above policy is unlikely, and confirmation of a potential surrogate will be confirmed tomorrow after 11 am at the earliest, though not guaranteed.

See below for call-in details.

Date: Thursday, February 20, 2020

Time: 2:30 PM – 3:00 PM

Phone Line: 888-282-0368

Passcode: 42.56.420(4)

Please don't hesitate to reach out with any questions.

Sincerely,
Darcie

Darcie L. Johnston
Director, Intergovernmental Affairs
U.S. Department of Health and Human Services
202-853-0582

From: [Voriss, Molly \(GOV\)](#)
Required: [Heartwick, Kira P CPT USARMY 1-2 SBCT \(USA\)](#)
[Thompson, Colleen A \(DOH\)](#)
[Orr, Daisye \(DOH\)](#)
[Eilers, Katie E \(DOH\)](#)
[Kelly Cooper \(Kelly.Cooper@DOH.WA.GOV\)](#)
Subject: 4:00 Call re: Nutrition Initiative in Washington State
Location: Call-in: 1.712.451.0687Mtg ID: 42.56.420(4)
When: 21-Feb-20 4:00:00 PM - 4:30:00 PM

Adding in a conference line because there are additional people on the call:

Conference Line: Call-in: 1.712.451.0687 Mtg ID: 42.56.420(4)

From: [Johnston, Darcie \(HHS/IEA\)](#)
To: [Johnston, Darcie \(HHS/IEA\)](#)
[Syer, Vaughan \(OS/IEA\) \(CTR\)](#)
Date: 20-Feb-20 9:47:11 AM
Subject: COVID-19 CALL with Secretary Azar

Dear Governor –

The HHS Office of Intergovernmental and External Affairs invites you to a 30 minute Governor-only call **TODAY**, February 20, 2020, with Health and Human Services Secretary Alex Azar, Homeland Security Acting Deputy Secretary Ken Cuccinelli, CDC Director Dr. Robert Redfield, NIAID Director Dr. Anthony Fauci, and other HHS officials for an update on the Administration's COVID-19 response. Given the extensive number of recent actions, members of President's Coronavirus Task Force would like to update you on current initiatives and answer questions that you may have.

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U.S. Department of Health and Human Services
202-853-0582

From: [Katims, Casey \(GOV\)](#)

To: [McFarland, Brenden \(ECY\)](#)
[Brooks, Allyson \(DAHP\)](#)
[Janke, Aurora \(ATG\)](#)
[Sherman, Bill \(ATG\)](#)
[Garrity, Michael D \(DFW\)](#)
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[Shultz, Ron \(SCC\)](#)
[Halpern, Alison \(SCC\)](#)
[Mena, Sharlett \(ECY\)](#)
[Watson, Laura \(ECY\)](#)
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[Bill, Craig \(GOIA\)](#)
[Hurtado, Mystique \(GOIA\)](#)
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[Cottingham, Kaleen \(RCO\)](#)
[Neatherlin, Erik \(GSRO\)](#)
[Megan Cotton](#)
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CC: [Wilson, Morgan \(GOV\)](#)
[McCloy, Lauren \(GOV\)](#)
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[Baumgart, Jim \(GOV\)](#)
[Phillips, Keith \(GOV\)](#)
[Snyder, Jon \(GOV\)](#)
[Knutson, Charles \(GOV\)](#)
[Davis, Chris \(GOV\)](#)

Date: 20-Feb-20 11:59:22 AM

Subject: NEPA UPDATE: Comment Letters & Next Steps

Attachments: WA NEPA Comment TEMPLATE.docx

Folks:

Thanks to all for your thoughtful input on the Administration's NEPA proposal. I am writing today to share the input we received and provide direction on the path forward.

We are recommending that each relevant agency prepare their own comment letter to the NEPA rule, using a common template that reinforces our shared concerns and urges the rule be withdrawn. This affords each agency the opportunity to speak from their unique perspective, but ensures we are making the same ask and providing the same overall message. **That while we don't oppose efforts to improve NEPA, this rule is fundamentally flawed and must be withdrawn.** Enclosed is a template that we ask your agencies to use. Feel free to modify as needed, but please keep the request that CEQ abandon its rule.

- For agencies subject to DC office approval. Ask that you send me your draft letter by **TUESDAY, MARCH 3**. That will enable me to review and approve all letters prior to the deadline.

- For all other agencies. Ask that you send me your agency's final letter as early as possible. I am still happy to

assist in reviewing if you'd like.

At the end of this process, the Governor's Office will compile all of our letters into a single packet and submit to CEQ with a cover letter from the Governor. That should occur in addition to submission of your letter to CEQ directly. This will maximize our impact and the number of comments into CEQ. In case it's helpful, I am copying below a compilation of common themes in agencies' input received thus far.

I hope this is helpful. Please reach out with any questions about this. Thanks for your continued partnership.

Casey

Common Themes on Impacts of NEPA Changes:

- Lots of confusion and uncertainty about impacts, given the sweeping changes and lack of sufficient information /time to analyze rule
- Relationship to SEPA Shifts burden to state creates discrepancies between state and feds makes it more difficult to coordinate creates redundancy and additional work for applicants
- Elimination of key definitions that have been useful
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- Compromises scientific objectivity and integrity of environmental reviews invites bias into process
- Creates barriers to public participation in comment/input processes Non-inclusive and erodes public trust /confidence
- Limits opportunity to pursue legal recourse
- Unrealistic time limits and page lengths for large complex projects
- Increases the risk of missing or limited information in NEPA reviews

From: Katims, Casey (GOV) casey.katims@gov.wa.gov
Sent: Friday, January 10, 2020 12:05 PM
Subject: NEPA STEPS - Coordinating Response to NEPA Rule

Thanks to all who joined us today. As discussed, Ecology will serve as our coordinating agency and collect initial input from all agencies with identified impacts.

We ask that your agencies review the proposed rule and send your initial analysis to Sharlett Mena (mesh461@ec.wa.gov) and me by WEDNESDAY, FEBRUARY 5. We will then review contributions from across the state government, identify common themes and key issues, and propose a path forward for compiling and submitting joint comments.

As part of your analysis, we ask that you consider the following questions:

- *What kinds of projects would be exempted from NEPA review?*
- *What kinds of impacts would be exempted from NEPA review?*
- *How does it impact your agency's work?*
- *What harms, if any, do you anticipate from the rule — e.g., economic harms, environmental harms, administrative burden, human health, public safety, other? How and why would these harms arise?*
- *Are there any positive changes to the NEPA process that we might support?*
- *Do you have responses to the specific questions posed by CEQ in the rule?*
- *Other feedback or input on this proposal?*

We appreciate your partnership on this important effort. As always, please don't hesitate to reach out with questions.

Casey

From: Katims, Casey (GOV)
Sent: Wednesday, January 15, 2020 2:26 PM
Subject: Coordinating Response to NEPA Rule

WA-GOV-20-0742-A-000218

Importance: High

Folks:

Last week, the Trump Administration released a [sweeping proposal](#) making major changes to the NEPA review process. We are continuing to review and digest the proposal, but it is clear the rule would have significant and potentially devastating consequences to the environmental review process. Limiting the number of projects subject to NEPA review, scaling back the types of impacts covered, eliminating climate impacts from NEPA altogether, setting arbitrary caps on the time and length of reviews, and relaxing the requirement that federal agencies respond to comments from stakeholders.

Given how wide-ranging the rule is, we are recommending a coordinated response across state government. If you're on this email, it is because we think there may be impacts to your agency's work. If so, we ask that you participate in the development of state comments. The 60-day comment period runs through March 10th.

Please join us for a planning call THIS FRIDAY, Jan. 17 at 11:30a PST. We'll use conference line 12.432.0220, passcode 42.56.420(4). I am also sending around a calendar invite.

Feel free to invite anyone we may have missed on this email. Thank you,

Casey

Overview of Proposed Changes

- Revising the definition of environmental effects. The proposed changes would eliminate references to direct, indirect, and cumulative effects and instead focus analysis on effects that are reasonably foreseeable and have a reasonably close causal relationship to the proposed action. The NOPR also specifies that a but for causal relationship is not sufficient.
- Eliminating the requirement that agencies analyze cumulative effects, which had become a means for requiring climate change analyses.
- Exempting from the definition of major Federal action, and thus NEPA analysis, non-Federal projects with minimal Federal funding or minimal Federal involvement where the agency cannot control the outcome of the project.
- Clarifying that reasonable alternatives must be technically and economically feasible and meet the purpose and need for the proposed action.
- Setting presumptive time limits of one year for EAs and two years for EISs, and page limits of 5 pages (including appendices) for EAs, 150 pages for a routine EIS, and 300 pages for an EIS covering a matter of unusual scope or complexity. Senior agency officials would have the authority to grant exceptions to both the time and page limits.
- Allowing applicants and contractors to prepare both EAs and EISs, under the direction of an agency.
- Authorizing and requiring federal agencies to cooperate with State, Tribal, and local agencies to reduce duplication, including through the use of prior and joint environmental review documents and decisions.
- Clarifying that NEPA does not require reconciliation of inconsistencies with State, Tribal, or local laws.
- Ensuring consultation with Tribal entities by adding Tribal to the phrase State and local throughout the regulations, and eliminating provisions that currently limit Tribal interests to reservations.
- Prioritizing a single NEPA review consistent with the One Federal Decision policy. Where multiple federal agencies have discretionary decisions for a proposed project, CEQ is requiring that the federal agencies coordinate on scheduling and, where practicable, on the completion of a single environmental document that can be relied upon for the issuance of each agency's permitting or authorization decision.
- Facilitating use of categorical exclusions as a means to streamline NEPA review, including providing that a categorical exclusion may still be applied even if extraordinary circumstances are present, if mitigating circumstances or conditions are sufficient to avoid significant effects, and allowing agencies to utilize categorical exclusions that have been adopted by other agencies.
- Making certain changes that could impose additional obligations on commenters and potentially relax agencies' existing duties to respond to comments.

Agencies would be required to develop or revise their NEPA procedures for consistency with the new regulations within one year of publication of the final rule. Once finalized, the revised regulations would apply to any NEPA process commenced after the date of the final rule. However, agencies would have the discretion to apply them to ongoing activities and environmental reviews commenced prior to that date.

In addition to the CEQ regulations and an extensive body of case law, agency implementation of NEPA is guided by a number of CEQ guidance documents as well as agency-specific procedural regulations and guidance. If the NOPR is finalized, CEQ has stated that the new final rule will supersede all previous CEQ

NEPA guidance, which would include CEQ's Forty Most Asked Questions, and that it would be its intent to withdraw all of its existing NEPA guidance and issue new guidance. At that time, CEQ also would review its June 2019 Draft National Environmental Policy Act Guidance on Consideration of Greenhouse Gas Emissions for potential revisions consistent with the new regulations.

POLITICO: Trump unveils new bid to limit environmental rules

By Zack Colman

01/09/2020 11:01 AM EST

The Trump administration is proposing scaling back a bedrock federal environmental law to make it easier to build infrastructure like roads and pipelines by sidestepping concerns about climate change and imposing strict deadlines on federal agencies.

The National Environmental Policy Act requires agencies to conduct detailed environmental reviews for major projects that receive federal funding or permits and could significantly affect the environment, such as by increasing air pollution or bulldozing wildlife habitat. In a proposed rule to be announced by President Donald Trump today, the federal government would narrow its interpretation of the 50-year-old law, a move he said would help businesses avoid government red tape.

The White House did not say how soon the proposal would be implemented; it first must go through a 60-day comment period. And expected lawsuits from environmental groups and Democratic state attorneys general could keep the rule tied up in court until after the election.

The proposal delivers a major wishlist item for industry and conservatives who complain the permitting process takes too long, adding years of delay and unforeseen costs. Industry advocates said environmentalists and liberal activists have weaponized the law to sideline capital-intensive projects like oil and gas pipelines and highways.

"The Administration's modernization of NEPA removes bureaucratic barriers that were stifling construction of key infrastructure projects needed for U.S. producers to deliver energy in a safe and environmentally protective way," American Exploration and Production Council CEO Anne Bradbury said in a statement.

The proposal would impose a two-year deadline for environmental impact statements that agencies must conduct before approving activities that could significantly affect the environment, and one year for less rigorous environmental assessments. It would also expand the number of projects that could be excluded from NEPA reviews altogether, such as those that receive little federal funding.

For projects that require approvals from multiple agencies, the new proposal would assign one lead agency to oversee NEPA reviews, rather than having each agency conduct its own, as happens now.

Among the most significant changes in the new proposal is language that would eliminate "cumulative" effects from the factors agencies must consider — something agencies have previously used to incorporate

considerations of climate change into their reviews. The new proposal says effects must be "reasonably foreseeable" and have a direct, causal relationship to the project.

Environmentalists said the proposal ignores the mounting evidence of climate change and will endanger the public.

"We live in a democracy, not a dictatorship. Americans deserve to have their voices heard before their families' health and well-being are put at risk by projects that bring unwanted and unnecessary pollution and disruption into their communities," said Gina McCarthy, who was EPA administrator in the Obama administration and now runs the Natural Resources Defense Council. "While our world is burning, President Trump is adding fuel to the fire by taking away our right to be informed and to protect ourselves from irreparable harm."

White House Council on Environmental Quality Chairwoman Mary Neumayr said the proposal would also take comments on whether to codify parts of a separate draft guidance on how to assess greenhouse gas emissions.

The Trump administration repealed an Obama era guidance in 2017, which implored consideration of "indirect" effects from projects, and replaced it with a leaner version last year. The attorneys general from 18 states and the District of Columbia slammed that draft Trump administration proposal in regulatory comments.

Neumayr said an update was overdue, noting the rule had been amended just once over its history. She said it takes an average of 4.5 years to process federal environmental impact statements.

"Over time, implementation of NEPA has become increasingly complex and time-consuming," she said in a press call.

Administration critics contend slow permitting, which administrations from both parties have called problematic, stems from threadbare federal funding and staffing rather than onerous rules.

"This isn't about 'permitting reform,' 'modernizing,' or 'streamlining,'" said Christy Goldfuss, who chaired the Council on Environmental Quality under President Barack Obama. "This is about allowing pipelines and dirty fossil fuel projects to bulldoze communities with less public input, and less disclosure of potentially harmful public health, environmental, and notably: climate change impacts."

March XX, 2020

The Honorable Mary Neumayr
Chair
Council on Environmental Quality
730 Jackson Place NW
Washington, DC 20503

RE: Docket Number CEQ-2019-0003, Update to the Regulations Implementing the Procedural Provisions of the National Environmental Policy Act

Dear Chair Neumayr:

On behalf of the Washington Department of [INSERT AGENCY], I write to express our concerns with the Council on Environmental Quality's (CEQ) proposed rule to make major, sweeping changes to the National Environmental Protection Act (NEPA). Our state has long supported NEPA as a bedrock environmental law that is critical to protecting the environment and public health. While we do not oppose efforts to improve the NEPA process, we are concerned by the lack of information, consultation and adequate time to understand the impacts of CEQ's proposal, especially given the scope and magnitude of the changes proposed. We are further concerned that the rule could cause significant harm to natural resources, endangered species and human health in Washington, as well as to the integrity of and public confidence in the NEPA process. We urge you to withdraw this flawed rule.

Below, please find a more detailed analysis of how this rule would impact our agency's work. If CEQ wishes to improve the NEPA process, I encourage you to abandon this effort, and instead embark on a more thoughtful approach to NEPA that includes adequate consultation with states and results in regulations that do not put environmental protection at risk.

[INSERT AGENCY SPECIFIC FEEDBACK]

We appreciate your consideration. Again, I urge you to abandon this rule and embark on a more thoughtful approach to NEPA that does not put environmental protection at risk. If you have any questions, please contact [AGENCY CONTACT] or the Director of Governor Inslee's Washington, D.C. Office, Casey Katims, at Casey.Katims@gov.wa.gov. Thank you.

Sincerely,

[SIGNATURE BLOCK]

CC: Casey Katims, Governor Jay Inslee, Washington, D.C. Office

From: [Katims, Casey \(GOV\)](#)

To: [McFarland, Brenden \(ECY\)](#)
[Brooks, Allyson \(DAHP\)](#)
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Date: 20-Feb-20 11:59:22 AM

Subject: NEPA UPDATE: Comment Letters & Next Steps

Attachments: WA NEPA Comment TEMPLATE.docx

Folks:

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WA-GOV-20-0742-A-000224

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- *What harms, if any, do you anticipate from the rule — e.g., economic harms, environmental harms, administrative burden, human health, public safety, other? How and why would these harms arise?*
- *Are there any positive changes to the NEPA process that we might support?*
- *Do you have responses to the specific questions posed by CEQ in the rule?*
- *Other feedback or input on this proposal?*

We appreciate your partnership on this important effort. As always, please don't hesitate to reach out with questions.

Casey

From: Katims, Casey (GOV)
Sent: Wednesday, January 15, 2020 2:26 PM
Subject: Coordinating Response to NEPA Rule

WA-GOV-20-0742-A-000225

Importance: High

Folks:

Last week, the Trump Administration released a [sweeping proposal](#) making major changes to the NEPA review process. We are continuing to review and digest the proposal, but it is clear the rule would have significant and potentially devastating consequences to the environmental review process. Limiting the number of projects subject to NEPA review, scaling back the types of impacts covered, eliminating climate impacts from NEPA altogether, setting arbitrary caps on the time and length of reviews, and relaxing the requirement that federal agencies respond to comments from stakeholders.

Given how wide-ranging the rule is, we are recommending a coordinated response across state government. If you're on this email, it is because we think there may be impacts to your agency's work. If so, we ask that you participate in the development of state comments. The 60-day comment period runs through March 10th.

Please join us for a planning call THIS FRIDAY, Jan. 17 at 11:30a PST. We'll use conference line 12.432.0220, passcode 42.56.420(4). I am also sending around a calendar invite.

Feel free to invite anyone we may have missed on this email. Thank you,

Casey

Overview of Proposed Changes

- Revising the definition of environmental effects. The proposed changes would eliminate references to direct, indirect, and cumulative effects and instead focus analysis on effects that are reasonably foreseeable and have a reasonably close causal relationship to the proposed action. The NOPR also specifies that a but for causal relationship is not sufficient.
- Eliminating the requirement that agencies analyze cumulative effects, which had become a means for requiring climate change analyses.
- Exempting from the definition of major Federal action, and thus NEPA analysis, non-Federal projects with minimal Federal funding or minimal Federal involvement where the agency cannot control the outcome of the project.
- Clarifying that reasonable alternatives must be technically and economically feasible and meet the purpose and need for the proposed action.
- Setting presumptive time limits of one year for EAs and two years for EISs, and page limits of 5 pages (including appendices) for EAs, 150 pages for a routine EIS, and 300 pages for an EIS covering a matter of unusual scope or complexity. Senior agency officials would have the authority to grant exceptions to both the time and page limits.
- Allowing applicants and contractors to prepare both EAs and EISs, under the direction of an agency.
- Authorizing and requiring federal agencies to cooperate with State, Tribal, and local agencies to reduce duplication, including through the use of prior and joint environmental review documents and decisions.
- Clarifying that NEPA does not require reconciliation of inconsistencies with State, Tribal, or local laws.
- Ensuring consultation with Tribal entities by adding Tribal to the phrase State and local throughout the regulations, and eliminating provisions that currently limit Tribal interests to reservations.
- Prioritizing a single NEPA review consistent with the One Federal Decision policy. Where multiple federal agencies have discretionary decisions for a proposed project, CEQ is requiring that the federal agencies coordinate on scheduling and, where practicable, on the completion of a single environmental document that can be relied upon for the issuance of each agency's permitting or authorization decision.
- Facilitating use of categorical exclusions as a means to streamline NEPA review, including providing that a categorical exclusion may still be applied even if extraordinary circumstances are present, if mitigating circumstances or conditions are sufficient to avoid significant effects, and allowing agencies to utilize categorical exclusions that have been adopted by other agencies.
- Making certain changes that could impose additional obligations on commenters and potentially relax agencies' existing duties to respond to comments.

Agencies would be required to develop or revise their NEPA procedures for consistency with the new regulations within one year of publication of the final rule. Once finalized, the revised regulations would apply to any NEPA process commenced after the date of the final rule. However, agencies would have the discretion to apply them to ongoing activities and environmental reviews commenced prior to that date.

In addition to the CEQ regulations and an extensive body of case law, agency implementation of NEPA is guided by a number of CEQ guidance documents as well as agency-specific procedural regulations and guidance. If the NOPR is finalized, CEQ has stated that the new final rule will supersede all previous CEQ

NEPA guidance, which would include CEQ's Forty Most Asked Questions, and that it would be its intent to withdraw all of its existing NEPA guidance and issue new guidance. At that time, CEQ also would review its June 2019 Draft National Environmental Policy Act Guidance on Consideration of Greenhouse Gas Emissions for potential revisions consistent with the new regulations.

POLITICO: Trump unveils new bid to limit environmental rules

By Zack Colman

01/09/2020 11:01 AM EST

The Trump administration is proposing scaling back a bedrock federal environmental law to make it easier to build infrastructure like roads and pipelines by sidestepping concerns about climate change and imposing strict deadlines on federal agencies.

The National Environmental Policy Act requires agencies to conduct detailed environmental reviews for major projects that receive federal funding or permits and could significantly affect the environment, such as by increasing air pollution or bulldozing wildlife habitat. In a proposed rule to be announced by President Donald Trump today, the federal government would narrow its interpretation of the 50-year-old law, a move he said would help businesses avoid government red tape.

The White House did not say how soon the proposal would be implemented; it first must go through a 60-day comment period. And expected lawsuits from environmental groups and Democratic state attorneys general could keep the rule tied up in court until after the election.

The proposal delivers a major wishlist item for industry and conservatives who complain the permitting process takes too long, adding years of delay and unforeseen costs. Industry advocates said environmentalists and liberal activists have weaponized the law to sideline capital-intensive projects like oil and gas pipelines and highways.

"The Administration's modernization of NEPA removes bureaucratic barriers that were stifling construction of key infrastructure projects needed for U.S. producers to deliver energy in a safe and environmentally protective way," American Exploration and Production Council CEO Anne Bradbury said in a statement.

The proposal would impose a two-year deadline for environmental impact statements that agencies must conduct before approving activities that could significantly affect the environment, and one year for less rigorous environmental assessments. It would also expand the number of projects that could be excluded from NEPA reviews altogether, such as those that receive little federal funding.

For projects that require approvals from multiple agencies, the new proposal would assign one lead agency to oversee NEPA reviews, rather than having each agency conduct its own, as happens now.

Among the most significant changes in the new proposal is language that would eliminate "cumulative" effects from the factors agencies must consider — something agencies have previously used to incorporate

considerations of climate change into their reviews. The new proposal says effects must be "reasonably foreseeable" and have a direct, causal relationship to the project.

Environmentalists said the proposal ignores the mounting evidence of climate change and will endanger the public.

"We live in a democracy, not a dictatorship. Americans deserve to have their voices heard before their families' health and well-being are put at risk by projects that bring unwanted and unnecessary pollution and disruption into their communities," said Gina McCarthy, who was EPA administrator in the Obama administration and now runs the Natural Resources Defense Council. "While our world is burning, President Trump is adding fuel to the fire by taking away our right to be informed and to protect ourselves from irreparable harm."

White House Council on Environmental Quality Chairwoman Mary Neumayr said the proposal would also take comments on whether to codify parts of a separate draft guidance on how to assess greenhouse gas emissions.

The Trump administration repealed an Obama era guidance in 2017, which implored consideration of "indirect" effects from projects, and replaced it with a leaner version last year. The attorneys general from 18 states and the District of Columbia slammed that draft Trump administration proposal in regulatory comments.

Neumayr said an update was overdue, noting the rule had been amended just once over its history. She said it takes an average of 4.5 years to process federal environmental impact statements.

"Over time, implementation of NEPA has become increasingly complex and time-consuming," she said in a press call.

Administration critics contend slow permitting, which administrations from both parties have called problematic, stems from threadbare federal funding and staffing rather than onerous rules.

"This isn't about 'permitting reform,' 'modernizing,' or 'streamlining,'" said Christy Goldfuss, who chaired the Council on Environmental Quality under President Barack Obama. "This is about allowing pipelines and dirty fossil fuel projects to bulldoze communities with less public input, and less disclosure of potentially harmful public health, environmental, and notably: climate change impacts."

March XX, 2020

The Honorable Mary Neumayr
Chair
Council on Environmental Quality
730 Jackson Place NW
Washington, DC 20503

RE: Docket Number CEQ-2019-0003, Update to the Regulations Implementing the Procedural Provisions of the National Environmental Policy Act

Dear Chair Neumayr:

On behalf of the Washington Department of [INSERT AGENCY], I write to express our concerns with the Council on Environmental Quality's (CEQ) proposed rule to make major, sweeping changes to the National Environmental Protection Act (NEPA). Our state has long supported NEPA as a bedrock environmental law that is critical to protecting the environment and public health. While we do not oppose efforts to improve the NEPA process, we are concerned by the lack of information, consultation and adequate time to understand the impacts of CEQ's proposal, especially given the scope and magnitude of the changes proposed. We are further concerned that the rule could cause significant harm to natural resources, endangered species and human health in Washington, as well as to the integrity of and public confidence in the NEPA process. We urge you to withdraw this flawed rule.

Below, please find a more detailed analysis of how this rule would impact our agency's work. If CEQ wishes to improve the NEPA process, I encourage you to abandon this effort, and instead embark on a more thoughtful approach to NEPA that includes adequate consultation with states and results in regulations that do not put environmental protection at risk.

[INSERT AGENCY SPECIFIC FEEDBACK]

We appreciate your consideration. Again, I urge you to abandon this rule and embark on a more thoughtful approach to NEPA that does not put environmental protection at risk. If you have any questions, please contact [AGENCY CONTACT] or the Director of Governor Inslee's Washington, D.C. Office, Casey Katims, at Casey.Katims@gov.wa.gov. Thank you.

Sincerely,

[SIGNATURE BLOCK]

CC: Casey Katims, Governor Jay Inslee, Washington, D.C. Office

From: [Katims, Casey \(GOV\)](#)

To: [McFarland, Brenden \(ECY\)](#)
[Brooks, Allyson \(DAHP\)](#)
[Janke, Aurora \(ATG\)](#)
[Sherman, Bill \(ATG\)](#)
[Garrity, Michael D \(DFW\)](#)
[Davis, Jeffrey P \(DFW\)](#)
[Susewind, Kelly \(DFW\)](#)
[McBride, Tom A \(DFW\)](#)
[West, Meagan L \(DFW\)](#)
[Brown, Lisa \(COM\)](#)
[Vasavada, Jasmine \(COM\)](#)
[Smith, Carol \(SCC\)](#)
[Harris, Elizabeth \(ATG\)](#)
[Klontz, Diane \(COM\)](#)
[Shultz, Ron \(SCC\)](#)
[Halpern, Alison \(SCC\)](#)
[Mena, Sharlett \(ECY\)](#)
[Watson, Laura \(ECY\)](#)
[Fitz, Andy \(ATG\)](#)
[Clifford, Denise \(ECY\)](#)
[Hoffmann, Annette \(ECY\)](#)
[Danner, Dave \(UTC\)](#)
[Andrews, Amy \(UTC\)](#)
[Johnson, Mark L. \(UTC\)](#)
[Ellsworth, Michael L \(DOH\)](#)
[Wiesman, John \(DOH\)](#)
[Jenks, Lauren \(DOH\)](#)
[Bill, Craig \(GOIA\)](#)
[Hurtado, Mystique \(GOIA\)](#)
[Whitlam, Rob \(DAHP\)](#)
[Stonington, Dan \(DNR\)](#)
[Bugert, Tom \(DNR\)](#)
[Blackmore, Laura \(PSP\)](#)
[Parsons, Jeff \(PSP\)](#)
[Cottingham, Kaleen \(RCO\)](#)
[Neatherlin, Erik \(GSRO\)](#)
[Megan Cotton](#)
[Roalkvam, Carol](#)
[Camden, Allison \(DOT\)](#)

[Sandison, Derek \(AGR\)](#)
[Finkenbinder, Megan \(AGR\)](#)
[Bickford, Nancy \(MIL\)](#)
[Welsh, Gent COL \(MIL\)](#)
[Drew, Kathleen \(UTC\)](#)
[Austin Hall, Ellen \(ATG\)](#)
[Wood, Lisa A \(DFW\)](#)
[Carlson, Margen L \(DFW\)](#)
[Furze, Michael \(COM\)](#)
[Pringle, Dave \(COM\)](#)
[Brown, Wendy \(RCO\)](#)
[Stroming, Ahren \(PSP\)](#)
[Bumpus, Sonia \(UTC\)](#)
[Anderson, Rick \(COM\)](#)
[Goss, Rochelle \(DNR\)](#)
[Piazza, Millie \(ECY\)](#)
[Oreiro, Tyson \(ECY\)](#)

CC: [Wilson, Morgan \(GOV\)](#)
[McCloy, Lauren \(GOV\)](#)
[Austin, JT \(GOV\)](#)
[Hennessey, Jennifer \(GOV\)](#)
[Baumgart, Jim \(GOV\)](#)
[Phillips, Keith \(GOV\)](#)
[Snyder, Jon \(GOV\)](#)
[Knutson, Charles \(GOV\)](#)
[Davis, Chris \(GOV\)](#)

Date: 20-Feb-20 11:59:22 AM

Subject: NEPA UPDATE: Comment Letters & Next Steps

Attachments: WA NEPA Comment TEMPLATE.docx

Folks:

Thanks to all for your thoughtful input on the Administration's NEPA proposal. I am writing today to share the input we received and provide direction on the path forward.

We are recommending that each relevant agency prepare their own comment letter to the NEPA rule, using a common template that reinforces our shared concerns and urges the rule be withdrawn. This affords each agency the opportunity to speak from their unique perspective, but ensures we are making the same ask and providing the same overall message. **That while we don't oppose efforts to improve NEPA, this rule is fundamentally flawed and must be withdrawn.** Enclosed is a template that we ask your agencies to use. Feel free to modify as needed, but please keep the request that CEQ abandon its rule.

- For agencies subject to DC office approval. Ask that you send me your draft letter by **TUESDAY, MARCH 3**. That will enable me to review and approve all letters prior to the deadline.
- For all other agencies. Ask that you send me your agency's final letter as early as possible. I am still happy

WA-GOV-20-0742-A-000231

to assist in reviewing if you'd like.

At the end of this process, the Governor's Office will compile all of our letters into a single packet and submit to CEQ with a cover letter from the Governor. That should occur in addition to submission of your letter to CEQ directly. This will maximize our impact and the number of comments into CEQ. In case it's helpful, I am copying below a compilation of common themes in agencies' input received thus far.

I hope this is helpful. Please reach out with any questions about this. Thanks for your continued partnership.

Casey

Common Themes on Impacts of NEPA Changes:

- Lots of confusion and uncertainty about impacts, given the sweeping changes and lack of sufficient information/time to analyze rule
- Relationship to SEPA: Shifts burden to state; creates discrepancies between state and feds; makes it more difficult to coordinate; creates redundancy and additional work for applicants
- Elimination of key definitions that have been useful
- Elimination of cumulative impact analysis: Impacts to: climate, SR, W and salmon, land use change, sedimentation and erosion, water quality and quantity, endangered species/habitat, induced growth from transportation projects, pollution
- Compromises scientific objectivity and integrity of environmental reviews; invites bias into process
- Creates barriers to public participation in comment/input processes: Non-inclusive and erodes public trust/confidence
- Limits opportunity to pursue legal recourse
- Unrealistic time limits and page lengths for large complex projects
- Increases the risk of missing or limited information in NEPA reviews

From: Katims, Casey (GOV) casey.katims@gov.wa.gov
Sent: Friday, January 10, 2020 12:05 PM
Subject: NEPA STEPS - Coordinating Response to NEPA Rule

Thanks to all who joined us today. As discussed, Ecology will serve as our coordinating agency and collect initial input from all agencies with identified impacts.

We ask that your agencies review the proposed rule and send your initial analysis to Sharlett Mena (mesh461@ec.wa.gov) and me by WEDNESDAY, FEBRUARY 5. We will then review contributions from across the state government, identify common themes and key issues, and propose a path forward for compiling and submitting joint comments.

As part of your analysis, we ask that you consider the following questions:

- *What kinds of projects would be exempted from NEPA review?*
- *What kinds of impacts would be exempted from NEPA review?*
- *How does it impact your agency's work?*
- *What harms, if any, do you anticipate from the rule — e.g., economic harms, environmental harms, administrative burden, human health, public safety, other? How and why would these harms arise?*
- *Are there any positive changes to the NEPA process that we might support?*
- *Do you have responses to the specific questions posed by CEQ in the rule?*
- *Other feedback or input on this proposal?*

We appreciate your partnership on this important effort. As always, please don't hesitate to reach out with questions.

Casey

From: Katims, Casey (GOV)
Sent: Wednesday, January 15, 2020 2:26 PM
Subject: Coordinating Response to NEPA Rule

WA-GOV-20-0742-A-000232

Importance: High

Folks:

Last week, the Trump Administration released a [sweeping proposal](#) making major changes to the NEPA review process. We are continuing to review and digest the proposal, but it is clear the rule would have significant and potentially devastating consequences to the environmental review process. Limiting the number of projects subject to NEPA review, scaling back the types of impacts covered, eliminating climate impacts from NEPA altogether, setting arbitrary caps on the time and length of reviews, and relaxing the requirement that federal agencies respond to comments from stakeholders.

Given how wide-ranging the rule is, we are recommending a coordinated response across state government. If you're on this email, it is because we think there may be impacts to your agency's work. If so, we ask that you participate in the development of state comments. The 60-day comment period runs through March 10th.

Please join us for a planning call THIS FRIDAY, Jan. 17 at 11:30a PST. We'll use conference line 12.432.0220, passcode 42.56.420(4). I am also sending around a calendar invite.

Feel free to invite anyone we may have missed on this email. Thank you,

Casey

Overview of Proposed Changes

Revising the definition of environmental effects. The proposed changes would eliminate references to direct, indirect, and cumulative effects and instead focus analysis on effects that are reasonably foreseeable and have a reasonably close causal relationship to the proposed action. The NOPR also specifies that a but-for causal relationship is not sufficient.

Eliminating the requirement that agencies analyze cumulative effects, which had become a means for requiring climate change analyses.

Exempting from the definition of major Federal action, and thus NEPA analysis, non-Federal projects with minimal Federal funding or minimal Federal involvement where the agency cannot control the outcome of the project.

Clarifying that reasonable alternatives must be technically and economically feasible and meet the purpose and need for the proposed action.

Setting presumptive time limits of one year for EAs and two years for EISs, and page limits of 5 pages (including appendices) for EAs, 150 pages for a routine EIS, and 300 pages for an EIS covering a matter of unusual scope or complexity. Senior agency officials would have the authority to grant exceptions to both the time and page limits.

Allowing applicants and contractors to prepare both EAs and EISs, under the direction of an agency.

Authorizing and requiring federal agencies to cooperate with State, Tribal, and local agencies to reduce duplication, including through the use of prior and joint environmental review documents and decisions.

Clarifying that NEPA does not require reconciliation of inconsistencies with State, Tribal, or local laws.

Ensuring consultation with Tribal entities by adding Tribal to the phrase State and local throughout the regulations, and eliminating provisions that currently limit Tribal interests to reservations.

Prioritizing a single NEPA review consistent with the One Federal Decision policy. Where multiple federal agencies have discretionary decisions for a proposed project, CEQ is requiring that the federal agencies coordinate on scheduling and, where practicable, on the completion of a single environmental document that can be relied upon for the issuance of each agency's permitting or authorization decision.

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Making certain changes that could impose additional obligations on commenters and potentially relax agencies' existing duties to respond to comments.

Agencies would be required to develop or revise their NEPA procedures for consistency with the new regulations within one year of publication of the final rule. Once finalized, the revised regulations would apply to any NEPA process commenced after the date of the final rule. However, agencies would have the discretion to apply them to ongoing activities and environmental reviews commenced prior to that date.

In addition to the CEQ regulations and an extensive body of case law, agency implementation of NEPA is guided by a number of CEQ guidance documents as well as agency-specific procedural regulations and guidance. If the NOPR is finalized, CEQ has stated that the new final rule will supersede all previous CEQ

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By Zack Colman

01/09/2020 11:01 AM EST

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March XX, 2020

The Honorable Mary Neumayr
Chair
Council on Environmental Quality
730 Jackson Place NW
Washington, DC 20503

RE: Docket Number CEQ-2019-0003, Update to the Regulations Implementing the Procedural Provisions of the National Environmental Policy Act

Dear Chair Neumayr:

On behalf of the Washington Department of [INSERT AGENCY], I write to express our concerns with the Council on Environmental Quality's (CEQ) proposed rule to make major, sweeping changes to the National Environmental Protection Act (NEPA). Our state has long supported NEPA as a bedrock environmental law that is critical to protecting the environment and public health. While we do not oppose efforts to improve the NEPA process, we are concerned by the lack of information, consultation and adequate time to understand the impacts of CEQ's proposal, especially given the scope and magnitude of the changes proposed. We are further concerned that the rule could cause significant harm to natural resources, endangered species and human health in Washington, as well as to the integrity of and public confidence in the NEPA process. We urge you to withdraw this flawed rule.

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[INSERT AGENCY SPECIFIC FEEDBACK]

We appreciate your consideration. Again, I urge you to abandon this rule and embark on a more thoughtful approach to NEPA that does not put environmental protection at risk. If you have any questions, please contact [AGENCY CONTACT] or the Director of Governor Inslee's Washington, D.C. Office, Casey Katims, at Casey.Katims@gov.wa.gov. Thank you.

Sincerely,

[SIGNATURE BLOCK]

CC: Casey Katims, Governor Jay Inslee, Washington, D.C. Office

From: [Tribal Relations \(DCYF\)](#)
Required: [Adkinson, Linda \(DCYF\)](#)
[Finney, Roxanne \(DCYF\)](#)
[Humphrey, Lisa B](#)
[Ives, Tleena \(DCYF\)](#)
[Patterson, Billie \(DCYF\)](#)
[Peters, Kristopher \(DCYF\)](#)
[Smith, Robert \(DCYF\)](#)
[Tulee, Betsy A](#)
[Vande Lune, Linda \(DCYF\)](#)
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[Carrie Jones](#)
[Cathy Calvert](#)
[Charlene Burgess](#)
[Nelson, Charlene \(DOHi\)](#)
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[Tara Martin](#)
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[Yvonne Oberly](#)
[Angel Bean](#)
[Audrey Castleberry](#)
[Bill Kallappa](#)
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[Johnson, Crista \(DCYFOB\)](#)
[Florez, Crystal](#)
[Francis-Thomas, Brenda \(DSHS/OOS/OIP\)](#)
[Ganz, Karin \(DCYF\)](#)
[Garland, Cathy \(DCYF\)](#)
[Garza, Art \(DCYF\)](#)
[Jasper, Evette \(DCYF\)](#)
[Helseth, Jennifer \(DCYF\)](#)
[Jessica Bumgarner](#)
[Jessica Humphries](#)
[Joe Davalos](#)
[Katie Hess](#)

[Kimberlee Anderson](#)
[Laila Longshore-Smith](#)
[Greninger, Loni \(DSHS/Contact\)](#)
[Marci Maki](#)
[Johnson, Michelle \(DCYF\)](#)
[Nickolaus D. Lewis Jr](#)
[Norman Dorpat](#)
[Pam James \(c2c@hctc.com\)](#)
[Paul Noski](#)
[Pauline American Horse \(pamericanhorse@unitedindians.org\)](#)
[Henry, Reagan \(DCYF\)](#)
[Sabrina Miller](#)
[Sarah Stafford](#)
[Shawna Hill](#)
[Sheri Hill \(Woodland Park oo\)](#)
[Stewart, Deanna \(DEL\)](#)
[Stokes, Genevieve \(DCYF\)](#)
[Summer Cooper](#)
[Tanya Portwine](#)
[Thomas, Wendy \(DSHS/Contact\)](#)
[Williamson, Greg \(DCYF\)](#)
[Frank, Willie \(DOHi\)](#)
Optional: [Kenney, Tracie \(DCYF\)](#)
[Heiberg, Delta \(DCYF\)](#)
[Chantel Lemp](#)
[Stephen Selam](#)
[Stephanie Pitman](#)
[Toledo-Cornell, Cristina J. \(DOHi\)](#)
[George Vana](#)
[gabe.delosangeles@gmail.com](#)
[Bohanon, Kelli \(DCYF\)](#)
[shawna@skokomish.org](#)
[Spears, Michelle \(DCYF\)](#)
[Tabanera, Marie](#)
[Jessica J. Solomon](#)

Subject: Statewide Early Learning Plan-Next Steps

Location: 22406 Pacific Highway South, Des Moines WA 98198 Four Points by Sheraton,
Seattle Airport South

When: 20-Feb-20 8:30:00 AM - 3:30:00 PM

Attachments: DCYF NON EMPLOYEE TRAVEL REIMBURSEMENT.doc

Update: We will be opening the WebEx portion of the meeting back up at 3:00pm during which time Secretary Hunter will be presenting on the Strategic Plan. We will be using the same WebEx as this morning, the link can be found below.

****Update: Please see the attached agenda as well as the updated purpose of the meeting. WebEx for morning session.****

Purpose:

DCYF's Tribal Relations and Early Learning Programs Division is seeking tribal-specific strategies to be inputted in the statewide plan across the five areas: *Healthy Children and Families; Positive Early Learning Experiences; Strong, Stable and Nurturing Families; Early Learning Workforce; and Powerful Communities and Responsive Early Learning System.* Tribal participants, up to *five* from each tribal community, should be members involved in early learning and /or working with families that have young children, or any other community member tribes believe should be involved in the discussion. DCYF is offering assistance with travel and/or lodging for those traveling more than 0 miles for this in-person meeting. This meeting will include breakout sessions and workgroups which do not allow for WebE accommodations. For assistance with travel please complete this [form](#). (hyperlink included) Please complete the form for travel/lodging by close of business *February 19, 2020*.

WebE :

Thursday, Feb 20, 2020 8:30 am

Meeting number: 80 30 3

Password: 42.56.42
0(4)

<https://wadcylf.webe.com/wadcylf/j.php MTID ma db 0 3 28 83 2 b32 b 2cadb e>

Join by phone

3 08 03022 S Toll

Access code: 80 30 3

Meeting Location & Time:

Four Points by Sheraton, Seattle Airport South

22 0 Pacific Highway South

Des Moines, WA 8 8

Meeting Details:

- Complimentary parking for meeting attendees
- Free airport shuttle
- Free shuttle to Link Light Rail
- Working lunch, meal provided. Please contact shannon.bergquist@dcyf.wa.gov if you have any dietary needs, gluten free, dairy free, etc. prior to COB Wednesday, Feb. 12th.

Guidelines for non-state employee travel arrangements and reimbursement:

DCYF will reimburse part of the travel costs to support your attendance at this event. Your tribe may choose to reimburse the remaining costs.

DCYF will pay:

- Round trip mileage at .580 cents per mile.
- Airfare to and from SeaTac Airport
- Lodging at state per diem rate, if traveling over 50 miles one way.
- **Meals are not provided or reimbursed, with the exception of the working lunch.**

The attached reimbursement form must be completed at the event. In order to process your reimbursement request, please provide us your hotel and airfare receipts as well as total mileage (odometer readings and/or print-out of map from Google Maps or MapQuest).

Assistance with Travel Arrangements:

Complete this [form](#) before COB Wednesday, February 22nd if you would like DCYF to book your flight and/or hotel room.

Any additional questions Please reach out to Shannon.bergquist@dcyf.wa.gov or 360.300.3000.

Shannon Bergquist

Executive Assistant to Director Kelli Bohanon

Early Learning Programs Division

1000 Union Avenue SE, Olympia, WA 98501 Mailing P.O. Box 1002, Olympia, WA 98501-0002

Cell: 360.300.3000 shannon.bergquist@dcyf.wa.gov

Office hours: M-Th 8:00 am - 5:30 pm, F 8:00 am - 4:00 pm



Washington State Department of
CHILDREN, YOUTH & FAMILIES

NON EMPLOYEE TRAVEL REIMBURSEMENT

****TO BE COMPLETED FOR NON EMPLOYEE TRAVEL REIMBURSEMENTS (NOT ENTERED INTO TEMS) ONLY**

TRAVELER INFORMATION

1. TRAVELER NAME:

2. STATE WIDE VENDOR NUMBER (IF APPLICABLE):

3. MAILING ADDRESS:

4. CITY:

5. STATE:

6. ZIP CODE:

7. PHONE:

9. STATE WIDE VENDOR NUMBER (IF APPLICABLE):

8. AGENCY/COMPANY/BUSINESS NAME:

10. MAILING ADDRESS:

11. CITY:

12. STATE:

13. ZIP CODE:

14. PHONE:

TRAVELER AUTHORIZATION

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT THIS IS A TRUE AND CORRECT CLAIM FOR NECESSARY EXPENSES INCURRED BY ME AND THAT NO PAYMENT HAS BEEN RECEIVED BY ME ON ACCOUNT THEREOF.

15. TRAVELER SIGNATURE:

DATE:

TRAVEL/ACTIVITY INFORMATION

16. MEETING/EVENT TITLE:

17. MEETING/EVENT DATE(S):

18. MEETING LOCATION (CITY,STATE):

19. CHECK HERE IF OUT OF STATE TRAVEL

20. DEPARTURE CITY:

21. DEPARTURE DATE:

22. DEPARTURE TIME:

23. RETURN CITY:

24. RETURN DATE:

25. RETURN TIME:

26. CHECK HERE IF YOU CARPOOLED

27. CHECK HERE IF YOU SHARED A ROOM

28. WITH WHOM:

29. NAME OF DCYF PROGRAM MANAGER/CONTACT: **Delta Heiberg**

TRAVEL EXPENSES (REQUESTING REIMBURSEMENT)

TRAVEL EXPENSE ITEMS:

PAYABLE TO:

30. PRIVATE AUTO MILES ROUND TRIP (ATTACH MAPS) TOTAL MILES DRIVEN: X (\$0.58/MILE) =
(AMOUNT)

TRAVELER AGENCY/COMPANY

31. AIRFARE :
ATTACH RECEIPTS =
(AMOUNT)

TRAVELER AGENCY/COMPANY

32. LODGING COST:
ATTACH RECEIPTS =
(AMOUNT)

TRAVELER AGENCY/COMPANY

33. CAR RENTAL:
ATTACH RECEIPTS =
(AMOUNT)

TRAVELER AGENCY/COMPANY

34. OTHER TRAVEL COSTS:
ATTACH RECEIPTS =
(AMOUNT)

TRAVELER AGENCY/COMPANY

35. ARE YOU CLAIMING MEAL (PER DIEM) EXPENSES?

YES NO

MEALS (BELOW): DATE: DATE: DATE: DATE:

PAYABLE TO:

36. BREAKFAST: \$ ----- \$ ----- \$ ----- \$ -----

TRAVELER AGENCY/COMPANY

37. LUNCH: \$ ----- \$ ----- \$ ----- \$ -----

TRAVELER AGENCY/COMPANY

38. DINNER: \$ ----- \$ ----- \$ ----- \$ -----

TRAVELER AGENCY/COMPANY

FOR DEPARTMENT OF CHILDREN YOUTH AND FAMILIES USE ONLY:39. TOTAL TRAVEL REIMBURSEMENT:
\$40. AMOUNT PAID TO TRAVELER:
\$41. AMOUNT PAID TO AGENCY/COMPANY:
\$

42. PROGRAM MANAGER APPROVAL (SIGNATURE):

DATE:

CODING (REQUIRED; ENTER ALL APPLICABLE FIELDS)

43. PROGRAM INDEX	ALLOCATION	PROJECT	SUB PROJECT	PROJECT PHASE	PERCENTAGE %

44. ACCOUNTING APPROVAL FOR PAYMENT (SIGNATURE):

DATE:



Washington State Department of CHILDREN, YOUTH & FAMILIES

Indian Policy Early Learning (IPEL) Sub Committee Meeting

Agenda

February 20, 2020, 8:30 am

Four Points Sheraton Hotel

22406 Pacific Highway South, Des Moines WA 98198

Time	Activity
8:30-9:00	IPEL Chair, Sally Brownfield – Welcome/Prayer – Introductions
9:00-9:30	Reagan Henry, Matt Judge DCYF – Licensing discussion
9:30-10:15	May-Ling Joa UW, Dianna Stokes, Michelle Roberts DCYF – Enhancing Quality Early Learning (EQEL) module feedback
10:15 – 12:00	Early Learning Statewide Plan- Tribal Strategy Design
12:00	Lunch – provided
12:30-3:00	Early Learning Statewide Plan- Tribal Strategy Design (cont.)
3:00-4:00	DCYF Leadership – DCYF Strategic plan overview
4:00	Close

IPEL Executive Committee

Sally Brownfield, Chair

Sheryl Fryberg, Vice Chair

Cherry Meyer, Secretary

Open position, Member At-Large (West)

Tara Evans, Member At-Large (East)

DCYF Tribal Staff

Tleena Ives, Director – tleena.ives@dcyf.wa.gov

Kris Peters, E.L. Tribal Liaison – kristopher.peters@dcyf.wa.gov

Michelle Spears, Admin. Asst. – michelle.spears@dcyf.wa.gov

Reagan Henry, Licensing Specialist – reagan.henry@dcyf.wa.gov

Charlotte Campbell, Early Ach. – charlotte.campbell@dcyf.wa.gov

Matt Judge, CCDF – matt.judge@dcyf.wa.gov

Michelle Johnson, ECEAP – michelle.johnson@dcyf.wa.gov

Meeting Details:

- Complimentary parking for meeting attendees
- Free airport shuttle
- Free shuttle to Link Light Rail
- Working lunch, meal provided. **Please contact shannon.bergquist@dcyf.wa.gov if you have any dietary needs, gluten free, dairy free, etc. prior to COB Wednesday, Feb. 12th.**

From: [Baker, Michael \(OS/IEA\)](#)
To: [Baker, Michael \(OS/IEA\)](#)
Date: 26-Feb-20 7:58:24 AM
Subject: [RELEASE] - HHS Awards \$117 Million to End the HIV Epidemic in the United States

Dear Partner

Today, the U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), [awarded approximately](#) \$117 million to expand access to HIV care, treatment, medication, and prevention services. This investment is a critical component of the Administration's [Ending the HIV Epidemic: A Plan for America \(EHE\)](#) initiative, which aims to reduce the number of new HIV infections in the United States by 90 percent by 2030.

The EHE initiative and today's awards focus on 4 counties, Washington, D.C., and San Juan, Puerto Rico, [geographic areas](#) where more than 50 percent of new HIV diagnoses occurred in 2016 and 2017, as well as the seven states with a substantial rural HIV burden.

HRSA is a leader in working to end the HIV epidemic in the U.S., said HHS Secretary Alex Azar. These investments will support partnerships between organizations that are on the front lines of preventing and reducing HIV transmission, as well as improving the overall health outcomes for people with HIV.

HRSA's Health Center Program awards will be used to identify at-risk individuals and engage in preventive services, test for HIV, and prescribe pre-exposure prophylaxis (PrEP) when appropriate. Awards made to HRSA's Ryan White HIV/AIDS Program recipients will be used to link people who are either newly diagnosed with HIV, or diagnosed but currently not in care, to essential HIV care, treatment, and support services, helping them reach viral suppression and reduce HIV transmission.

For further discussion on this announcement, we invite you to a stakeholder call **TODAY, February 26, 2020** with HRSA Administrator Tom Engels. Details can be found below:

Date: February 26, 2020

Time: 4:00 PM EST

Number: 888-790-3548

Passcode: [42.56.420\(4\)](#)

For a list of award recipients, visit:

- Health Center Program: <https://bphc.hrsa.gov/program-opportunities/primary-care-hiv-prevention/fy2020-awards>
- Ryan White HIV/AIDS Program: <https://hab.hrsa.gov/about-ryan-white-hiv-aids-program/fy2020-ending-hiv-epidemic-awards>

For more information about HRSA's role in the Ending the HIV Epidemic initiative, visit: www.hrsa.gov/ending-hiv-epidemic.

Sincerely,
Darcie

Darcie Johnston
Director, Intergovernmental Affairs
U.S. Department of Health and Human Services
[Darcie.johnston@hhs.gov](#)

From: [IGA](#)
To: [IGA](#)
Date: 28-Feb-20 5:22:48 PM
Subject: Invitation for March 26 FDA Teleconference, Re: CBD Regulation/Surveillance



FDA Teleconference: Update for State Officials Regarding CBD Regulation; Request for Surveillance Information
Conference Call Planned for March 26

February 28, 2020

Dear Colleague:

As part of the U.S. Food and Drug Administration's (FDA or the Agency) ongoing effort to solicit stakeholder feedback regarding products containing cannabis or cannabis-derived compounds, the FDA intends to hold a teleconference on Thursday, March 26, with our state regulatory partners to provide an update on the Agency's position relative to the regulation of products containing cannabidiol (CBD) and to allow state officials the opportunity to share their perspectives and experiences regarding the safety of these products—especially state surveillance mechanisms related to adverse events.

In the May 2019 public hearing, the Agency sought to obtain scientific data and information concerning the safety, manufacturing, product quality, marketing, labeling, and sale of products containing CBD, and we heard from a number of stakeholders, including state officials, on these topics. We remain particularly focused on the issue of product safety—especially the safety of products that contain or purport to contain CBD.

We would like to provide state regulatory partners a brief update on where we are relative to our consideration of CBD regulatory issues, and hear from states on their approaches to several critical issues related to the safety of CBD products, including:

- Product labeling
- CBD threshold levels
- Safety surveillance monitoring
- Adverse event reporting
- Quality testing procedures

We are keenly interested in information that state officials are willing and able to share regarding the safety of products containing CBD, and we will use this teleconference as an opportunity to learn from our state partners about the risks associated with these products and the safety surveillance and reporting approaches that individual states have adopted or are considering.

Please join us for this important conversation, the basic details of which are below:

Date: Thursday, March 26, 2020

Time: 3-4 p.m. Eastern Time

Dial-in Information: Please dial () 566-6155 enter passcode: 42.56.420(4)

Following entry of your passcode, please ensure your phone is unmuted and provide your name and state or local government affiliation when prompted.

We look forward to speaking with you on March 26. If you have any questions, please feel free to reply to this e-mail.

Sincerely,

Will Elwood, M.P.A.
Sr. Intergovernmental Affairs Specialist



U.S. Food and Drug Administration
10903 New Hampshire Avenue, Silver Spring, MD 20993
1-888-INFO-FDA (1-888-463-6332)
www.fda.gov

From: [Katims, Casey \(GOV\)](#)

To: [weifel, Justin](#)
[McFarland, Brenden \(ECY\)](#)
[Brooks, Allyson \(DAHP\)](#)
[Janke, Aurora \(ATG\)](#)
[Sherman, Bill \(ATG\)](#)
[Garrity, Michael D \(DFW\)](#)
[Davis, Jeffrey P \(DFW\)](#)
[Susewind, Kelly \(DFW\)](#)
[McBride, Tom A \(DFW\)](#)
[West, Meagan L \(DFW\)](#)
[Brown, Lisa \(COM\)](#)
[Vasavada, Jasmine \(COM\)](#)
[Smith, Carol \(SCC\)](#)
[Harris, Elizabeth \(ATG\)](#)
[Klontz, Diane \(COM\)](#)
[Shultz, Ron \(SCC\)](#)
[Halpern, Alison \(SCC\)](#)
[Mena, Sharlett \(ECY\)](#)
[Watson, Laura \(ECY\)](#)
[Fitz, Andy \(ATG\)](#)
[Clifford, Denise \(ECY\)](#)
[Hoffmann, Annette \(ECY\)](#)
[Danner, Dave \(UTC\)](#)
[Andrews, Amy \(UTC\)](#)
[Johnson, Mark L. \(UTC\)](#)
[Ellsworth, Michael L \(DOH\)](#)
[Wiesman, John \(DOH\)](#)
[Jenks, Lauren \(DOH\)](#)
[Bill, Craig \(GOIA\)](#)
[Hurtado, Mystique \(GOIA\)](#)
[Whitlam, Rob \(DAHP\)](#)
[Stonington, Dan \(DNR\)](#)
[Bugert, Tom \(DNR\)](#)
[Blackmore, Laura \(PSP\)](#)
[Parsons, Jeff \(PSP\)](#)
[Cottingham, Kaleen \(RCO\)](#)
[Neatherlin, Erik \(GSRO\)](#)
[Megan Cotton](#)
[Roalkvam, Carol](#)

[Camden, Allison \(DOT\)](#)
[Sandison, Derek \(AGR\)](#)
[Finkenbinder, Megan \(AGR\)](#)
[Bickford, Nancy \(MIL\)](#)
[Welsh, Gent COL \(MIL\)](#)
[Drew, Kathleen \(UTC\)](#)
[Austin Hall, Ellen \(ATG\)](#)
[Wood, Lisa A \(DFW\)](#)
[Carlson, Margen L \(DFW\)](#)
[Furze, Michael \(COM\)](#)
[Pringle, Dave \(COM\)](#)
[Brown, Wendy \(RCO\)](#)
[Stroming, Ahren \(PSP\)](#)
[Bumpus, Sonia \(UTC\)](#)
[Anderson, Rick \(COM\)](#)
[Goss, Rochelle \(DNR\)](#)
[Piazza, Millie \(ECY\)](#)
[Oreiro, Tyson \(ECY\)](#)
[Wilson, Morgan \(GOV\)](#)
[McCloy, Lauren \(GOV\)](#)
[Austin, JT \(GOV\)](#)
[Hennessey, Jennifer \(GOV\)](#)
[Baumgart, Jim \(GOV\)](#)
[Phillips, Keith \(GOV\)](#)
[Snyder, Jon \(GOV\)](#)
[Knutson, Charles \(GOV\)](#)
[Davis, Chris \(GOV\)](#)

CC: [Wilson, Morgan \(GOV\)](#)

Date: 10-Mar-20 2:14:20 PM

Subject: Final State NEPA Comments

Attachments: Gov Inslee Ltr to CEQ re NEPA Overhaul w State Agency Packet.pdf

Folks:

Thanks to all who contributed to this effort. Enclosed is the final state packet with governor cover letter that we submitted to CEQ today. Couldn't have done this without all of your hard work.

With gratitude,

Casey

360.999.0155

From: [Katims, Casey \(GOV\)](#) casey.katims@gov.wa.gov

WA-GOV-20-0742-A-000250

Sent: Thursday, February 20, 2020 11:59 AM
Subject: NEPA PDATE: Comment Letters Next Steps
Importance: High

Folks:

Thanks to all for your thoughtful input on the Administration's NEPA proposal. I am writing today to share the input we received and provide direction on the path forward.

We are recommending that each relevant agency prepare their own comment letter to the NEPA rule, using a common template that reinforces our shared concerns and urges the rule be withdrawn. This affords each agency the opportunity to speak from their unique perspective, but ensures we are making the same ask and providing the same overall message. **That while we don't oppose efforts to improve NEPA, this rule is fundamentally flawed and must be withdrawn.** Enclosed is a template that we ask your agencies to use. Feel free to modify as needed, but please keep the request that CEQ abandon its rule.

- For agencies subject to DC office approval: Ask that you send me your draft letter by **THURSDAY, MARCH 3**. That will enable me to review and approve all letters prior to the deadline.
- For all other agencies: Ask that you send me your agency's final letter as early as possible. I am still happy to assist in reviewing if you'd like.

At the end of this process, the Governor's Office will compile all of our letters into a single packet and submit to CEQ with a cover letter from the Governor. That should occur in addition to submission of your letter to CEQ directly. This will maximize our impact and the number of comments into CEQ. In case it's helpful, I am copying below a compilation of common themes in agencies' input received thus far.

I hope this is helpful. Please reach out with any questions about this. Thanks for your continued partnership.

Casey

Common Themes on Impacts of NEPA Changes:

- Lots of confusion and uncertainty about impacts, given the sweeping changes and lack of sufficient information/time to analyze rule
- Relationship to SEPA: Shifts burden to state; creates discrepancies between state and feds; makes it more difficult to coordinate; creates redundancy and additional work for applicants
- Elimination of key definitions that have been useful
- Elimination of cumulative impact analysis: Impacts to: climate, SRW and salmon, land use change, sedimentation and erosion, water quality and quantity, endangered species/habitat, induced growth from transportation projects, pollution
- Compromises scientific objectivity and integrity of environmental reviews; invites bias into process
- Creates barriers to public participation in comment/input processes: Non-inclusive and erodes public trust/confidence
- Limits opportunity to pursue legal recourse
- Unrealistic time limits and page lengths for large complex projects
- Increases the risk of missing or limited information in NEPA reviews

From: Katims, Casey (GOV) casey.katims@gov.wa.gov
Sent: Friday, January 1, 2020 12:05 PM
Subject: NEPA STEPS - Coordinating Response to NEPA Rule

Thanks to all who joined us today. As discussed, Ecology will serve as our coordinating agency and collect initial input from all agencies with identified impacts.

We ask that your agencies review the proposed rule and send your initial analysis to Sharlett Mena (mesh461@ec.wa.gov) and me by WEDNESDAY, FEBRUARY 5. We will then review contributions from across the state government, identify common themes and key issues, and propose a path forward for compiling and submitting

WA-GOV-20-0742-A-000251

oint comments.

As part of your analysis, we ask that you consider the following questions:

- *What kinds of projects would be exempted from NEPA review?*
- *What kinds of impacts would be exempted from NEPA review?*
- *How does it impact your agency's work?*
- *What harms, if any, do you anticipate from the rule — e.g., economic harms, environmental harms, administrative burden, human health, public safety, other? How and why would these harms arise?*
- *Are there any positive changes to the NEPA process that we might support?*
- *Do you have responses to the specific questions posed by CEQ in the rule?*
- *Other feedback or input on this proposal?*

We appreciate your partnership on this important effort. As always, please don't hesitate to reach out with questions.

Casey

From: atims, Casey (GOV)
Sent: Wednesday, January 15, 2020 2:26 PM
Subject: Coordinating Response to NEPA Rule
Importance: High

Folks:

Last week, the Trump Administration released a [sweeping proposal](#) making major changes to the NEPA review process. We are continuing to review and digest the proposal, but it is clear the rule would have significant and potentially devastating consequences to the environmental review process. Limiting the number of projects subject to NEPA review, scaling back the types of impacts covered, eliminating climate impacts from NEPA altogether, setting arbitrary caps on the time and length of reviews, and relaxing the requirement that federal agencies respond to comments from stakeholders.

Given how wide-ranging the rule is, we are recommending a coordinated response across state government. If you're on this email, it is because we think there may be impacts to your agency's work. If so, we ask that you participate in the development of state comments. The 60-day comment period runs through March 10th.

Please join us for a planning call THIS FRIDAY, Jan. 17 at 11:30a PST. We'll use conference line 12.432.0220, passcode 42.56.420(4). I am also sending around a calendar invite.

Feel free to invite anyone we may have missed on this email. Thank you,

Casey

Overview of Proposed Changes

Revising the definition of environmental effects. The proposed changes would eliminate references to direct, indirect, and cumulative effects and instead focus analysis on effects that are reasonably foreseeable and have a reasonably close causal relationship to the proposed action. The NOPR also specifies that a but-for causal relationship is not sufficient.

Eliminating the requirement that agencies analyze cumulative effects, which had become a means for requiring climate change analyses.

Exempting from the definition of major Federal action, and thus NEPA analysis, non-Federal projects with minimal Federal funding or minimal Federal involvement where the agency cannot control the outcome of the project.

Clarifying that reasonable alternatives must be technically and economically feasible and meet the purpose and need for the proposed action.

Setting presumptive time limits of one year for EAs and two years for EISs, and page limits of 5 pages (including appendices) for EAs, 150 pages for a routine EIS, and 300 pages for an EIS covering a matter of unusual scope or complexity. Senior agency officials would have the authority to grant exceptions to both

WA-GOV-20-0742-A-000252

the time and page limits.

Allowing applicants and contractors to prepare both EAs and EISs, under the direction of an agency.

Authorizing and requiring federal agencies to cooperate with State, Tribal, and local agencies to reduce duplication, including through the use of prior and joint environmental review documents and decisions.

Clarifying that NEPA does not require reconciliation of inconsistencies with State, Tribal, or local laws.

Ensuring consultation with Tribal entities by adding Tribal to the phrase State and local throughout the regulations, and eliminating provisions that currently limit Tribal interests to reservations.

Prioritizing a single NEPA review consistent with the One Federal Decision policy. Where multiple federal agencies have discretionary decisions for a proposed project, CEQ is requiring that the federal agencies coordinate on scheduling and, where practicable, on the completion of a single environmental document that can be relied upon for the issuance of each agency's permitting or authorization decision.

Facilitating use of categorical exclusions as a means to streamline NEPA review, including providing that a categorical exclusion may still be applied even if extraordinary circumstances are present, if mitigating circumstances or conditions are sufficient to avoid significant effects, and allowing agencies to utilize categorical exclusions that have been adopted by other agencies.

Making certain changes that could impose additional obligations on commenters and potentially relax agencies' existing duties to respond to comments.

Further Implementation and Impact on Other NEPA Guidance

Agencies would be required to develop or revise their NEPA procedures for consistency with the new regulations within one year of publication of the final rule. Once finalized, the revised regulations would apply to any NEPA process commenced after the date of the final rule. However, agencies would have the discretion to apply them to ongoing activities and environmental reviews commenced prior to that date.

In addition to the CEQ regulations and an extensive body of case law, agency implementation of NEPA is guided by a number of CEQ guidance documents as well as agency-specific procedural regulations and guidance. If the NOPR is finalized, CEQ has stated that the new final rule will supersede all previous CEQ

NEPA guidance, which would include CEQ's Forty Most Asked Questions, and that it would be its intent to withdraw all of its existing NEPA guidance and issue new guidance. At that time, CEQ also would review its June 2019 Draft National Environmental Policy Act Guidance on Consideration of Greenhouse Gas Emissions for potential revisions consistent with the new regulations.

POLITICO: Trump unveils new bid to limit environmental rules

By Zack Colman

01/09/2020 11:01 AM EST

The Trump administration is proposing scaling back a bedrock federal environmental law to make it easier to build infrastructure like roads and pipelines by sidestepping concerns about climate change and imposing strict deadlines on federal agencies.

The National Environmental Policy Act requires agencies to conduct detailed environmental reviews for major projects that receive federal funding or permits and could significantly affect the environment, such as by increasing air pollution or bulldozing wildlife habitat. In a proposed rule to be announced by President Donald Trump today, the federal government would narrow its interpretation of the 50-year-old law, a move he said would help businesses avoid government red tape.

The White House did not say how soon the proposal would be implemented; it first must go through a 60-day comment period. And expected lawsuits from environmental groups and Democratic state attorneys general could keep the rule tied up in court until after the election.

The proposal delivers a major wishlist item for industry and conservatives who complain the permitting process takes too long, adding years of delay and unforeseen costs. Industry advocates say the rule would speed up the process and reduce costs.

WASH DC 01-09-20 07:42 AM 0106253

liberal activists have weaponized the law to sidelines capital-intensive projects like oil and gas pipelines and highways.

"The Administration's modernization of NEPA removes bureaucratic barriers that were stifling construction of key infrastructure projects needed for U.S. producers to deliver energy in a safe and environmentally protective way," American Exploration and Production Council CEO Anne Bradbury said in a statement.

The proposal would impose a two-year deadline for environmental impact statements that agencies must conduct before approving activities that could significantly affect the environment, and one year for less rigorous environmental assessments. It would also expand the number of projects that could be excluded from NEPA reviews altogether, such as those that receive little federal funding.

For projects that require approvals from multiple agencies, the new proposal would assign one lead agency to oversee NEPA reviews, rather than having each agency conduct its own, as happens now.

Among the most significant changes in the new proposal is language that would eliminate "cumulative" effects from the factors agencies must consider — something agencies have previously used to incorporate considerations of climate change into their reviews. The new proposal says effects must be "reasonably foreseeable" and have a direct, causal relationship to the project.

Environmentalists said the proposal ignores the mounting evidence of climate change and will endanger the public.

"We live in a democracy, not a dictatorship. Americans deserve to have their voices heard before their families' health and well-being are put at risk by projects that bring unwanted and unnecessary pollution and disruption into their communities," said Gina McCarthy, who was EPA administrator in the Obama administration and now runs the Natural Resources Defense Council. "While our world is burning, President Trump is adding fuel to the fire by taking away our right to be informed and to protect ourselves from irreparable harm."

White House Council on Environmental Quality Chairwoman Mary Neumayr said the proposal would also take comments on whether to codify parts of a separate draft guidance on how to assess greenhouse gas emissions.

The Trump administration repealed an Obama era guidance in 2017, which implored consideration of "indirect" effects from projects, and replaced it with a leaner version last year. The attorneys general from 18 states and the District of Columbia slammed that draft Trump administration proposal in regulatory comments.

Neumayr said an update was overdue, noting the rule had been amended just once over its history. She said it takes an average of 4.5 years to process federal environmental impact statements.

"Over time, implementation of NEPA has become increasingly complex and time-consuming," she said in a press call.

Administration critics contend slow permitting, which administrations from both parties have called problematic, stems from threadbare federal funding and staffing rather than onerous rules.

"This isn't about 'permitting reform,' 'modernizing,' or 'streamlining,'" said Christy Goldfuss, who chaired the Council on Environmental Quality under President Barack Obama. "This is about allowing pipelines and dirty fossil fuel projects to bulldoze communities with less public input, and less disclosure of potentially harmful public health, environmental, and notably: climate change impacts."



STATE OF WASHINGTON
Office of the Governor

March 10, 2020

The Honorable Mary Neumayr
Chair
Council on Environmental Quality
730 Jackson Place NW
Washington, DC 20503

RE: Docket Number CEQ-2019-0003, Update to the Regulations Implementing the Procedural Provisions of the National Environmental Policy Act

Dear Chair Neumayr:

On behalf of the state of Washington, I write to express my strong opposition to the Trump Administration's proposed rule to make major, sweeping changes to implementation of the National Environmental Protection Act (NEPA). This proposal is one of its most egregious steps to date in undermining landmark laws and regulations that protect public health and the environment. By restricting federal agencies' consideration of the environmental impacts of projects, the Council on Environmental Quality (CEQ) seeks to deny the public access to complete and accurate information that is critical to supporting informed decisions that affect millions of people. I urge you to withdraw this flawed rule.

At my direction, Washington State agencies have developed detailed analyses of how this rule would hinder their work protecting and serving our people. Please find enclosed comments from the Washington Departments of Ecology (Ecology), Transportation (WSDOT), Archaeology and Historic Preservation (DAHP), Fish and Wildlife (WDFW), and Health (DOH), as well as the Puget Sound Partnership (PSP) and the Governor's Salmon Recovery Office (GSRO). Any efforts to improve the NEPA process must never come at the expense of environmental protection or the health and safety of Washington's families.

In addition to our agencies' comments, I want to emphasize how deeply irresponsible it would be to roll back requirements for federal agencies to consider climate change when assessing the environmental impacts of major federal projects. The courts have ruled that major infrastructure projects like highways, pipelines, and fossil fuel export facilities must be evaluated based on their long-term and cumulative environmental effects, including their effects on climate. It is critical that federal agencies' evaluations continue to rely on the best available science when



The Honorable Mary Neumayr
March 10, 2020
Page 2

conducting these assessments. This proposal directs the federal government to abdicate its legal and moral responsibility under NEPA to the communities it is meant to serve.

Our nation is already experiencing the dire consequences of inaction on climate, including the loss of snowpack in our glaciers, acidification of our marine waters, and extreme heat and wildfires. We simply cannot afford for the federal government to continue to deny that climate change is a crisis, with devastating impacts on our families, communities, and economy. There is no excuse for undercutting our bedrock environmental laws, ignoring clear science, and putting the public health and our environment at risk.

I urge you to abandon this rule. If you have any questions, please contact the Director of my Washington, D.C. Office, Casey Katims, at Casey.Katims@gov.wa.gov. Thank you.

Very truly yours,



Jay Inslee
Governor

Enclosures



STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY

PO Box 47600 • Olympia, WA 98504-7600 • 360-407-6000

711 for Washington Relay Service • Persons with a speech disability can call 877-833-6341

March 10, 2020

The Honorable Mary Neumayr, Chair
Council on Environmental Quality
730 Jackson Place NW
Washington, DC 20503

Re: Docket Number CEQ-2019-0003, Update to the Regulations Implementing the Procedural Provisions of the National Environmental Policy Act

Dear Chair Neumayr:

On behalf of the Washington Department of Ecology (Ecology), I write to express our concerns with the Council on Environmental Quality's (CEQ) proposed rule to make major, sweeping changes to the National Environmental Protection Act (NEPA). Our state has long supported NEPA as a bedrock environmental law that is critical to protecting the environment and public health. While we do not oppose efforts to improve the NEPA process, we are concerned by the lack of information, consultation, and adequate time to understand the impacts of CEQ's proposal, especially given the scope and magnitude of the changes proposed. We are further concerned that the rule could cause significant harm to natural resources, endangered species and human health in Washington, as well as to the integrity of and public confidence in the NEPA process. We urge you to withdraw this flawed rule.

Below, please find a more detailed analysis of how this rule would impact our agency's work. If CEQ wishes to improve the NEPA process, I encourage you to abandon this effort, and instead embark on a more thoughtful approach to NEPA that includes adequate consultation with states and results in regulations that do not put environmental protection at risk.

Overview

Washington State agencies, including Ecology, regularly engage in the NEPA process as cooperating and commenting agencies for proposals for which we have "jurisdiction by law" under 40 C.F.R. § 1508.15 and as agencies with special expertise under § 1508.26. Washington State also has an environmental review statute, the State Environmental Policy Act (SEPA), which is largely modeled after NEPA. State and local agencies have discretion to facilitate efficiencies in the SEPA process by "adopting" or incorporating by reference the environmental documents prepared under NEPA, on a case-by-case basis, if the analysis done under NEPA is sufficient to meet the requirements of SEPA regulations.



The environmental review under NEPA involves: an impact analysis of federal actions; the examination of all reasonable alternatives to proposed actions; public involvement; and judicial review. Each step in the NEPA process must be carried out in a way that satisfies NEPA's environmental protection objectives. Ecology requests the withdrawal of the proposed rules that undermine the integrity of NEPA so Washington State can continue to collaborate meaningfully with federal agencies on environmental review and streamlined permitting processes.

Proposed Amendments Exceed CEQ's Statutory Authority

The CEQ proposed rule is inconsistent with NEPA's statutory policies, which CEQ does not have the authority to override. The proposed rules would fundamentally change the tenets of NEPA in regards to consideration of environmental impacts, public involvement and judicial review. This poses a risk to Washington's environment.

The NEPA statute directs federal agencies to interpret and administer their policies and regulations "in accordance with the policies set forth in this Act." That includes substantive mandates and procedural requirements in the statute and CEQ regulations, which are a means for agencies to achieve better decisions to protect and enhance the environment as "declared" as the "national policy" in 42 USC §4321 and 4331.

The proposed changes to the definition and scope of analysis of "impacts" unlawfully constrain impacts analysis in at least two ways. First, the proposed changes unlawfully restrict the determination of whether an environmental impact statement (EIS) is required (i.e. whether the proposal is a "major federal action significantly affecting the quality of the environment"). The determination of whether a proposal significantly affects the environment currently includes the consideration of direct, indirect and cumulatively significant impacts. By eliminating consideration of cumulative and indirect impacts, the proposed changes purport to allow federal agencies to make a finding of no significant impact without consideration of these categories of impact, contrary to NEPA's purpose and language. The statutory mandate to prepare a "detailed statement" cannot be met if CEQ's rules restrict the initial review of impacts. Nor can the requirement that agencies "recognize the worldwide and long-range character of environmental problems."

Second, once an EIS is determined to be necessary, the proposed changes are inconsistent with the statutory requirements for the analysis, which include:

1. The environmental impacts of the proposed action,
2. Any adverse environmental effects which cannot be avoided should the proposal be implemented,
3. Alternatives to the proposed action,
4. The relationship between local short-term uses of the environment and the maintenance and enhancement of long-term productivity, and
5. Any irreversible and irretrievable commitments of resources which would be involved in the proposed action should it be implemented.

CEQ's rules must impose a broad definition of the scope of the federal action as well as the scope of impacts to be analyzed in order to fulfill these statutory requirements. Eliminating consideration of cumulative and indirect impacts is inconsistent with the long-standing statutory requirement that agencies take a "hard look" at the environmental impacts of the proposal. The proposed rules constrict the analysis and undermine the ability for agencies and the public to make informed decisions.

CEQ's proposed rule would eliminate any requirement to assess "cumulative" effects and specifically states, "Analysis of cumulative effects is not required." See proposed §1508.1(g)(2). Analyses of cumulative impact in NEPA documents address broader detrimental effects on watersheds, habitat, fisheries, local air pollution and human health. The determination of significant impacts necessarily relies on the consideration of the consequences of a proposal in combination with other existing and foreseeable future harmful effects. Specifically, the environmental justice (EJ) analysis under NEPA is premised on consideration of cumulative impacts, as agencies attempt to assess whether a proposed action will have a "disproportionately high and adverse impact" on a minority or low-income population. Removing cumulative impacts analysis will directly impact the quality of the analysis overall and as it relates to our most vulnerable communities. This undermines NEPA's environmental protection objectives.

EJ analysis under NEPA has to date required an understanding of both existing and foreseeable impacts that affect a community and its health. CEQ's EJ guidance directs agencies to analyze relevant public health data and industry data concerning the potential for multiple or cumulative exposure to human health or environmental hazards in the affected population and historical patterns of exposure to environmental hazards. CEQ guidance states: "Agencies should consider these multiple, or cumulative effects, even if certain effects are not within the control or subject to the discretion of the agency proposing the action."¹ The importance of this analysis to disadvantaged communities cannot be understated.

CEQ also proposes to eliminate the term "indirect effects," from the definition of "effects or impacts" (proposed §1508.1(g)) and from the evaluation of "environmental consequences" (proposed §1502.16. This change also undermines NEPA's goals, especially in the planning or "programmatic" context. Removal of indirect effects would decrease the value of environmental review for planning and other programmatic proposals because the impacts from those types of proposals are almost exclusively "indirect" since they are removed in distance and timeframe. Full consideration of impacts and alternatives at the planning stage is critical because adverse impacts are more effectively avoided at this earlier stage.

Expansion of Categorical Exclusions Undermines Statutory Mandate

With this rule, CEQ is proposing to systematically exempt projects that should undergo rigorous review. As the agency charged with protecting, preserving, and enhancing Washington's environment, Ecology is seriously concerned. CEQ's proposal expands the discretion of federal

¹ CEQ - Environmental Justice Guidance under The National Environmental Policy Act (1997), <https://www.epa.gov/environmentaljustice/ceq-environmental-justice-guidance-under-national-environmental-policy-act>

agencies to adopt categorical exclusions from NEPA's EIS and EA requirements that are inconsistent with the 2010 Categorical Exclusion Guidance issued by CEQ.² This undermines the statutory requirement to include a "detailed statement" on every major federal action significantly affecting the quality of the environment. The directives provided in the 2010 Guidance ensure that agencies are being thoughtful about the environmental impacts of agency actions. CEQ's current proposal, however, would allow a greater number of projects to skirt review, thereby leaving our state's resources vulnerable to environmental degradation.

CEQ's Proposed Rule Undermines Coordination of NEPA Process with Other Federal and State Regulatory Processes

CEQ's rule makes changes to both the scope and the quality of environmental review conducted through the NEPA process which, if implemented, would degrade the scientific information developed through the NEPA process. Not only would this impair federal agencies' ability to make well-supported decisions based on full information but it would also impair the ability of Ecology to rely on federal documents to responsibly protect, preserve, and enhance our environment. The end result is more uncertainty and longer processes for project applicants.

Federal agency activities and actions requiring federal permits that affect Washington's coastal zone, water quality, and cultural resources are reviewed by Ecology and other agencies for consistency and compliance with state laws and programs. The NEPA review process provides an opportunity to engage with federal agencies and permit applicants early in the planning process to collaborate on decisions for project design, reasonable alternatives, mitigation plans, and other permitting requirements.

The proposed amendments related to scope of the analysis, expanded categorical exclusions, and reduced public involvement burdens Washington agencies because NEPA no longer aligns with the environmental review procedures in the State Environmental Policy Act (SEPA). That means state and local agencies will no longer be able to incorporate most NEPA documents into the SEPA process. Additional environmental analysis will be required under SEPA –and this includes decisions involving consistency determinations for federal actions.

For several decades, Washington agencies have worked closely with federal agencies to coordinate and integrate NEPA review and federal consistency review processes, enabling the states to have an effective voice in federal decision making that affects their coasts. In turn, this coordination benefits federal agencies and permit applicants by jointly developing data and information that fulfills the review requirements of both statutes. These integrated processes make project review more predictable and more effective for agencies and project applicants alike.

CEQ proposes to prevent federal agencies from adopting NEPA regulations that integrate with state review processes if they involve a broader scope or more detailed methodological standard than those set out in the proposed rule. This change in § 1507.3(a) would impair the flexibility of

² CEQ - Final Guidance for Federal Departments and Agencies on Establishing, Applying, and Revising Categorical Exclusions under the National Environmental Policy Act (2010)
https://www.energy.gov/sites/prod/files/nepapub/nepa_documents/RedDont/G-CEQ-CatEx_guidance.pdf

federal agencies to coordinate with state and local agencies in Washington, thereby causing greater costs, more delays, and greater uncertainty for applicants.

Ecology anticipates that SEPA's regulatory provisions that relate to federal actions and NEPA reviews will need to be amended if the proposed rules are adopted. The implementation of SEPA's policies (particularly the streamlined "use of existing documents" provisions) have relied, in part, on the similar review requirements under NEPA. This would no longer be the case under the proposed regulation.

Proposal Lacks Incorporation of Environmental Justice Directives in Executive Order (E.O.) 12898

Ecology is committed to EJ and ensuring the protection of the public's civil rights. The core of this work is ensuring meaningful engagement with people on activities or projects that may impact a person's health, environmental, and financial well-being. This includes purposefully involving communities of color and low-income communities who historically are the most impacted by polluted air, water, and harmful chemicals.

E.O. 12898 directs federal agencies to address the disproportionately high and adverse human health or environmental effects of their actions on minority and low-income populations.³

The proposed rule does not incorporate applicable provisions from the Federal Interagency Working Group on Environmental Justice.⁴ The "guiding principles" of their recommendations related to NEPA reviews focus on increased outreach and scoping processes to better assess potential impacts. According to the first "principle," the NEPA process is "informed by an understanding that minority populations and low income populations may have increased or unique vulnerabilities from multiple impacts in one or more environmental resource topics or from cumulative impacts, and that the extent of the affected environment may vary for each resource topic." Instead, the proposed rule reduces review timeline, shrinking a critical window for the public to evaluate and understand a project's impacts. This is time that is crucial for people to understand and articulate through public comment their concerns about threats to their health and livelihood. The CEQ proposal reduces transparency and undermines the requirement "to ensure meaningful public participation throughout the NEPA process (40 CFR § 6.203). Curtailing the public's right and ability to comment effectively, and potentially reducing agency accountability to consider and respond to comments, erodes longstanding efforts to prioritize public safety and well-being,

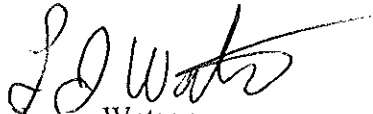
³ Executive Order 12898 of February 11, 1994 Federal Actions To Address Environmental Justice in Minority Populations and Low-Income Populations <https://www.archives.gov/files/federal-register/executive-orders/pdf/12898.pdf>

⁴ Promising Practices for EJ Methodologies in NEPA Reviews - Report of the Federal Interagency Working Group on Environmental Justice & NEPA Committee (2016), <https://www.epa.gov/environmentaljustice/ej-iwg-promising-practices-ej-methodologies-nepa-reviews>

The Honorable Mary Neumayr
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Again, I urge you to abandon this rule and embark on a more thoughtful approach to NEPA that does not put environmental protection at risk. If you have any questions, please contact my Special Assistant, Sharlett Mena, at Sharlett.Mena@ecy.wa.gov or the Director of Governor Inslee's Washington, D.C. Office, Casey Katims, at Casey.Katims@gov.wa.gov. Thank you.

Sincerely,



Laura Watson
Director

cc: Casey Katims, Washington, D.C. Office of Governor Jay Inslee



**Washington State
Department of Transportation**

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March 3, 2020

Mr. Edward A. Boling
Associate Director for the National Environmental Policy Act
Council on Environmental Quality
730 Jackson Place NW
Washington, DC 20503
Comments submitted electronically: <https://www.regulations.gov>

RE: Docket Number CEQ-2019-0003, Update to the Regulations Implementing the
Procedural Provisions of the National Environmental Policy Act

Dear Associate Director Boling:

On behalf of the Washington Department of Transportation, I write to express our concerns with the Council on Environmental Quality's (CEQ) proposed rule to make major, sweeping changes to the National Environmental Protection Act (NEPA). Our state has long supported NEPA as a bedrock environmental law that is critical to protecting the environment and public health. While we do not oppose efforts to improve the NEPA process, we are concerned by the lack of information, consultation and adequate time to understand the impacts of CEQ's proposal, especially given the scope and magnitude of the changes proposed. We are further concerned that the rule could cause significant harm to natural resources, endangered species and human health in Washington, as well as to the integrity of and public confidence in the NEPA process. We urge you to withdraw this flawed rule.

If CEQ wishes to improve the NEPA process, I encourage you to abandon this effort, and instead embark on a more thoughtful approach to NEPA that includes adequate consultation with states and results in regulations that do not put environmental protection at risk.

The Washington State Department of Transportation (WSDOT) is the steward of a multimodal transportation system and responsible for ensuring that people and goods move safely and efficiently. In addition to building, maintaining, and operating the state highway system, WSDOT is responsible for the state ferry system, and works in partnership with others to maintain and improve local roads, railroads and airports, as well as to support alternatives to driving, such as public transportation, bicycles and pedestrian programs.

As a public agency, WSDOT is committed to minimizing any harm to the human and natural environment. Our projects often include federal agencies as partners and regulators. NEPA principles are integrated throughout our agency policies and procedures, and are intrinsic to our project delivery process.

In our experience, the NEPA process promotes informed agency decisions and provides meaningful opportunities for public involvement.

The proposed rule threatens the public decision making process that has effectively protected our air, water, and protected our communities. The proposed rules also create considerable uncertainty about NEPA requirements, disrupt agency practices, and make it more difficult for the public to obtain information about, and challenge approvals of, potentially harmful projects.

The following are more specific comments on CEQ's NPRM.

- **WSDOT opposes the deletion of the opening sentences to the current rule (Section 1500.1).** The first sentence of the existing rule declares: “The National Environmental Policy Act (NEPA) is our basic national charter for protection of the environment.” Deleting this statement and the subsequent statements about the “action forcing” provisions and federal responsibilities under NEPA changes the overall tenor and purpose of the rule. The focus shifts dramatically from protection of the nation’s human and natural resources to streamlining project delivery.
- **WSDOT opposes eliminating the requirement to analyze cumulative effects (Section 1508).** One of the most vital aspects of the existing rule is the requirement to evaluate how incremental effects of past, present, and future actions can harm a resource. WSDOT discloses the regional and global effects of habitat loss, pollution, and climate change as cumulative effects. Greenhouse gas emissions and climate change are the primary environmental concerns of our day. However, at precisely the time when that consideration is most needed, the proposed rule goes in the opposite direction by removing the requirement to address cumulative effects.
- **WSDOT opposes changes to the definition of ‘effects’, including that effects must be reasonably foreseeable and have a close causal relationship to the action (Sections 1502.16 and 1508).** The proposed rule would limit analysis and disclosure of certain indirect impacts, such as induced growth and other land use effects of our transportation projects. WSDOT feels it is essential that federal agencies and state partners closely examine and disclose all likely effects.
- **WSDOT opposes restrictions on public comment opportunities (Sections 1500.3(b)(3) and 1503.3).** CEQ proposes to severely limit public engagement, and make it more difficult for stakeholders to enter the decision-making process. WSDOT objects to the proposal to classify late comments “exhausted and forfeited.” WSDOT is committed to creating and maintaining an inclusive process, and these restrictions would affect our relationship with the public.

- **WSDOT opposes time limits (Section 1501.10).** We have found that complex projects often require several rounds of public and agency engagement to gain support and the necessary approvals: The result is a better project. The proposed rule sets limits, then creates an unnecessary process that agencies must use to extend the new limits. Agency decision-makers should have the flexibility to exceed these limits at their discretion as needed for an adequate public and agency review.
- **WSDOT opposes estimating the cost of preparing an EIS Section 1502.11).** We complete numerous other project design, real estate, consultation, and early permitting activities concurrent with NEPA. Every project is unique, and it would not be meaningful to isolate the cost of NEPA review from all the other costs associated with project development. NEPA is part of the project approval and delivery cycle.

WSDOT would like to respond to three of the questions raised in the notice.

On page 1702 of the notice, CEQ invited comments on whether the regulations should establish a presumptive maximum number of alternatives for evaluation of a proposed action, or alternatively for certain categories of proposed actions (e.g., a maximum of three alternatives including the no action alternative).

Our response is no. WSDOT does not support the idea of establishing a maximum number of alternatives. If there are more than 3 reasonable alternatives that need to be evaluated, then we should not be limited by an arbitrary maximum number of alternatives. We do not support imposing new rules that limit a federal agency's flexibility to meet the intent of NEPA in ways that are meaningful to the public.

On page 1709, CEQ invited comment on whether the definition of "major Federal action" should be further revised to exclude other per se categories of activities or to further address what NEPA analysts have called "the small handle problem."

Our response is no. WSDOT does not support the idea of excluding projects with a minor federal nexus from NEPA review. Any project with a federal nexus, even if minimal federal funding or involvement, should require federal environmental review (either directly or through delegation via a programmatic agreement). At present, federal agency NEPA implementation is handicapped by budget cuts and personnel reductions at federal NEPA lead agencies and at the federal resource and regulatory agencies. In our state, our State Environmental Policy Act (SEPA) will likely fill this gap; however, in other states this may lead to less transparent and less informed decision making.

On page 1710, CEQ invites comments on whether it should codify any aspects of its proposed GHG guidance in the regulation, and if so, how CEQ should address them in the regulations.

Our response is that CEQ should reinstate its 2016 guidance. That guidance was developed after much public input. It offered state and federal agencies clear direction on addressing climate change in NEPA. WSDOT continues to include analysis of GHG and climate change in our project-level environmental documents. In addition, we would like to see regulations include a threshold that better addresses transportation projects. We would be happy to further discuss this and share our experience.

Finally, while we request the rule be withdrawn, we also note that there are some parts of the rule that we do support. We are very aware that many of these changes are already part of USDOT's current NEPA practice, and could be adopted by other agencies as well. We support the sharing of agency categorical exclusions (CEs), the encouragement for earlier scoping, the consideration for applicants and contractors to assume a greater role in preparing environmental documents, the flexibility for earlier property acquisition, and the addition of 'Tribal' to the phrase 'State and local' to reflect our current practice to coordinate or consult with our tribal partners.

We appreciate your consideration. Again, I urge you to abandon this rule and embark on a more thoughtful approach to NEPA that does not put environmental protection at risk. If you have any questions, please contact Megan White, Environmental Services Director, at (360) 705-7480 or WhiteM@wsdot.wa.gov, or the Director of Governor Inslee's Washington, D.C. Office, Casey Katims, at Casey.Katims@gov.wa.gov.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. M. Millar', written over a light blue horizontal line.

Roger M. Millar, PE, FASCE, FAICP
Secretary of Transportation

CC: Casey Katims, Governor Jay Inslee, Washington, D.C. Office



Allyson Brooks Ph.D., Director
State Historic Preservation Officer

March 9, 2020

The Honorable Mary Neumayr, Chair
Council on Environmental Quality
730 Jackson Place NW
Washington, DC 20503

RE: Docket Number CEQ-2019-0003, Update to the Regulations Implementing the Procedural Provisions of the National Environmental Policy Act

Dear Chair Neumayr:

On behalf of the Washington State Department of Archaeology and Historic Preservation, I am submitting our comments and concerns with the Council on Environmental Quality's (CEQ) proposed rule to make major, sweeping changes to the National Environmental Protection Act (NEPA).

Washington has a unique relationship to the National Environmental Policy Act (NEPA) as it our Senator, Henry "Scoop" Jackson, who conceived of the legislation and ensured its passage through Congress in the 1960s. We are very proud that it was our Senator who took the initiative to recognize that the federal government should ensure that our citizens and the environment exist in productive harmony and consider the needs of present and future generations of Americans. CEQ's proposal negates the intent of NEPA and completely removes the concept of balancing project development with the cultural and natural environment. Instead of ensuring that Americans have a say in how our government functions, and the possible impacts to our heritage, these rules are crafted so that the federal government is the arbitrator, along with project proponents, on moving forward regardless of the consequences.

The proposed rule will have significant impacts on the manner in which federal agencies assess the effects to cultural resources. It is stated clearly in 42 U.S.C § 4331 (1970) that the intent of Congress was to:

"Preserve important historic, cultural, and natural aspects of our national heritage, and maintain, wherever possible, an environment which supports diversity and variety of individual choice;"

The proposal as written would negate the direction from Congress to balance development with the protection of our American heritage.



Below, please find a more detailed analysis of how this rule would impact our agency's work. If CEQ wishes to improve the NEPA process, I encourage you to abandon this effort, and instead embark on a more thoughtful approach to NEPA. This must include adequate consultation with states and tribes that results in regulations that do not put cultural resource protection at risk.

1. We are **concerned** with the proposal to retitle and revise § 1500.1, "Purpose and Policy" to align this section with the statutory text of NEPA and certain case law and reflect the procedural requirements of section 102(2) (42 U.S.C. 4332(2)). The proposed revisions would emphasize that NEPA is simply a procedural statute intended to ensure Federal agencies consider the environmental impacts of their actions in the decision-making process. The Supreme Court has ruled that NEPA is a procedural statute that does not mandate particular results. We recognize the procedural nature of NEPA but want to **ensure** that the Congressional intent of the legislation: to foster and promote the general welfare, to create and maintain conditions under which man and nature can exist in productive harmony, and fulfill the social, economic, and other requirements of present and future generations of Americans **is retained**. *It is critical not to lose sight of the Congressional mandate that the federal government should act in the best interest of the people.*
2. We are **opposed** to the changes that would eliminate references to "direct", "indirect" and "cumulative effects" in order to focus on effects that have a close causal relationship to the action. For cultural resources, indirect effects, such as changes to setting, feeling and association, are potential impacts that will cause a property to lose its historic significance. While this may not rise to the level of a full Environmental Impact Statement it should be considered worthy enough of an Environmental Assessment and mitigation procedures.

The construction of the Alaskan Way tunnel in Seattle is an example of why analyzing an indirect effect, such as vibration, is critical. The study of potential vibration impacts from tunneling led to the realization that the historic buildings in Pioneer Square required LIDAR documentation and monitoring to record potential movement and structural changes. The analysis resulted in having FHWA/WSDOT develop monitoring measures to detect when the tunneling vibrations were having adverse effects to the materials, workmanship and structural integrity of the historic buildings above. The loss of this type of analysis, in which an indirect effect could result in a direct consequence, will lead to the damage and destruction of cultural resources.

3. We are **opposed** to the established of defined timelines for completion of environmental reviews. Tribal consultation and cultural resource fieldwork should not be rushed into arbitrary completion dates. As we have experienced in the Pacific Northwest, inadequate scientific and cultural analysis can lead to litigation, project delays and cancellations of projects in the millions of dollars. Archaeological inventories and tribal consultation need to be given the adequate amount of time necessary to yield the findings for sufficient and legally defensible decision making while being cognizant of project delivery.



4. We are **opposed** to the concept that “reasonable alternatives” must be “technologically and economically feasible”. If the determination of “technologically and economically feasible” is left solely to the federal agency it defies the purpose of public involvement and state and tribal consultation. It disregards the Congressional intent that humans and nature should live in productive harmony. “Technologically and economically feasible” should be a decision standard that is conducted in cooperation with the appropriate stakeholders.
5. We are **opposed** to allowing applicants to develop the Environmental Assessments and/or Environmental Impact Statements even under the direction of an agency. The development of these documents by the project proponent does not encourage a neutral and unbiased scientific assessment of impacts and does not encourage a neutral analysis of alternatives. It also conflicts with the Trust responsibility of the federal government to conduct government to government consultation with federally recognized tribes and to uphold tribal treaty obligations. Tribes and local communities have the right to discuss impacts to cultural resources directly with the federal government and have those formally considered as part of the NEPA review.
6. We are **concerned** by the potential overuse of categorical exclusions to streamline NEPA review. The proposal allows larger projects that may have significant impacts, to be considered a categorical exclusion if there are mitigating conditions. This proposal could severely limit the rights of the public, states and federal recognized tribes to participate in the environmental review process and voice their concerns.
7. We are **opposed** to the clarification that effects should not be considered significant if they are remote in time, geographically remote, or the result of a lengthy causal chain. As seen in Washington State, major infrastructure projects are licensed or permitted for 50 years or more. The entire Columbia and Snake River Hydro system is a relevant example. The Hanford Nuclear Facility and the remediation of nuclear waste is the prime example in Washington State for a temporal scale. Projects such as the Hanford remediation and hydro facilities, which can continue for half a century or more, have direct and indirect effects to archaeological sites, historic buildings and tribal traditional cultural places.
8. We are **opposed** to amending the definition of “mitigation” to make clear that mitigation must have a nexus to the effects of the proposed action, is limited to those actions that have an effect on the environment, and does not include actions that do not have an effect on the environment. Compensatory mitigation has worked well for impacts to cultural resources when there aren’t direct mitigation options. This is particularly true for culturally significant properties where archaeological data recovery or other forms of documentation are not sufficient mitigation for the loss or alteration of the resource.



9. We are, however, **supportive** of the proposal to add “Tribal” to the phrase “State and local” throughout the rule to ensure consultation with Tribal entities. It reflects the existing NEPA practice to coordinate or consult with affected Tribal governments and agencies, as necessary and appropriate for a proposed action. It is a critical modification necessary to fully recognize and support Tribal sovereignty and participation in the review of all federal agency actions. This is particularly important given the tribes’ unique traditional cultural and ecological knowledge.
10. We are also **supportive** of the proposal to replace “circulate” or “circulation” with “publish” or “publication” throughout the rule and make “publish” a defined term that provides agencies with the flexibility to make environmental review and information available to the public by electronic means. However, the caveat is that the documents must still be available for those who do not have digital access.

Historically, the practice of circulation included the mailing of hard copies or providing electronic copies on disks or CDs. There should be a minimum requirement to provide a hard copy or copy on physical media in limited circumstances, and hard copies should be placed in local libraries to ensure access by the public with limited or no internet access. However, we are supportive of the acknowledgement of digital delivery of NEPA documents. This will reduce paperwork and delays, and modernize the NEPA process to be more accessible to the public.

We appreciate your consideration. Again, I urge you to abandon this rule and embark on a more thoughtful approach to NEPA that does not put cultural resource and environmental protection at risk. If you have any questions, please contact Dr. Allyson Brooks or the Director of Governor Inslee’s Washington, D.C. Office, Casey Katims, at Casey.Katims@gov.wa.gov. Thank you.

Sincerely,



Allyson Brooks, Ph.D.
State Historic Preservation Officer

cc: Casey Katims, Governor Jay Inslee, Washington, D.C. Office





State of Washington
DEPARTMENT OF FISH AND WILDLIFE

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Main Office Location: Natural Resources Building, 1111 Washington Street SE, Olympia, WA

March 10, 2020

The Honorable Mary Neumayr
Chair
Council on Environmental Quality
730 Jackson Place NW
Washington, DC 20503

RE: Docket Number CEQ-2019-0003, Update to the Regulations Implementing the Procedural Provisions of the National Environmental Policy Act

Dear Chair Neumayr:

I write to express our concerns with the Council on Environmental Quality's (CEQ) proposed rule to make major, sweeping changes to the implementation of the National Environmental Policy Act (NEPA). Our state has long supported NEPA as a bedrock environmental law that is critical to evaluate impacts to the environment. While we do not oppose efforts to improve the NEPA process, we are concerned by the lack of information, consultation, and inadequate time to understand the impacts of CEQ's proposal, especially given the scope and magnitude of the changes proposed. We are further concerned that the implementation of the proposed rule could cause significant harm to natural resources and endangered species in Washington, as well as impact the integrity of and public confidence in the NEPA process. We urge you to withdraw this flawed rule.

Below, please find a more detailed analysis of how this rule would impact the Washington Department of Fish and Wildlife's (WDFW's) work. While we appreciate the need to create an efficient government process that is not burdensome to parties, we value a process that entails adequate consultation with states prior to issuing proposed changes. Reducing environmental review without very careful considerations will only weaken the protections essential to the recovery and conservation of Washington's fish and wildlife. We therefore request that CEQ instead embark on a more thoughtful approach to NEPA that includes adequate consultation with states and results in regulations that do not put our species at risk. Particularly concerning aspects of CEQ's proposed rule as it relates to the potential impacts to Washington's fish and wildlife include:

Removing specific direction to consider impacts to listed species

As the state's principal steward of fish and wildlife resources, removing specific direction to consider impacts to listed species directly impedes our mission to preserve, protect, and perpetuate Washington's fish, wildlife, and ecosystems. As federally listed species like Southern

Resident orcas and Columbia Basin pygmy rabbits teeter on the brink of extinction, it is essential to evaluate effects of a project on a protected species. Removing language (§ 1508.27(b)(9)) that specifically directs responsible officials to evaluate the “degree to which the action may adversely affect an endangered or threatened species or its habitat” undermines that goal.

Imposing hard limits to the page counts and completion times of environmental impact statements

The proposed limits of one year and 75 pages for environmental assessments (EA), and two years and 150 pages (300 total, including appendices) for environmental impact statements (EIS) can be insufficient to adequately analyze environmental impacts of larger or complex projects. The time and length constraints increase the risk of an environmental document having incomplete or limited information, a proposal causing or allowing harm to the environment, and/or creating an avenue for a legal challenge because an impact could not be analyzed or adequately analyzed due to lack of time/space.

Shortening the length and timelines of Environmental Assessments and Environmental Impact Statements

For State Environmental Review (SEPA) compliance, WDFW occasionally adopts an existing NEPA document (EIS, EA, or categorical exclusion (CE)) instead of requiring the applicant to prepare an Environmental Checklist or a new EIS. If such a NEPA document was inadequate or non-existent, a checklist or EIS would be needed to meet SEPA requirements. This could potentially create inefficiencies and extra work for applicants that need both NEPA and SEPA. Requiring agencies to coordinate on scheduling and/or completion of a single environmental document will likely increase the time needed to complete such a document and/or increase costs by requiring more staff time. However, in many cases, WDFW would consider being a cooperating agency with a federal agency in developing environmental documents.

Expanding Categorical Exemptions

Expanding or increasing CEs without proper oversight or consideration of fit of a CE to a project risks not conducting adequate review and not providing the public and other agencies with governmental transparency and the opportunity to review and comment. Many environmental impacts, whether direct, indirect, or cumulative, are permanent and cannot be reversed. Careful analysis and examination of alternatives can help reduce or mitigate for adverse environmental impacts. With an expanding human population and development and increased competition on natural resource management capacity, it is important to ensure thoughtful development and environmental review. Reducing environmental review and public input will likely increase adverse environmental impacts.

Limiting Supplemental EISs

The proposal suggests that a supplemental EIS would be required only when a major federal action remains to occur. This may not allow transparency in all cases when additional information or changes are needed after the main agency action is complete.

Changing EIS Format

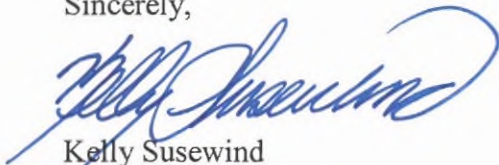
The proposal also includes updates to formats because of electronic preparation and distribution of documents. These appear to be appropriate. However, the inclusion of estimated costs of

The Honorable Mary Neumayr
March 10, 2020
Page 3

conducting an environmental review could be hard to determine, and time consuming, with little benefit to the environment. Including the cost of compliance associated with other environmental review and authorization requirements is frequently unforeseeable because EISs can be used several years later for related actions.

We appreciate your consideration of WDFW's concerns. Again, I respectfully ask that you cease further work on the proposal and engage states on processes that will both help to streamline NEPA and does not weaken the environmental review process at risk. If you have any questions, please contact Meagan West, Federal Coordinator, at Meagan.West@dfw.wa.gov, or the Director of Governor Inslee's Washington, DC Office, Casey Katims, at Casey.Katims@gov.wa.gov.

Sincerely,



Kelly Susewind
Director

cc: Casey Katims, Governor Jay Inslee, Washington, DC Office



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

PO Box 47890 • Olympia, Washington 98504-7890
Tel: 360-236-4030 • 711 Washington Relay Service

March 10, 2020

Mary B. Neumayr, JD
Chair, Council on Environmental Quality
730 Jackson Place, NW
Washington, DC 20503

RE: Update to the Regulations Implementing the Procedural Provisions of the National Environmental Policy Act (Docket ID no. CEQ-2019-0003)

Dear Chair Neumayr:

The Washington State Department of Health offers the following comments in response to the Council on Environmental Quality's (CEQ) proposed rulemaking for the *Update to the Regulations Implementing the Procedural Provisions of the National Environmental Policy Act*, published in the Federal Register on January 10, 2020 (85 FR 1684).

We are deeply concerned about sweeping changes to the National Environmental Protection Act (NEPA) proposed. Washington State has long supported NEPA as a bedrock environmental law that is critical to protecting the environment and public health. NEPA has provided a roadmap that ensures our government evaluates the full environmental, economic, social, and public health impacts of federal actions. While I do not oppose efforts to improve the NEPA process, I am concerned by the lack of information, consultation, and adequate time to understand the impacts of CEQ's proposal, especially given the scope and magnitude of the changes proposed. Further, I am concerned the rule could cause significant harm to natural resources, endangered species, and human health in Washington. I urge you to withdraw this flawed rule.

The following comments are broken in to two sections: first, general comments on the impact of the proposed regulations; and second, specific issues with the proposed draft language.

Section 1. General comments

The most vexing environmental issues of our time tend to be the result of cumulative impacts and the proposed regulations would not require federal agencies consider cumulative impacts. In particular, climate change is a cumulative impact that federal agencies will not be required to address. The new regulation would not require a federal agency to consider an impact if the impact is not immediate. The regulation specifically repeals consideration of any impact of within the context of "other past, present, and reasonably foreseeable future actions." The rule discourages agencies from considering impacts that are "remote in time, geographically remote, or the product of a lengthy causal chain." In effect, all known, anticipatable, second order effects become irrelevant to a federal agency's analysis.

Due to systemic federal failure to consider cumulative impacts, unmitigated risks associated with environmental degradation would increase. This would produce:

- Economic harms due to the need to mitigate for the increased risks and destruction or infeasibility of continued operation of existing assets due to droughts, higher seas, wildfires, and floods;
- Environmental harms due to the accumulation of unanalyzed future environmental effects such as droughts, higher seas, wildfires, and floods;
- Administrative burdens placed on states, local governments, service providers, and industries and residents in attempting to anticipate and harden against known but unmitigated environmental impacts;
- Public health threats due to increased unmitigated cumulative environmental threats such as cold waves, heat waves, degradation of air and water quality, and disease-causing invasive species; and
- Public safety threats due to increased risks associated with flooding and wildfires.

The built environment (e.g., buildings, transportation systems) can have cumulative harms on the public's health including chronic disease and injury. The proposed regulations would not require that federal agencies consider these harmful effects.

In addition, I am concerned that the proposed regulations reduce impacted communities' opportunity to participate. For example:

- §1503.3(a) sets stringent standards for commenting which may have a substantial impact on vulnerable communities' ability to participate in the NEPA process due to the lack of resources necessary to adequately document potential environmental threats. This is especially acute when cumulative impacts are to be disregarded by federal agencies.
- 40 CFR 1506.6(b)(3)(x) requires alternative notification in places of limited internet speeds, yet there are many reasons why individuals who are impacted by the proposal might not be able to use electronic documents. Notice solely through electronic media must never be sufficient.
- 40 CFR 1506.6(b)(3)(vi) only specifically identifies businesses as community organizations. Given the environmental issues at stake, the rule must be revised to "...including small business associations and environmental organizations."

Section II. Specific comments on draft language

§1502.24 Methodology and Scientific Accuracy. While I support the requirement that agencies "ensure the professional integrity, including scientific integrity, of the discussions and analyses in environmental documents," I am concerned that agencies may discount the reliability of a study when disclosure of the underlying data would violate other laws, such as HIPAA and FERPA. The rule needs some language along the lines of the following: "Agencies may not discount the reliability of scientific conclusions when disclosure of the underlying data is specifically barred by federal law."

§1505.2 Record of Decision in Cases Requiring Environmental Impact Statements. I support the proposed requirement for that the decision maker certify that the agency considered “the submitted alternatives, information, and analyses submitted by public commenters.”

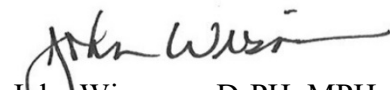
§1506.6(b)(3)(ii). I strongly support greater consultation of Tribal governments on projects and impacts both on and off reservations.

§1508.1 Definitions.

- (g)(2) – I specifically oppose the removal of consideration for effects that are “remote in time, geographically remote, or the product of a lengthy causal chain.” Federal agencies must consider known, anticipatable, second-order effects.
- (m) – I am concerned the definition for “human environment” impermissibly reduces the scope of the federal law to its effect on Americans. The statute consistently addresses “the quality of mankind’s world environment” and not only for Americans.
- (s) – I am concerned the definition for “mitigation” is inconsistent because it limits itself to “...measures that avoid, minimize, or compensate...” in its first sentence, but then includes “avoiding...minimizing... rectifying...reducing... [and] compensating” in the numbered paragraphs. All five terms must be included in the first sentence.
- (v) - I support having a definition of “page” to avoid agencies playing games with font size and formatting.
- (y) – I support the addition of electronic publication so long as the documents remain available upon request in other formats for people with disabilities and people who lack access to electronic records.
- (aa) – I oppose the definition for “reasonably foreseeable,” which is wholly insufficient. Reasonably foreseeable should mean “sufficiently likely to occur such that person with special expertise would take it into account in reaching a decision,” instead of ordinary prudence.

For the reasons stated above, I urge you to abandon this rule and embark on a more thoughtful approach to NEPA that does not put environmental protection at risk. If you have any questions, please contact Mike Ellsworth at Michael.Ellsworth@doh.wa.gov or the Director of Governor Inslee’s Washington, D.C. office, Casey Katims, at Casey.Katims@gov.wa.gov. Thank you.

Sincerely,



John Wiesman, DrPH, MPH
Secretary of Health

March 3, 2020

The Honorable Mary Neumayr
Chair
Council on Environmental Quality
730 Jackson Place NW
Washington, DC 20503

RE: Docket Number CEQ-2019-0003, Update to the Regulations Implementing the Procedural Provisions of the National Environmental Policy Act

Dear Chair Neumayr:

On behalf of the Puget Sound Partnership, I write to express our concerns with the Council on Environmental Quality's (CEQ) proposed rule to make major, sweeping changes to the National Environmental Protection Act (NEPA). Our state has long supported NEPA as a bedrock environmental law that is critical to protecting the environment and public health. While we do not oppose efforts to improve the NEPA process, we are concerned by the lack of information, consultation and adequate time to understand the impacts of CEQ's proposal, especially given the scope and magnitude of the changes proposed. We are further concerned that the rule could cause significant harm to natural resources, endangered species and human health in Washington, as well as to the integrity of and public confidence in the NEPA process. We urge you to withdraw this flawed rule.

Below, please find a more detailed analysis of how this rule would impact our agency's work. If CEQ wishes to improve the NEPA process, I encourage you to abandon this effort, and instead embark on a more thoughtful approach to NEPA that includes adequate consultation with states and results in regulations that do not put environmental protection at risk.

Particularly concerning aspects of CEQ's proposed rule – and their potentially deleterious impact to our ability to meet our statutory mission of accelerating our region's collective effort to restore and protect Puget Sound – include:

Discontinuing consideration of environmental impacts that are “indirect,” “cumulative,” or “remote in time, geographically remote, or the product of a lengthy causal chain” (85 FR 1708)

This proposed change would almost certainly eliminate assessment of climate impacts from the NEPA process. However, consideration of climate impacts is essential to understanding the health of Puget Sound. Each of the State's statutory (RCW 90.71.300) Puget Sound recovery goals (Healthy Human Population, Vibrant Human Quality of Life, Thriving Species and Food Web, Protected and Restored Habitat, Abundant Water, and Healthy Water Quality) are threatened by climate change impacts.

Of the 25 Puget Sound Vital Signs – measures of ecosystem health that guide the assessment of progress toward Puget Sound recovery goals – 19 are at high risk from climate change. Failing to evaluate and account for the impacts of climate change during a NEPA review process will inevitably yield deficient and misleading results and recommendations.

Cumulative impacts are difficult to identify, manage, and mitigate ahead of time. It is precisely for the evaluation of “cumulative” impacts that NEPA is so critical—especially for ecosystems like Puget Sound facing a “death from a thousand cuts.” Ignoring cumulative effects during a NEPA process, as CEQ proposes in this rule, would preclude consideration of other critical environmental impacts relevant to Puget Sound recovery such as land use change, sedimentation and erosion, water quantity and quality, and ecosystem function. For example, a project that installs a small amount of shoreline armoring may not significantly impair beach formation and nearshore habitat function by itself. However, dozens of “small” armoring projects could cumulatively do significant damage to the nearshore environment—and this is precisely the type of environmental impacts that a comprehensive NEPA process should concern itself with.

Removing specific direction to consider impacts to listed species (85 FR 1695)

As biophysical systems approach precarious tipping points and federally listed species like Southern Resident Killer Whales and Chinook salmon teeter on the brink of extinction, it is critical to evaluate effects of a project on iconic and protected species. Stripping language (§ 1508.27(b)(9)) that specifically directs responsible officials to evaluate the “degree to which the action may adversely affect an endangered or threatened species or its habitat” undermines that goal.

Imposing hard limits to the page counts and completion times of environmental impact statements (85 FR 1719)

Page and time limits hamper the ability of regulators to conduct thorough, scientifically valid reviews of impacts and precipitate incomplete and inadequate recommendations that affect Puget Sound. The length and complexity of an environmental impact statement should be determined by the details of the project and the relevant environmental conditions, not by arbitrary limits imposed by CEQ.

Allowing private project applicants to prepare their own impact statements (85 FR 1725)

Impact statements prepared by private parties – especially those with a financial interest in the outcome of the project – compromise the scientific objectivity of the NEPA process and invite real and perceived bias into reports and recommendations that affect Puget Sound.

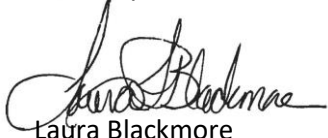
Restricts public input by burdening citizens with difficult-to-meet commenting standards (85 FR 1722)

Prescriptions directing commenters to “include or describe the data sources and methodologies supporting the proposed changes” creates barriers to citizens who wish to weigh in on draft reports and recommendations but may not have the time or expertise necessary to describe the research methodologies informing their perspectives. Recommendations like this are exclusionary and erode public confidence in the outcome of assessments.

We would also like to take this opportunity to respond to CEQ's invitation to comment specifically on "whether the legislative EIS requirement should be eliminated or modified" (85 FR 1705). Puget Sound Partnership believes that this requirement should be maintained. Ultimately, the purpose of the NEPA process should be to comprehensively assess environmental impacts of projects before they happen in order to provide policy-makers, regulators, and the general public with the data and analysis needed to make informed decisions. Current requirements directing agencies to complete an EIS for proposed legislative action serves this purpose well, and changing or eliminating them would threaten the validity and comprehensiveness of environmental analyses.

We appreciate your consideration. Again, I urge you to abandon this rule and embark on a more thoughtful approach to NEPA that does not put environmental protection at risk. If you have any questions, please contact the Special Projects Assistant for the Puget Sound Partnership, Ahren Stroming, at Ahren.Stroming@psp.wa.gov or the Director of Governor Inslee's Washington, D.C. Office, Casey Katims, at Casey.Katims@gov.wa.gov. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Laura Blackmore", written over a horizontal line.

Laura Blackmore
Executive Director

C: Casey Katims, Governor Jay Inslee, Washington, D.C. Office



STATE OF WASHINGTON
RECREATION AND CONSERVATION OFFICE

March 9, 2020

The Honorable Mary Neumayr, Chair
Council on Environmental Quality
730 Jackson Place NW
Washington, DC 20503

RE: Docket Number CEQ-2019-0003, Update to the Regulations Implementing the Procedural Provisions of the National Environmental Policy Act

Dear Chair Neumayr:

On behalf of the Washington State Governor's Salmon Recovery Office within the Recreation and Conservation Office, I write to express our concerns with the Council on Environmental Quality's (CEQ) proposed rule to make major, sweeping changes to the National Environmental Protection Act (NEPA). Our state has long supported NEPA as a bedrock environmental law that is critical to protecting the environment and public health. While we do not oppose efforts to improve the NEPA process, we are concerned by the lack of information, consultation and adequate time to understand the impacts of CEQ's proposal, especially given the scope and magnitude of the changes proposed. We are further concerned that the rule could cause significant harm to natural resources, endangered species and human health in Washington, as well as to the integrity of and public confidence in the NEPA process. We urge you to withdraw this flawed rule.

Below, please find specific comments on how this rule would severely impact the work of our agency and our partners who have invested heavily in efforts to recover salmon and steelhead that are currently listed under the federal Endangered Species Act, as well as efforts to prevent any further ESA listings. If CEQ wishes to improve the NEPA process, I encourage you to abandon this effort, and instead embark on a more thoughtful approach to NEPA that includes adequate consultation with states, tribes, and other key partners and results in regulations that do not put environmental protection at risk.

Some of the most egregious implications of the proposed rule include:

Removing specific direction to consider impacts to listed species (85 FR 1695)

Washington State has invested hundreds of millions of dollars to recover salmon and steelhead that are listed as either threatened or endangered under the federal Endangered Species Act (ESA). The success of these investments relies wholly on the state's ability to evaluate and understand the impacts of ongoing activities. It is critical to evaluate



effects of a project on iconic and ESA listed species. Stripping language (§ 1508.27(b)(9)) that specifically directs responsible officials to evaluate the “degree to which the action may adversely affect an endangered or threatened species or its habitat” undermines that goal.

Imposing hard limits to the page counts and completion times of environmental impact statements (85 FR 1719)

Imposing page and time limits on elements of the EIS is an attempt to hamper a thorough and scientifically valid review of impacts, and precipitates incomplete and inadequate recommendations that could affect salmon and steelhead recovery in Washington State. The length and complexity of an environmental impact statement should be determined by the details of the project and the relevant environmental conditions, not by arbitrary limits imposed by CEQ.

Restricts public input by burdening citizens with difficult-to-meet commenting standards (85 FR 1722)

Washington State has a long history of engaging its citizenry in local processes to guide public policy. Salmon recovery in particular, as established in state statute (RCW 77.85), establishes a robust process for engaging volunteers, citizens, and communities to prioritize and guide salmon recovery efforts. Any prescriptions directing commenters to “include or describe the data sources and methodologies supporting the proposed changes” creates barriers to citizens who wish to weigh in on draft reports and recommendations, but may not have the time or expertise necessary to describe the research methodologies informing their perspectives. Recommendations like this are exclusionary, erode public confidence, and are likely to tip the balance of the outcome in favor of those with insider knowledge or special interests.

We appreciate your consideration. Again, I urge you to abandon this rule and embark on a more thoughtful approach to NEPA that does not put environmental protection at risk. If you have any questions, please contact me at Erik.Neatherlin@gsro.wa.gov, or the Director of Governor Inslee’s Washington, D.C. Office, Casey Katims, at Casey.Katims@gov.wa.gov. Thank you.

Sincerely,



Erik Neatherlin
Governor’s Salmon Recovery Office

cc: Casey Katims, Governor Jay Inslee, Washington, D.C. Office
Kaleen Cottingham, Director, Recreation and Conservation Office
JT Austin, Policy Advisor, Office of the Governor

From: [Reeves, Kristine \(COM\)](#)

To: [Kristin M. Reeves](#)

[Bill Adamson](#)

[Tiffany Scroggs](#)

[Perreault, Tammie L CIV OSD OUSD P-R \(USA\)](#)

[Ryan. R. Eddy \(ryan.eddy@pnnl.gov\)](#)

[Bickford, Nancy \(MIL\)](#)

[Alvarado-Ramos, Alfie \(DVA\)](#)

[Sullivan, Mark \(DVA\)](#)

[Erik Ashlie-Vinke](#)

[Green, Chris \(COM\)](#)

[Berger, Joshua \(COM\)](#)

[Terlinchamp, Julia \(COM\)](#)

[Young, Brian \(COM\)](#)

[Hatfield, Brian \(COM\)](#)

[Lee, Sarah \(COM\)](#)

[Sarah Garrison](#)

[John Powers](#)

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[Golden, J. .](#)

[Didra, Marjan \(Murray\)](#)

Raza, Faiq

Date: 11-Mar-20 9:22:11 AM

Subject: Re: CONFIRMED: Washington Military Alliance SPRING (3/12) Meeting

Team,

Here is the call-in information for tomorrow:

The call in number for the conference bridge is: **(360) 407-3780**

(security code) **PIN Code:** 42.56.420(4) #

I look forward to connecting with folks tomorrow
-k

Mrs. Kristine M. Reeves, M.A.
Director, Military & Defense Sector
Office of Economic Development and Competitiveness
Washington State Department of Commerce
Kristine.Reeves@commerce.wa.gov
Main: [206-256-6105](tel:206-256-6105) | Mobile: [206-910-1624](tel:206-910-1624)

Email communications with state employees are public records and may be subject to disclosure, pursuant to Ch. 42.56 RCW.

From: Reeves, Kristine (COM)
Sent: Tuesday, March 10, 2020 4:54:10 PM
To: Kristin M. Reeves; Bill Adamson; Tiffany Scroggs; Perreault, Tammie L CIV OSD O SD P-R (SA); Ryan. R. Eddy (ryan.eddy@pnsl.gov); Bickford, Nancy (MIL); Alvarado-Ramos, Alfie (DVA); Sullivan, Mark (DVA); Erik Ashlie-Vinke Green, Chris (COM); Berger, Joshua (COM); Terlincham, Julia (COM); Young, Brian (COM); Hatfield, Brian (COM); Lee, Sarah (COM); Sarah Garrison; John Powers; Richard Hadley; Brown, Lisa (COM); Baumgart, Jim (GOV); Larry Igssolutions.us; Rina.Wulfing@mail.house.gov; Perez, Aclyn (COM); Denise Ryser
Cc: shawn bills@murray.senate.gov; ryan pettit@murray.senate.gov; onathan.hale@mail.house.gov; shantany.tata@mail.house.gov; onathan.golden@mail.house.gov; ben.bruns@mail.house.gov; travis.martinez@mail.house.gov; clayton.swope@mail.house.gov; danielle.fulfs@mail.house.gov; isaac.tobis@mail.house.gov; tyler.ensen@mail.house.gov; graham.markiewicz@mail.house.gov; roel.vanderlugt@mail.house.gov; Golden, . . Didra, Mar an (Murray); Raza, Faiq; Denise Ryser
Subject: Re: CONFIRMED: Washington Military Alliance SPRING (3/12) Meeting

Team,

Sorry for the short notice, but wanted to respond as information changes.

We are sending out updated information regarding our meeting for Thursday.

As you know, we are slated to meet ~~on~~ Thursday (3/12) of this week in Tacoma to chat about the path forward on the WMA based on our meeting last month.

At this point, given the severity of concern about group meetings and the spread of COVID-19, several of our key participants have had to suspend travel, including our DOD and EWA partners.

As such, we are working to set up a remote connection option and should hopefully have that for folks

WA-GOV-20-0742-A-000283

tomorrow.

For those who are still interested in connecting, we will be meeting in Tacoma thanks to Denise at PNDC:

Moss Adams
1301 A Street, Suite 600
609 Medium Conference Room (seats 10)
Tacoma, WA 9 402

Tentative Agenda:

- Welcome Introductions
- Recap of Last Meeting
- (15 mins) pdate on Path Forward
- (30 mins) OEA Grant pdate - Land se (Deanah/Gen)
- (1 hour) OEA Grant pdate - Cyber
 - (20 mins) CAI Contract on Defense Data Tool - (Chris/Spencer)
 - (20 mins) ImpactWA Contract on Cyber Resiliency - (Deloit)
 - (10 mins) Other components
- Conclusion Next Steps

If you have questions about this update, please don t hesitate to let us know. We will have online participation details tomorrow and will send those out to this list as soon as we have them.

Best,
-k

I currently work M-Th, 7a - 6p.

Mrs. Kristine M. Reeves, M.A.
Director, Military & Defense Sector
Office of Economic Development and Competitiveness
Washington State Department of Commerce
Kristine.Reeves@commerce.wa.gov
Main: [206-256-6105](tel:206-256-6105) | Mobile: [206-910-1624](tel:206-910-1624)

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From: [Reeves, Kristine \(COM\)](#)

To: [Sarah Garrison](#)

[Kristin M. Reeves](#)

[Bill Adamson](#)

[Tiffany Scroggs](#)

[Perreault, Tammie L CIV OSD OUSD P-R \(USA\)](#)

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[roel.vanderlugt@mail.house.gov](#)

[Golden, J. .](#)

[Didra, Marjan \(Murray\)](#)

[Raza, Faiq](#)

Date: 11-Mar-20 9:26:33 AM

Subject: Re: CONFIRMED: Washington Military Alliance SPRING (3/12) Meeting

1-3 PM. Thanks for catching that Sarah.

Mrs. Kristine M. Reeves, M.A.
Director, Military & Defense Sector
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Washington State Department of Commerce
Kristine.Reeves@commerce.wa.gov
Main: [206-256-6105](tel:206-256-6105) | Mobile: [206-910-1624](tel:206-910-1624)

Email communications with state employees are public records and may be subject to disclosure, pursuant to Ch. 42.56 RCW.

From: Sarah Garrison

Sent: Wednesday, March 11, 2020 9:24:21 AM

To: Reeves, Kristine (COM) Kristin M. Reeves Bill Adamson Tiffany Scroggs Perreault, Tammie L CIV OSD O SD P-R (SA) ryan.eddy pnsl.gov Bickford, Nancy (MIL) Alvarado-Ramos, Alfie (DVA) Sullivan, Mark (DVA) Erik Ashlie-Vinke Green, Chris (COM) Berger, Joshua (COM) Terlincham, Julia (COM) Young, Brian (COM) Hatfield, Brian (COM) Lee, Sarah (COM) John Powers Richard Hadley Brown, Lisa (COM) Baumgart, Jim (GOV) Larry Igssolutions.us Rina.Wulfing mail.house.gov Perez, Aclyn (COM) Denise Ryser
Cc: shawn bills murray.senate.gov ryan pettit murray.senate.gov onathan.hale mail.house.gov shantany.tata mail.house.gov onathan.golden mail.house.gov ben.bruns mail.house.gov travis.martinez mail.house.gov clayton.swope mail.house.gov danielle.fulfs mail.house.gov isaac.tobis mail.house.gov tyler.ensen mail.house.gov Markiewicz, Graham roel.vanderlugt mail.house.gov Golden, . . Didra, Mar an (Murray) Raza, Faiq
Subject: RE: CONFIRMED: Washington Military Alliance SPRING (3/12) Meeting

I still do not see a time listed for this meeting. Please let us know.

Sarah Garrison President CEO Pacific Northwest Defense Coalition (PNDC)
[Sarah PNDC. S](#) . 01.PNDC (632) office 503. 99.0 66 mobile



Please note our New addresses:

Mailing: PO Box 13 9, Lake Oswego, OR 9 035 Office: 6 60 SW Atlanta Street, Tigard, OR 9 223

From: Reeves, Kristine (COM)

Sent: Wednesday, March 11, 2020 9:22 AM

To: Kristin M. Reeves Bill Adamson Tiffany Scroggs Perreault, Tammie L CIV OSD O SD P-R (SA) ryan.eddy pnsl.gov Bickford, Nancy (MIL) Alvarado-Ramos, Alfie (DVA) Sullivan, Mark (DVA) Erik Ashlie-Vinke Green, Chris (COM) Berger, Joshua (COM) Terlincham, Julia (COM) Young, Brian (COM) Hatfield, Brian (COM) Lee, Sarah (COM) Sarah Garrison John Powers Richard Hadley Brown, Lisa (COM) Baumgart, Jim (GOV) Larry Igssolutions.us Rina.Wulfing mail.house.gov Perez, Aclyn (COM) Denise Ryser
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Subject: Re: CONFIRMED: Washington Military Alliance SPRING (3/12) Meeting

Team,

Here is the call-in information for tomorrow:

The call in number for the conference bridge is: (360) 407-3780

(security code) PIN Code: 42.56.420(4) #

I look forward to connecting with folks tomorrow

-k

Mrs. Kristine M. Reeves, M.A.
Director, Military Defense Sector
Office of Economic Development and Competitiveness
Washington State Department of Commerce
kristine.Reeves@commerce.wa.gov
Main: [206-256-6105](tel:206-256-6105) Mobile: [206-910-1624](tel:206-910-1624)

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From: Reeves, Kristine (COM)
Sent: Tuesday, March 10, 2020 4:54:10 PM
To: Kristin M. Reeves; Bill Adamson; Tiffany Scroggs; Perreault, Tammie L; CIV OSD O; SD P-R (SA) Ryan. R. Eddy (ryan.eddy@pnsl.gov); Bickford, Nancy (MIL); Alvarado-Ramos, Alfie (DVA); Sullivan, Mark (DVA); Erik Ashlie-Vinke Green, Chris (COM); Berger, Joshua (COM); Terlinchamp, Julia (COM); Young, Brian (COM); Hatfield, Brian (COM); Lee, Sarah (COM); Sarah Garrison; John Powers; Richard Hadley Brown, Lisa (COM); Baumgart, Jim (GOV); Larry.Igssolutions.us; Rina.Wulfing@mail.house.gov; Perez, Aclyn (COM); Denise Ryser
Cc: shawn.bills@murray.senate.gov; ryan.pettit@murray.senate.gov; onathan.hale@mail.house.gov; shantany.tata@mail.house.gov; onathan.golden@mail.house.gov; ben.bruns@mail.house.gov; travis.martinez@mail.house.gov; clayton.swope@mail.house.gov; danielle.fulfs@mail.house.gov; isaac.tobis@mail.house.gov; tyler.ensen@mail.house.gov; graham.markiewicz@mail.house.gov; roel.vanderlugt@mail.house.gov; Golden, . . . Didra, Mar an (Murray); Raza, Faiq; Denise Ryser
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609 Medium Conference Room (seats 10)
Tacoma, WA 98402

Tentative Agenda:

- Welcome Introductions
- Recap of Last Meeting
- (15 mins) Update on Path Forward
- (30 mins) OEA Grant Update - Land Use (Deanah/Gen)
- (1 hour) OEA Grant Update - Cyber
 - (20 mins) CAI Contract on Defense Data Tool - (Chris/Spencer)
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 - (10 mins) Other components
- Conclusion Next Steps

If you have questions about this update, please don't hesitate to let us know. We will have online participation details tomorrow and will send those out to this list as soon as we have them.

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I currently work M-Th, 9a - 6p.

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From: [Sarah Garrison](#)

To: [Reeves, Kristine \(COM\)](#)
[Kristin M. Reeves](#)
[Bill Adamson](#)
[Tiffany Scroggs](#)
[Perreault, Tammie L CIV OSD OUSD P-R \(USA\)](#)
[ryan.eddy@pnnl.gov](#)
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[Sullivan, Mark \(DVA\)](#)
[Erik Ashlie-Vinke](#)
[Green, Chris \(COM\)](#)
[Berger, Joshua \(COM\)](#)
[Terlinchamp, Julia \(COM\)](#)
[Young, Brian \(COM\)](#)
[Hatfield, Brian \(COM\)](#)
[Lee, Sarah \(COM\)](#)
[John Powers](#)
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[Rina.Wulfing@mail.house.gov](#)
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[Markiewicz, Graham](#)
[roel.vanderlugt@mail.house.gov](#)
[Golden, J. .](#)
[Didra, Marjan \(Murray\)](#)

[Raza, Faiq](#)

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shantany.tata mail.house.gov onathan.golden mail.house.gov ben.bruns mail.house.gov

travis.martinez mail.house.gov clayton.swope mail.house.gov danielle.fulfs mail.house.gov

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WA-GOV-20-0742-A-000290

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From: [DOH-PIO \(DOH\)](#)
Required: [Thomas, Heather \(DOHi\)](#)
[Bray, Kari](#)
[Li-Vollmer, Meredith \(DOHi\)](#)
[Apa, James \(DOHi\)](#)
[Karasz, Hilary \(DOHi\)](#)
[Calamusa, Casey M](#)
[Stromme, Lisa M \(DOH\)](#)
[Maki, Kristen E \(DOH\)](#)
[Baggett, Jessica L \(DOH\)](#)
[Steve Metcalf](#)
[Jeffers, Edie \(DOHi\)](#)
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[Couture, Melissa \(DOH\)](#)

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[Nandi, Paj \(DOH\)](#)
[McCallion, Teresa M \(DOH\)](#)
[Gabrielle Byrne Thurston Co](#)
[Liebelt, Erica \(DOHi\)](#)
[Smith, Jaime \(GOV\)](#)
[Dzedzy, Ed \(DOHi\)](#)
[Harrison, Carole \(DOHi\)](#)
[Mund, Ed](#)
[Chris Skidmore](#)
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Optional:

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[Glenn M. Bieler](#)
[Ebbeson, Jay J CIV USARMY MEDCOM MAMC \(USA\)](#)
[Wright, Darren](#)
[Cole, Kate](#)
[McKenzie, Lisa \(DOHi\)](#)
[Kathleen Clary-Cooke](#)

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[Lacet, Blishda](#)
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[Holman, Sam \(GOV\)](#)
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[Kenneweg, Danielle A \(DOH\)](#)
[Madrigal, Tomas \(DOH\)](#)
[Mikkelsen, Megan N \(DOH\)](#)
[Jackson, Christymarie \(DOH\)](#)
[Lantz, Melissa \(DOHi\)](#)
[Thai, Nathaniel J \(DOH\)](#)
[Kavanagh, David \(DOHi\)](#)
[Andrew Stevens](#)
[Horace Ward](#)
[Jansen, Anneke \(DOH\)](#)
[Miller, Lynne](#)
[Mcdougall, Scott](#)
[Dave Van Valkenburg](#)
[Joint Information Center](#)
[Halvorson, Clark R \(DOH\)](#)
[Nikki Sharp](#)
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[Brice, Morgan](#)

[Church, Tim \(LNI\)](#)

[Alexander, Lily](#)

[Brehmer, Savannah](#)

pio.hecc@nwhrn.org

Subject: COVID-19 JIC Coordination Call

Location: GoToMeeting attached

When: 16-Mar-20 12:00:00 PM - 12:30:00 PM

Washington State
COVID-19 Joint Information Center (JIC) Coordination Call
DAILY 11:00 – 11:30 AM PST

Standing Agenda

pdates from IC	15 min.
pdates from Group	15 min.

GoToMeeting Info

Please join here: <https://www.gotomeet.me/C4PA/covid-19>

You can also dial in using your phone.

nited States: [1 \(6\) 535-3211](tel:165353211)

Access Code: [REDACTED]

Join from a video-conferencing room or system.

Dial in or type: 6 .21 .95.2 or inroomlink.goto.com

Meeting ID: [REDACTED]

Or dial directly: [REDACTED] [6 .21 .95.2](tel:621952) or 6 .21 .95.2 [REDACTED]

New to GoToMeeting Get the app now and be ready when your first meeting starts:

<https://global.gotomeeting.com/install/> [REDACTED]

From: [DOH-PIO \(DOH\)](#)
Required: [Thomas, Heather \(DOHi\)](#)
[Bray, Kari](#)
[Li-Vollmer, Meredith \(DOHi\)](#)
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[Calamusa, Casey M](#)
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[Maki, Kristen E \(DOH\)](#)
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[Marissa Armstrong](#)
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[Glenn M. Bieler](#)
[Ebbeson, Jay J CIV USARMY MEDCOM MAMC \(USA\)](#)
[Wright, Darren](#)
[Cole, Kate](#)
[McKenzie, Lisa \(DOHi\)](#)
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[Faulk, Mike \(GOV\)](#)
[Holman, Sam \(GOV\)](#)
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[Tilley, Aleceia M \(DOH\)](#)
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[Kenneweg, Danielle A \(DOH\)](#)
[Madrigal, Tomas \(DOH\)](#)
[Mikkelsen, Megan N \(DOH\)](#)
[Jackson, Christymarie \(DOH\)](#)
[Lantz, Melissa \(DOHi\)](#)
[Thai, Nathaniel J \(DOH\)](#)
[Kavanagh, David \(DOHi\)](#)
[Andrew Stevens](#)
[Horace Ward](#)
[Jansen, Anneke \(DOH\)](#)
[Miller, Lynne](#)
[Mcdougall, Scott](#)
[Dave Van Valkenburg](#)
[Joint Information Center](#)
[Halvorson, Clark R \(DOH\)](#)
[Nikki Sharp](#)
[Katie Von Derau](#)
[Prock, Carla \(DOHi\)](#)
[Hickey, Bethany \(DOHi\)](#)
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[Moen, Anne \(DOHi\)](#)
[Barbara A Clements](#)
[Schott-Bresler, Kayla](#)
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When: 16-Mar-20 12:00:00 PM - 12:30:00 PM

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DAILY 11:00 – 11:30 AM PST

Standing Agenda

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pdates from Group	15 min.

GoToMeeting Info

Please join here: <https://www.gotomeet.me/C4PA/covid-19>

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To: [DOH-PIO \(DOH\)](#)
[Thomas, Heather \(DOHi\)](#)
[Bray, Kari](#)
[Li-Vollmer, Meredith \(DOHi\)](#)
[Apa, James \(DOHi\)](#)
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[Church, Tim \(LNI\)](#)

[Alexander, Lily](#)

[Brehmer, Savannah](#)

pio.hecc@nwhrn.org

Date: 16-Mar-20 12:13:28 PM

Subject: RE: COVID-19 JIC Coordination Call

We re having some technical difficulties with the GoToMeeting and someone has placed us on hold which is why we re hearing hold music. Hold tight for a few minutes.

-----Original Appointment-----

From: DOH-PIO (DOH)

Sent: Wednesday, anuary 22, 2020 5:33 PM

To: DOH-PIO (DOH) Thomas, Heather (DOHi) Bray, ari Li-Vollmer, Meredith (DOHi) Apa, ames (DOHi) arasz, Hilary (DOHi) Calamusa, Casey M Stromme, Lisa M (DOH) Maki, risten E (DOH) Baggett, essica L (DOH) Steve Metcalf effer, Edie (DOHi) seoc44 (MIL) Shagren, arina L. (MIL) Ellsworth, Michael L (DOH) Foster, Sarah (MIL) Owens, Virginia M (MIL) cooper.p portseattle.org Michael, Stephanie (DOHi) sghanson uw.edu Lee, Tara (GOV) Weaver, Neil (WSP) Cross, Chad (WSP) Armstrong, Marissa LeBlanc, Charles (WSP) Loftis, Chris Adeogun, Tiekia (DOH) Weaver, Ron L (DOH) green northbendwa.gov Fuller, Amy (DOHi) nutson, asey (DOHi) atims, Casey (GOV) Wilson, Morgan (GOV) Annie Goodwin ohnson, Nathan (DOHi) Sooter, Tad Danskin, ulia (DOHi) oseph.m.lacanlale uscgmil Blaske, Laura A (DOH) Couture, Melissa (DOH) Dodd, yle (DOHi) enks, Lauren (DOH) Nandi, Pa (DOH) McCallion, Teresa M (DOH) Gabrielle Byrne Thurston Co Liebelt, Erica (DOHi) Smith, aime (GOV) Dzedzy, Ed (DOHi) Harrison, Carole (DOHi) Mund, Ed Chris Skidmore udy iels Stanford, atie (DOHi) Potts, aren (DOHi) Thompson, Cynthia (DOHi) khawkins srhd.org Deana Chiodo ic kingcounty.gov oDee Peyton accaria, ason (DOHi) Debolt, Meghan (DOHi) Martine, Appalachia Farias, Veronica (DOHi) Rasmussen, atie (WSP) katy.payne k12.wa.us kayla co.skagit.wa.us Rietmann, ristina (DOT) brendanc san uanco.com ryanp san uanco.com mason pio co.mason.wa.us

Ranten skagitregionalhealth.org

Cc: Stephanie Dunkel Webb, Adrienne L Mankowski, Tina (Email - W) Glenn M. Bieler Ebbeson, ay CIV SARM MEDCOM MAMC (SA) Wright, Darren Cole, ate Mc enzie, Lisa (DOHi) athleenc bfhd.wa.gov Edwards, Rick (DOHi) Solie, Arel Lacet, Blishda Margie Boyd mkcrsunshine gmail.com Halvorson, Emily (GOV) Faulk, Mike (GOV) Holman, Sam (GOV) Russum, Cheri Tilley, Aleceia M (DOH) Covington, ach (DOH) MMorin co.whatcom.wa.us Meehan, athleen (DOH) enneweg, Danielle A (DOH) Madrigal, Tomas (DOH) Mikkelsen, Megan N (DOH) ackson, Christymarie (DOH) Lantz, Melissa (DOHi) Thai, Nathaniel (DOH) avanagh, David (DOHi) Andrew Stevens Horace Ward ansen, Anneke (DOH) Miller, Lynne Mcdougall, Scott Dave Van Valkenburg oint Information Center Halvorson, Clark R (DOH) Nikki Sharp atie Von Derau Prock, Carla (DOHi) Hickey, Bethany (DOHi) IMT Public Information Officer (OS/ASPR) ella.deverse k12.wa.us Moen, Anne (DOHi) Barbara A Clements Schott-Bresler, ayla Ike, Ryan Scott.North co.snohomish.wa.us

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Subject: COVID-19 IC Coordination Call

When: Monday, March 16, 2020 12:00 PM-12:30 PM (TC-0 :00) Pacific Time (S Canada).

Where: GoToMeeting attached

Sensitivity: Private

WA-GOV-20-0742-A-000304

Washington State
COVID-19 Joint Information Center (JIC) Coordination Call
DAILY 11:00 – 11:30 AM PST

Standing Agenda

updates from IC	15 min.
updates from Group	15 min.

GoToMeeting Info

Please join here: <https://www.gotomeet.me/C4PA/covid-19>

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[Alexander, Lily](#)

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Date: 16-Mar-20 12:13:28 PM

Subject: RE: COVID-19 JIC Coordination Call

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Subject: COVID-19 IC Coordination Call

When: Monday, March 16, 2020 12:00 PM-12:30 PM (TC-0 :00) Pacific Time (S Canada).

Where: GoToMeeting attached

Sensitivity: Private

WA-GOV-20-0742-A-000309

Washington State
COVID-19 Joint Information Center (JIC) Coordination Call
DAILY 11:00 – 11:30 AM PST

Standing Agenda

updates from IC	15 min.
updates from Group	15 min.

GoToMeeting Info

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<https://global.gotomeeting.com/install> 42.56.420(4)

From: [IGA](#)
To: [IGA](#)
Date: 17-Mar-20 12:32:06 PM
Subject: Follow-up to the Invitation for March 26 FDA Teleconference, Re: CBD Regulation /Surveillance

Good afternoon,

This is a follow-up to FDA's invitation below. In light of the activities surrounding each state's response to the COVID 19 outbreak, FDA is assessing whether participants are still available to participate in the call on March 26th. Please reply to this email by tomorrow, March 1st, indicating your availability or preference for a postponement.

Thank you,

Erica M. White, J.D.
Intergovernmental Affairs (IGA)
Office of the Commissioner/OPLIA
U.S. Food and Drug Administration
Office: (301)796-8309
Erica.White@fda.hhs.gov



From: IGA
Sent: Friday, February 28, 2020 12:23 PM
To: IGA
Subject: Invitation for March 26 FDA Teleconference, Re: CBD Regulation/Surveillance



FDA Teleconference: Update for State Officials Regarding CBD Regulation; Request for Surveillance Information

Conference Call Planned for March 26

February 28, 2020

Dear Colleague:

As part of the U.S. Food and Drug Administration's (FDA or the Agency) ongoing effort to solicit stakeholder feedback regarding products containing cannabis or cannabis-derived compounds, the FDA intends to hold a teleconference on Thursday, March 26, with our state regulatory partners to provide an update on the Agency's position relative to the regulation of products containing cannabidiol (CBD) and to allow state officials the opportunity to share their perspectives and experiences regarding the safety of these products—especially state surveillance mechanisms related to adverse events.

In the May 2019 public hearing, the Agency sought to obtain scientific data and information concerning the safety, manufacturing, product quality, marketing, labeling, and sale of products containing CBD, and we heard from a number of stakeholders, including state officials, on these topics. We remain particularly focused on the issue of product safety—especially the safety of products that contain or purport to contain CBD.

We would like to provide state regulatory partners a brief update on where we are relative to our consideration of CBD regulatory issues, and hear from states on their approaches to several critical issues related to the safety of CBD products, including:

- Product labeling
- CBD threshold levels
- Safety surveillance monitoring
- Adverse event reporting
- Quality testing procedures

We are keenly interested in information that state officials are willing and able to share regarding the safety of products containing CBD, and we will use this teleconference as an opportunity to learn from our state partners about the risks associated with these products and the safety surveillance and reporting approaches that individual states have adopted or are considering.

Please join us for this important conversation, the basic details of which are below:

Date: Thursday, March 26, 2020

Time: 3-4 p.m. Eastern Time

Dial-in Information: Please dial () 566-6155 enter passcode: 42.56.420 (A)

Following entry of your passcode, please ensure your phone is unmuted and provide your name and state or local government affiliation when prompted.

We look forward to speaking with you on March 26. If you have any questions, please feel free to reply to this e-mail.

Sincerely,

Will Elwood, M.P.A.
Sr. Intergovernmental Affairs Specialist



U.S. Food and Drug Administration
10903 New Hampshire Avenue, Silver Spring, MD 20993
1-888-INFO-FDA (1-888-463-6332)
www.fda.gov

From: [Wiesman, John \(DOH\)](#)
To: [Wicker, Kelly \(GOV\)](#)
[Postman, David \(GOV\)](#)
[Daugherty, Bret D. \(MIL\)](#)
[Lofy, Kathy H \(DOH\)](#)
[Schumacher, David \(OFM\)](#)
[Strange, Cheryl \(DSHS/OOS\)](#)
[Ezelle, Robert \(MIL\)](#)
[Birch, Sue \(HCA\)](#)
CC: [Bergener, Terry \(DOH\)](#)
[Senn, Catherine \(MIL\)](#)
[Aguirre-Rogers, Brenda \(DSHS/OOS\)](#)
[Kowalski, Nicci \(MIL\)](#)
[Jackson-Diaz, Sanura \(MIL\)](#)
[Cleary, Michelle \(HCA\)](#)
[Smart, John \(DOHi\)](#)
[McClain, Stacey \(MIL\)](#)
[Smith, Jaime \(GOV\)](#)
Date: 17-Mar-20 9:49:37 PM
Subject: RE: UCG daily check-in
Attachments: RE: Important Leadership Improvement Item.msg

See attached email for an example of how we need to better coordinate our use of the IMT. We should briefly review together at our meeting.

- ohn Wiesman
Secretary of Health

-----Original Appointment-----

From: Wicker, Kelly (GOV)
Sent: Tuesday, March 17, 2020 11:23 AM
To: Wicker, Kelly (GOV) Postman, David (GOV) Wiesman, John (DOH) Daugherty, Bret D. (MIL) Lofy, Kathy H (DOH) Schumacher, David (OFM) Strange, Cheryl (DSHS/OOS) Ezelle, Robert (MIL) Birch, Sue (HCA)
Cc: Bergener, Terry (DOH) Senn, Catherine (MIL) Aguirre-Rogers, Brenda (DSHS/OOS) Kowalski, Nicci (MIL) Jackson-Diaz, Sanura (MIL) Cleary, Michelle (HCA) Smart, John (DOHi) McClain, Stacey (MIL) Smith, Jaime (GOV)
Subject: UCG daily check-in
When: Wednesday, March 18, 2020 8:15 AM- 9:45 AM (UTC-08:00) Pacific Time (US & Canada).
Where: 1. 6.3942,, 42.56.420(4)

Team,

As part of our new Unified Command Structure, we are scheduling a daily call with you and others:

our Unified Coordination Group.

David P

Kelly

John W

Kathy Lofy

TAG

Robert Ezelle

Cheryl

Sue B

David S (or designee)

1.888.286.3942

42.56.420(4)

1344# (Host)

From: [Wiesman, John \(DOH\)](#)
To: [DOH-IC3 \(DOH\)](#)
CC: [Lofy, Kathy H \(DOH\)](#)
[Davis, Jerrod \(DOH\)](#)
[Halvorson, Clark R \(DOH\)](#)
[Fehrenbach, Lacy M \(DOH\)](#)
[Peterson, Kristin I \(DOH\)](#)
[DOH-IC \(DOH\)](#)
[DOH-IC2 \(DOH\)](#)
[Wiesman, John \(DOH\)](#)
Date: 17-Mar-20 9:20:05 PM
Subject: RE: Important Leadership Improvement Item

Thanks Nate. I will share with the CG as feedback for us to better serve everyone.

- ohn Wiesman
Secretary of Health

From: DOH-IC3 (DOH)
Sent: Tuesday, March 17, 2020 9:21 PM
To: Wiesman, ohn (DOH) mwiesman@doh.wa.gov
Cc: Lofy, Kathy H (DOH) athy.Lofy@DOH.WA.GOV Davis, Jerrod (DOH) errod.Davis@DOH.WA.GOV Halvorson, Clark R (DOH) Clark.Halvorson@DOH.WA.GOV Fehrenbach, Lacy M (DOH) lacy.fehrenbach-marosfalvy@doh.wa.gov Peterson, Kristin I (DOH) ristin.Peterson@DOH.WA.GOV DOH-IC (DOH) doh-ic.imt@doh.wa.gov DOH-IC2 (DOH) doh-ic2.imt@doh.wa.gov
Subject: Important Leadership Improvement Item

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Current Status:

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Overall, our team is working to identify the pricing and timeframe for delivery of 1500 units (which is a lot).

At the same time, our team is working to obtain 1000 LTV 1200 ventilators from the Strategic National Stockpile SNS. Reportedly, the SNS is working on an allocation strategy for these ventilators. We do not yet know pricing or availability. These vents would be used for non-COVID/severe ARDS patients, freeing up more sophisticated machines for sicker people.

As always please let me know if you have any questions, or feedback for how I can better communicate these types of things.

Respectfully,

Nate

From: DOH-IC3 (DOH)
Sent: Tuesday, March 1 , 2020 6:45 PM
To: Henry, Erika L (DOH) erika.henry_doh.wa.gov
Cc: DOH-OSC2 (DOH) doh-osc2.imt_doh.wa.gov Peterson, ristin I (DOH) ristin.Peterson_DOH.WA.GOV
Halvorson, Clark R (DOH) Clark.Halvorson_DOH.WA.GOV Davis, errod (DOH) errod.Davis_DOH.WA.GOV
DOH-IC2 (DOH) doh-ic2.imt_doh.wa.gov
Subject: RE: Today s Priorities: VENT PDATES

Erika,

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Great catch and keep up the good work,

Nate

From: Henry, Erika L (DOH)
Sent: Tuesday, March 1 , 2020 6:02 PM
To: Peterson, ristin I (DOH) ristin.Peterson_DOH.WA.GOV Halvorson, Clark R (DOH) Clark.Halvorson_DOH.WA.GOV Davis, errod (DOH) errod.Davis_DOH.WA.GOV
Cc: DOH-OSC2 (DOH) doh-osc2.imt_doh.wa.gov DOH-IC3 (DOH) doh-ic3.imt_doh.wa.gov
Subject: RE: Today s Priorities: VENT PDATES

Carrie Corder is now working LSC3, and I have confidence she will get this moving tomorrow. We ust talked at length about it.

Also, my 4:45 press briefing was with Linda ent from DES, and they didn t know we needed ventilators (though they have staff at SEOC in ESF , so I m not sure how that connection was missed). Carrie will connect with them in the morning to get this moving forward.

erika

Erika Henry
Emergency Operations Supervisor
Division of Emergency Preparedness and Response
101 Israel Road SE

WA-GOV-20-0742-A-000316

Tumwater, WA 98504

erika.henry@doh.wa.gov

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From: Henry, Erika L (DOH)

Sent: Tuesday, March 1 , 2020 4:13 PM

To: Peterson, ristin I (DOH) ristin.Peterson@DOH.WA.GOV Halvorson, Clark R (DOH)

Clark.Halvorson@DOH.WA.GOV Davis, errod (DOH) errod.Davis@DOH.WA.GOV

Cc: DOH-OSC2 (DOH) doh-osc2.imt@doh.wa.gov DOH-IC3 (DOH) doh-ic3.imt@doh.wa.gov

Subject: RE: Today s Priorities: VENT PDATES

By way of follow up on ventilators, I have thus far heard the following. LSC3 said:

This is being reviewed here locally, both by LSC3 and local procurement.

I don t really know what that means. And Tish Greenfield said she had a call in to a vendor to check on Servo vents. And I believe I successfully shut down the near-procurement of millions of dollars of the wrong ventilators, which is the only progress I can claim here.

We re still awaiting federal decision on the SNS vents.

The original email ask is attached. Am I not pushing the right buttons Or am I not pushing them hard enough

erika

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To: Peterson, ristin I (DOH) ristin.Peterson@DOH.WA.GOV Halvorson, Clark R (DOH)

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Subject: RE: Today s Priorities

I ll provide what I know.

Somehow we got dangerously close to ordering a bunch of vents from a Bothell company named Ventec. I m not sure where this came from, but these vents DO NOT meet the specs of caring for COVID/severe ARDS patients. The clinicians I have spoken with advised against this purchase, which I hope is now stopped.

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SNS is more complicated than originally thought. ohn Duffy is working hard with his leadership for their decision as to allocation strategy. Our ask is 1000 of the LTV 1200s. We do not yet know pricing or availability. These vents would be used for non-COVID/severe ARDS patients, freeing up more sophisticated machines for sicker people.

I wish I could give you more. After a day and half of working this issue I feel no more ahead of it than I was when I

WA-GOV-20-0742-A-000317

started. Except that I do now have very clear specs as to what is needed, so that s progress.

I ll keep this thread updated as I know more.

erika

Erika Henry
Emergency Operations Supervisor
Division of Emergency Preparedness and Response
101 Israel Road SE
Tumwater, WA 98504
erika.henry@doh.wa.gov
360.701.7532 | www.doh.wa.gov



From: Peterson, ristin I (DOH)
Sent: Tuesday, March 1 , 2020 9:19 AM
To: Halvorson, Clark R (DOH) Clark.Halvorson@DOH.WA.GOV Davis, errod (DOH) errod.Davis@DOH.WA.GOV
Henry, Erika L (DOH) erika.henry@doh.wa.gov
Subject: FW: Today s Priorities

Please see ohn s question re: ventilators Any intel I need it by 10 am if possible ..

- Ventilators: What decisions to order were made yesterday SNS request Direct buy from vendor

From: [Wiesman, John \(DOH\)](#)
To: [Wicker, Kelly \(GOV\)](#)
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[Daugherty, Bret D. \(MIL\)](#)
[Lofy, Kathy H \(DOH\)](#)
[Schumacher, David \(OFM\)](#)
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CC: [Bergener, Terry \(DOH\)](#)
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[Cleary, Michelle \(HCA\)](#)
[Smart, John \(DOHi\)](#)
[McClain, Stacey \(MIL\)](#)
[Smith, Jaime \(GOV\)](#)
Date: 17-Mar-20 9:49:37 PM
Subject: RE: UCG daily check-in
Attachments: RE: Important Leadership Improvement Item.msg

See attached email for an example of how we need to better coordinate our use of the IMT. We should briefly review together at our meeting.

- ohn Wiesman
Secretary of Health

-----Original Appointment-----

From: Wicker, Kelly (GOV)
Sent: Tuesday, March 17, 2020 11:23 AM
To: Wicker, Kelly (GOV) Postman, David (GOV) Wiesman, John (DOH) Daugherty, Bret D. (MIL) Lofy, Kathy H (DOH) Schumacher, David (OFM) Strange, Cheryl (DSHS/OOS) Ezelle, Robert (MIL) Birch, Sue (HCA)
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Where: 1. 6.3942,, 42.56.420(4)

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our Unified Coordination Group.

David P

Kelly

John W

Kathy Lofy

TAG

Robert Ezelle

Cheryl

Sue B

David S (or designee)

1.888.286.3942

42.56.420(4)

1344# (Host)

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erika

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101 Israel Road SE

WA-GOV-20-0742-A-000322

Tumwater, WA 98504

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Sent: Tuesday, March 1 , 2020 4:13 PM

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WA-GOV-20-0742-A-000323

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erika

Erika Henry
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Henry, Erika L (DOH) erika.henry@doh.wa.gov
Subject: FW: Today s Priorities

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Required: [Postman, David \(GOV\)](#)
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[Cleary, Michelle \(HCA\)](#)
[Smart, John \(DOHi\)](#)
[McClain, Stacey \(MIL\)](#)
[Smith, Jaime \(GOV\)](#)
Subject: UCG daily check-in
Location: 1.888.286.3942, 42.56.420(4) 1344# (host)
When: 18-Mar-20 8:15:00 AM - 8:45:00 AM

Team,

As part of our new unified Command Structure, we are scheduling a daily call with you and others: our unified Coordination Group.

David P
elly
ohn W
athy Lofy
TAG
Robert Ezelle
Cheryl
Sue B
David S (or designee)

1. 2 6.3942
42.56.420(4)
1344 (Host)

From: [Holt, Brett](#)

To:

Date: 18-Mar-20 4:59:27 PM

Subject: FEMA Region 10 Private Sector COVID-19 Update

Attachments: FW: FEMA Advisory: President Donald J. Trump Directs FEMA Support Under
Emergency Declaration for COVID-19.msg
OSHA3990 - Guidance on Preparing Workplaces for COVID-19.pdf
SBA-Disaster_Assistance_Resources_for_Businesses.pdf

All

For the past few weeks, I've been supporting the private sector and Region 10 State Emergency Management in the COVID-19 Response. I've tried to push out general update emails on Tuesdays and Thursdays to provide resources or other relevant information during this time. The response is very fluid and what I do provide could change tomorrow due to a variety of factors. If you find the information below informative, let me know and I will add you to the distribution list if you want information.

Brett Holt
Private Sector Liaison Region 10 Office of External Affairs
Bothell, WA
Mobile: (425) - 593
brett.holt@fema.dhs.gov

Federal Emergency Management Agency
fema.gov



FEMA

•

Region 10 Partners

Thank you for your partnership. You will find new CDC resources, links to COVID-19 sites, OSHA Guidance on Preparing the Workforce for COVID-19, SBA's new program information, upcoming business continuity training, the call-in information for the NBEOC call, and more.

Continue to forward this email, ask to be added to the distribution list, or reach back for questions or comments.

Rumor Control

The link [here](#) is CDC's current Myth/Fact page. Additionally, for the most up-to-date information, CDC has started a [What is New page](#). This includes the latest fact sheets and external communications materials on COVID-19.

Translations

CDC's website and communications resources can be found [here](#) in Spanish. Content is continuing to be updated daily.

National Emergency Declaration (see attached email)

On March 13, President Trump declared a nationwide emergency pursuant to Sec. 501(b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207 (the Stafford Act). This increases federal support to the Department of Health and Human Services (HHS) in its role as the lead federal agency for the ongoing COVID-19 pandemic response. As a result of the President's decisive, unprecedented action, FEMA is directed to assist state, local, tribal, and territorial governments in their response efforts.

WA-GOV-20-0742-A-000326

territorial governments and other eligible entities with the health and safety actions they take on behalf of the American public. Today's declaration does not make direct financial assistance available to individuals.

OSHA Guidance on Preparing the Workforce for COVID-19 (see attached PDF)

The Occupational Safety and Health Administration (OSHA) developed this COVID-19 planning guidance based on traditional infection prevention and industrial hygiene practices. It focuses on the need for employers to implement engineering, administrative, and work practice controls and personal protective equipment (PPE), as well as considerations for doing so.

Small Business Administration Resources (see attached PDF)

The U.S. Small Business Administration is offering designated states and territories low-interest federal disaster loans for working capital to small businesses suffering substantial economic injury as a result of the Coronavirus (COVID-19). Upon a request received from a state's or territory's Governor, SBA will issue under its own authority, as provided by the Coronavirus Preparedness and Response Supplemental Appropriations Act that was recently signed by the President, an Economic Injury Disaster Loan declaration.

Update on the Coronavirus Disease 2019 (COVID-19) Response

Please join us for an update on the COVID-19 response.

Date: Wednesday, March 19, 2020

Time: 3:00 p.m. ET

Presenter: Dr. Nancy Messonnier (Director of the National Center for Immunization and Respiratory Diseases)

Dr. Messonnier will share guidance for the private sector, including what CDC knows at this point and what CDC is doing in response to this outbreak. We will also have time for questions and answers. Please email eocevent337@cdc.gov to submit questions in advance.

Register at https://zoom.us/webinar/register/WN_v1NsR-W0TqaqmPgkbPqx9g

Washington Small Business Development Center Business Resiliency Webinars

The Washington SBDC is launching a series of Business Resiliency webinars targeted at small businesses starting this Thursday at 11am in Response to COVID-19. [View the upcoming](#) events to support your business. Webinar participants will also receive access to a business resiliency PDF fillable form that they can customize according to their particular needs. About 30 minutes of the webinar will be an overview of resiliency planning and the remainder of the time will be for questions and answers. In addition, they have a [business resiliency web page](#). On the page, you'll be able to download a copy of our Business Resiliency Guide, as well as a Business Resiliency Plan, which can be customized by small business owners to meet their specific needs.

Region 10 State Private Sector Leads

Alaska

Private Sector Leads for Alaska Division of Homeland Security Emergency Management

- Tom Koloski, Emergency Management Specialist III, thomas.koloski@alaska.gov
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Emergency Operations Center is activated to Level 3 (Full Activation) with a Unified Command Group.

Alaska COVID Information

- [Alaska COVID-19](#)

Idaho

Private Sector Lead for Idaho Office of Emergency Management

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Emergency Operations Center is activated to Level 3 monitoring COVID-19

Idaho COVID Information

- [Idaho COVID-19](#)

Oregon

Private Sector Lead for Oregon Office of Emergency Management

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Emergency Operations Center is activated

Oregon COVID Information

- [Oregon Health Authority COVID](#)
- [Oregon Office of Emergency Management COVID Dashboard](#)
- [Business Oregon](#)

Washington

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Emergency Operations Center is activated to Level 1

Washington COVID Information

- [Washington COVID-19](#)
- [Employment Resources](#)
- [Governor Office COVID-19 Resources](#)
- [Small Business Resource](#)
- [Washington State Department of Commerce Start up Washington](#)

Useful COVID-19 Links

U.S. Department of Health and Human Services:

- Twitter ([here](#))
- Facebook ([here](#))

Centers for Disease Control and Prevention:

- Twitter ([here](#))
- Facebook ([here](#))

What you should know:

- [Workplace, School, and Home Guidance](#)
- [People at Risk for Serious Illness from COVID-19](#)
- [How COVID-19 Spreads](#)
- [Symptoms](#)
- [Steps to Prevent Illness](#)
- [Testing](#)
- [Frequently Asked Questions](#)
- [What to Do If you Are Sick with COVID-19](#)
- [Stigma Related to COVID-19](#)
- [What you Need to know](#)
- [Facts about COVID-19](#)
- [Information for People at Higher Risk and Special Populations](#)
- [Communication Resources](#)

Situation Updates:

- [Situation Summary](#)
- [Cases in the U.S.](#)
- [Global Locations with COVID-19](#)
- [Risk Assessment](#)
- [CDC in Action: Preparing Communities](#)

Information for Businesses:

- [Interim Guidance for Businesses and Employers](#)
- [Information for Communities, Schools, and Businesses](#)
- [Environmental Cleaning and Disinfection Recommendations for Community Facilities](#)
- SBA: [COVID-19 Resources](#)
- DOL: [Guidance for Preparing Workplaces for Coronavirus](#)
- DOL: [OSHA Resources for Workers and Employers on COVID-19](#)
- WHO: [Get your Workplace Ready for COVID-19](#)
- CISA: [Risk Management for COVID-19](#)
- EPA: [Disinfectants for Use Against COVID-19](#)
 - o [PDF](#)

Information for Travel and Transportation:

- [Information for Travel](#)
- [Guidance for Ships](#)

[Guidance for Airlines and Airline Crew](#)

State: [Travel Advisories](#)

State: [Traveler s Checklist](#)

State: [Smart Traveler Enrollment Program](#)

DOT: [FAQs from FTA Grantees Regarding COVID-19](#)

Information for Healthcare Providers, First Responders, and Research Facilities:

[Information for Healthcare Professionals](#)

[Resources for State, Local, Territorial and Tribal Health Departments](#)

[Resources for Healthcare Facilities](#)

[Infection Prevention and Control Recommendations for Patients with COVID-19 or Persons Under Investigation in Healthcare Settings](#)

[Information for Laboratories](#)

[Resources for First Responders](#)

[Guidance for Nursing Homes](#)

[Guidance for Public Health Professionals Managing People with COVID-19 in Home Care and Isolation Who Have Pets or Other Animals](#)

[FAQs and Considerations for Patient Triage, Placement and Hospital Discharge](#)

[What Law Enforcement Personnel Need to Know](#)

[Guidance for Homeless Shelters](#)

[Guidance for Hemodialysis Facilities](#)

CMS: [Information on COVID-19 and Current Emergencies](#)

CMS: [Guidance for Hospice Agencies](#)

CMS: [Emergency Medical Treatment and Labor Act Requirements and Implications Related to COVID-19](#)

CMS: [FAQs for State Survey Agency and Accrediting Organizations](#)

EPA: [Disinfectants for Use Against COVID-19](#)

o [PDF](#)

Information for Families and Households:

[Information on COVID-19 for Pregnant Women and Children](#)

[Interim Guidance for Household Readiness](#)

[Environmental Cleaning and Disinfection Recommendations for U.S. Households](#)

[Guidance for Preventing the Spread of COVID-19 in Homes and Residential Communities](#)

[FAQ: COVID-19 and Children](#)

EPA: [Disinfectants for Use Against COVID-19](#)

o [PDF](#)

Information for Schools and Childcare Providers:

[Interim Guidance for Administrators of U.S. Childcare Programs and K-12 Schools](#)

[Resources for Institutes of Higher Education](#)

[Environmental Cleaning and Disinfection Recommendations for Community Facilities](#)

SDA: [SDA Makes It Easier, Safer to Feed Children in California Amid Coronavirus Outbreak](#)

DOEd: [Resources for Schools and School Personnel](#)

EPA: [Disinfectants for Use Against COVID-19](#)

o [PDF](#)

Information for Community Events and Gatherings:

[Interim Guidance for Mass Gatherings and Large Community Events](#)

[Interim Guidance for Community- and Faith-Based Organizations](#)

EPA: [Disinfectants for Use Against COVID-19](#)

o [PDF](#)

Information for Military Response:

DOD: [Department of Defense Coronavirus Response](#)

National Business Emergency Operations Center (NBEOC)

The FEMA National Business Emergency Operations Center (NBEOC) is activated as part of the Interagency Crisis Action Task Force, supporting the HHS, the Lead Federal Agency for our nation s response to COVID-19.

The Crisis Action Task Force and NBEOC are operating daily (M-Fri) from 0 00-1 00 hrs. (EST).

The [NBEOC Dashboard](#) remains active 24/7. Post questions for the private sector community and FEMA staff to respond. We will post current information on the dashboard as it s received.

Next NBEOC Cross Sector Coordination Call (TODA)

Tuesday, March 1

12pm PST

1- 00-593- 1 42.56.420(4)

[Adobe Connect](#)

Calls are every Tuesday and Thursday

Businesses with locations in other [FEMA regions](#) can reach out to me for those specific Private Sector Liaison contacts. I m welcome to connect you.

I will push out these updates on Tuesdays and Thursdays to coincide the days we are holding a FEMA National Business Emergency Operations Center call.

Brett Holt
Private Sector Liaison Region 10 Office of External Affairs
Bothell, WA
Mobile: (425) - 593
brett.holt@fema.dhs.gov

Federal Emergency Management Agency
fema.gov



FEMA

Federal Emergency Management Agency (FEMA), Region 10 is committed to providing access, equal opportunity and reasonable accommodation in its services, programs, activities, education and employment for individuals with disabilities. To request a disability accommodation contact me at least five (5) working days in advance at 425-877-8593 or brett.holt@fema.dhs.gov.



Guidance on Preparing Workplaces for COVID-19



Occupational Safety and Health Act of 1970

“To assure safe and healthful working conditions for working men and women; by authorizing enforcement of the standards developed under the Act; by assisting and encouraging the States in their efforts to assure safe and healthful working conditions; by providing for research, information, education, and training in the field of occupational safety and health.”

This guidance is not a standard or regulation, and it creates no new legal obligations. It contains recommendations as well as descriptions of mandatory safety and health standards. The recommendations are advisory in nature, informational in content, and are intended to assist employers in providing a safe and healthful workplace. The Occupational Safety and Health Act requires employers to comply with safety and health standards and regulations promulgated by OSHA or by a state with an OSHA-approved state plan. In addition, the Act’s General Duty Clause, Section 5(a)(1), requires employers to provide their employees with a workplace free from recognized hazards likely to cause death or serious physical harm.

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This information will be made available to sensory-impaired individuals upon request. Voice phone: (202) 693-1999; teletypewriter (TTY) number: 1-877-889-5627.

Guidance on Preparing Workplaces for COVID-19

U.S. Department of Labor
Occupational Safety and Health Administration

OSHA 3990-03 2020



U.S. Department of Labor

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Introduction

Coronavirus Disease 2019 (COVID-19) is a respiratory disease caused by the SARS-CoV-2 virus. It has spread from China to many other countries around the world, including the United States. Depending on the severity of COVID-19's international impacts, outbreak conditions—including those rising to the level of a pandemic—can affect all aspects of daily life, including travel, trade, tourism, food supplies, and financial markets.

To reduce the impact of COVID-19 outbreak conditions on businesses, workers, customers, and the public, it is important for all employers to plan now for COVID-19. For employers who have already planned for influenza pandemics, planning for COVID-19 may involve updating plans to address the specific exposure risks, sources of exposure, routes of transmission, and other unique characteristics of SARS-CoV-2 (i.e., compared to pandemic influenza viruses). Employers who have not prepared for pandemic events should prepare themselves and their workers as far in advance as possible of potentially worsening outbreak conditions. Lack of continuity planning can result in a cascade of failures as employers attempt to address challenges of COVID-19 with insufficient resources and workers who might not be adequately trained for jobs they may have to perform under pandemic conditions.

The Occupational Safety and Health Administration (OSHA) developed this COVID-19 planning guidance based on traditional infection prevention and industrial hygiene practices. It focuses on the need for employers to implement engineering, administrative, and work practice controls and personal protective equipment (PPE), as well as considerations for doing so.

This guidance is intended for planning purposes. Employers and workers should use this planning guidance to help identify risk levels in workplace settings and to determine any appropriate control measures to implement. Additional guidance may be needed as COVID-19 outbreak conditions change, including as new information about the virus, its transmission, and impacts, becomes available.

The U.S. Department of Health and Human Services' Centers for Disease Control and Prevention (CDC) provides the latest information about COVID-19 and the global outbreak: www.cdc.gov/coronavirus/2019-ncov.

The OSHA COVID-19 webpage offers information specifically for workers and employers: www.osha.gov/covid-19.

This guidance is advisory in nature and informational in content. It is not a standard or a regulation, and it neither creates new legal obligations nor alters existing obligations created by OSHA standards or the *Occupational Safety and Health Act* (OSH Act). Pursuant to the OSH Act, employers must comply with safety and health standards and regulations issued and enforced either by OSHA or by an OSHA-approved State Plan. In addition, the OSH Act's General Duty Clause, [Section 5\(a\)\(1\)](#), requires employers to provide their employees with a workplace free from recognized hazards likely to cause death or serious physical harm. OSHA-approved State Plans may have standards, regulations and enforcement policies that are different from, but at least as effective as, OSHA's. Check with your [State Plan](#), as applicable, for more information.

About COVID-19

Symptoms of COVID-19

Infection with SARS-CoV-2, the virus that causes COVID-19, can cause illness ranging from mild to severe and, in some cases, can be fatal. Symptoms typically include fever, cough, and shortness of breath. Some people infected with the virus have reported experiencing other non-respiratory symptoms. Other people, referred to as *asymptomatic cases*, have experienced no symptoms at all.

According to the CDC, symptoms of COVID-19 may appear in as few as 2 days or as long as 14 days after exposure.

How COVID-19 Spreads

Although the first human cases of COVID-19 likely resulted from exposure to infected animals, infected people can spread SARS-CoV-2 to other people.

The virus is thought to spread mainly from person-to-person, including:

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

Medium exposure risk jobs include those that require frequent and/or close contact with (i.e., within 6 feet of) other people who may be infected with SARS-CoV-2.

It may be possible that a person can get COVID-19 by touching a surface or object that has SARS-CoV-2 on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the primary way the virus spreads.

People are thought to be most contagious when they are most symptomatic (i.e., experiencing fever, cough, and/or shortness of breath). Some spread might be possible before people show symptoms; there have been reports of this type of asymptomatic transmission with this new coronavirus, but this is also not thought to be the main way the virus spreads.

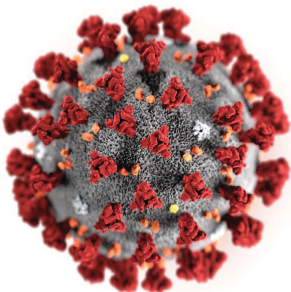
Although the United States has implemented public health measures to limit the spread of the virus, it is likely that some person-to-person transmission will continue to occur.

The CDC website provides the latest information about COVID-19 transmission: www.cdc.gov/coronavirus/2019-ncov/about/transmission.html.

How a COVID-19 Outbreak Could Affect Workplaces

Similar to influenza viruses, SARS-CoV-2, the virus that causes COVID-19, has the potential to cause extensive outbreaks. Under conditions associated with widespread person-to-person spread, multiple areas of the United States and other countries may see impacts at the same time. In the absence of a vaccine, an outbreak may also be an extended event. As a result, workplaces may experience:

- **Absenteeism.** Workers could be absent because they are sick; are caregivers for sick family members; are caregivers for children if schools or day care centers are closed; have at-risk people at home, such as immunocompromised family members; or are afraid to come to work because of fear of possible exposure.
- **Change in patterns of commerce.** Consumer demand for items related to infection prevention (e.g., respirators) is likely to increase significantly, while consumer interest in other goods may decline. Consumers may also change shopping patterns because of a COVID-19 outbreak. Consumers may try to shop at off-peak hours to reduce contact with other people, show increased interest in home delivery services, or prefer other options, such as drive-through service, to reduce person-to-person contact.
- **Interrupted supply/delivery.** Shipments of items from geographic areas severely affected by COVID-19 may be delayed or cancelled with or without notification.



This illustration, created at the Centers for Disease Control and Prevention (CDC), reveals ultrastructural morphology exhibited by the 2019 Novel Coronavirus (2019-nCoV). Note the spikes that adorn the outer surface of the virus, which impart the look of a corona surrounding the virion, when viewed electron microscopically. This virus was identified as the cause of an outbreak of respiratory illness first detected in Wuhan, China.

Photo: CDC / Alissa Eckert & Dan Higgins

Steps All Employers Can Take to Reduce Workers' Risk of Exposure to SARS-CoV-2

This section describes basic steps that every employer can take to reduce the risk of worker exposure to SARS-CoV-2, the virus that causes COVID-19, in their workplace. Later sections of this guidance—including those focusing on jobs classified as having low, medium, high, and very high exposure risks—provide specific recommendations for employers and workers within specific risk categories.

Develop an Infectious Disease Preparedness and Response Plan

If one does not already exist, develop an infectious disease preparedness and response plan that can help guide protective actions against COVID-19.

Stay abreast of guidance from federal, state, local, tribal, and/or territorial health agencies, and consider how to incorporate those recommendations and resources into workplace-specific plans.

Plans should consider and address the level(s) of risk associated with various worksites and job tasks workers perform at those sites. Such considerations may include:

- Where, how, and to what sources of SARS-CoV-2 might workers be exposed, including:
 - The general public, customers, and coworkers; and
 - Sick individuals or those at particularly high risk of infection (e.g., international travelers who have visited locations with widespread sustained (ongoing) COVID-19 transmission, healthcare workers who have had unprotected exposures to people known to have, or suspected of having, COVID-19).
- Non-occupational risk factors at home and in community settings.

- Workers' individual risk factors (e.g., older age; presence of chronic medical conditions, including immunocompromising conditions; pregnancy).
- Controls necessary to address those risks.

Follow federal and state, local, tribal, and/or territorial (SLTT) recommendations regarding development of contingency plans for situations that may arise as a result of outbreaks, such as:

- Increased rates of worker absenteeism.
- The need for social distancing, staggered work shifts, downsizing operations, delivering services remotely, and other exposure-reducing measures.
- Options for conducting essential operations with a reduced workforce, including cross-training workers across different jobs in order to continue operations or deliver surge services.
- Interrupted supply chains or delayed deliveries.

Plans should also consider and address the other steps that employers can take to reduce the risk of worker exposure to SARS-CoV-2 in their workplace, described in the sections below.

Prepare to Implement Basic Infection Prevention Measures

For most employers, protecting workers will depend on emphasizing basic infection prevention measures. As appropriate, all employers should implement good hygiene and infection control practices, including:

- Promote frequent and thorough [hand washing](#), including by providing workers, customers, and worksite visitors with a place to wash their hands. If soap and running water are not immediately available, provide alcohol-based hand rubs containing at least 60% alcohol.
- Encourage workers to [stay home if they are sick](#).
- Encourage [respiratory etiquette](#), including covering coughs and sneezes.

- Provide customers and the public with tissues and trash receptacles.
- Employers should explore whether they can establish [policies and practices](#), such as flexible worksites (e.g., telecommuting) and flexible work hours (e.g., staggered shifts), to increase the physical distance among employees and between employees and others if state and local health authorities recommend the use of social distancing strategies.
- Discourage workers from using other workers' phones, desks, offices, or other work tools and equipment, when possible.
- Maintain regular housekeeping practices, including routine cleaning and disinfecting of surfaces, equipment, and other elements of the work environment. When choosing cleaning chemicals, employers should consult information on Environmental Protection Agency (EPA)-approved disinfectant labels with claims against emerging viral pathogens. Products with EPA-approved emerging viral pathogens claims are expected to be effective against SARS-CoV-2 based on data for harder to kill viruses. Follow the manufacturer's instructions for use of all cleaning and disinfection products (e.g., concentration, application method and contact time, PPE).

Develop Policies and Procedures for Prompt Identification and Isolation of Sick People, if Appropriate

- Prompt identification and isolation of potentially infectious individuals is a critical step in protecting workers, customers, visitors, and others at a worksite.
- Employers should inform and encourage employees to self-monitor for signs and symptoms of COVID-19 if they suspect possible exposure.
- Employers should develop policies and procedures for employees to report when they are sick or experiencing symptoms of COVID-19.

- Where appropriate, employers should develop policies and procedures for immediately isolating people who have [signs and/or symptoms](#) of COVID-19, and train workers to implement them. Move potentially infectious people to a location away from workers, customers, and other visitors. Although most worksites do not have specific isolation rooms, designated areas with closable doors may serve as isolation rooms until potentially sick people can be removed from the worksite.
- Take steps to limit spread of the respiratory secretions of a person who may have COVID-19. Provide a face mask, if feasible and available, and ask the person to wear it, if tolerated. Note: A face mask (also called a surgical mask, procedure mask, or other similar terms) on a patient or other sick person should not be confused with PPE for a worker; the mask acts to contain potentially infectious respiratory secretions at the source (i.e., the person's nose and mouth).
- If possible, isolate people suspected of having COVID-19 separately from those with confirmed cases of the virus to prevent further transmission—particularly in worksites where medical screening, triage, or healthcare activities occur, using either permanent (e.g., wall/different room) or temporary barrier (e.g., plastic sheeting).
- Restrict the number of personnel entering isolation areas.
- Protect workers in close contact with (i.e., within 6 feet of) a sick person or who have prolonged/repeated contact with such persons by using additional engineering and administrative controls, safe work practices, and PPE. Workers whose activities involve close or prolonged/repeated contact with sick people are addressed further in later sections covering workplaces classified at medium and very high or high exposure risk.

Develop, Implement, and Communicate about Workplace Flexibilities and Protections

- Actively encourage sick employees to stay home.
- Ensure that sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.
- Talk with companies that provide your business with contract or temporary employees about the importance of sick employees staying home and encourage them to develop non-punitive leave policies.
- Do not require a healthcare provider's note for employees who are sick with acute respiratory illness to validate their illness or to return to work, as healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.
- Maintain flexible policies that permit employees to stay home to care for a sick family member. Employers should be aware that more employees may need to stay at home to care for sick children or other sick family members than is usual.
- Recognize that workers with ill family members may need to stay home to care for them. See CDC's Interim Guidance for Preventing the Spread of COVID-19 in Homes and Residential Communities: www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html.
- Be aware of workers' concerns about pay, leave, safety, health, and other issues that may arise during infectious disease outbreaks. Provide adequate, usable, and appropriate training, education, and informational material about business-essential job functions and worker health and safety, including proper hygiene practices and the use of any workplace controls (including PPE). Informed workers who feel safe at work are less likely to be unnecessarily absent.

- Work with insurance companies (e.g., those providing employee health benefits) and state and local health agencies to provide information to workers and customers about medical care in the event of a COVID-19 outbreak.

Implement Workplace Controls

Occupational safety and health professionals use a framework called the “hierarchy of controls” to select ways of controlling workplace hazards. In other words, the best way to control a hazard is to systematically remove it from the workplace, rather than relying on workers to reduce their exposure. During a COVID-19 outbreak, when it may not be possible to eliminate the hazard, the most effective protection measures are (listed from most effective to least effective): engineering controls, administrative controls, safe work practices (a type of administrative control), and PPE. There are advantages and disadvantages to each type of control measure when considering the ease of implementation, effectiveness, and cost. In most cases, a combination of control measures will be necessary to protect workers from exposure to SARS-CoV-2.

In addition to the types of workplace controls discussed below, CDC guidance for businesses provides employers and workers with recommended SARS-CoV-2 infection prevention strategies to implement in workplaces: www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html.

Engineering Controls

Engineering controls involve isolating employees from work-related hazards. In workplaces where they are appropriate, these types of controls reduce exposure to hazards without relying on worker behavior and can be the most cost-effective solution to implement. Engineering controls for SARS-CoV-2 include:

- Installing high-efficiency air filters.
- Increasing ventilation rates in the work environment.
- Installing physical barriers, such as clear plastic sneeze guards.

- Installing a drive-through window for customer service.
- Specialized negative pressure ventilation in some settings, such as for aerosol generating procedures (e.g., airborne infection isolation rooms in healthcare settings and specialized autopsy suites in mortuary settings).

Administrative Controls

Administrative controls require action by the worker or employer. Typically, administrative controls are changes in work policy or procedures to reduce or minimize exposure to a hazard. Examples of administrative controls for SARS-CoV-2 include:

- Encouraging sick workers to stay at home.
- Minimizing contact among workers, clients, and customers by replacing face-to-face meetings with virtual communications and implementing telework if feasible.
- Establishing alternating days or extra shifts that reduce the total number of employees in a facility at a given time, allowing them to maintain distance from one another while maintaining a full onsite work week.
- Discontinuing nonessential travel to locations with ongoing COVID-19 outbreaks. Regularly check CDC travel warning levels at: www.cdc.gov/coronavirus/2019-ncov/travelers.
- Developing emergency communications plans, including a forum for answering workers' concerns and internet-based communications, if feasible.
- Providing workers with up-to-date education and training on COVID-19 risk factors and protective behaviors (e.g., cough etiquette and care of PPE).
- Training workers who need to use protecting clothing and equipment how to put it on, use/wear it, and take it off correctly, including in the context of their current and potential duties. Training material should be easy to understand and available in the appropriate language and literacy level for all workers.

Safe Work Practices

Safe work practices are types of administrative controls that include procedures for safe and proper work used to reduce the duration, frequency, or intensity of exposure to a hazard. Examples of safe work practices for SARS-CoV-2 include:

- Providing resources and a work environment that promotes personal hygiene. For example, provide tissues, no-touch trash cans, hand soap, alcohol-based hand rubs containing at least 60 percent alcohol, disinfectants, and disposable towels for workers to clean their work surfaces.
- Requiring regular hand washing or using of alcohol-based hand rubs. Workers should always wash hands when they are visibly soiled and after removing any PPE.
- Post handwashing signs in restrooms.

Personal Protective Equipment (PPE)

While engineering and administrative controls are considered more effective in minimizing exposure to SARS-CoV-2, PPE may also be needed to prevent certain exposures. While correctly using PPE can help prevent some exposures, it should not take the place of other prevention strategies.

Examples of PPE include: gloves, goggles, face shields, face masks, and respiratory protection, when appropriate. During an outbreak of an infectious disease, such as COVID-19, recommendations for PPE specific to occupations or job tasks may change depending on geographic location, updated risk assessments for workers, and information on PPE effectiveness in preventing the spread of COVID-19. Employers should check the [OSHA](#) and [CDC](#) websites regularly for updates about recommended PPE.

All types of PPE must be:

- Selected based upon the hazard to the worker.
- Properly fitted and periodically refitted, as applicable (e.g., respirators).

- Consistently and properly worn when required.
- Regularly inspected, maintained, and replaced, as necessary.
- Properly removed, cleaned, and stored or disposed of, as applicable, to avoid contamination of self, others, or the environment.

Employers are obligated to provide their workers with PPE needed to keep them safe while performing their jobs. The types of PPE required during a COVID-19 outbreak will be based on the risk of being infected with SARS-CoV-2 while working and job tasks that may lead to exposure.

Workers, including those who work within 6 feet of patients known to be, or suspected of being, infected with SARS-CoV-2 and those performing aerosol-generating procedures, need to use respirators:

- National Institute for Occupational Safety and Health (NIOSH)-approved, N95 filtering facepiece respirators or better must be used in the context of a comprehensive, written respiratory protection program that includes fit-testing, training, and medical exams. See OSHA's Respiratory Protection standard, 29 CFR 1910.134 at www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134.
- When disposable N95 filtering facepiece respirators are not available, consider using other respirators that provide greater protection and improve worker comfort. Other types of acceptable respirators include: a R/P95, N/R/P99, or N/R/P100 filtering facepiece respirator; an air-purifying elastomeric (e.g., half-face or full-face) respirator with appropriate filters or cartridges; powered air purifying respirator (PAPR) with high-efficiency particulate arrestance (HEPA) filter; or supplied air respirator (SAR). See CDC/NIOSH guidance for optimizing respirator supplies at: www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy.

- Consider using PAPRs or SARs, which are more protective than filtering facepiece respirators, for any work operations or procedures likely to generate aerosols (e.g., cough induction procedures, some dental procedures, invasive specimen collection, blowing out pipettes, shaking or vortexing tubes, filling a syringe, centrifugation).
- Use a surgical N95 respirator when both respiratory protection and resistance to blood and body fluids is needed.
- Face shields may also be worn on top of a respirator to prevent bulk contamination of the respirator. Certain respirator designs with forward protrusions (duckbill style) may be difficult to properly wear under a face shield. Ensure that the face shield does not prevent airflow through the respirator.
- Consider factors such as function, fit, ability to decontaminate, disposal, and cost. OSHA's Respiratory Protection eTool provides basic information on respirators such as medical requirements, maintenance and care, fit testing, written respiratory protection programs, and voluntary use of respirators, which employers may also find beneficial in training workers at: www.osha.gov/SLTC/etools/respiratory. Also see NIOSH respirator guidance at: www.cdc.gov/niosh/topics/respirators.
- Respirator training should address selection, use (including donning and doffing), proper disposal or disinfection, inspection for damage, maintenance, and the limitations of respiratory protection equipment. Learn more at: www.osha.gov/SLTC/respiratoryprotection.
- The appropriate form of respirator will depend on the type of exposure and on the transmission pattern of COVID-19. See the NIOSH "Respirator Selection Logic" at: www.cdc.gov/niosh/docs/2005-100/default.html or the OSHA "Respiratory Protection eTool" at www.osha.gov/SLTC/etools/respiratory.

Follow Existing OSHA Standards

Existing OSHA standards may apply to protecting workers from exposure to and infection with SARS-CoV-2.

While there is no specific OSHA standard covering SARS-CoV-2 exposure, some OSHA requirements may apply to preventing occupational exposure to SARS-CoV-2. Among the most relevant are:

- OSHA's Personal Protective Equipment (PPE) standards (in general industry, 29 CFR 1910 Subpart I), which require using gloves, eye and face protection, and respiratory protection. See: www.osha.gov/laws-regs/regulations/standardnumber/1910#1910_Subpart_I.
 - When respirators are necessary to protect workers or where employers require respirator use, employers must implement a comprehensive respiratory protection program in accordance with the Respiratory Protection standard (29 CFR 1910.134). See: www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134.
- The General Duty Clause, Section 5(a)(1) of the Occupational Safety and Health (OSH) Act of 1970, 29 USC 654(a)(1), which requires employers to furnish to each worker "employment and a place of employment, which are free from recognized hazards that are causing or are likely to cause death or serious physical harm." See: www.osha.gov/laws-regs/oshact/completeoshact.

OSHA's Bloodborne Pathogens standard (29 CFR 1910.1030) applies to occupational exposure to human blood and other potentially infectious materials that typically do not include respiratory secretions that may transmit SARS-CoV-2.

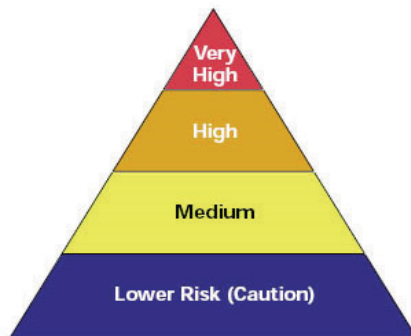
However, the provisions of the standard offer a framework that may help control some sources of the virus, including exposures to body fluids (e.g., respiratory secretions) not covered by the standard. See: www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030.

The OSHA COVID-19 webpage provides additional information about OSHA standards and requirements, including requirements in states that operate their own OSHA-approved State Plans, recordkeeping requirements and injury/illness recording criteria, and applications of standards related to sanitation and communication of risks related to hazardous chemicals that may be in common sanitizers and sterilizers. See: www.osha.gov/SLTC/covid-19/standards.html.

Classifying Worker Exposure to SARS-CoV-2

Worker risk of occupational exposure to SARS-CoV-2, the virus that causes COVID-19, during an outbreak may vary from very high to high, medium, or lower (caution) risk. The level of risk depends in part on the industry type, need for contact within 6 feet of people known to be, or suspected of being, infected with SARS-CoV-2, or requirement for repeated or extended contact with persons known to be, or suspected of being, infected with SARS-CoV-2. To help employers determine appropriate precautions, OSHA has divided job tasks into four risk exposure levels: very high, high, medium, and lower risk. The Occupational Risk Pyramid shows the four exposure risk levels in the shape of a pyramid to represent probable distribution of risk. Most American workers will likely fall in the lower exposure risk (caution) or medium exposure risk levels.

**Occupational Risk Pyramid
for COVID-19**



Very High Exposure Risk

Very high exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures.

Workers in this category include:

- Healthcare workers (e.g., doctors, nurses, dentists, paramedics, emergency medical technicians) performing aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, some dental procedures and exams, or invasive specimen collection) on known or suspected COVID-19 patients.
- Healthcare or laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients (e.g., manipulating cultures from known or suspected COVID-19 patients).
- Morgue workers performing autopsies, which generally involve aerosol-generating procedures, on the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death.

High Exposure Risk

High exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19. Workers in this category include:

- Healthcare delivery and support staff (e.g., doctors, nurses, and other hospital staff who must enter patients' rooms) exposed to known or suspected COVID-19 patients. (Note: when such workers perform aerosol-generating procedures, their exposure risk level becomes *very high*.)
- Medical transport workers (e.g., ambulance vehicle operators) moving known or suspected COVID-19 patients in enclosed vehicles.
- Mortuary workers involved in preparing (e.g., for burial or cremation) the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death.

Medium Exposure Risk

Medium exposure risk jobs include those that require frequent and/or close contact with (i.e., within 6 feet of) people who may be infected with SARS-CoV-2, but who are not known or suspected COVID-19 patients. In areas without ongoing community transmission, workers in this risk group may have frequent contact with travelers who may return from international locations with widespread COVID-19 transmission. In areas where there *is* ongoing community transmission, workers in this category may have contact be with the general public (e.g., in schools, high-population-density work environments, and some high-volume retail settings).

Lower Exposure Risk (Caution)

Lower exposure risk (caution) jobs are those that do not require contact with people known to be, or suspected of being, infected with SARS-CoV-2 nor frequent close contact with (i.e., within 6 feet of) the general public. Workers in this category have minimal occupational contact with the public and other coworkers.

Jobs Classified at Lower Exposure Risk (Caution): What to Do to Protect Workers

For workers who do not have frequent contact with the general public, employers should follow the guidance for “[Steps All Employers Can Take to Reduce Workers’ Risk of Exposure to SARS-CoV-2](#),” on page 7 of this booklet and implement control measures described in this section.

Engineering Controls

Additional engineering controls are not recommended for workers in the lower exposure risk group. Employers should ensure that engineering controls, if any, used to protect workers from other job hazards continue to function as intended.

Administrative Controls

- Monitor public health communications about COVID-19 recommendations and ensure that workers have access to that information. Frequently check the CDC COVID-19 website: www.cdc.gov/coronavirus/2019-ncov.
- Collaborate with workers to designate effective means of communicating important COVID-19 information.

Personal Protective Equipment

Additional PPE is not recommended for workers in the lower exposure risk group. Workers should continue to use the PPE, if any, that they would ordinarily use for other job tasks.

Jobs Classified at Medium Exposure Risk: What to Do to Protect Workers

In workplaces where workers have medium exposure risk, employers should follow the guidance for “[Steps All Employers Can Take to Reduce Workers’ Risk of Exposure to SARS-CoV-2](#),” on page 7 of this booklet and implement control measures described in this section.

Engineering Controls

- Install physical barriers, such as clear plastic sneeze guards, where feasible.

Administrative Controls

- Consider offering face masks to ill employees and customers to contain respiratory secretions until they are able leave the workplace (i.e., for medical evaluation/care or to return home). In the event of a shortage of masks, a reusable face shield that can be decontaminated may be an acceptable method of protecting against droplet transmission. See CDC/NIOSH guidance for optimizing respirator supplies, which discusses the use of surgical masks, at: www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy.

- Keep customers informed about symptoms of COVID-19 and ask sick customers to minimize contact with workers until healthy again, such as by posting signs about COVID-19 in stores where sick customers may visit (e.g., pharmacies) or including COVID-19 information in automated messages sent when prescriptions are ready for pick up.
- Where appropriate, limit customers' and the public's access to the worksite, or restrict access to only certain workplace areas.
- Consider strategies to minimize face-to-face contact (e.g., drive-through windows, phone-based communication, telework).
- Communicate the availability of medical screening or other worker health resources (e.g., on-site nurse; telemedicine services).

Personal Protective Equipment (PPE)

When selecting PPE, consider factors such as function, fit, decontamination ability, disposal, and cost. Sometimes, when PPE will have to be used repeatedly for a long period of time, a more expensive and durable type of PPE may be less expensive overall than disposable PPE.

Each employer should select the combination of PPE that protects workers specific to their workplace.

Workers with medium exposure risk may need to wear some combination of gloves, a gown, a face mask, and/or a face shield or goggles. PPE ensembles for workers in the medium exposure risk category will vary by work task, the results of the employer's hazard assessment, and the types of exposures workers have on the job.

High exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19.

Very high exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures that involve aerosol generation or specimen collection/handling.

In rare situations that would require workers in this risk category to use respirators, see the PPE section beginning on [page 14](#) of this booklet, which provides more details about respirators. For the most up-to-date information, visit OSHA's COVID-19 webpage: www.osha.gov/covid-19.

Jobs Classified at High or Very High Exposure Risk: What to Do to Protect Workers

In workplaces where workers have high or very high exposure risk, employers should follow the guidance for “[Steps All Employers Can Take to Reduce Workers’ Risk of Exposure to SARS-CoV-2](#),” on page 7 of this booklet and implement control measures described in this section.

Engineering Controls

- Ensure appropriate air-handling systems are installed and maintained in healthcare facilities. See “Guidelines for Environmental Infection Control in Healthcare Facilities” for more recommendations on air handling systems at: www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm.
- CDC recommends that patients with known or suspected COVID-19 (i.e., person under investigation) should be placed in an airborne infection isolation room (AIIR), if available.
- Use isolation rooms when available for performing aerosol-generating procedures on patients with known or suspected COVID-19. For postmortem activities, use autopsy suites or other similar isolation facilities when performing aerosol-generating procedures on the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death. See the CDC postmortem guidance at: www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html. OSHA also provides guidance for postmortem activities on its COVID-19 webpage: www.osha.gov/covid-19.

- Use special precautions associated with Biosafety Level 3 when handling specimens from known or suspected COVID-19 patients. For more information about biosafety levels, consult the U.S. Department of Health and Human Services (HHS) “Biosafety in Microbiological and Biomedical Laboratories” at www.cdc.gov/biosafety/publications/bmbl5.

Administrative Controls

If working in a healthcare facility, follow existing guidelines and facility standards of practice for identifying and isolating infected individuals and for protecting workers.

- Develop and implement policies that reduce exposure, such as cohorting (i.e., grouping) COVID-19 patients when single rooms are not available.
- Post signs requesting patients and family members to immediately report symptoms of respiratory illness on arrival at the healthcare facility and use disposable face masks.
- Consider offering enhanced medical monitoring of workers during COVID-19 outbreaks.
- Provide all workers with job-specific education and training on preventing transmission of COVID-19, including initial and routine/refresher training.
- Ensure that psychological and behavioral support is available to address employee stress.

Safe Work Practices

- Provide emergency responders and other essential personnel who may be exposed while working away from fixed facilities with alcohol-based hand rubs containing at least 60% alcohol for decontamination in the field.

Personal Protective Equipment (PPE)

Most workers at high or very high exposure risk likely need to wear gloves, a gown, a face shield or goggles, and either a face mask or a respirator, depending on their job tasks and exposure risks.

Those who work closely with (either in contact with or within 6 feet of) patients known to be, or suspected of being, infected with SARS-CoV-2, the virus that causes COVID-19, should wear respirators. In these instances, see the PPE section beginning on [page 14](#) of this booklet, which provides more details about respirators. For the most up-to-date information, also visit OSHA's COVID-19 webpage: www.osha.gov/covid-19.

PPE ensembles may vary, especially for workers in laboratories or morgue/mortuary facilities who may need additional protection against blood, body fluids, chemicals, and other materials to which they may be exposed. Additional PPE may include medical/surgical gowns, fluid-resistant coveralls, aprons, or other disposable or reusable protective clothing. Gowns should be large enough to cover the areas requiring protection. OSHA may also provide updated guidance for PPE use on its website: www.osha.gov/covid-19.

NOTE: Workers who dispose of PPE and other infectious waste must also be trained and provided with appropriate PPE.

The CDC webpage “Healthcare-associated Infections” (www.cdc.gov/hai) provides additional information on infection control in healthcare facilities.

Workers Living Abroad or Travelling Internationally

Employers with workers living abroad or traveling on international business should consult the “Business Travelers” section of the OSHA COVID-19 webpage (www.osha.gov/covid-19), which also provides links to the latest:

- CDC travel warnings: www.cdc.gov/coronavirus/2019-ncov/travelers
- U.S. Department of State (DOS) travel advisories: travel.state.gov

Employers should communicate to workers that the DOS cannot provide Americans traveling or living abroad with medications or supplies, even in the event of a COVID-19 outbreak.

As COVID-19 outbreak conditions change, travel into or out of a country may not be possible, safe, or medically advisable. It is also likely that governments will respond to a COVID-19 outbreak by imposing public health measures that restrict domestic and international movement, further limiting the U.S. government's ability to assist Americans in these countries. It is important that employers and workers plan appropriately, as it is possible that these measures will be implemented very quickly in the event of worsening outbreak conditions in certain areas.

More information on COVID-19 planning for workers living and traveling abroad can be found at: www.cdc.gov/travel.

For More Information

Federal, state, and local government agencies are the best source of information in the event of an infectious disease outbreak, such as COVID-19. Staying informed about the latest developments and recommendations is critical, since specific guidance may change based upon evolving outbreak situations.

Below are several recommended websites to access the most current and accurate information:

- Occupational Safety and Health Administration website: www.osha.gov
- Centers for Disease Control and Prevention website: www.cdc.gov
- National Institute for Occupational Safety and Health website: www.cdc.gov/niosh

OSHA Assistance, Services, and Programs

OSHA has a great deal of information to assist employers in complying with their responsibilities under OSHA law. Several OSHA programs and services can help employers identify and correct job hazards, as well as improve their safety and health program.

Establishing a Safety and Health Program

Safety and health programs are systems that can substantially reduce the number and severity of workplace injuries and illnesses, while reducing costs to employers.

Visit www.osha.gov/safetymanagement for more information.

Compliance Assistance Specialists

OSHA compliance assistance specialists can provide information to employers and workers about OSHA standards, short educational programs on specific hazards or OSHA rights and responsibilities, and information on additional compliance assistance resources.

Visit www.osha.gov/complianceassistance/cas or call 1-800-321-OSHA (6742) to contact your local OSHA office.

No-Cost On-Site Safety and Health Consultation Services for Small Business

OSHA's On-Site Consultation Program offers no-cost and confidential advice to small and medium-sized businesses in all states, with priority given to high-hazard worksites. On-Site consultation services are separate from enforcement and do not result in penalties or citations.

For more information or to find the local On-Site Consultation office in your state, visit www.osha.gov/consultation, or call 1-800-321-OSHA (6742).

Under the consultation program, certain exemplary employers may request participation in OSHA's **Safety and Health Achievement Recognition Program (SHARP)**. Worksites that receive SHARP recognition are exempt from programmed inspections during the period that the SHARP certification is valid.

Cooperative Programs

OSHA offers cooperative programs under which businesses, labor groups and other organizations can work cooperatively with OSHA. To find out more about any of the following programs, visit www.osha.gov/cooperativeprograms.

Strategic Partnerships and Alliances

The OSHA Strategic Partnerships (OSP) provide the opportunity for OSHA to partner with employers, workers, professional or trade associations, labor organizations, and/or other interested stakeholders. Through the Alliance Program, OSHA works with groups to develop compliance assistance tools and resources to share with workers and employers, and educate workers and employers about their rights and responsibilities.

Voluntary Protection Programs (VPP)

The VPP recognize employers and workers in the private sector and federal agencies who have implemented effective safety and health programs and maintain injury and illness rates below the national average for their respective industries.

Occupational Safety and Health Training

OSHA partners with 26 OSHA Training Institute Education Centers at 37 locations throughout the United States to deliver courses on OSHA standards and occupational safety and health topics to thousands of students a year. For more information on training courses, visit www.osha.gov/otiec.

OSHA Educational Materials

OSHA has many types of educational materials to assist employers and workers in finding and preventing workplace hazards.

All OSHA publications are free at www.osha.gov/publications and www.osha.gov/ebooks. You can also call 1-800-321-OSHA (6742) to order publications.

Employers and safety and health professionals can sign-up for *QuickTakes*, OSHA's free, twice-monthly online newsletter with the latest news about OSHA initiatives and products to assist in finding and preventing workplace hazards. To sign up, visit www.osha.gov/quicktakes.

OSHA Regional Offices

Region 1

Boston Regional Office
(CT*, ME*, MA, NH, RI, VT*)
JFK Federal Building
25 New Sudbury Street, Room E340
Boston, MA 02203
(617) 565-9860 (617) 565-9827 Fax

Region 2

New York Regional Office
(NJ*, NY*, PR*, VI*)
Federal Building
201 Varick Street, Room 670
New York, NY 10014
(212) 337-2378 (212) 337-2371 Fax

Region 3

Philadelphia Regional Office
(DE, DC, MD*, PA, VA*, WV)
The Curtis Center
170 S. Independence Mall West, Suite 740 West
Philadelphia, PA 19106-3309
(215) 861-4900 (215) 861-4904 Fax

Region 4

Atlanta Regional Office
(AL, FL, GA, KY*, MS, NC*, SC*, TN*)
Sam Nunn Atlanta Federal Center
61 Forsyth Street, SW, Room 6T50
Atlanta, GA 30303
(678) 237-0400 (678) 237-0447 Fax

Region 5

Chicago Regional Office
(IL*, IN*, MI*, MN*, OH, WI)
John C. Kluczynski Federal Building
230 South Dearborn Street, Room 3244
Chicago, IL 60604
(312) 353-2220 (312) 353-7774 Fax

Region 6

Dallas Regional Office
(AR, LA, NM*, OK, TX)
A. Maceo Smith Federal Building
525 Griffin Street, Room 602
Dallas, TX 75202
(972) 850-4145 (972) 850-4149 Fax

Region 7

Kansas City Regional Office
(IA*, KS, MO, NE)
Two Pershing Square Building
2300 Main Street, Suite 1010
Kansas City, MO 64108-2416
(816) 283-8745 (816) 283-0547 Fax

Region 8

Denver Regional Office
(CO, MT, ND, SD, UT*, WY*)
Cesar Chavez Memorial Building
1244 Speer Boulevard, Suite 551
Denver, CO 80204
(720) 264-6550 (720) 264-6585 Fax

Region 9

San Francisco Regional Office
(AZ*, CA*, HI*, NV*, and American Samoa,
Guam and the Northern Mariana Islands)
San Francisco Federal Building
90 7th Street, Suite 2650
San Francisco, CA 94103
(415) 625-2547 (415) 625-2534 Fax

Region 10

Seattle Regional Office
(AK*, ID, OR*, WA*)
Fifth & Yesler Tower
300 Fifth Avenue, Suite 1280
Seattle, WA 98104
(206) 757-6700 (206) 757-6705 Fax

*These states and territories operate their own OSHA-approved job safety and health plans and cover state and local government employees as well as private sector employees. The Connecticut, Illinois, Maine, New Jersey, New York and Virgin Islands programs cover public employees only. (Private sector workers in these states are covered by Federal OSHA). States with approved programs must have standards that are identical to, or at least as effective as, the Federal OSHA standards.

Note: To get contact information for OSHA area offices, OSHA-approved state plans and OSHA consultation projects, please visit us online at www.osha.gov or call us at 1-800-321-OSHA (6742).

How to Contact OSHA

Under the Occupational Safety and Health Act of 1970, employers are responsible for providing safe and healthful workplaces for their employees. OSHA's role is to help ensure these conditions for America's working men and women by setting and enforcing standards, and providing training, education and assistance. For more information, visit www.osha.gov or call OSHA at 1-800-321-OSHA (6742), TTY 1-877-889-5627.

**For assistance, contact us.
We are OSHA. We can help.**





U.S. Department of Labor

For more information:



www.osha.gov (800) 321-OSHA (6742)

WA-GOV-20-0742-A-000365



U.S. Small Business
Administration

SBA Disaster Assistance in Response to the Coronavirus

- The U.S. Small Business Administration is offering designated states and territories low-interest federal disaster loans for working capital to small businesses suffering substantial economic injury as a result of the Coronavirus (COVID-19). Upon a request received from a state's or territory's Governor, SBA will issue under its own authority, as provided by the Coronavirus Preparedness and Response Supplemental Appropriations Act that was recently signed by the President, an Economic Injury Disaster Loan declaration.
- Any such Economic Injury Disaster Loan assistance declaration issued by the SBA makes loans available to small businesses and private, non-profit organizations in designated areas of a state or territory to help alleviate economic injury caused by the Coronavirus (COVID-19).
- SBA's Office of Disaster Assistance will coordinate with the state's or territory's Governor to submit the request for Economic Injury Disaster Loan assistance.
- Once a declaration is made for designated areas within a state, the information on the application process for Economic Injury Disaster Loan assistance will be made available to all affected communities as well as updated on our website: [SBA.gov/disaster](https://www.sba.gov/disaster).
- SBA's Economic Injury Disaster Loans offer up to \$2 million in assistance and can provide vital economic support to small businesses to help overcome the temporary loss of revenue they are experiencing.
- These loans may be used to pay fixed debts, payroll, accounts payable and other bills that can't be paid because of the disaster's impact. The interest rate is 3.75% for small businesses without credit available elsewhere; businesses with credit available elsewhere are not eligible. The interest rate for non-profits is 2.75%.
- SBA offers loans with long-term repayments in order to keep payments affordable, up to a maximum of 30 years. Terms are determined on a case-by-case basis, based upon each borrower's ability to repay.
- SBA's Economic Injury Disaster Loans are just one piece of the expanded focus of the federal government's coordinated response, and the SBA is strongly committed to providing the most effective and customer-focused response possible.
- For additional information, please contact the SBA disaster assistance customer service center. Call 1-800-659-2955 (TTY: 1-800-877-8339) or e-mail disastercustomerservice@sba.gov.
- Visit [SBA.gov/disaster](https://www.sba.gov/disaster) for more information.

From: [Ward, Erin](#)
To:
Date: 13-Mar-20 3:41:18 PM
Subject: FW: FEMA Advisory: President Donald J. Trump Directs FEMA Support Under
Emergency Declaration for COVID-19

Please see the advisory below regarding the national emergency declaration issued today.

Office of External Affairs
U.S. Department of Homeland Security
Washington, DC 20472



FEMA

March 13, 2020
Contact: Congressional and Intergovernmental Affairs Division
Phone: 202-646-3444

Advisory

President Donald J. Trump Directs FEMA Support Under Emergency Declaration for COVID-19

The federal government continues to take aggressive and proactive steps to address the COVID-19 threat as the health and safety of the American people remain a top priority.

Today, President Trump declared a nationwide emergency pursuant to Sec. 501(b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207 (the Stafford Act). This increases federal support to the Department of Health and Human Services (HHS) in its role as the lead federal agency for the ongoing COVID-19 pandemic response. As a result of the President's decisive, unprecedented action, FEMA is directed to assist state, local, tribal, territorial governments and other eligible entities with the health and safety actions they take on behalf of the American public. Today's declaration does not make direct financial assistance available to individuals.

The emergency declaration does not change measures authorized under other federal statutes and HHS remains the lead federal agency directing the federal response to COVID-19. FEMA actions will be in support of HHS and in coordination with state, tribal and territorial governments. Eligible emergency protective measures taken at the direction or guidance of public health officials in response to this emergency, and not supported by the authorities of another federal agency, will be reimbursed strictly under the FEMA Public Assistance program. FEMA assistance will be provided at a 75 percent Federal cost share. Reimbursable activities typically include emergency protective measures such as the activation of State Emergency Operations Centers, National Guard costs, law enforcement and other measures necessary to protect public health and safety.

If you have any questions, please contact the Office of External Affairs, Congressional and Intergovernmental Affairs Division at (202) 646-4500 or at [FEMA-Congressional-Affairs@fema.dhs.gov](mailto:Affairs@fema.dhs.gov).

WA-GOV-20-0742-A-000367

###

FEMA's mission is helping people before, during and after disasters.

Follow [FEMA online](#), on Twitter [@FEMA](#) or [@FEMAEspañol](#), on FEMA's [Facebook page](#) or [Español page](#) and at FEMA's [YouTube](#) account. Also, follow Administrator Pete Gaynor's activities [@FEMA_Pete](#).

From: [Wiesman, John \(DOH\)](#)

To: [Wicker, Kelly \(GOV\)](#)

[Postman, David \(GOV\)](#)

[Daugherty, Bret D. \(MIL\)](#)

[Lofy, Kathy H \(DOH\)](#)

[Schumacher, David \(OFM\)](#)

[Strange, Cheryl \(DSHS/OOS\)](#)

[Ezelle, Robert \(MIL\)](#)

[Birch, Sue \(HCA\)](#)

[Wiesman, John \(DOH\)](#)

CC: [Bergener, Terry \(DOH\)](#)

[Senn, Catherine \(MIL\)](#)

[Aguirre-Rogers, Brenda \(DSHS/OOS\)](#)

[Kowalski, Nicci \(MIL\)](#)

[Jackson-Diaz, Sanura \(MIL\)](#)

[Cleary, Michelle \(HCA\)](#)

[Smart, John \(DOHi\)](#)

[McClain, Stacey \(MIL\)](#)

[Smith, Jaime \(GOV\)](#)

[Brown, Lisa \(COM\)](#)

[Liu, Chris \(DES\)](#)

[Sinclair, Stephen D. \(DOC\)](#)

Date: 18-Mar-20 6:49:34 AM

Subject: RE: UCG daily check-in

Attachments: UCG 03_18_20 Agenda.docx

CovID-19-Org Structure-FutureState2-03.14.2020.pdf

Proposal for Exec Oversight of WA COVID-19 Hospital Care Response - Secretary
Wiesman.pdf

Agenda and Materials for Today's Call

- ohn Wiesman
Secretary of Health

-----Original Appointment-----

From: Wicker, Kelly (GOV)

Sent: Tuesday, March 17, 2020 11:23 AM

To: Wicker, Kelly (GOV) Wiesman, John (DOH) Postman, David (GOV) Daugherty, Bret D. (MIL) Lofy, Kathy H (DOH) Schumacher, David (OFM) Strange, Cheryl (DSHS/OOS) Ezelle, Robert (MIL) Birch, Sue (HCA)

Cc: Bergener, Terry (DOH) Senn, Catherine (MIL) Aguirre-Rogers, Brenda (DSHS/OOS) Kowalski, Nicci (MIL)

Jackson-Diaz, Sanura (MIL) Cleary, Michelle (HCA) Smart, John (DOHi) McClain, Stacey (MIL) Smith, Jaime (GOV)

Brown, Lisa (COM) Liu, Chris (DES) Sinclair, Stephen D. (DOC)

WA-GOV-20-0742-A-000369

Subject: CG daily check-in

When: Wednesday, March 11, 2020 10:15 AM- 10:45 AM (PT-08:00) Pacific Time (PST - Canada).

Where: 1. 1.888.286.3942, 42.56.420(4) 1344 (host)

Team,

As part of our new Unified Command Structure, we are scheduling a daily call with you and others:
our Unified Coordination Group.

David P

Kelly

John W

Kathy Lofy

TAG

Robert Ezelle

Cheryl

Sue B

David S (or designee)

1.888.286.3942

42.56.420(4)

1344# (Host)

Unified Coordination Group (UCG)

Agenda

Wednesday, March 18, 2020

Attendees:

Gov's Office:	David Postman	Elly Wicker	David Schumacher
Emergency Management:	Bret Daugherty	Robert Ezelle	
Cabinet:	John Wiesman	Cheryl Strange	Sue Birch
Other:	Athy Lofy	DOH IMT Agency Administrator	

UCG Priorities:

- Health care system surge
- Improving PPE supplies
- Data for situational awareness and decision making

Decisions Currently Under Consideration by Governor:

Whether or not to issue order for shelter in place for those 60

AGENDA

1. High Level Situational Awareness (Ezelle)

2. Report out of Governor's Priorities/Needs (Postman/Wicker)

3. Confirm Decisions/Actions from Prior UCG Meeting(s)

- PPE Supplies (Ezelle)
 - Is data collection/reporting system being developed When will we see data
 - Status of order to commercial vendors
 - Status of SNS orders
- Cancellation of non-urgent surgeries (Wiesman)
 - Second thoughts about exclusion for rural hospitals
 - Proclamation by Governor today
- Secretary order allowing implementation of crisis standards of care (Wiesman)
 - In process
- Update on DSHS actions expediting LTC/DD discharges (Strange)
 - Mission update
 - Governor actions to support mission
- Hospital Space and Supply Surge
 - Confirm direction to order 1000 beds (Wiesman)
 - Ventilator update
 - Options on ventilator information for ordering (Lofy)
 - SNS order for pre-positioning (Ezelle)
- Surveillance Data and Modeling of Outbreak (DOH IMT Agency Administrator)
 - Status of Cathy Wasserman leading group and formalizing the group

4. New Business

- Establishing our Schedule/Roles (Daugherty/Wiesman/Ezelle)

WA-GOV-20-0742-A-000371

- i. Purpose of CG and structure of COVID-19 Response (see attached document)
- ii. Meeting Schedule (see bottom)
- iii. Should we use GoToMeeting so we can video/see slides
- iv. Staffing of CG (Who facilitates meeting Who puts together agenda and gets out materials)

b. Leadership of Health Care Response (Wiesman/Daugherty)

- i. Idea from P (see attached)
- ii. Issues for negotiation in setting up HC Executive Leadership of healthcare response

c. Potential Campaign for Persons 60

- i. Contact with AARP (Wicker)
- ii. Ideas for Campaign IC Mission, if we go forward (Wiesman)
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 - 2. Postcard mailings using AARP mailing lists
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d. Other

5. Assignments to the Governor from the UCG for our success

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- b. Calling the CEOs of the PPE suppliers to get them to prioritize WA state (states currently most impacted by outbreak)
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Meeting Schedule (to be confirmed)

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1600 New SITREP published to EOC

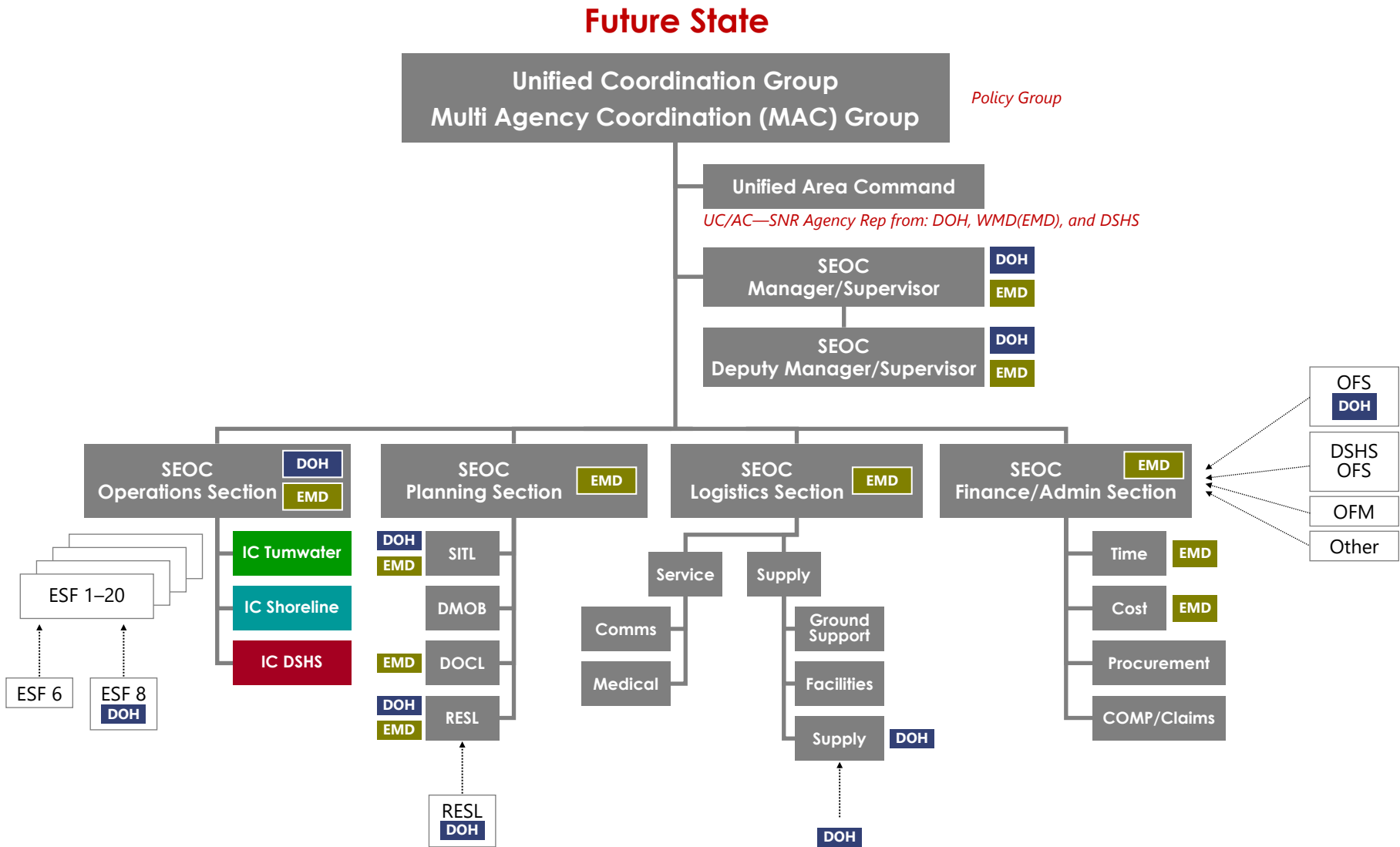
1630 SITREP distribution

SITREP:

- PPE
- MED SURGE
- SURVEILLANCE/TESTING/DATA
- RISKS
- Covid-19 CASE COUNT NUMBERS
- MITIGATION IMPACTS
- MEDIA TRENDS
- COST
- FUTURE OPS- 24, 48, 72 HOURS OUT

2020 Novel CoV Organizational Structure

Mission #20-0265
Last Updated: 3/14/2020



Transition Timeline: March 14-21, 2020

Sat, 3/14	RSS consolidated into LOGs
Mon, 3/16	AC LOGs transitions operations to UAC
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TBD	LSC, PSC right size

Positions Staying in Tumwater

- DOH Agency Administrator
- State Health Officer
- DOH Finance Section (FSC)
- Agency RESL
- Display Processor
- Literature Reviewer

March 17, 2020

Mr. John Wiesman
Secretary of Health
Washington State Department of Health
Olympia, WA

Proposal for Executive Oversight of Washington State COVID-19 Hospital Care Response

PROPOSAL: Appoint a top healthcare executive to lead the COVID-19 response for acute care facility planning and response.

This position would report directly to Governor Inslee, and have a dedicated team assigned to align and support the efforts of the Secretary of Health and other affected cabinet roles. This person would have full delegated authority and funding to ensure swift, decisive action to meet state goals.

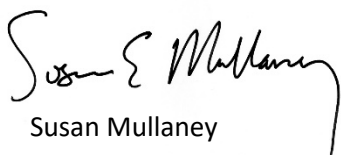
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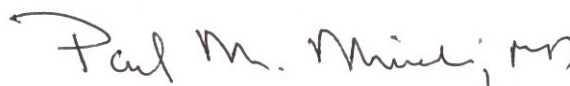
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Sincerely,



Susan Mullaney
President

Kaiser Foundation Health Plan of Washington



Dr. Paul Minardi
President & CEO

Washington Permanente Medical Group

From: [Wiesman, John \(DOH\)](#)

To: [Wicker, Kelly \(GOV\)](#)

[Postman, David \(GOV\)](#)

[Daugherty, Bret D. \(MIL\)](#)

[Lofy, Kathy H \(DOH\)](#)

[Schumacher, David \(OFM\)](#)

[Strange, Cheryl \(DSHS/OOS\)](#)

[Ezelle, Robert \(MIL\)](#)

[Birch, Sue \(HCA\)](#)

[Wiesman, John \(DOH\)](#)

CC: [Bergener, Terry \(DOH\)](#)

[Senn, Catherine \(MIL\)](#)

[Aguirre-Rogers, Brenda \(DSHS/OOS\)](#)

[Kowalski, Nicci \(MIL\)](#)

[Jackson-Diaz, Sanura \(MIL\)](#)

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[Smart, John \(DOHi\)](#)

[McClain, Stacey \(MIL\)](#)

[Smith, Jaime \(GOV\)](#)

[Brown, Lisa \(COM\)](#)

[Liu, Chris \(DES\)](#)

[Sinclair, Stephen D. \(DOC\)](#)

Date: 18-Mar-20 6:49:34 AM

Subject: RE: UCG daily check-in

Attachments: UCG 03_18_20 Agenda.docx

CovID-19-Org Structure-FutureState2-03.14.2020.pdf

Proposal for Exec Oversight of WA COVID-19 Hospital Care Response - Secretary Wiesman.pdf

Agenda and Materials for Today's Call

- ohn Wiesman
Secretary of Health

-----Original Appointment-----

From: Wicker, Kelly (GOV)

Sent: Tuesday, March 17, 2020 11:23 AM

To: Wicker, Kelly (GOV) Wiesman, John (DOH) Postman, David (GOV) Daugherty, Bret D. (MIL) Lofy, Kathy H (DOH) Schumacher, David (OFM) Strange, Cheryl (DSHS/OOS) Ezelle, Robert (MIL) Birch, Sue (HCA)

Cc: Bergener, Terry (DOH) Senn, Catherine (MIL) Aguirre-Rogers, Brenda (DSHS/OOS) Kowalski, Nicci (MIL) Jackson-Diaz, Sanura (MIL) Cleary, Michelle (HCA) Smart, John (DOHi) McClain, Stacey (MIL) Smith, Jaime (GOV) Brown, Lisa (COM) Liu, Chris (DES) Sinclair, Stephen D. (DOC)

Subject: CG daily check-in

When: Wednesday, March 11, 2020 10:15 AM- 10:45 AM (PST -08:00) Pacific Time (Saskatchewan).

Where: 1. 1.888.286.3942, 42.56.420(4) 1344 (host)

Team,

As part of our new Unified Command Structure, we are scheduling a daily call with you and others: our Unified Coordination Group.

David P

Kelly

John W

Kathy Lofy

TAG

Robert Ezelle

Cheryl

Sue B

David S (or designee)

1.888.286.3942

42.56.420(4)

1344# (Host)

Unified Coordination Group (UCG)

Agenda

Wednesday, March 18, 2020

Attendees:

Gov's Office:	David Postman	Elly Wicker	David Schumacher
Emergency Management:	Bret Daugherty	Robert Ezelle	
Cabinet:	John Wiesman	Cheryl Strange	Sue Birch
Other:	Athy Lofy	DOH IMT Agency Administrator	

UCG Priorities:

- Health care system surge
- Improving PPE supplies
- Data for situational awareness and decision making

Decisions Currently Under Consideration by Governor:

Whether or not to issue order for shelter in place for those 60

AGENDA

1. High Level Situational Awareness (Ezelle)

2. Report out of Governor's Priorities/Needs (Postman/Wicker)

3. Confirm Decisions/Actions from Prior UCG Meeting(s)

- PPE Supplies (Ezelle)
 - Is data collection/reporting system being developed When will we see data
 - Status of order to commercial vendors
 - Status of SNS orders
- Cancellation of non-urgent surgeries (Wiesman)
 - Second thoughts about exclusion for rural hospitals
 - Proclamation by Governor today
- Secretary order allowing implementation of crisis standards of care (Wiesman)
 - In process
- Update on DSHS actions expediting LTC/DD discharges (Strange)
 - Mission update
 - Governor actions to support mission
- Hospital Space and Supply Surge
 - Confirm direction to order 1000 beds (Wiesman)
 - Ventilator update
 - Options on ventilator information for ordering (Lofy)
 - SNS order for pre-positioning (Ezelle)
- Surveillance Data and Modeling of Outbreak (DOH IMT Agency Administrator)
 - Status of Cathy Wasserman leading group and formalizing the group

4. New Business

- Establishing our Schedule/Roles (Daugherty/Wiesman/Ezelle)

WA-GOV-20-0742-A-000377

- i. Purpose of CG and structure of COVID-19 Response (see attached document)
- ii. Meeting Schedule (see bottom)
- iii. Should we use GoToMeeting so we can video/see slides
- iv. Staffing of CG (Who facilitates meeting Who puts together agenda and gets out materials)

b. Leadership of Health Care Response (Wiesman/Daugherty)

- i. Idea from P (see attached)
- ii. Issues for negotiation in setting up HC Executive Leadership of healthcare response

c. Potential Campaign for Persons 60

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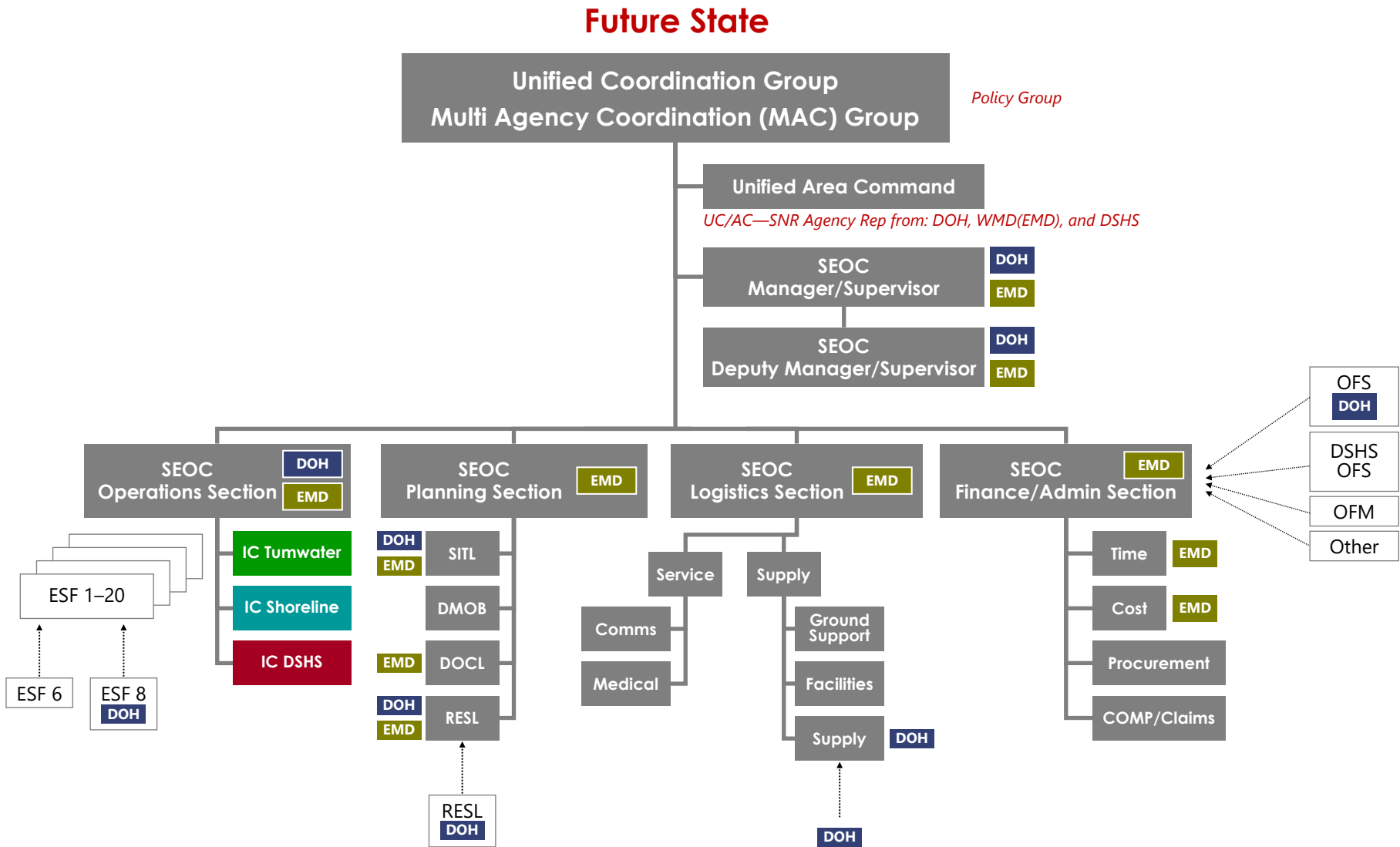
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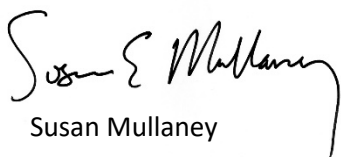
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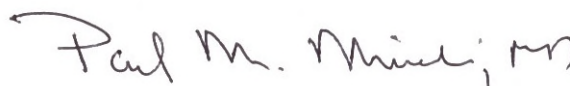
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Required: [Postman, David \(GOV\)](#)
[Wiesman, John \(DOH\)](#)
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[Sinclair, Stephen D. \(DOC\)](#)
[Headley, Charlotte K. \(DOC\)](#)
[Miller, Greg K. \(DOC\)](#)
[Davis, Jerrod \(DOH\)](#)
Subject: Canceled: UCG daily check-in
Location: 1.888.286.3942, 42.56.420(4) 1344# (host)
When: 21-Mar-20 8:15:00 AM - 8:45:00 AM

Team,

As part of our new unified Command Structure, we are scheduling a daily call with you and others: our unified Coordination Group.

David P
elly
ohn W
athy Lofy
TAG
Robert Ezelle
Cheryl
Sue B
David S (or designee)

1. .2 6.3942
42.56.420(4)
1344 (Host)

AMERICAN
OVERSIGHT

WA-GOV-20-0742-A-000381

From: [U.S. Food and Drug Administration](#)
To: [Wilson, Morgan \(GOV\)](#)
Date: 19-Mar-20 7:56:00 PM
Subject: IMPORTANT NOTICE (FDA 50-State Conference Call, Coronavirus (COVID-19)
Update: Blood Donations, Friday, March 20, 2020, 11:30 am (12:00 Noon EDT)

If your email program has trouble displaying this email, [view it as a web page](#).

March 19, 2020

IMPORTANT NOTICE: 50-STATE CONFERENCE CALL

This call is intended for federal, state, local, tribal, and territorial health department and public health officials. Please do not post this message outside of your Agency.

Dear Colleagues,

The U.S. Food and Drug Administration (FDA) will host a 50-State conference call with Dr. Peter Marks, Director of FDA's Center for Biologics Evaluation and Research, on Friday, March 20, 2020 at 11:30 am EDT, regarding efforts to help ensure an adequate blood supply during the COVID-19 pandemic.

50-STATE CONFERENCE CALL INFORMATION

Date/Time: **Friday, March 20, 2020, 11:30 am – 12:00 Noon EDT**

Phone Number: **(800) 857-5383**

Participant Passcode: **42.56.420(4)**

NOTE: After you have typed in the phone number and numerical participant passcode above using your keypad, you will be asked by the automated voice capture system to verbally provide your name and organization slowly and clearly with spelling before being placed in the audio portion of the conference call. Please do not enter your name and organization using your phone keypad – you must verbally provide your name and organization (ensure that your mute button is off).

As highlighted in today's [press release](#), there has been a dramatic reduction in blood donation due to implementation of social distancing, travel restrictions, and cancellation of blood drives during the COVID-19 pandemic. We have also heard concerns about collections of source plasma, which is a critical ingredient in biologics used to treat many serious diseases, and is also currently being used to develop potential treatments for COVID-19 infections.

As you develop your local response to the COVID-19 pandemic, including any planned or potential travel restrictions, we urge you to consider the continued operation of blood and source plasma collection centers, including travel to the centers by individuals intending to donate, because of the essential nature of these activities. We would appreciate your help, within your respective agencies and jurisdictions, to ensure awareness, coordination and communication with appropriate law enforcement agencies, state/local emergency operation centers, and with other stakeholders, so that those operating blood and plasma collection centers as well as donors (who are contributing immeasurably to the country's preparedness - can travel to and from blood and source plasma collection centers.

We also hope that you will reiterate our messages in the press release about the importance of blood and plasma donation and the measures that are being taken so that individuals can donate safely during this critical time.

This message is being broadcast by the Division of Communications in FDA's Office of Regulatory Affairs (ORA).

Thank you,

FDA/ORA

Office of Communications and Project Management

Division of Communications

Mailbox: DivComm-ORA@fda.hhs.gov

U.S. Food and Drug Administration

10903 New Hampshire Avenue, Silver Spring, MD 20993

1-888-INFO-FDA (1-888-463-6332)

[Privacy Policy](#) www.fda.gov

[Manage Preferences or Unsubscribe from this List](#) [Unsubscribe from all Email Lists](#)

From: [Baumgart, Jim \(GOV\)](#)

Required: [Davidson, Lisa](#)

Subject: Accepted: RFIs and Courses of Action: WA Isolation and Quarantine Support Resource Request

Location: Conference Room 244 or PIN 42.56.420(4)

When: 20-Mar-20 12:00:00 PM - 12:30:00 PM

From: [Wicker, Kelly \(GOV\)](#)
Required: [Postman, David \(GOV\)](#)
[Wiesman, John \(DOH\)](#)
[Daugherty, Bret D. \(MIL\)](#)
[Lofy, Kathy H \(DOH\)](#)
[Schumacher, David \(OFM\)](#)
[Strange, Cheryl \(DSHS/OOS\)](#)
[Ezelle, Robert \(MIL\)](#)
[Birch, Sue \(HCA\)](#)
Optional: [Bergener, Terry \(DOH\)](#)
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[Jackson-Diaz, Sanura \(MIL\)](#)
[Cleary, Michelle \(HCA\)](#)
[Smart, John \(DOHi\)](#)
[McClain, Stacey \(MIL\)](#)
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[Brown, Lisa \(COM\)](#)
[Liu, Chris \(DES\)](#)
[Sinclair, Stephen D. \(DOC\)](#)
[Headley, Charlotte K. \(DOC\)](#)
[Miller, Greg K. \(DOC\)](#)
[Davis, Jerrod \(DOH\)](#)
[DOH-IC3 \(DOH\)](#)
[Chris Reykdal](#)
[Thomas, Jamila \(OSPI\)](#)
[Miller, Michaela](#)
Subject: Canceled: UCG daily check-in
Location: 1.800.245.9874, 42.56.420(4) 9475# (host)
When: 21-Mar-20 8:15:00 AM - 8:45:00 AM

Team,

As part of our new unified Command Structure, we are scheduling a daily call with you and others: our unified Coordination Group.

David P
elly
ohn W
athy Lofy
TAG
Robert Ezelle
Cheryl

Sue B
David S (or designee)

1. 00.245.9 4

42.56.420(4)

94 5 (Host)

From: [Wicker, Kelly \(GOV\)](#)
Required: [Postman, David \(GOV\)](#)
[Wiesman, John \(DOH\)](#)
[Daugherty, Bret D. \(MIL\)](#)
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TAG
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David S (or designee)

1. 00.245.9 4

42.56.420(4)

94 5 (Host)

From: [Perez-Rivera, Diana \(CMS/OA\)](#)
To: [Tichenor, Stacey \(GOV\)](#)
[Good-Cohn, Meredith \(CMS/OA\)](#)
[Katims, Casey \(GOV\)](#)
[Brookes, Brady \(CMS/OA\)](#)
[Wilson, Morgan \(GOV\)](#)
Date: 21-Mar-20 6:48:40 PM
Subject: RE: Call with Governor

Hi Stacey,

es, a call tomorrow 10:30am PT/1:30pm ET works well. Here is the dial-in number:

1 646 2 666 Meeting ID: 42.56.420(4)

Thanks,
Diana

From: Tichenor, Stacey (GOV)
Sent: Saturday, March 21, 2020 :13 PM
To: Good-Cohn, Meredith (CMS/OA) atims, Casey (GOV) Brookes, Brady (CMS/OA) Wilson, Morgan (GOV)
Perez-Rivera, Diana (CMS/OA)
Subject: RE: Call with Governor

Hi Meredith,

Would tomorrow at 10:30 am PT work on your end If so, do you have a conference call line for the Governor to use. We will have a staff that will want to join the Governor's call.

Thank you.
Stacey

Stacey Tichenor
Desk: 360.902.4109 Cell: 360. 90.56 1

From: Good-Cohn, Meredith (CMS/OA) [Meredith.Good-Cohn cms.hhs.gov](#)
Sent: Saturday, March 21, 2020 4:4 PM
To: atims, Casey (GOV) [casey.katims gov.wa.gov](#) Brookes, Brady (CMS/OA) [Brady.Brookes cms.hhs.gov](#)
Wilson, Morgan (GOV) [Morgan.Wilson gov.wa.gov](#) Perez-Rivera, Diana (CMS/OA) [Diana.Perez-Rivera cms.hhs.gov](#)
Cc: Tichenor, Stacey (GOV) [Stacey.Tichenor GOV.WA.GOV](#) Temples, Sarah (GOV) [Sarah.Temples gov.wa.gov](#)
Postman, David (GOV) [David.Postman gov.wa.gov](#) Wicker, elly (GOV) [kelly.wicker gov.wa.gov](#)
Subject: RE: Call with Governor

Thank you she wishes to raise a couple of time sensitive issues related to COVID-19.

From: atims, Casey (GOV) [casey.katims gov.wa.gov](#)
Sent: Saturday, March 21, 2020 6:51 PM
To: Brookes, Brady (CMS/OA) [Brady.Brookes cms.hhs.gov](#) Wilson, Morgan (GOV) [Morgan.Wilson gov.wa.gov](#)
Good-Cohn, Meredith (CMS/OA) [Meredith.Good-Cohn cms.hhs.gov](#) Perez-Rivera, Diana (CMS/OA) [Diana.Perez-Rivera cms.hhs.gov](#)
Cc: Tichenor, Stacey (GOV) [Stacey.Tichenor GOV.WA.GOV](#) Temples, Sarah (GOV) [Sarah.Temples gov.wa.gov](#)
Postman, David (GOV) [David.Postman gov.wa.gov](#) Wicker, elly (GOV) [kelly.wicker gov.wa.gov](#)
Subject: RE: Call with Governor

WA-GOV-20-0742-A-000389

I am adding Stacey and Sarah who can speak to the governor s availability for a call tomorrow.

Any specific topics that she plans to raise

Thanks much,

Casey

360.999.0155

From: Brookes, Brady (CMS/OA) Brady.Brookes@cms.hhs.gov

Sent: Saturday, March 21, 2020 6:49 PM

To: Wilson, Morgan (GOV) Morgan.Wilson@gov.wa.gov atims, Casey (GOV) casey.katims@gov.wa.gov

Cc: Good-Cohn, Meredith (CMS/OA) Meredith.Good-Cohn@cms.hhs.gov Perez-Rivera, Diana (CMS/OA) Diana.Perez-Rivera@cms.hhs.gov

Subject: Call with Governor

Hi Morgan and Casey,

The Administrator would like to have a brief call with the Governor tomorrow. Is he able to find 10-15 min for a call with her She wants to do a quick update with him.

Thanks,
Brady

Confidential and deliberative, pre-decisional communication

From: [Lofy, Kathy H \(DOH\)](#)
To: [Sperring, Jeff](#)
[Hayes, Patty \(DOHi\)](#)
[Duchin, Jeffery, MD \(DOHi\)](#)
[Cassie Sauer](#)
[Voris, Molly \(GOV\)](#)
[Wiesman, John \(DOH\)](#)
[Elsenboss, Carina \(DOHi\)](#)
[Nelson, Laurel](#)
[Moninger, Ed](#)
[Daugherty, Bret D. \(MIL\)](#)
[Ezelle, Robert \(MIL\)](#)
[DOH-IC3 \(DOH\)](#)
[Fehrenbach, Lacy M \(DOH\)](#)
[Davis, Jerrod \(DOH\)](#)
[Worsham, Dennis \(DOHi\)](#)
[shannon.j.johnson.mil@mail.mil](#)
[Lien, Onora \(DOHi\)](#)
[Sakata, Vicki \(DOHi\)](#)
CC: [Wicker, Kelly \(GOV\)](#)
Date: 21-Mar-20 2:45:40 PM
Subject: RE: USNS Mercy
Attachments: Mercy Covid Mission.docx

Thank you all for joining the call

Attached are some high level notes from the call for the team to start working on. (The planning items could be organized better.)

Nate, please let us know who the state lead will be for this mission. Everyone's emails are above.

-----Original Appointment-----

From: Lofy, Kathy H (DOH)
Sent: Saturday, March 21, 2020 12:36 PM
To: Sperring, Jeff; Hayes, Patty (DOHi); Duchin, Jeffery, MD (DOHi); Cassie Sauer; Voris, Molly (GOV); Wiesman, John (DOH); Elsenboss, Carina (DOHi); Nelson, Laurel; Moninger, Edward G III CAPT SN COMNAVREG NW BGR WA (SA); Daugherty, Bret D. (MIL); Ezelle, Robert (MIL); DOH-IC3 (DOH); Fehrenbach, Lacy M (DOH); Davis, Jerrod (DOH); Worsham, Dennis (DOHi); shannon.j.johnson.mil@mail.mil; Lien, Onora (DOHi); Sakata, Vicki (DOHi)
Cc: Kelly Wicker (kelly.wicker@gov.wa.gov)
Subject: USNS Mercy
When: Saturday, March 21, 2020 1:00 PM-2:00 PM (TC-0 :00) Pacific Time (S Canada).
Where: GoToMeeting

Please feel free to forward this email to anyone I missed.

WA-GOV-20-0742-A-000391

USNS Mercy
Sat, Mar 21, 2020 1:00 PM - 2:00 PM (PDT)

Please join my meeting from your computer, tablet or smartphone.

[https://global.gotomeeting.com/join/](https://global.gotomeeting.com/join/42.56.420(4))

You can also dial in using your phone.

United States: [1 \(646\) 749-3122](tel:1(646)749-3122)

Access Code: 42.56.420(4)

Join from a video-conferencing room or system.

Dial in or type: 67.217.95.2 or inroomlink.goto.com

Meeting ID: 526 362 637

Or dial directly: 42.56.420(4) [67.217.95.2](tel:67.217.95.2) or 67.217.95.2## 42.56.420(4)

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[https://global.gotomeeting.com/install/](https://global.gotomeeting.com/install/42.56.420(4))

USNS Mercy Mission Planning
March 21, 2010

Background

- SNS Mercy will leave San Diego on 3/26 if comes to Seattle will likely arrive on 3/2 or 3/29
- It will on-load supplies on Day 1 and take patients on Day 2
- It will have 250 IC beds 50 IC beds full staffing and can expand to 1000 if needed.
- It will remain a COVID- free hospital

Who is in charge? Who is the team?

- State will provide a lead for this mission which will fit under our healthcare leader command
- Team members will include:
 - WSHA: Cassie Sauer / Jeff Spearing can help with coordinating with the hospitals
 - NWHCN: Onora
 - Naval Base in Bremerton: Capt Shannon Johnson, Capt Ed Moniger
 - City of Seattle: Laurel Nelson
 - PH-S C: Patty Hayes

What planning needs to take place?

- Lab Shannon will find out if COVID testing will be done on the ship or on shore
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- Transport of patients who can help with this patient movement
- Patient documentation and tracking.
- PIO infrastructure
- Criteria for what patients can be taken the ship will have guidelines on their capability
- What time of EMR is used by the ship From a local standpoint we will need to think about how this will work best.
- Develop patient consent to be put on ship but we believe so.
- Does ship have an ER function Response they only want people triaged from the hospital. Patients can be transferred to ship from ER.
- Helicopter support - State national guard we need to think about capability
- Security Laurel from City of Seattle they will provide security the ship will want some entry control point for who comes in or on the ship.
- Visitor policy: Will visitor be allowed in Navy does not want visitors on ship. 1 visitor is allowed at local hospitals so this will need to be considered.
- Patient tracking system. The Mercy has a patient tracking system that will need to interface with ours.
- Would patients be discharged from the ship We hope that happens so we need to be clear about how this works.
- Laurel Fire department is looking at a potential site to see if it meets the needs of visitors etc.

DOH – Network

- Regional Coordination Center will be established to help coordinate patient movement around the Puget Sound Region and movement to the ship

From: [Lofy, Kathy H \(DOH\)](#)
To: [Sperring, Jeff](#)
[Hayes, Patty \(DOHi\)](#)
[Duchin, Jeffery, MD \(DOHi\)](#)
[Cassie Sauer](#)
[Voris, Molly \(GOV\)](#)
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Cc: Kelly Wicker (kelly.wicker@gov.wa.gov)
Subject: SNS Mercy
When: Saturday, March 21, 2020 1:00 PM-2:00 PM (TC-0 :00) Pacific Time (S Canada).
Where: GoToMeeting

Please feel free to forward this email to anyone I missed.

WA-GOV-20-0742-A-000394

USNS Mercy
Sat, Mar 21, 2020 1:00 PM - 2:00 PM (PDT)

Please join my meeting from your computer, tablet or smartphone.

[https://global.gotomeeting.com/join/](https://global.gotomeeting.com/join/42.56.420(4))

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March 21, 2010

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Required: [Sperring, Jeff](#)
[Hayes, Patty \(DOHi\)](#)
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[Cassie Sauer](#)
[Voris, Molly \(GOV\)](#)
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[Davis, Jerrod \(DOH\)](#)
[Worsham, Dennis \(DOHi\)](#)
[shannon.j.johnson.mil@mail.mil](#)
[Lien, Onora \(DOHi\)](#)
[Sakata, Vicki \(DOHi\)](#)
Optional: [Wicker, Kelly \(GOV\)](#)
Subject: USNS Mercy
Location: GoToMeeting
When: 21-Mar-20 1:00:00 PM - 2:00:00 PM

Please feel free to forward this email to anyone I missed.

USNS Mercy
Sat, Mar 21, 2020 1:00 PM - 2:00 PM (PDT)

Please join my meeting from your computer, tablet or smartphone.

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From: [Powers, Anne CIV SD](#)
To: [Tichenor, Stacey \(GOV\)](#)
[Katims, Casey \(GOV\)](#)
[Tara.A.Butler4.civ@mail.mil](#)
[SD - Cables Executive Support Officer](#)
CC: [Wilson, Morgan \(GOV\)](#)
[Daugherty, Bret D. \(MIL\)](#)
[Chumaceiro, Emily CIV SD](#)
[Gilliam, Erin LTC SD](#)
[Baker, Phillip COL SD](#)
[Lewis, Oliver CAPT SD](#)
[Johnson, Justin SES SD](#)
Date: 22-Mar-20 9:17:41 AM
Subject: RE: Call with Sec. Esper and Gov. Inslee

Ma am,

Thanks for the quick confirmation. We are all set on our end, but please don't hesitate to reach out should something change on your side.

Best wishes,
Anne

From: Tichenor, Stacey (GOV)
Sent: Sunday, March 22, 2020 12:11 PM
To: Powers, Anne CIV SD; Katims, Casey (GOV); Tara.A.Butler4.civ@mail.mil; SD - Cables Executive Support Officer
Cc: Wilson, Morgan (GOV); Daugherty, Bret D. (MIL); Chumaceiro, Emily CIV SD; Gilliam, Erin LTC SD; Baker, Phillip COL SD; Lewis, Oliver CAPT SD
Subject: RE: Call with Sec. Esper and Gov. Inslee

Hi Anne,

3:00 pm PT works for Governor Inslee.

Here's a call in number:

Phone number: -2 3-5223
Participant Pin: 42.56.420(4)
Moderator Pin (Casey Katims): 532

Thank you,
Stacey

Stacey Tichenor
Desk: 360.902.4109 Cell: 360. 90.56 1

From: Powers, Anne CIV SD
Sent: Sunday, March 22, 2020 10:54 AM
To: Katims, Casey (GOV); Tara.A.Butler4.civ@mail.mil; SD - Cables Executive Support Officer
Cc: Tichenor, Stacey (GOV); Wilson, Morgan (GOV); Daugherty, Bret D. (MIL); Chumaceiro, Emily CIV SD; Gilliam, Erin LTC SD; Baker, Phillip COL SD; Lewis, Oliver CAPT SD
Subject: RE: Call with Sec. Esper and Gov. Inslee

WA-GOV-20-0742-A-000398

Good Morning Casey and Stacey,

SECDEF would like to conduct the call with Governor Inslee today, March 22nd at 6:00pm(EDT)//3:00pm(PDT).

Please confirm that time works for the Governor.

We will have our SECDEF Cables reach out to connect the Secretary and the Governor. Please provide the best number for the Governor.

Thank you
Anne

From: atims, Casey (GOV) casey.katims@gov.wa.gov
Sent: Sunday, March 22, 2020 10:51 AM
To: Tara.A.Butler4.civ@mail.mil Powers, Anne CIV SD Anne.Powers@sd.mil
Cc: Tichenor, Stacey (GOV) Stacey.Tichenor@GOV.WA.GOV Wilson, Morgan (GOV) Morgan.Wilson@gov.wa.gov Daugherty, Bret D. (MIL) Bret.Daugherty@mil.wa.gov Chumaceiro, Emily CIV SD Emily.Chumaceiro@sd.mil Gilliam, Erin LTC SD Erin.Gilliam@sd.mil
Subject: Call with Sec. Esper and Gov. Inslee
Importance: High

Tara and Anne:

Enclosed are letters transmitted last night that Secretary Esper is copied on, laying out the urgent need for the SNS Mercy to be deployed to the Puget Sound area to address the deteriorating situation in Washington State.

With each day that passes, the number of available physicians and nurses in Washington decreases as illness and fatigue take their toll, and our already low number of available hospital beds continues to shrink, leaving us unable to meet current and projected patient needs from COVID-19 and other acute and subacute patients. With our rural hospitals facing increasing challenges and our medical system facing a growing shortage of health care personnel, it is clear that no state on the West Coast needs the capacity provided by the Mercy as soon and as greatly as Washington State.

Governor Inslee requests the opportunity to speak with Secretary Esper about this today. Our scheduler Stacey Tichenor (cc'd) can help find a time for the two to connect.

We appreciate your assistance with this matter. I can be reached at 360.999.0155 with any questions.

Casey

CASEY KATIMS
Director of Federal and Inter-State Affairs
Governor Jay Inslee
Cell: 360.999.0155

From: [Tichenor, Stacey \(GOV\)](#)
To: [Powers, Anne CIV SD](#)
[Katims, Casey \(GOV\)](#)
[Tara.A.Butler4.civ@mail.mil](#)
[SD - Cables Executive Support Officer](#)
CC: [Wilson, Morgan \(GOV\)](#)
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[Chumaceiro, Emily CIV SD](#)
[Gilliam, Erin LTC SD](#)
[Baker, Phillip COL SD](#)
[Lewis, Oliver CAPT SD](#)
Date: 22-Mar-20 9:11:00 AM
Subject: RE: Call with Sec. Esper and Gov. Inslee

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Here s a call in number:

Phone number: -2 3-5223

Participant Pin: 42.56.420(4)

Moderator Pin (Casey atims): 532

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Stacey Tichenor

Desk: 360.902.4109 Cell: 360. 90.56 1

From: Powers, Anne CIV SD
Sent: Sunday, March 22, 2020 :54 AM
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Cc: Tichenor, Stacey (GOV) Wilson, Morgan (GOV) Daugherty, Bret D. (MIL) Chumaceiro, Emily CIV SD Gilliam, Erin LTC SD Baker, Phillip COL SD Lewis, Oliver CAPT SD
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Sent: Sunday, March 22, 2020 10:51 AM

To: [Tara.A.Butler4.civ@mail.mil](#) Powers, Anne CIV SD [Anne.Powers@sd.mil](#)

WA-GOV-20-0742-A-000400

Cc: Tichenor, Stacey (GOV) Stacey.Tichenor@GOV.WA.GOV Wilson, Morgan (GOV) Morgan.Wilson@gov.wa.gov Daugherty, Bret D. (MIL) Bret.Daugherty@mil.wa.gov Chumaceiro, Emily CIV SD Emily.Chumaceiro@sd.mil Gilliam, Erin LTC SD Erin.Gilliam@sd.mil
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Importance: High

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Director of Federal and Inter-State Affairs
Governor Jay Inslee
Cell: 360.999.0155

From: [Johnson, Shannon Jill CAPT USN NAVHOSP BREMERTON WA \(USA\)](#)
To: [Lofy, Kathy H \(DOH\)](#)
[Sperring, Jeff](#)
[Hayes, Patty \(DOHi\)](#)
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[Davis, Jerrod \(DOH\)](#)
[Worsham, Dennis \(DOHi\)](#)
[Lien, Onora \(DOHi\)](#)
[Sakata, Vicki \(DOHi\)](#)
CC: [Wicker, Kelly \(GOV\)](#)
Date: 22-Mar-20 10:37:22 AM
Subject: RE: [Non-DoD Source] RE: USNS Mercy

Yes Ma am - that is correct.
Thank you

-----Original Message-----

From: Lofy, Kathy H (DOH) [mailto:Kathy.Lofy@DOH.WA.GOV]
Sent: Sunday, March 22, 2020 10:36 AM
To: Johnson, Shannon Jill CAPT USN NAVHOSP BREMERTON WA (USA) shannon.j.johnson.mil@mail.mil ; Sperring, Jeff jeff.sperring@seattlechildrens.org ; Hayes, Patty (DOHi) patty.hayes@kingcounty.gov ; Duchin, Jeffery, MD (DOHi) jeff.duchin@kingcounty.gov ; Cassie Sauer CassieS@wsha.org ; Voris, Molly (GOV) Molly.Voris@gov.wa.gov ; Wiesman, John (DOH) jmwiesman@doh.wa.gov ; Elsenboss, Carina (DOHi) Carina.elsenboss@kingcounty.gov ; Nelson, Laurel laurel.nelson@seattle.gov ; Moninger, Edward G III CAPT USN COMNAVREG NW BGR WA (USA) edward.moninger@navy.mil ; Daugherty, Bret D. (MIL) Bret.Daugherty@mil.wa.gov ; Ezelle, Robert (MIL) Robert.Ezelle@mil.wa.gov ; DOH-IC3 (DOH) doh-ic3.imt@doh.wa.gov ; Fehrenbach, Lacy M (DOH) lacy.fehrenbach-marosfalvy@doh.wa.gov ; Davis, Jerrod (DOH) Jerrod.Davis@DOH.WA.GOV ; Worsham, Dennis (DOHi) Dennis.worsham@kingcounty.gov ; Lien, Onora (DOHi) Onora.Lien@NWHRN.org ; Sakata, Vicki (DOHi) Vicki.Sakata@NWHRN.org
Cc: Wicker, Kelly (GOV) kelly.wicker@gov.wa.gov
Subject: RE: [Non-DoD Source] RE: USNS Mercy

Thanks Shannon. Even though the ship will have testing capability, I assume civilian hospitals will still need to test patients prior to transfer. Is this correct?

WA-GOV-20-0742-A-000402

-----Original Message-----

From: Johnson, Shannon Jill CAPT USN NAVHOSP BREMERTON WA (USA)

[mailto:shannon.j.johnson.mil@mail.mil]

Sent: Sunday, March 22, 2020 9:42 AM

To: Lofy, Kathy H (DOH) Kathy.Lofy@DOH.WA.GOV ; Sperring, Jeff

jeff.sperring@seattlechildrens.org ; Hayes, Patty (DOHi) patty.hayes@kingcounty.gov ; Duchin, Jeffery, MD (DOHi) jeff.duchin@kingcounty.gov ; Cassie Sauer CassieS@wsha.org ; Voris, Molly (GOV) Molly.Voris@gov.wa.gov ; Wiesman, John (DOH) jmwiesman@doh.wa.gov ; Elsenboss, Carina (DOHi) Carina.elsenboss@kingcounty.gov ; Nelson, Laurel laurel.nelson@seattle.gov ; Moninger, Edward G III CAPT USN COMNAVREG NW BGR WA (USA)

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Lien, Onora (DOHi) Onora.Lien@NWHRN.org ; Sakata, Vicki (DOHi) Vicki.Sakata@NWHRN.org

Cc: Wicker, Kelly (GOV) kelly.wicker@gov.wa.gov

Subject: RE: [Non-DoD Source] RE: USNS Mercy

Follow-up

I just received confirmation from Mercy CO - the ship will have the PCR testing capability for COVID 19. They team is also tracking to have By BioFire test kits approved and available for use later in April.

Thank you

Shannon

S. Johnson, PhD

CAPT USN

Commanding Officer

Naval Hospital Bremerton

-----Original Message-----

From: Johnson, Shannon Jill CAPT USN NAVHOSP BREMERTON WA (USA)

Sent: Sunday, March 22, 2020 7:04 AM

To: Lofy, Kathy H (DOH) Kathy.Lofy@DOH.WA.GOV ; Sperring, Jeff

jeff.sperring@seattlechildrens.org ; Hayes, Patty (DOHi) patty.hayes@kingcounty.gov ; Duchin, Jeffery, MD (DOHi) jeff.duchin@kingcounty.gov ; Cassie Sauer CassieS@wsha.org ; Voris, Molly (GOV) Molly.Voris@gov.wa.gov ; Wiesman, John (DOH) jmwiesman@doh.wa.gov ; Elsenboss, Carina (DOHi) Carina.elsenboss@kingcounty.gov ; Nelson, Laurel laurel.nelson@seattle.gov ; Moninger, Edward G III CAPT USN COMNAVREG NW BGR WA (USA)

edward.moninger@navy.mil ; Daugherty, Bret D. (MIL) Bret.Daugherty@mil.wa.gov ; Ezelle, Robert (MIL) Robert.Ezelle@mil.wa.gov ; DOH-IC3 (DOH) doh-ic3.imt@doh.wa.gov ;

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Jerrod.Davis@DOH.WA.GOV ; Worsham, Dennis (DOHi) Dennis.worsham@kingcounty.gov ;

Lien, Onora (DOHi) Onora.Lien@NWHRN.org ; Sakata, Vicki (DOHi) Vicki.Sakata@NWHRN.org

Cc: Wicker, Kelly (GOV) kelly.wicker@gov.wa.gov

Subject: RE: [Non-DoD Source] RE: USNS Mercy

AMERICAN
OVERSIGHT

WA-GOV-20-0742-A-000403

Thank you Dr. Lofty

I appreciated the discussion yesterday, and the good questions raised by this group. I have relayed your questions to the Mercy CO, and he and his team will be prepared to start working with this group once he receives confirmation of the destination.

I have reviewed the notes from the call and just want to provide clarification on one thing. When the ship leaves San Diego, it will be staffed with a 250 bed/50 ICU bed complement. The current thinking is that by the time the ship reaches its destination, additional personnel will join the mission expanding to 750 bed complement. Should the need ever arise, the hospital ship has the ability to expand to a 1000 bed hospital. The Mercy has 12 fully-equipped operating rooms, in addition to digital radiological services including CT, a medical laboratory, a pharmacy and two oxygen producing plants.

I owe the group answers/details on a number of topics covered yesterday including

- Details of COVID 19 testing capabilities aboard the ship, and clarity on whether the Mercy will need rely on support from a local lab (UW?)

- Details of the capabilities (medical and surgical specialties) on board the USNS. The medical planners on board the Mercy are working now to develop the criteria for appropriate transfers. This will largely be driven by the crew composition, which varies by mission type.

- Clarification on the Visitor Policy. My understanding from yesterday s call was that the admiral in charge preferred that visitors not board the ship. There is discussion about setting up visitor center in one of the terminals where families/visitors can connect with patients using some form of video conferencing/social media app. The visitor terminal could also serve as a location for patient pick-up once patients are ready for discharge.

- Details on consent forms (we will get our lawyers involved in drafting), patient documentation and tracking.

Please let me know if I am missing anything or if there are other questions I can take back to the Mercy crew.

I fully appreciate how much stress all of you are under right now, and I just want to acknowledge how challenging it is to be moving forward with the planning and preparations, even as we wait for a final decision on the destination. I can assure you that local Navy leadership will be all in until told to stand down.

Very Respectfully
Shannon

S. Johnson, PhD
CAPT USN
Commanding Officer
Naval Hospital Bremerton

-----Original Message-----

From: Lofy, Kathy H (DOH) [mailto:Kathy.Lofy@DOH.WA.GOV]

Sent: Saturday, March 21, 2020 2:46 PM

To: Sperring, Jeff jeff.sperring@seattlechildrens.org ; Hayes, Patty (DOHi)

patty.hayes@kingcounty.gov ; Duchin, Jeffery, MD (DOHi) jeff.duchin@kingcounty.gov ; Cassie Sauer CassieS@wsha.org ; Voris, Molly (GOV) Molly.Voris@gov.wa.gov ; Wiesman, John (DOH) jmwiesman@doh.wa.gov ; Elsenboss, Carina (DOHi) Carina.elsenboss@kingcounty.gov ; Nelson, Laurel laurel.nelson@seattle.gov ; Moninger, Edward G III CAPT USN COMNAVREG NW BGR WA (USA) edward.moninger@navy.mil ; Daugherty, Bret D. (MIL)

Bret.Daugherty@mil.wa.gov ; Ezelle, Robert (MIL) Robert.Ezelle@mil.wa.gov ; DOH-IC3 (DOH) doh-ic3.imt@doh.wa.gov ; Fehrenbach, Lacy M (DOH) lacy.fehrenbach-marosfalvy@doh.wa.gov ; Davis, Jerrod (DOH) Jerrod.Davis@DOH.WA.GOV ; Worsham, Dennis (DOHi) Dennis.worsham@kingcounty.gov ; Johnson, Shannon Jill CAPT USN NAVHOSP BREMERTON WA (USA) shannon.j.johnson.mil@mail.mil ; Lien, Onora (DOHi)

Onora.Lien@NWHRN.org ; Sakata, Vicki (DOHi) Vicki.Sakata@NWHRN.org

Cc: Wicker, Kelly (GOV) kelly.wicker@gov.wa.gov

Subject: [Non-DoD Source] RE: USNS Mercy

All active links contained in this email were disabled. Please verify the identity of the sender, and confirm the authenticity of all links contained within the message prior to copying and pasting the address to a Web browser.

Thank you all for joining the call

Attached are some high level notes from the call for the team to start working on. (The planning items could be organized better.)

Nate, please let us know who the state lead will be for this mission. Everyone's emails are above.

-----Original Appointment-----

From: Lofy, Kathy H (DOH)

Sent: Saturday, March 21, 2020 12:36 PM

To: Sperring, Jeff; Hayes, Patty (DOHi); Duchin, Jeffery, MD (DOHi); Cassie Sauer; Voris, Molly (GOV); Wiesman, John (DOH); Elsenboss, Carina (DOHi); Nelson, Laurel; Moninger, Edward G III CAPT USN COMNAVREG NW BGR WA (USA); Daugherty, Bret D. (MIL); Ezelle, Robert (MIL); DOH-IC3 (DOH); Fehrenbach, Lacy M (DOH); Davis, Jerrod (DOH); Worsham, Dennis (DOHi); shannon.j.johnson.mil@mail.mil ; Lien, Onora (DOHi); Sakata, Vicki (DOHi)

Cc: Kelly Wicker (kelly.wicker@gov.wa.gov)

Subject: USNS Mercy

When: Saturday, March 21, 2020 1:00 PM-2:00 PM (UTC-08:00) Pacific Time (US & Canada).

Where: GoToMeeting

Please feel free to forward this email to anyone I missed.

USNS Mercy

Sat, Mar 21, 2020 1:00 PM - 2:00 PM (PDT)

WA-GOV-20-0742-A-000405

Please join my meeting from your computer, tablet or smartphone.

Caution-[https://global.gotomeeting.com/join/42.56.420\(4\)](https://global.gotomeeting.com/join/42.56.420(4)) Caution-[https://global.gotomeeting.com/join/42.56.420\(4\)](https://global.gotomeeting.com/join/42.56.420(4))

You can also dial in using your phone.

United States: 1 (646) 749-3122 tel: 16467493122,,42.56.420(4)

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From: [Ryan, Kym \(GOV\)](#)
To: michael.ohare@fema.dhs.gov
Date: 23-Mar-20 10:51:00 AM
Subject: RE: UCG Daily 0815 meeting

es, that s the correct number.

Thank you,

ym

KYM RYAN

Executive Assistant to the Chief of Staff Deputy Chief of Staff Office of Governor ay Inslee

Desk: 360.902.4112 Cell: 360.239.1491

www.governor.wa.gov kym.ryan@gov.wa.gov

Email communications with state employees are public records and may be subject to disclosure, pursuant to Ch. 42.56 RCW.



From: "O'Hare, Michael"

Date: March 23, 2020 at 10:19:40 AM PDT

To: "Wicker, Kelly (GOV)"

Subject: UCG Daily 0815 meeting

Good morning Kelly.

Could you verify the call in and passcode for the morning Unified Coordination meeting?

I have the following:

1. 00.245.9 4

42.56.420(4)

Thank you very much.

Mike

Michael F. O'Hare

Federal Emergency Management Agency

FEMA Region X

Regional Administrator

130 – 228th Street, SW

Bothell, WA 98021

Office - 425-487-4604

Email - Michael.Ohare@fema.dhs.gov

Federal Emergency Management Agency (FEMA), Region 10 is committed to providing access, equal opportunity and reasonable accommodation in its services, programs, activities, education and employment for individuals with disabilities. To request a disability accommodation contact

Michael O'Hare at least five working days in advance at 425-487-4604 or email at Michael.Ohare@fema.dhs.gov.

From: [Rossie, Camilla](#)
Required: [O Hare, Michael](#)
[Maykovich, Vincent](#)
[Biasco, Lon](#)
[Davidson, Lisa](#)
[Lofaro, Daniel](#)
[Daggett, Anna](#)
[Ike, Ryan](#)
[Ezelle, Robert \(MIL\)](#)
[Katims, Casey \(GOV\)](#)
[Melanie M. Norton \(melanie.norton@sba.gov\)](#)
[Magill, Stephanie C. \(CMS/CISP\)](#)
[richard.jenkins@sba.gov](#)
[Smart, John \(DOHi\)](#)
[McClain, Stacey \(MIL\)](#)
[Bickford, Nancy \(MIL\)](#)
[Wallace, Sharon \(MIL\)](#)
[Shagren, Karina L. \(MIL\)](#)
[Jackson-Diaz, Sanura \(MIL\)](#)
[Baumgart, Jim \(GOV\)](#)
[Wilson, Morgan \(GOV\)](#)
[Cockrill, Jennifer \(OS/ASPR/EMMO\)](#)
[Johnston, Darcie \(HHS/IEA\)](#)
[Roscoe, Heath C COL \(USAR\)](#)
[tommy_bauer@cantwell.senate.gov](#)
[madison_brown@cantwell.senate.gov](#)
[jena_yang@cantwell.senate.gov](#)
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rachel.katz@mail.house.gov
carson.coates@mail.house.gov
yazmin.mehdi@mail.house.gov
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lavanya.madhusudan@mail.house.gov
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linh.thai@mail.house.gov

Optional: [Nelson, Jason](#)

[anotti, Jessica](#)

[Lujan, Maria](#)

[Ward, Erin](#)

[Wilcoxson, Samuel](#)

[Golden, J. .](#)

melissa.guerrero@murray.senate.gov

[Field, Jeremy](#)

[Cowell, Cynthia R](#)

[Miller, Shanley](#)

[Cash, Jennifer](#)

[Seib, Cameron \(Kilmer\)](#)

[Dehnel, Kendall](#)

[Oxner, Julie \(OS/ASPR/OEA\)](#)

Subject: FEMA Region 10 and Partners Congressional Member and Staff Briefing on COVID-19 -
- TUESDAY 10 AM PDT

Location: Conference Call: 888-270-9936 PIN: 42.56.420(4)

When: 24-Mar-20 10:00:00 AM - 11:00:00 AM

Good Morning Colleagues,

Please note we have a **NEW CONFERENCE LINE and PIN for today's call** to ensure everyone has access to the briefing. In addition, our Agenda for today's call is below. We look forward to your participation.

Conference Call for Washington Delegation Members and Staff

Date: Tuesday, March 24th at 10:00 am PDT / 1:00 pm EDT

Dial In Number: 1-888-270-9936

WA-GOV-20-0742-A-000411

Passcode: 42.56.420(4)

We encourage you to dial-in at least 5 minutes prior to the call start time to be placed into the conference call.

FEMA REGION 10 AND PARTNERS CONGRESSIONAL BRIEFING FOR WASHINGTON MEMBERS AND STAFF

AGENDA

Welcome and Roll Call (5 min)

- FEMA Region 10 Congressional Affairs Cam Rossie

Opening remarks (5 min)

- FEMA Region 10 Administrator Mike O Hare

Partner Reports: (5 min each)

- Washington Emergency Management Division Director Robert Ezelle
- Department of Health and Human Services Capt. John Smart
- U.S. Small Business Administration Cynthia Cowell
- Department of Defense Col. Heath Roscoe
- FEMA Response Division Ron Biasco
- FEMA Recovery Division Aisa Davidson

Q A (15 min)

Closing remarks 1 min)

- HHS
- SBA
- EMD Director Ezelle
- Region 10 Administrator O Hare

Good Morning Colleagues,

Please be advised that, to avoid a time conflict for many of our Members, tomorrow s briefing for Members and Staff of the Washington Delegation will now begin at 10 am PDT / 1 pm EDT. Thank you.

Good Morning Colleagues,

Please note our Tuesday briefing will be for Members and Staff of the Washington delegation. All else remains the same at this time.

FEMA would like to invite Members and Staff of the Washington Delegation to join us Tuesday, March 24th at 10:00 am PDT / 1:00 pm EDT, for an update on COVID-19 response efforts. After receiving an operational update, Members and Staff will have the opportunity to ask questions. The call will be led by FEMA in coordination with our state and interagency partners. Members are encouraged to join. Following an operational update, Members and Staff will have the opportunity to ask questions.

Dial-in Information:

We encourage you to dial-in at least 5 minutes prior to the call start time to be placed into the conference call.

Additional Resources

For more information on FEMA s response to COVID-19, visit www.fema.gov/coronavirus

SBA Information: <https://www.sba.gov/funding-programs/disaster-assistance>

Thank you,

Cam Rossie

Government Relations Region 10 Office of External Affairs

Office: (425) 4 -4651 Mobile: (540) 532-102

Email: camilla.rossie@fema.dhs.gov fema-r10-cong@fema.dhs.gov

Federal Emergency Management Agency
fema.gov



FEMA

From: [IGA](#)
To: [IGA](#)
Date: 24-Mar-20 9:44:22 AM
Subject: POSTPONED: March 26 FDA Teleconference on CBD Regulation/Surveillance

Dear Colleague:

In light of the all-hands-on-deck efforts at FDA to address the COVID-19 outbreak, we are postponing the teleconference scheduled for Thursday, March 26.

The U.S. Food and Drug Administration (the Agency) is committed to engaging stakeholders and maintaining the momentum surrounding conversations on products containing cannabis or cannabis-derived compounds, including cannabidiol (CBD). We remain interested in hearing from state regulatory partners on their approaches to several critical issues related to the safety of these products, including:

- Product labeling
- CBD threshold levels
- Safety surveillance monitoring
- Adverse event reporting
- Quality testing procedures

We received a positive response to our initial invitation. While we work to reschedule a new teleconference date, we encourage state officials to share any questions or challenges. We also encourage state officials to provide any comments or additional points for discussion that may arise prior to the new teleconference date. All communications can be made by replying to this e-mail. Our input will help inform our discussions.

As essential stakeholders, we value your knowledge and the collective years of experience working in this area. We thank you for your understanding and look forward to continuing this important conversation in the coming weeks.

Sincerely,

aren

Karen Meister, J.D.
Acting Director, Intergovernmental Affairs
Senior Advisor, Office of Legislation
Office of the Commissioner/OPPLIA
U.S. Food and Drug Administration
(301) 796-8916 office
(240) 494-6228 (work cell)



From: IGA IGA_fda.hhs.gov
Sent: Friday, February 21, 2020 2:23 PM
To: IGA IGA_fda.hhs.gov
Subject: Invitation for March 26 FDA Teleconference, Re: CBD Regulation/Surveillance



FDA Teleconference: Update for State Officials Regarding CBD Regulation; Request for Surveillance Information

Conference Call Planned for March 26

February 28, 2020

Dear Colleague:

As part of the U.S. Food and Drug Administration's (FDA or the Agency) ongoing effort to solicit stakeholder feedback regarding products containing cannabis or cannabis-derived compounds, the FDA intends to hold a teleconference on Thursday, March 26, with our state regulatory partners to provide an update on the Agency's position relative to the regulation of products containing cannabidiol (CBD) and to allow state officials the opportunity to share their perspectives and experiences regarding the safety of these products—especially state surveillance mechanisms related to adverse events.

In the May 2019 public hearing, the Agency sought to obtain scientific data and information concerning the safety, manufacturing, product quality, marketing, labeling, and sale of products containing CBD, and we heard from a number of stakeholders, including state officials, on these topics. We remain particularly focused on the issue of product safety—especially the safety of products that contain or purport to contain CBD.

We would like to provide state regulatory partners a brief update on where we are relative to our consideration of CBD regulatory issues, and hear from states on their approaches to several critical issues related to the safety of CBD products, including:

- Product labeling
- CBD threshold levels
- Safety surveillance monitoring
- Adverse event reporting
- Quality testing procedures

We are keenly interested in information that state officials are willing and able to share regarding the safety of products containing CBD, and we will use this teleconference as an opportunity to learn from our state partners about the risks associated with these products and the safety surveillance and reporting approaches that individual states have adopted or are considering.

Please join us for this important conversation, the basic details of which are below:

Date: Thursday, March 26, 2020

Time: 3-4 p.m. Eastern Time

Dial-in Information: Please dial () 566-6155 enter passcode: 42.56.420

Following entry of your passcode, please ensure your phone is unmuted and provide your name and state or local government affiliation when prompted.

We look forward to speaking with you on March 26. If you have any questions, please feel free to reply to this e-mail.

Sincerely,

Will Elwood, M.P.A.
Sr. Intergovernmental Affairs Specialist



U.S. Food and Drug Administration
10903 New Hampshire Avenue, Silver Spring, MD 20993
1-888-INFO-FDA (1-888-463-6332)
www.fda.gov

From: [Nolan, Ellen E. \(DSHS\)](#)

Required: [Aylward, Anmarie \(DSHS\)](#)

[Baumgart, Jim \(GOV\)](#)

[Beebe, Joyce \(COM\)](#)

[Coates, Mickie \(DSHS/FFA\)](#)

[Daniels, Cecil \(COM\)](#)

[Frasier, Erin \(SBCTC\)](#)

[Garcia, Sarah \(DSHS\)](#)

[Giannobile, Diane \(COM\)](#)

[Hall, Melissa \(COM\)](#)

[Heddin, Jenny \(DCYF\)](#)

[Hinman, Joshua \(DSHS/FFA\)](#)

[Humphrey, Nate \(SBCTC\)](#)

[Johnson, Mona \(OSPI\)](#)

[Judge, Matt \(DCYF\)](#)

[Kempf, Susan \(COM\)](#)

[Klontz, Diane \(COM\)](#)

[Lindseth, Kelly \(ESD\)](#)

[Mallicoat, Nona \(ESD\)](#)

[Marx, Alexis \(DSHS\)](#)

[Minor, Anna \(OFM\)](#)

[Orr, Daisye \(DOH\)](#)

[Pfingst, Lori](#)

[Probst, Tim \(ESD\)](#)

[Riddle, Shane \(DSHS\)](#)

[Roberts, Babette \(DSHS\)](#)

[Rose, Nicole \(DCYF\)](#)

[Schulte, Mike \(ESD\)](#)

[Stillman, David \(DSHS\)](#)

[Tang, Jie \(DSHS\)](#)

[Evans, Rayanna \(OFM\)](#)

[Young, Susanna](#)

[Vann, Jamie](#)

[Kimberly.Burgesssimms@acf.hhs.gov](#)

[Flanagan, John \(GOV\)](#)

Subject: WorkFirst Leadership

Location: DSHS FA ESA HQ CV2 RM405 Nisqually

When: 27-Mar-20 10:00:00 AM - 12:00:00 PM

Attachments: WorkFirst Leadership Team Draft Agenda 3-27-2020.docx

2020 leg session bills 3-24-2020.docx

OIN WEBEX MEETING

https://watech.webex.com/watech/.php?MTID=mf_debc66_eada_cdc0cd_31a5a5ba910

Meeting number (access code): 06 966 3 4

Meeting password: 42.56.420(4)

OIN B VIDEO STREAM, APPLICATION OR SPEAKER FOR BUSINESS

Dial [sip: 069663 4](tel:0696634) [webex.com](https://watech.webex.com)

you can also dial 1 3.243.2.6 and enter your meeting number.

OIN B PHONE

1-415-655-0001 US Toll

Tap here to call (mobile phones only, hosts not supported): [tel: 2B1-415-655-0001,, 01 069663 4 23 23 01](tel:2B1-415-655-0001,,010696634232301)

1-206-20 -1 00 United States Toll (Seattle)

Tap here to call (mobile phones only, hosts not supported): [tel: 2B1-206-20 -1 00,, 01 069663 4 23 23 01](tel:2B1-206-20-100,,010696634232301)

Global call-in numbers:

https://watech.webex.com/watech/globalcallin.php?MTID=mb441b3_56_a35a_d29da2_2_ff6d2

This is being rescheduled to accommodate ACF visitors attendance. Thank you.

WorkFirst Leadership Team Meeting

Draft Agenda

WEB-E

10:00 am to 12:00 pm

March 2 , 2020

1. Introductions

2. COVID-19 impacts update

Mitigation efforts from Community Services Division

<https://www.dshs.wa.gov/esa/online-community-services-office-cso>

3. 2020 Legislative session debrief

a. Bills that impact clients/programs/poverty reduction

b. Budget items of interest

4. 2021 Legislative Session DPs and Agency Request Legislation alignment/information sharing process amongst agencies to support poverty reduction goals

5. Legislative-Executive WorkFirst and Poverty Reduction Task Force and Poverty Reduction Workgroup Alignment of Work Discussion

6. Update of the 5-agency Human Centered Poverty Reduction Team

7. Other issues

8. Adjourn



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Economic Services Administration
Post Office Box 45070, Olympia WA 98504-5070

March 24, 2020

Bills impacting ESA Clients our Poverty Reduction Goal

Please note these bills are still pending final signature from the Governor, and are subject to veto or partial veto.

[2SSB 5144](#) Implementing the child support pass through This bill reinstates the child support pass through for families receiving Temporary Assistance for Needy Families (TANF). Child support collections will be passed through up to 50 per month for TANF families with one child, and up to 100 per month for families with two or more children. The passed-through support amounts will not count against their TANF grant, but is factored into their food benefit eligibility. This policy change will take effect February 1, 2021.

[SHB 2441](#) Improving access to TANF – Effective July 1, 2021, requires the department to reduce the grant of a TANF recipient who is noncompliant with work and work related activities for two continuous months, by the greater of either 40% or the recipients share, and to terminate the grant after twelve months of continuous noncompliance. The bill is null and void if not funded in the supplemental operating budget by June 30, 2020.

[2SSB 64](#) Revising economic assistance programs – Effective July 1, 2021, expands the 60 month TANF time limit exemption criteria to include homelessness as defined in the federal McKinney-Vento Act and requires DSHS to submit an annual report regarding racial demographics of TANF recipients whose grants have been reduced or terminated due to sanctions or time limits, including the department's plan to remedy any racial disproportionality reflected in the data.

[SSB 2302](#) Concerning child support, but only with respect to standards for determination of income, abatement of child support for incarcerated obligors, modification of administrative orders and notices of support owed – Makes some changes to the child support schedule regarding how income is imputed and whether a high school student is voluntarily unemployed, allows the Office of Administrative Hearings to mail the notices of hearing in petitions to modify administrative support orders allows the Division of Child Support (DCS) to serve the notice of support owed by regular mail, rather than by certified mail, and earlier than waiting for twelve months to pass, in order to help keep support from being overpaid or underpaid. This bill also allows for abatement of child support to 10% per support order when a parent is incarcerated for a period exceeding 6 months and has no income or assets to pay support. The custodial parent is entitled to a hearing to rebut the presumption that the noncustodial parent does not have the ability to pay support while incarcerated. The monthly support obligation is automatically raised to 50% of the amount in the original support order on the first day of the fourth month after the noncustodial parent's release and the obligation automatically increases to 100% of the obligation in the original order one year after release. The abatement provisions take effect February 1, 2021, as does the notice of hearing provision since it is included in one of the statutes amended by the abatement provisions. The other two provisions (income determination and the changes to the notice of support owed) take effect June 11, 2020.

[SSB 6495](#) Essential needs and housing support eligibility This Department request bill changes current law to allow individuals who have been determined to be eligible for the Pregnant Women's Assistance (PWA) program to access the Housing and Essential Needs (HEN) program for 24 consecutive months from the date their PWA eligibility is established, and allows the Department to set the income standard for HEN eligibility for persons who are eligible for the PWA program. This bill will take effect June 11, 2020

[SSB 5164](#) Providing public assistance to victims of human trafficking This bill expands eligibility for state-funded public assistance programs including the Food Assistance Program, the State Family Assistance program, and the Medical Care Services program to noncitizen victims of human trafficking and their qualifying family members, effective February 1, 2022.

[ESHB 2660](#) Hunger-free schools act - Requires schools with grades eight and below that have at least 62.5% of students who directly certify for free school meals to participate in the SDA Community Eligibility Program, which provides free meals to all students in a school. The Office of the Superintendent of Public Instruction (OSPI) must evaluate all schools in Washington not currently participating in CEP to determine their eligibility. Schools that meet the criteria must apply for CEP and be validated by OSPI. This process must be completed between April 1st and the beginning of the following school year.

Comparison of Budget Proposals for 2019-21

And Final Supplemental Operating Budget [ESSB 6168](#)

Key Provisions Impacting the Economic Services Administration and Poverty Reduction Initiatives

March 24, 2020

Senate (SSB 6168))

House (SHB 2325)

Child Support Pass-through (SSB 5144)

Provides funding and FTEs to implement the child support pass through, beginning February 1, 2021, which requires DSHS to pass through up to 50 per month of child support collections to TANF clients with one child, and up to 100 per month to TANF families with two or more children.

2.1 FTEs
1,121,000 GF-S
1,10 ,000 GF-F
Total: 2,22 ,000

Not included

Trafficking Victim Assistance (3SSB 5164)

Funds one time technology costs to implement this state-funded program, which will provided public assistance to certain victims of human trafficking.

164,000 GF-S
Total: 164,000

Not included

Postpartum Coverage (E2SSB 6128)

Provides funding for systems changes to extent postpartum coverage, beginning anuary 1, 2021, for pregnant and parenting persons from 60 days to one year postpartum.

0.2 FTEs
5,000 GF-S
Total: 5,000

Not included

Revising Economic Assistance Programs (2SSB 6478 and 2SHB 2441))

Provides funding for one time IT changes necessary for these to TANF program bills.

1,523,000 GF-S
Total 1,523,000

Not included

ABD Supplied Shelter Grant

Eliminates the supplied shelter grant standard and covers the pro ected increase in the per capita cost associated with issuing up to the maximum grant standard.

2,500,000 GF-S
Total: 2,500,000

2,369,000 GF-S
Total: 2,369,000

Eliminate ABD Mid-Cert Review

Provides funding to eliminate the mid-certification review requirement for aged participants and to restore the caseload of aged participants who have lost this benefit.

Not included

22 ,000 GF-S
Total: 22 ,000

Continue Asset Verification System

Provides funding and FTEs to continue to implement the federally compliant Asset Verification System (AVS) for asset based Medicaid eligibility system.

Not included

6.1 FTEs
2,155,000 GF-S
9 ,000 GF-F
Total: 2,952,000

AVS and FTE Adjustment ESA's AVS implementation expenditures are less than originally projected in fiscal year 2020, so funding and FTEs are adjusted.	(5.0 FTEs) (24 ,000 GF-S) (49 ,000 GF-F) Total: (46,000)	Same as Senate
DCS Intergovernmental Demonstration DCS receives a one-time funding to participate in a federal demonstration grant to develop and test innovations to increase child support payments in intergovernmental cases with Canada and Mexico.	1.0 FTE 500,000 GF-F Total: 500,000	Same as Senate
Poverty Reduction Provides funding for implicit bias training and for the Poverty Reduction Workgroup Steering Committee to continue.	Not included	3 ,000 GF-S Total: 3 ,000
Pregnant Women's Assistance (PWA) Supplied Shelter Grant DSHS will eliminate the supplied shelter grant standard. Provides funding to cover the projected increase in the per capita cost associated with issuing up to the maximum grant.	6,000 GF-S Total: 6,000	Same as Senate
RCA Supplied Shelter Grant DSHS will eliminate the supplied shelter grant standard. Provides funding to cover the projected increase in the per capita cost associated with issuing up to the maximum grant.	44,000 GF-F Total: 44,000	Same as Senate
TANF/SFA Supplied Shelter Grant DSHS will eliminate the supplied shelter grant standard. Provides funding to cover the projected increase in the per capita cost associated with issuing up to the maximum grant.	1,439,000 GF-F Total: 1,439,000	Same as Senate
WorkFirst Fund Balance Unallocated General Fund-State fund balance is offset by using available federal TANF funds during the 2019-2021 biennium	(5,500,000 GF-S) 5,500,000 GF-F	Not included
WorkFirst Services Reduction Funding for WorkFirst services is reduced to reflect under-expenditures in the program from declining caseloads	(2,944,000) GF-S Total: (2,944,000)	Not included
WIN 211 Provides one time funding for telephone and telecommunications equipment for the Washington Information Network (WIN)	Not included	200,000 GF-S Total: 200,000

From: [Dance, Rebecca](#)
To: [Davidson, Lisa](#)
[Linares-Hengen, Travis \(MIL\)](#)
[Lujan, Lewis \(MIL\)](#)
[Bailey, Danielle](#)
[Baumgart, Jim \(GOV\)](#)
[erbe, Kevin \(MIL\)](#)
[Laughlin, Brian N \(MIL\)](#)
[Hennessee, Taylor \(MIL\)](#)
[Holt, Brett](#)
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[Giles, Terri](#)
[immerman, Matthew S \(DOH\)](#)
[Cockrill, Jennifer \(OS/ASPR/EMMO\)](#)
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[Harris, Gary](#)
[Allen, Tristan \(COM\)](#)
[Richeson, Jonathan](#)
[Miller, Clayton](#)
[Bova, Rebecca](#)
[Lofaro, Daniel](#)
[Abel, Bethny](#)
[McClain, Stacey \(MIL\)](#)
[Ellis, Edward D](#)
[Wood, Teresa](#)
[Everson, Suzanne \(ACF\)](#)
[Simmons, T \(DCYF\)](#)
[Schultz, Lori](#)
[Coyle, Erin \(AGR\)](#)
[Treadwell, Randy \(AGR\)](#)
[Buswell, Minden \(AGR\)](#)
[patricia.Wright@hud.gov](#)
[Gilbert, Franchesca](#)
[Lofy, Kathy H \(DOH\)](#)

CC: [Salstrom, Eve](#)
[Banez, Elpidio](#)
[Keller, Charissa](#)

Date: 25-Mar-20 1:47:08 PM

Subject: RE: CONOPS Briefing on Coordination Task Force

Attachments: 2020.03.25 CONOPS Briefing.docx
WA TF Contact List_2020.03.25.xlsx

Meeting minutes attached. I have also attached the contact list, the distro list is also included in the minutes for ease of review.

Thank you.

Rebecca

Rebecca Dance
FEMA Region Response Program Assistant
Desk: 425-4 -2151

-----Original Appointment-----

From: Davidson, Lisa

Sent: Tuesday, March 24, 2020 6:34 PM

To: Davidson, Lisa Travis.Linares-Hengen mil.wa.gov Lewis.Lu an mil.wa.gov Bailey, Danielle im.baumgart gov.wa.gov kevin.zerbe mil.wa.gov Brian.Laughlin mil.wa.gov Taylor.Hennessee mil.wa.gov Holt, Brett Stanley, Trevor ennifer.C.Chang usace.army.mil Granum, Nicolas Giles, Terri matthew.zimmerman doh.wa.gov Cockrill, ennifer (OS/ASPR/EMMO) rtreadwell agr.wa.gov Michael.Riedy usda.gov Meghan.OHara redcross.org Rice, Toby seoc42 mil.wa.gov Dance, Rebecca Harris, Gary tristan.allen commerce.wa.gov Richeson, onathan Miller, Clayton Bova, Rebecca Lofaro, Daniel Abel, Bethny McClain, Stacey Ellis, Edward D Wood, Teresa Everson, Suzanne (ACF) t.simmons dcyf.wa.gov Schultz, Lori

Cc: Salstrom, Eve Banez, Elpidio

Subject: CONOPS Briefing on Coordination Task Force

When: Wednesday, March 25, 2020 11:00 AM-11:30 AM (TC-0 :00) Pacific Time (S Canada).

Where: Conference Line (20) 2 9-0026 PIN 42.56.420(4)

Hi All Sending on behalf of Travis Linares-Hengen, WAEMD Human Services Program Supervisor.

Please join us for a concept of operations briefing on a taskforce in development. Tentatively named the Washington Spectrum of Care (WASOC) Taskforce (taking nominations on alternate names) the taskforce aims to:

MISSION The WASOC Multi-Agency Taskforce provides a structure for enhanced collaboration and communication between agencies and ESFs supporting the State's efforts to save and sustain lives impacted by COVID-19.

OBJECTIVES

- Provide consolidated information gathering and reporting on past, current, and future efforts.

WA-GOV-20-0742-A-000425

- Provide subject matter expert technical assistance to working groups.
- Leverage resources and expertise in the delivery of care.
- Support strategic planning and establish priorities for the WASOC.
- Share best practices, lessons learned, and resources across workgroups, ESFs, and agencies.

A very rough draft of the conops is attached.

Thank you,

Lisa Davidson

Acting Division Director

FEMA Region Recovery

(425) 487-462 , desk

(202) 615- 465, cell

lisa.davidson@fema.dhs.gov

Federal Emergency Management Agency (FEMA) Region X is committed to providing access, equal opportunity and reasonable accommodation in its services, programs, activities, education and employment for individuals with disabilities. To request a disability accommodation contact me at least five working days in advance at (425) 487-4628 or Lisa.Davidson@fema.dhs.gov.

CONOPS Briefing on Coordination Task Force Discussion

Thursday, March 25, 2020 @ 1100 PST

Meeting Intent: concept of operations briefing

Roll Call:

- Dept of Com: Ted Keller
- ESF 6: Nik G and Bethany
- ESF 8: Ticka Adeogun
- ESF 11: Mike Reidy
- ESF 14: Ted Butler
- ACF: Susan
- VOAD: Terrie Wood
- HUD: Ivory Hines
- Adv Planning: Kevin Zurby
- FEMA: Lisa Davidson
- State: Travis
- Disability Integration: Eve
- Office of Governor: Jim Baumgart

Action Items:

- Send names of people/POCs to Rebecca Dance Rebecca.dance@fema.dhs.gov to add to task for distribution list
- Review list (attached) for additional needs

Needs:

- Review draft
 - If what is identified is not your mission lets redefine it
 - Cover all spectrum of care needs
 - What does care look like in-between not just beginning and ends and try to see what expected needs will be.
- Task Force
 - Sharing trends and issues –
 - Identifying a more wholistic approach to assist state,
 - Provide venue for collaboration, coordination and executions
 - Work with groups and sub groups in each area
 - ie: dialysis, etc raise issue before it becomes a demand on the care system
 - Make sure central basic needs are being met
 - Planning and projection work on needs
- Questions
 - Medicare/aid reimbursement – how and where does this fit in
- Additional
 - New Director of Care will need to be included
 - Ted suggest putting information on website for housing grants
 - Plans, Contacts, Dollar amounts already available
 - Not just for homeless population
 - Firefighters
 - Immune compromised person at COVID patient home
- Points of Concern
 - Counties are strained lets not duplicate fact gathering forms
 - EOC has NOT been reaching out to counties
 - Human services and behavior health – children outside of unaccompanied minors
 - started to look at need to build out more; engage Susan

Pos	Area	locale	Name	Email	Phone	date added
Taskforce Lead		State				
Taskforce Lead		FEMA				
Advisor	Disability Integration	State	Lewis Lu an	Lewis.Lu an mil.wa.gov	253-512- 13	
Advisor	Disability Integration	FEMA	Danielle Bailey	danielle.bailey fema.dhs.gov	425-3 1-3400	
Advisor	Policy	State	im Baumgart	im.baumgart_gov.wa.gov	360-902-0559	
Advisor	Public Private-Sector Partnership	State	Brian Laughlin	Brian.Laughlin mil.wa.gov	253-512- 050	
Advisor	Public Private-Sector Partnership	State	Taylor Hennessey	Taylor.Hennessee_mil.wa.gov	253-512- 054	
Advisor	Public Private-Sector Partnership	FEMA	Brett Holt	Brett.Holt fema.dhs.gov	425- - 593	
Advisor	Finance Admin	State	TBD			
Advisor	Finance Admin	FEMA	Lori Shultz	lori.shultz_fema.dhs.gov	425-949-6316	
ESF 3		State	TBD			
	Infrastructure	FEMA	Trevor Stanley	trevor.stanley fema.dhs.gov	425-419-6292	
	Infrastructure	SACE	ennifer Chang	ennifer.C.Chang usace.army.mil		
ESF 6	Mass Care	State	Sue Bush			
	Mass Care	FEMA	Nic Granum	nicolas.granum fema.dhs.gov	425-4 -4501	
ESF	Medical	State	Matt imerman	matthew.zimmerman doh.wa.gov	360- 0-1434	
	Medical	HHS	en Cockrill	ennifer.Cockrill hhs.gov		
	Medical	State	Tieka Adeogun		360- 90-1594	
ESF 11	Feeding and Pets	State	Randy Treadwell	RTreadwell agr.wa.gov	509-413-3 39	
	Feeding and Pets	State	Erin Coyle	ECoyle agr.wa.gov	360-764-9704	25-Mar
	Feeding and Pets	State	mindy bushwell	mbushwell_agr.wa.gov	360-2 0-6499	25-Mar
	Feeding and Pets	SDA	Michael Riedy	Michael.Riedy usda.gov	425-2 6-9990	
VAL	Voluntary Agency Coordination	WAVOAD	Megan O Hara	Meghan.OHara_redcross.org	503-2 -2 5	
VAL	Voluntary Agency Coordination	FEMA	Terry Wood	Teresa.Wood fema.dhs.gov	202-5 3-105	
VAL	Voluntary Agency Liason	FEMA	Franchesca Gilbert	franchesca.gilbert fema.dhs.gov	425-40 -3422	25-Mar
Support	Operations	State	TBD			
Support	Operations	FEMA	Toby Rice	toby.rice_fema.dhs.gov	225- 92- 090	
Support	Planning and Administrative	State	Sandy Pecor	seoc42 mil.wa.gov	253-512- 451	
Support	Planning and Administrative	FEMA	Rebecca Dance	rebecca.dance_fema.dhs.gov	202-924-1543	
Support	Planning and Administrative	FEMA	Gary Harris	gary.harris_fema.dhs.gov	202-655- 4 9	
Support	Logistics	State	TBD			
Support	Logistics	FEMA	TBD			
		H D	Patty Wright	patricia.Wright hud.gov	206-220-535	25-Mar
	State Health Officer	State	Dr. athy Lofy	athy.lofy_doh.wa.gov		25-Mar

Distro:

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Holt, Brett	Brett.Holt	fema.dhs.gov
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Wood, Teresa	Teresa.Wood	fema.dhs.gov
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Schultz, Lori	Lori.Schultz	fema.dhs.gov
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Treadwell, Randy (AGR)	RTreadwell	agr.wa.gov
mbuswell	agr.wa.gov	
patricia.Wright	hud.gov	
athy.lofy	doh.wa.gov	
franchesca.gilbert	fema.dhs.gov	
Charissa.keller	fema.dhs.gov	
Banez, Elpidio	elpidio.banez	fema.dhs.gov
Salstrom, Eve	Eve.Salstrom	fema.dhs.gov

From: [Granum, Nicolas](#)
Required: [Austin, JT \(GOV\)](#)
Subject: Accepted: FOOD SECURITY Coordination Team conference call / twice weekly check-in
Location: 888-287-7315 Mtg Id: 42.56.420(4) Host (JT or Katie Raines if JT unavailable) 2929#
When: 26-Mar-20 2:00:00 PM - 3:30:00 PM

From: [WA JIC\(MIL\)](#)
Required: bac60@uw.edu
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[Couture, Melissa \(DOH\)](#)

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[Jenks, Lauren \(DOH\)](#)
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Optional:

[Bravo, Lilian \(DOHi\)](#)
[Anson, Cecile](#)
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[Public Information Officer](#)
[Christopher D Onofrio](#)
[Bre Keveren](#)

Subject: COVID-19 JIC Coordination Call

Location: WebEx attached

When: 26-Mar-20 1:00:00 PM - 1:30:00 PM

Washington State COVID-19 Joint Information Center (JIC) Coordination Call DAILY 11:00 – 11:30 AM PST	
Standing Agenda	
Updates from JIC	15 min.
Updates from Group	15 min.
WebEx Info	

Meeting Information

Meeting link:

[https://mildep.webex.com/mildep/j.php?
MTID_m0bb23864c5f293793ff912e462fe580d](https://mildep.webex.com/mildep/j.php?MTID_m0bb23864c5f293793ff912e462fe580d)

Meeting number:

42.56.420(4)

More ways to join

Join by video system

Dial 969941096@mildep.webex.com
You can also dial 173.243.2.68 and enter your meeting number.

Join by phone

1-206-207-1700 United States Toll (Seattle)
1-408-418-9388 United States Toll

Access code:

42.56.420(4)

[Global call-in numbers](#)

From: [Austin, JT \(GOV\)](#)
To: [Rains, Katie \(AGR\)](#)
CC: nicolas.granum@fema.dhs.gov
Date: 26-Mar-20 2:40:04 PM
Subject: data collection/sharing mechanism team -- FEMA

Katie,
Nicolas is on the call today and would like to be included in the data collection/sharing mechanism team.

-----Original Message-----

From: Granum, Nicolas nicolas.granum@fema.dhs.gov
Sent: Thursday, March 26, 2020 2:39 PM
To: Austin, JT (GOV) jt.austin@gov.wa.gov
Subject: RE: FOOD SECURITY Coordination Team conference call / twice weekly check-in

I'd like to be looped into data collection/sharing mechanism team, where appropriate. Will be a critical piece for us to anticipate needs prior to direct resource requests.

Nicolas Granum
Individual Assistance Region 10 Recovery Division
Office: (425) 487-4501 Mobile: (202) 718-3394 nicolas.granum@fema.dhs.gov

Federal Emergency Management Agency
fema.gov

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-----Original Appointment-----

From: Austin, JT (GOV) jt.austin@gov.wa.gov
Sent: Thursday, March 26, 2020 13:48
To: Granum, Nicolas
Subject: FOOD SECURITY Coordination Team conference call / twice weekly check-in
When: Occurs every Monday and Thursday effective 03/19/2020 until 07/02/2020 from 14:00 to 15:30 Pacific Standard Time.
Where: 888-287-7315 Mtg Id: 315-5376 Host (JT or Katie Raines if JT unavailable) 2929#

Hello Team,

Please note Coordinate Team name change (need all the positive framing we can get these days). Let me know if you have a strong objection to the change.

Please continue to send me suggestions for team member additions so that I may add accordingly. Continue to forward to staff leads, as you deem appropriate until I get the list updated.

These meetings are scheduled twice a week, Mondays and Thursdays, through the end of June. The situation, as you well know, is fluid so the team makeup and team outcomes may change over the course of time and as per direction of Incident Command.

Please send agenda items by noon the day before each conference call.

Please contact me directly in between conference calls to highlight and discuss Hot Button issues that require elevation and/or immediate attention.

Your input on how these coordination calls go, the content, follow up, membership, etc., is extremely valuable. Please send concerns, ideas, and feedback to me directly.

Take good care. Talk soon.

JT

JT Austin

Senior Policy Advisor - Natural Resources Office of Governor Jay Inslee Policy Office Cell:

360-628-7440 www.governor.wa.gov <http://www.governor.wa.gov/>

jt.austin@gov.wa.gov <mailto:jt.austin@gov.wa.gov>

inline attachment not shown <https://www.facebook.com/WaStateGov> inline attachment not shown <https://twitter.com/GovInslee> inline attachment not shown <https://www.flickr.com/photos/govinslee/sets> [instagram-signature] <https://www.instagram.com/govinslee/> [medium-signature] <https://medium.com/wagovernor> inline attachment not shown <https://public.govdelivery.com/accounts/WAGOV/subscriber/new>

Email communications with state employees are public records and may be subject to disclosure, pursuant to Ch. 42.56 RCW.

MEETING #1 INFORMATION

-----Original Appointment-----

From: Austin, JT (GOV)

Sent: Monday, March 16, 2020 11:51 AM

To: Austin, JT (GOV); Rains, Katie (AGR); Connelly, Leslie (OFM); Sheffels, Evan (AGR); Wilson, Morgan (GOV); leanne.eko@k12.wa.us <mailto:leanne.eko@k12.wa.us> ; Barkley, Wendy; babette.roberts@dshs.wa.gov <mailto:babette.roberts@dshs.wa.gov>

Cc: Baumgart, Jim (GOV); Katims, Casey (GOV); Voris, Molly (GOV); Thompson, Maddy (GOV); Sandison, Derek (AGR); Butler, Laura (AGR); Eads, Kim (AGR); Emmans, Gene (AGR); Fuller, Steve (AGR); Evans, Rayanna (OFM)

Subject: COVID-19 Food Insecurity/Hunger Coordination Conference Call

When: Monday, March 16, 2020 1:00 PM-3:00 PM (UTC-08:00) Pacific Time (US & Canada).

Where: 888-287-7315 Mtg ID: 42.56.420(4) Host(JT) 2929#

Importance: High

Hello Team,

Please forward this conference call to appropriate state leads and staff.

I have been asked to serve as the Governor's office Coordinator for Food Insecurity/Hunger Issues.

Please note I have had to push this conference back to 1 PM as I have a meeting with our Chief of Staff at 12 noon on a related food/ag issue.

I look forward to meeting you all and doing good work

WA-GOV-20-0742-A-000438

Best,
JT

JT Austin

Senior Policy Advisor - Natural Resources Office of Governor Jay Inslee Policy Office Cell:
360-628-7440 www.governor.wa.gov <http://www.governor.wa.gov/>
jt.austin@gov.wa.gov <mailto:jt.austin@gov.wa.gov>

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shown <https://twitter.com/GovInslee> inline attachment not shown [https://www.flickr.com/photos](https://www.flickr.com/photos/govinslee/sets)
[/govinslee/sets](https://www.flickr.com/photos/govinslee/sets) [instagram-signature] <https://www.instagram.com/govinslee/> [medium-
signature] <https://medium.com/wagovernor> inline attachment not
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pursuant to Ch. 42.56 RCW.

AGENDA

Welcome and Introductions

Identification of Agency Leads and Additional Partners Discuss Chain of Command and Points of
Contact Identification of Immediate Actions, assign leads Identification of Longer-Term Actions,
assign leads Establish Daily Coordination Calls

DRAFT List of Issues for Discussion (will be edited as we go)

Mobilize Large-scale Restaurant Food Rescue Operation: assign small ad-hoc team, discuss
coordination with hospitality association, county EDC s, transportation, communications
Repack household size food items, deliver to local hunger relief organizations

COVID-19 SNAP Requests

Get purchasing power to low income people on SNAP so they can purchase food and acquire rations
during quarantine

Suspend implementation of ABAWD rule that is scheduled to go into effect 4/1

Provide additional months benefit early to allow for additional purchases

Increase the monthly benefit and expand eligibility to reduce reliance on overwhelmed food banks

FUNDING Funding for temporary staffing to a) offset a depleted volunteer base (hunger relief
significantly relies on senior volunteers who are showing up in reduced numbers due to their
vulnerability to COVID-19) b) begin providing mobile market and home delivery for low-income
infected and/or otherwise quarantined people unable to access food through other means; Funding
for packing and re-packing supplies to a) pack food into self-contained boxes to give clients in open
air environments to reduce person-to-person contact and b) to repack bulk commodities from OSPI
/USDA for distribution in household sizes.

Anecdotal - the largest food bank in Snohomish Count spent \$5,000 on 3/12 to purchase thousands
of bags so that they could maintain food distribution with pre-packed food bags. Many other large
food banks are making similar purchases to keep food flowing to low-income people; most of these
organizations have reserves that can support these purchases for a short-time, but this pandemic is
expected to take a huge toll on businesses, including the nonprofit sector, and government support
will be needed to ensure that food continues to flow in the coming weeks and months.

Funding for sanitation supplies - hand sanitizer, disinfectant wipes, increased professional cleaning
services, hand washing stations, gloves, etc.

WA-GOV-20-0742-A-000439

Funding for distribution costs - including leasing refrigerated vehicles, fuel, insurance, etc. to enable more food-safe home deliveries and mobile distribution units.

Additional funding to purchase food as donations dwindle due to social distancing and an increased number of quarantined people.

How National Declaration impacts funding and actions

Communications with USDA

From: [Austin, JT \(GOV\)](#)
Required: nicolas.granum@fema.dhs.gov
Subject: FOOD SECURITY Coordination Team conference call / twice weekly check-in
Location: 888-287-7315 Mtg Id: 315-5376 Host (JT or Katie Raines if JT unavailable) 2929#
When: 26-Mar-20 2:00:00 PM - 3:30:00 PM
Attachments: image001.png
image002.png
image003.png
image004.png
image005.png
image006.png

Hello Team,

Please note Coordinate Team name change (need all the positive framing we can get these days). Let me know if you have a strong objection to the change.

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Take good care. Talk soon.
JT

JT Austin

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MEETING #1 INFORMATION

-----Original Appointment-----

From: Austin, JT (GOV)

Sent: Monday, March 16, 2020 11:51 AM

To: Austin, JT (GOV); Rains, Katie (AGR); Connelly, Leslie (OFM); Sheffels, Evan (AGR); Wilson, Morgan (GOV); leanne.eko@k12.wa.us mailto:leanne.eko@k12.wa.us ; Barkley, Wendy; babette.roberts@dshs.wa.gov mailto:babette.roberts@dshs.wa.gov

Cc: Baumgart, Jim (GOV); Katims, Casey (GOV); Voris, Molly (GOV); Thompson, Maddy (GOV); Sandison, Derek (AGR); Butler, Laura (AGR); Eads, Kim (AGR); Emmans, Gene (AGR); Fuller, Steve (AGR); Evans, Rayanna (OFM)

Subject: COVID-19 Food Insecurity/Hunger Coordination Conference Call

When: Monday, March 16, 2020 1:00 PM-3:00 PM (UTC-08:00) Pacific Time (US & Canada).

Where: 888-287-7315 Mtg ID: 42.56.420(4) Host(JT) 2929#

Importance: High

Hello Team,

Please forward this conference call to appropriate state leads and staff.

I have been asked to serve as the Governor's office Coordinator for Food Insecurity/Hunger Issues.

Please note I have had to push this conference back to 1 PM as I have a meeting with our Chief of Staff at 12 noon on a related food/ag issue.

I look forward to meeting you all and doing good work

Best,

JT

JT Austin

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WA-20-0742-A-000442

COVID-19 SNAP Requests

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How National Declaration impacts funding and actions

Communications with USDA













From: [Rains, Katie \(AGR\)](#)
To: [Austin, JT \(GOV\)](#)
CC: nicolas.granum@fema.dhs.gov
Date: 26-Mar-20 2:41:33 PM
Subject: RE: data collection/sharing mechanism team -- FEMA

Received - thank you JT and Nicolas.

Katie Rains

-----Original Message-----

From: Austin, JT (GOV)
Sent: Thursday, March 26, 2020 2:40 PM
To: Rains, Katie (AGR) KRains@agr.wa.gov
Cc: nicolas.granum@fema.dhs.gov
Subject: data collection/sharing mechanism team -- FEMA

Katie,
Nicolas is on the call today and would like to be included in the data collection/sharing mechanism team.

-----Original Message-----

From: Granum, Nicolas nicolas.granum@fema.dhs.gov
Sent: Thursday, March 26, 2020 2:39 PM
To: Austin, JT (GOV) jt.austin@gov.wa.gov
Subject: RE: FOOD SECURITY Coordination Team conference call / twice weekly check-in

I d like to be looped into data collection/sharing mechanism team, where appropriate. Will be a critical piece for us to anticipate needs prior to direct resource requests.

Nicolas Granum
Individual Assistance Region 10 Recovery Division
Office: (425) 487-4501 Mobile: (202) 718-3394 nicolas.granum@fema.dhs.gov

Federal Emergency Management Agency
fema.gov

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-----Original Appointment-----

From: Austin, JT (GOV) jt.austin@gov.wa.gov
Sent: Thursday, March 26, 2020 13:48
To: Granum, Nicolas
Subject: FOOD SECURITY Coordination Team conference call / twice weekly check-in

WA-GOV-20-0742-A-000450

When: Occurs every Monday and Thursday effective 03/19/2020 until 07/02/2020 from 14:00 to 15:30 Pacific Standard Time.

Where: 888-287-7315 Mtg Id: 315-5376 Host (JT or Katie Raines if JT unavailable) 2929#

Hello Team,

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Take good care. Talk soon.

JT

JT Austin

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MEETING #1 INFORMATION

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Sent: Monday, March 16, 2020 11:51 AM

To: Austin, JT (GOV); Rains, Katie (AGR); Connelly, Leslie (OFM); Sheffels, Evan (AGR); Wilson, Morgan (GOV); leanne.eko@k12.wa.us <mailto:leanne.eko@k12.wa.us> ; Barkley, Wendy; babette.roberts@dshs.wa.gov <mailto:babette.roberts@dshs.wa.gov>

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WA-GOV-20-0742-A-000451

Subject: COVID-19 Food Insecurity/Hunger Coordination Conference Call

When: Monday, March 16, 2020 1:00 PM-3:00 PM (UTC-08:00) Pacific Time (US & Canada).

Where: 888-287-7315 Mtg ID: 42.56.420(4) Host(JT) 2929#

Importance: High

Hello Team,

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I look forward to meeting you all and doing good work

Best,

JT

JT Austin

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Additional funding to purchase food as donations dwindle due to social distancing and an increased number of quarantined people.

How National Declaration impacts funding and actions
Communications with USDA

From: [Austin, JT \(GOV\)](#)
To: [Granum, Nicolas](#)
[Rains, Katie \(AGR\)](#)
Date: 26-Mar-20 2:43:23 PM
Subject: RE: data collection/sharing mechanism team -- FEMA

Of course...I m now in another meeting but tracking this call.
Multi tasking at our best.
Plug in where you see fit. Thanks so much.
JT

-----Original Message-----

From: Granum, Nicolas nicolas.granum@fema.dhs.gov
Sent: Thursday, March 26, 2020 2:43 PM
To: Austin, JT (GOV) jt.austin@gov.wa.gov ; Rains, Katie (AGR) KRains@agr.wa.gov
Subject: RE: data collection/sharing mechanism team -- FEMA

Thanks, JT. I didn t want to disrupt the flow, just listening in for today.

A couple things similar to this are happening in other states, so just want to be a resource or help plug in support where appropriate.

Nicolas Granum
Individual Assistance Region 10 Recovery Division
Office: (425) 487-4501 Mobile: (202) 718-3394 nicolas.granum@fema.dhs.gov

Federal Emergency Management Agency
fema.gov

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-----Original Message-----

From: Austin, JT (GOV) jt.austin@gov.wa.gov
Sent: Thursday, March 26, 2020 14:40
To: Rains, Katie (AGR) KRains@agr.wa.gov
Cc: Granum, Nicolas nicolas.granum@fema.dhs.gov
Subject: data collection/sharing mechanism team -- FEMA

Katie,
Nicolas is on the call today and would like to be included in the data collection/sharing mechanism team.

-----Original Message-----

WA-GOV-20-0742-A-000454

From: Granum, Nicolas nicolas.granum@fema.dhs.gov
Sent: Thursday, March 26, 2020 2:39 PM
To: Austin, JT (GOV) jt.austin@gov.wa.gov
Subject: RE: FOOD SECURITY Coordination Team conference call / twice weekly check-in

I'd like to be looped into data collection/sharing mechanism team, where appropriate. Will be a critical piece for us to anticipate needs prior to direct resource requests.

Nicolas Granum
Individual Assistance Region 10 Recovery Division
Office: (425) 487-4501 Mobile: (202) 718-3394 nicolas.granum@fema.dhs.gov

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Subject: FOOD SECURITY Coordination Team conference call / twice weekly check-in
When: Occurs every Monday and Thursday effective 03/19/2020 until 07/02/2020 from 14:00 to 15:30 Pacific Standard Time.
Where: 888-287-7315 Mtg Id: 315-5376 Host (JT or Katie Raines if JT unavailable) 2929#

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WAGOV-20-0742-A-000456

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How National Declaration impacts funding and actions

Communications with USDA

From: [Granum, Nicolas](#)
To: [Austin, JT \(GOV\)](#)
[Rains, Katie \(AGR\)](#)
Date: 26-Mar-20 2:42:31 PM
Subject: RE: data collection/sharing mechanism team -- FEMA

Thanks, JT. I didn't want to disrupt the flow, just listening in for today.

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Nicolas Granum
Individual Assistance Region 10 Recovery Division
Office: (425) 487-4501 Mobile: (202) 718-3394 nicolas.granum@fema.dhs.gov
WA-GOV-20-0742-A-000458

WAS-2007-12-A-000459

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signature] <https://medium.com/wagovernor> inline attachment not shown <https://public.govdelivery.com/accounts/WAGOV/subscriber/new>
Email communications with state employees are public records and may be subject to disclosure, pursuant to Ch. 42.56 RCW.

MEETING #1 INFORMATION

-----Original Appointment-----

From: Austin, JT (GOV)

Sent: Monday, March 16, 2020 11:51 AM

To: Austin, JT (GOV); Rains, Katie (AGR); Connelly, Leslie (OFM); Sheffels, Evan (AGR); Wilson, Morgan (GOV); leanne.eko@k12.wa.us <mailto:leanne.eko@k12.wa.us> ; Barkley, Wendy; babette.roberts@dshs.wa.gov <mailto:babette.roberts@dshs.wa.gov>

Cc: Baumgart, Jim (GOV); Katims, Casey (GOV); Voris, Molly (GOV); Thompson, Maddy (GOV); Sandison, Derek (AGR); Butler, Laura (AGR); Eads, Kim (AGR); Emmans, Gene (AGR); Fuller, Steve (AGR); Evans, Rayanna (OFM)

Subject: COVID-19 Food Insecurity/Hunger Coordination Conference Call

When: Monday, March 16, 2020 1:00 PM-3:00 PM (UTC-08:00) Pacific Time (US & Canada).

Where: 888-287-7315 Mtg ID: 42.56.420(4) Host(JT) 2929#

Importance: High

Hello Team,

Please forward this conference call to appropriate state leads and staff.

I have been asked to serve as the Governor's office Coordinator for Food Insecurity/Hunger Issues.

Please note I have had to push this conference back to 1 PM as I have a meeting with our Chief of Staff at 12 noon on a related food/ag issue.

I look forward to meeting you all and doing good work

Best,

JT

JT Austin

Senior Policy Advisor - Natural Resources Office of Governor Jay Inslee Policy Office Cell:

360-628-7440 www.governor.wa.gov <http://www.governor.wa.gov/>

jt.austin@gov.wa.gov <mailto:jt.austin@gov.wa.gov>

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Welcome and Introductions

Identification of Agency Leads and Additional Partners Discuss Chain of Command and Points of Contact Identification of Immediate Actions, assign leads Identification of Longer-Term Actions, assign leads Establish Daily Coordination Calls

WA-GOV-20-0742-A-000460

DRAFT List of Issues for Discussion (will be edited as we go)

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How National Declaration impacts funding and actions

Communications with USDA

From: [Granum, Nicolas](#)
To: [Austin, JT \(GOV\)](#)
Date: 26-Mar-20 1:48:53 PM
Subject: RE: FOOD SECURITY Coordination Team conference call / twice weekly check-in

Thank you, received. Will join in.

Nicolas Granum
Individual Assistance Region 10 Recovery Division
Office: (425) 487-4501 Mobile: (202) 718-3394
nicolas.granum@fema.dhs.gov

Federal Emergency Management Agency
fema.gov

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-----Original Message-----

From: Austin, JT (GOV) jt.austin@gov.wa.gov
Sent: Thursday, March 26, 2020 13:48
To: Granum, Nicolas nicolas.granum@fema.dhs.gov
Subject: FOOD SECURITY Coordination Team conference call / twice weekly check-in

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Please note Coordinate Team name change (need all the positive framing we can get these days). Let me know if you have a strong objection to the change.

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How National Declaration impacts funding and actions

Communications with USDA

From: [Granum, Nicolas](#)
To: [Austin, JT \(GOV\)](#)
Date: 26-Mar-20 2:38:47 PM
Subject: RE: FOOD SECURITY Coordination Team conference call / twice weekly check-in

I'd like to be looped into data collection/sharing mechanism team, where appropriate. Will be a critical piece for us to anticipate needs prior to direct resource requests.

Nicolas Granum
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Federal Emergency Management Agency
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-----Original Appointment-----

From: Austin, JT (GOV) jt.austin@gov.wa.gov
Sent: Thursday, March 26, 2020 13:48
To: Granum, Nicolas
Subject: FOOD SECURITY Coordination Team conference call / twice weekly check-in
When: Occurs every Monday and Thursday effective 03/19/2020 until 07/02/2020 from 14:00 to 15:30 Pacific Standard Time.
Where: 888-287-7315 Mtg Id: 42.56.420(4) Host (JT or Katie Raines if JT unavailable) 2929#

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Subject: COVID-19 Food Insecurity/Hunger Coordination Conference Call

When: Monday, March 16, 2020 1:00 PM-3:00 PM (UTC-08:00) Pacific Time (US & Canada).

Where: 888-287-7315 Mtg ID: 3155376 Host(JT) 2929#

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How National Declaration impacts funding and actions

Communications with USDA

From: [Nolan, Ellen E. \(DSHS\)](#)

To: [Aylward, Anmarie \(DSHS\)](#)

[Baumgart, Jim \(GOV\)](#)

[Beebe, Joyce \(COM\)](#)

[Coates, Mickie \(DSHS/FFA\)](#)

[Daniels, Cecil \(COM\)](#)

[Frasier, Erin \(SBCTC\)](#)

[Garcia, Sarah \(DSHS\)](#)

[Giannobile, Diane \(COM\)](#)

[Hall, Melissa \(COM\)](#)

[Heddin, Jenny \(DCYF\)](#)

[Hinman, Joshua \(DSHS/FFA\)](#)

[Humphrey, Nate \(SBCTC\)](#)

[Johnson, Mona \(OSPI\)](#)

[Judge, Matt \(DCYF\)](#)

[Kempf, Susan \(COM\)](#)

[Klontz, Diane \(COM\)](#)

[Lindseth, Kelly \(ESD\)](#)

[Mallicoat, Nona \(ESD\)](#)

[Marx, Alexis \(DSHS\)](#)

[Minor, Anna \(OFM\)](#)

[Orr, Daisye \(DOH\)](#)

[Pfingst, Lori](#)

[Probst, Tim \(ESD\)](#)

[Riddle, Shane \(DSHS\)](#)

[Roberts, Babette \(DSHS\)](#)

[Rose, Nicole \(DCYF\)](#)

[Schulte, Mike \(ESD\)](#)

[Stillman, David \(DSHS\)](#)

[Tang, Jie \(DSHS\)](#)

[Evans, Rayanna \(OFM\)](#)

[Young, Susanna](#)

[Vann, Jamie](#)

[Kimberly.Burgesssimms@acf.hhs.gov](#)

[Flanagan, John \(GOV\)](#)

Date: 26-Mar-20 1:23:03 PM

Subject: RE: WorkFirst Leadership

Attachments: Charter Human Centered Poverty Reduction 5 Agency Final.pdf
2020 Budget Comparison 3-24-20 final (002).docx
2020 leg session bills 3-24-2020 (002).docx

Please find attached the Charter on Human Centered Poverty Reduction from the 5-Agency Workgroup in addition to the other documents for tomorrow's meeting.

Tim Probst asked if we have heard anything about a legislative special session. All I am aware of is that there are rumblings that they do plan on reconvening to address some issues once the COVID-19 issues are a little more settled. I'm not sure when that will be. Maybe late spring.

Ellen E. Nolan J.D, Senior Government Relations Advisor
Economic Services Administration
Washington State Department of Social and Health Services
(o)360-725-4544 nolanee@dshs.wa.gov
Pronouns: she/her/hers
Transforming Lives

-----Original Appointment-----

From: olan, Ellen E. DSHS

Sent: Tuesday, March 27, 2020 2:00 PM

To: olan, Ellen E. DSHS Aylward, Anmarie DSHS Baumgart, im OV Beebe, oyce COM Coates, Mickie DSHS /FFA Daniels, Cecil COM Frasier, Erin SBCTC arcia, Sarah DSHS iannobile, Diane COM Hall, Melissa COM Heddin, enny DC F Hinman, oshua DSHS/FFA Humphrey, ate SBCTC ohnson, Mona OSPI udge, Matt DC F empf, Susan COM lont, Diane COM Lindseth, elly ESD Mallicoat, ona ESD Marx, Alexis DSHS Minor, Anna OFM Orr, Daisye DOH Pfingst, Lori Probst, Tim ESD Riddle, Shane DSHS Roberts, Babette DSHS Rose, icole DC F Schulte, Mike ESD Stillman, David DSHS Tang, ie DSHS Evans, Rayanna OFM oung, Susanna Vann, amie imberly.Burgesssimms acf.hhs.gov Flanagan, ohn OV

Subject: WorkFirst Leadership

When: Friday, March 27, 2020 10:00 AM-12:00 PM UTC-08:00 Pacific Time US Canada .

Where: DSHS FA ESA H CV2 RM 05 isqually

OI WEBEX MEETI

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Meeting number access code : 09

Meeting password: 42.56.420(4)

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1-20 -207-1700 United States Toll Seattle

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Global call-in numbers:

<https://watech.webex.com/watech/globalcallin.php?MTID=mb1b57a5ad29da2772ff d2>

This is being rescheduled to accommodate ACF visitors attendance. Thank you.



Charter: Human-Centered Poverty Reduction System Design Team

Sponsors: David Stillman, Diane Klontz, Maria Courogen, Carli Schiffner, Tim Probst

Project Managers: Babs Roberts, Emily Grossman, Daisye Orr, Erin Frasier, John Traugott, and Marie Bruin

Change Managers: Bill Kysor, and other change managers assigned by each agency.

Members: Erik Peterson, Sonja Dearmore, Ellen Nolan, Lori Pfingst, Tim Gates, Sharon Redmond, Sandy Crews, Sue Keltner, Mike Schulte, Janna Bardi, Wayne Clifford, Cathy Kinnaman, Christymarie Jackson, Shaw Seaman, Alicia Morales, and Brittany Tybo TBD-Policy and TBD-LMEA

Goal Statement

Create a human-centered upward mobility system that coordinates the work of our agencies, empowers people experiencing poverty, treats them as customers, centers on the impacts of racism and implicit bias, and measurably and equitably reduces poverty.

Indicators of Success

- Improve customer satisfaction based on existing agency customer satisfaction surveys. First step is to identify existing survey data to use from each agency and a current baseline.
- Measurably reduce the total number of people in poverty, as defined below. Use 2015 as baseline.
- Ensure we are eliminating disparities, including disaggregating by communities of color, people with disabilities, tribes, rural communities, racism and implicit bias, and more. Use 2015 baselines.
- Involve the customers of our systems in identifying and helping solve problems.
- Ensure our systems are equitably serving the total number of eligible people and if they aren't, identify reasons and solutions.
- Increase take-up rates by underserved populations that address equity.
- Identify and use a measure to ensure progress toward human-centered design principles.
- Improve staff, stakeholder, and public satisfaction based on existing agency survey results. First step is to identify the existing survey data to use from each agency and a current baseline.

In Scope:

- Develop a human-centered system as defined below, to establish an integrated continuum of care; eliminate fiscal cliffs; harmonize eligibility processes; and empower people to access the services they need.
- Ensure close alignment with PRWG and with the voice of lived experience provided by the PRWG Steering Committee.
- Identify needed law or regulatory changes.
- Identify non-legislative solutions the agencies may choose to implement under current law.
- Identify internal policy, organizational and process changes needed to make the experience of our systems better for our customers.

Out of Scope:

December 5, 2019

IT systems redesign and data sharing are out-of-scope for this group. However, the group may provide programmatic information and business requirements, upon request, to the Health and Human Services Coalition or other teams.

Partnership and Collaboration

The team will ensure that its work on behalf of the agencies aligns with:

- The Poverty Reduction Work Group's (PRWG) ten year plan and its recommendations for a continuum of care;
- The voice of lived experience as provided by the PRWG Steering Committee and other resources;
- The Legislative Executive WorkFirst and Poverty Reduction Oversight Committee (LEWPRO); and
- Other partners and stakeholders.

Definition of Human-Centered Poverty Reduction System

A simple, unified, user-friendly system that:

- In alignment with PRWG recommendations, builds an integrated health, human service, housing, and workforce development continuum of care that addresses the holistic needs of individuals and families experiencing poverty;
- Empowers people to conveniently access the full package of personalized services they need;
- For those seeking work, maintains services until the person or family has reached "escape velocity" and is permanently above 200% of FPL;
- Harmonizes eligibility processes and eliminates fiscal cliffs;
- Measurably and steadily reduces poverty from the 2015 baseline; and
- Eliminates disparities for all demographics according to their needs, including people of color, people with disabilities, tribes, rural communities, and others.

Definition of Poverty

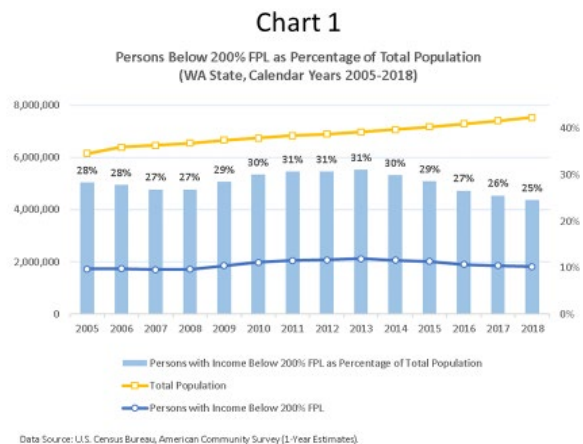
In alignment with the Poverty Reduction Work Group (PRWG) and current Results Washington measures, use 200% of the federal poverty level (FPL) to as a primary measure, and increasingly incorporate the use of a cost-of-living measure over time, such as the United Way ALICE standard (Asset Limited, Income Constrained, Employed).

Team Members:

Team members will be assigned by the agencies and may include program, policy, forecasting, budget, legislative, human resources, and/or other staff as needed. The sponsors are committed to an organized results-oriented approach, and the sponsors will establish project management, change management, and/or stakeholder advisory teams as needed.

Sequencing and Logistics

This project will need a phased approach over a multi-year period, with a multi-year timeline and roadmap. The team will establish a work plan and timeline as needed, and an example timeline will be provided as a starting point.



December 5, 2019

Comparison of Budget Proposals for 2019-21

And Final Supplemental Operating Budget [ESSB 6168](#)

Key Provisions Impacting the Economic Services Administration and Poverty Reduction Initiatives

March 2 , 2020

Senate (SSB 6168))

House (SHB 2325)

Child Support Pass-through SSB 51

Provides funding and FTEs to implement the child support pass through, beginning February 1, 2021, which requires DSHS to pass through up to 50 per month of child support collections to TA F clients with one child, and up to 100 per month to TA F families with two or more children.

2.1 FTEs
1,121,000 F-S
1,107,000 F-F
Total: 2,22 ,000

ot included

Trafficking Victim Assistance (3SSB 5164)

Funds one time technology costs to implement this state-funded program, which will provided public assistance to certain victims of human trafficking.

1 ,000 F-S
Total: 1 ,000

ot included

Postpartum Coverage (E2SSB 6128)

Provides funding for systems changes to extent postpartum coverage, beginning anuary 1, 2021, for pregnant and parenting persons from 0 days to one year postpartum.

0.2 FTEs
5,000 F-S
Total: 5,000

ot included

Revising Economic Assistance Programs (2SSB 6478 and 2SHB 2441))

Provides funding for one time IT changes necessary for these to TA F program bills.

1,52 ,000 F-S
Total 1,52 ,000

ot included

ABD Supplied Shelter Grant

Eliminates the supplied shelter grant standard and covers the projected increase in the per capita cost associated with issuing up to the maximum grant standard.

2,500,000 F-S
Total: 2,500,000

2, 9,000 F-S
Total: 2, 9,000

Eliminate ABD Mid-Cert Review

Provides funding to eliminate the mid-certification review requirement for aged participants and to restore the caseload of aged participants who have lost this benefit.

ot included

22 ,000 F-S
Total: 22 ,000

Continue Asset Verification System

Provides funding and FTEs to continue to implement the federally compliant Asset Verification System (AVS) for asset based Medicaid eligibility system.

ot included

.1 FTEs
2,155,000 F-S
797,000 F-F
Total: 2,952,000

AVS and FTE Adjustment

ESA's AVS implementation expenditures are less than originally projected in fiscal year 2020, so funding and FTEs are adjusted.

5.0 FTEs
2,000 F-S
9,000 F-F
Total: 7,000

Same as Senate

DCS Intergovernmental Demonstration

DCS receives a one-time funding to participate in a federal demonstration grant to develop and test innovations to increase child support payments in intergovernmental cases with Canada and Mexico.

1.0 FTE
500,000 F-F
Total: 500,000

Same as Senate

Poverty Reduction

Provides funding for implicit bias training and for the Poverty Reduction Workgroup Steering Committee to continue.

not included

0,000 F-S

Total: 0,000

Pregnant Women's Assistance (PWA)

Supplied Shelter Grant

DSHS will eliminate the supplied shelter grant standard. Provides funding to cover the projected increase in the per capita cost associated with issuing up to the maximum grant.

0,000 F-S
Total: 0,000

Same as Senate

RCA Supplied Shelter Grant

DSHS will eliminate the supplied shelter grant standard. Provides funding to cover the projected increase in the per capita cost associated with issuing up to the maximum grant.

0,000 F-F
Total: 0,000

Same as Senate

TANF/SFA Supplied Shelter Grant

DSHS will eliminate the supplied shelter grant standard. Provides funding to cover the projected increase in the per capita cost associated with issuing up to the maximum grant.

1,900 F-F
Total: 1,900

Same as Senate

WorkFirst Fund Balance

Unallocated General Fund-State fund balance is offset by using available federal TANF funds during the 2019-2021 biennium

5,500,000 F-S
5,500,000 F-F

not included

WorkFirst Services Reduction

Funding for WorkFirst services is reduced to reflect under-expenditures in the program from declining caseloads

2,900 F-S
Total: 2,900

not included

WIN 211

Provides one-time funding for telephone and telecommunications equipment for the Washington Information Network (WIN)

not included

200,000 F-S

Total: 200,000



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Economic Services Administration
Post Office Box 45070, Olympia WA 98504-5070

March 2 , 2020

Bills impacting ESA Clients our Poverty Reduction Goal

Please note these bills are still pending final signature from the Governor, and are subject to veto or partial veto.

2SSB 51 Implementing the child support pass through – This bill reinstates the child support pass through for families receiving Temporary Assistance for Needy Families (TANF). Child support collections will be passed through up to 50 per month for TANF families with one child, and up to 100 per month for families with two or more children. The passed-through support amounts will not count against their TANF grant, but is factored into their food benefit eligibility. This policy change will take effect February 1, 2021.

SHB 2 1 Improving access to TANF – Effective July 1, 2021, requires the department to reduce the grant of a TANF recipient who is noncompliant with work and work related activities for two continuous months, by the greater of either 50 or the recipients share, and to terminate the grant after twelve months of continuous noncompliance. The bill is null and void if not funded in the supplemental operating budget by June 30, 2020.

2SSB 7 Revising economic assistance programs – Effective July 1, 2021, expands the 90 month TANF time limit exemption criteria to include homelessness as defined in the federal McKinney-Vento Act and requires DSHS to submit an annual report regarding racial demographics of TANF recipients whose grants have been reduced or terminated due to sanctions or time limits, including the department's plan to remedy any racial disproportionality reflected in the data.

SSB 2 02 Concerning child support, but only with respect to standards for determination of income, abatement of child support for incarcerated obligors, modification of administrative orders and notices of support owed – Makes some changes to the child support schedule regarding how income is imputed and whether a high school student is voluntarily unemployed, allows the Office of Administrative Hearings to mail the notices of hearing in petitions to modify administrative support orders allows the Division of Child Support (DCS) to serve the notice of support owed by regular mail, rather than by certified mail, and earlier than waiting for twelve months to pass, in order to help keep support from being overpaid or underpaid. This bill also allows for abatement of child support to 10 per support order when a parent is incarcerated for a period exceeding 90 months and has no income or assets to pay support. The custodial parent is entitled to a hearing to rebut the presumption that the noncustodial parent does not have the ability to pay support while incarcerated. The monthly support obligation is automatically raised to 50% of the amount in the original support order on the first day of the fourth month after the noncustodial parent's release and the obligation automatically increases to 100% of the obligation in the original order one year after release. The abatement provisions take effect February 1, 2021, as does the notice of hearing provision since it is included in one of the statutes amended by the abatement provisions. The other two provisions income determination and the changes to the notice of support owed take effect June 11, 2020.

SSB 95 Essential needs and housing support eligibility – This Department request bill changes current law to allow individuals who have been determined to be eligible for the Pregnant Women s Assistance PWA program to access the Housing and Essential eeds HE program for 2 consecutive months from the date their PWA eligibility is established, and allows the Department to set the income standard for HE eligibility for persons who are eligible for the PWA program. This bill will take effect une 11, 2020

SSB 51 Providing public assistance to victims of human trafficking – This bill expands eligibility for state-funded public assistance programs including the Food Assistance Program, the State Family Assistance program, and the Medical Care Services program to nonciti en victims of human trafficking and their qualifying family members, effective February 1, 2022.

ESHB 2 0 – Hunger-free schools act - Requires schools with grades eight and below that have at least 2.5 of students who directly certify for free school meals to participate in the USDA Community Eligibility Program, which provides free meals to all students in a school. The Office of the Superintendent of Public Instruction OSPI must evaluate all schools in Washington not currently participating in CEP to determine their eligibility. Schools that meet the criteria must apply for CEP and be validated by OSPI. This process must be completed between April 1st and the beginning of the following school year.

WorkFirst Leadership Team Meeting
Draft Agenda
WEB-EX
10:00 am to 12:00 pm
March 27, 2020

1. Introductions

2. COVID-19 impacts – update

Mitigation efforts from Community Services Division

<https://www.dshs.wa.gov/esa/online-community-services-office-cso>

3. 2020 Legislative session debrief

- a. Bills that impact clients/programs/poverty reduction
- b. Budget items of interest

4. 2021 Legislative Session – DPs and Agency Request Legislation – alignment/information sharing process amongst agencies to support poverty reduction goals

5. Legislative-Executive WorkFirst and Poverty Reduction Task Force and Poverty Reduction Workgroup – Alignment of Work Discussion

6. Update of the 5-agency Human Centered Poverty Reduction Team

7. Other issues?

8. Adjourn

From: [Austin, JT \(GOV\)](#)
To: [Baumgart, Jim \(GOV\)](#)
[Eads, Kim \(AGR\)](#)
[Connelly, Leslie \(OFM\)](#)
[Gregerson, Mia](#)
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[Wilson, Morgan \(GOV\)](#)
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[Aaron Czyzewski](#)
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[Smith, Carol \(SCC\)](#)
[Halpern, Alison \(SCC\)](#)
[Gregerson, Mia](#)
[Warnick, Judy](#)
[Yoshi Kumara](#)

Date: 30-Mar-20 1:17:06 PM

Subject: Food Security Coordination Team Conf Call Agenda 2-3:30 PM TODAY 888-287-7315

Mtg ID: 42.56.420(4)

MARCH 30, 2020
FOOD SEC RIT COORDINATION TEAM
CONFERENCE CALL
2:00-3:30 pm
-2 - 315 Mtg Id: 42.56.420(4)

- I. Roll Call
- II. Updates from Unified Command Group (GC) AT Derek
- III. Fiscal Updates
 - a. OFM State Funding Picture and Next Steps
 - b. OFM Private Funding Picture and Next Steps
 - c. OFM/Gov Office request to NGOs
- IV. Waivers, Federal Relief and/or COVID-19 Response Operations Status Please include any current federal requests/needs, including from USDA
 - a. OSPI
 - b. DSHS
 - c. WSDA
 - d. DOH
 - e. Governor's DC office
 - f. NGOs
 - g. Food Policy Forum: WSDA and WSCC
 - h. state Legislators
- V. Gap Analysis Mapping
 - a. Needs Assessment baseline November 2019 data monitor updates monthly or more frequently if we can develop real time reporting mechanism
- i. Food insecure people seeking services at food bank (was 1.12 million in 2019 current estimate 1.5 million with possible peak at 2.5 million)
- ii. Children enrolled in free and reduced lunch
- iii. Seniors enrolled in meals on wheels
- iv. Families enrolled in WIC

- v. Households enrolled in SNAP, including legal immigrants funded by state SNAP program
 - b. Asset Inventory
- i. Availability and enrollment in Pandemic SNAP
- ii. Access to and amounts of other food benefit programs like WIC and Fruit and Vegetable incentive programs administered by DOH
- iii. Hunger Relief Organizations ~~A~~ must include cost analysis for each category
 - 1. Food
 - 2. Supplies ~~A~~ ncludes packing materials and sanitation
 - 3. Human Resources ~~A~~ olunteer workforce and national guard deployments
 - 4. Distribution ~~A~~ torage, transportation, and distribution points (aka food pantries)
- c. Need minus Asset ~~A~~ GAP
- i. Striving to develop a system that enables us to predict gaps so we can minimize interruptions in service and unmet need
- ii. WSDA and WS ~~A~~ conversation scheduled this afternoon
- VI. Communications
 - a. Move to participant written reporting so meetings are assessment ~~A~~ future action oriented
- i. T/ atie to send out template for email reporting by COB 3/31 ~~A~~ esponse requested by ~~A~~ PM 4/1 include congressional asks
- b. Governor s website status and input

JT

JT Austin (*she/her/hers*)

COVID-19 Food Security ~~A~~ Hunger Relief Response

Senior Policy Advisor ~~A~~ Natural Resources ~~A~~ Office of Governor ~~A~~ ay Inslee

Policy Office ~~A~~ Cell: 360-62 - 440

www.governor.wa.gov ~~A~~ t.austin ~~A~~ gov.wa.gov



Email communications with state employees are public records and may be subject to disclosure, pursuant to Ch. 42.56 RCW.

COVID-19 FOOD SEC RIT , H NGER RELIEF AND AGRIC LT RE A

<https://www.fns.usda.gov/disaster/pandemic/covid-19>

LATEST COVID-19 UPDATES & RESOURCES: <https://coronavirus.wa.gov/>

From: [Austin, JT \(GOV\)](#)
To: [Baumgart, Jim \(GOV\)](#)
[Eads, Kim \(AGR\)](#)
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JT Austin (*she/her/hers*)

COVID-19 Food Security ~~Hunger Relief Response~~

Senior Policy Advisor ~~Natural Resources~~ Office of Governor ~~ay~~ Inslee

Policy Office Cell: 360-62 - 440

www.governor.wa.gov [t.austin](https://twitter.com/jtaustin) [gov.wa.gov](https://www.governor.wa.gov)



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COVID-19 FOOD SECURITY, HUNGER RELIEF AND AGRICULTURE

<https://www.fns.usda.gov/disaster/pandemic/covid-19>

LATEST COVID-19 UPDATES & RESOURCES: <https://coronavirus.wa.gov/>

From: [Davidson, Lisa](#)

To: [seoc44 \(MIL\)](#)

[IMT7 Operations \(OS/ASPR\)](#)

[Granum, Nicolas](#)

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[Urbas, Gary \(MIL\)](#)

[Bova, Rebecca](#)

[Clayton, David](#)

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[FEMA-R10-PA-ESF-COVID19](#)

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[seoc90 \(MIL\)](#)

[seoc100 \(MIL\)](#)

[Harris, Gary](#)

[Lujan, Lewis \(MIL\)](#)

[seoc44 \(MIL\)](#)

[seoc43 \(MIL\)](#)

[Schitoskey, Frank C \(DOH\)](#)

[INTEL SECT CHIEF, SEOC \(MIL\)](#)

CC: [McClain, Stacey \(MIL\)](#)

[Schitoskey, Frank C \(DOH\)](#)

[Stanley, Trevor](#)

[DOH-SOFR2 \(DOH\)](#)

Date: 30-Mar-20 6:39:34 PM

Subject: RE: WASOC Isolation & Quarantine Coordination Call

Attachments: LHJ-Tribal I&Q Facility Ops Template 02MAR2020.docx

DOH_IMT_Quarantine_ISO MAPLE LANE.DOC

DOH_IMT_Quarantine.docx

Isolation & Quarantine Task Force - RV Supply Checklist.xlsx

Thank you all for joining the call today. Here is a brief summary of the call and some documents that were provided to the workgroup previously.

Structure:

- Tumwater IMT will lead this workgroup
- First meeting Wednesday Morning at 10am

Guidance:

- State DOH has provided this link and the attached guidance: <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/ConsidsforAssessAndRecLocs.pdf>

Reporting:

- Tumwater IMT has access to Commerce data through basecamp
 - First commerce requested reports due on 3/31
- State PA (Gary rbas) will notify Tumwater IMT of non-congregate sheltering approvals received through the PA program
- unclear if IMT has DOH/HHS ESF data that was gathered last week (to Lisa for action)
- Reporting structure needs to be established to share info in IAP/SitRep and other leadership briefs
 - Location, capacity, occupancy, shortfalls

Resources:

- Tumwater IMT will identify logistics support requests during its data collection
- Logistics support requests that cannot be filled by IMT will be processed through WAEMD RRF process
- IMT looking for demographics on homelessness, vulnerable populations, dialysis, etc. in counties

-----Original Appointment-----

From: Davidson, Lisa

Sent: Monday, March 30, 2020 10:56 AM

To: Davidson, Lisa SEOC44 mil.wa.gov IMT .ops hhs.gov Granum, Nicolas im.baumgart gov.wa.gov tedd.kelleher commerce.wa.gov rbas, Gary Bova, Rebecca Clayton, David matthew.zimmerman doh.wa.gov DOH-IC2 (DOH) DOH-PSC2 (DOH) Davis, errod (DOH) seoc 4 (MIL) McClung, Timothy (DOH) Linares-Hengen, Travis (MIL) DOH-AreaCommand DOH-OSC2 (DOH) FEMA-R10-PA-ESF-COVID19 Chang, Jennifer C NWD Henderson, John M CIV SARM CEMV (SA) Long, Scott W CIV SARM CENWS (SA) seoc90 mil.wa.gov seoc100 mil.wa.gov Harris, Gary Lu an, Lewis (MIL)

Cc: McClain, Stacey (MIL) Schitoskey, Frank C (DOH) Stanley, Trevor DOH-SOFR2 (DOH)

Subject: WASOC Isolation Quarantine Coordination Call

When: Monday, March 30, 2020 1:00 PM-2:00 PM (TC-0 1:00) Pacific Time (S Canada).

Where: WAEMD Human Services or 1- 800-320-4330 PIN 42.56.420(4)

Coordination call to establish information sharing and reporting across all lines of effort currently working on /approving isolation and quarantine centers.

Washington State Department of Health
Emergency Response Plan
Annex 8 – Isolation and Quarantine Facility
Appendix 1 – Operations Procedures
Version 1.0 - June 2016

INITIAL ACTIVATION CHECKLIST

- ☐ **DOH** isolation and quarantine facility activation may be requested by contacting the **DOH** 24/7 Duty Officer at (360) 888-0838.
 - Duty officers who receive this request must immediately contact Michael Loehr, Chief of Emergency Preparedness and Response (or designee following standard Duty Officer procedures)
 - For questions on initiating isolation or quarantine, direct local health officers to:
<http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/EmergencyPreparedness/IsolationandQuarantine>
- ☐ **OEPR Chief** (or designee) will call back to the representative of the requesting agency to ascertain critical information that may inform the decision as to whether or not **DOH** fulfills the request for isolation and quarantine facility activation. This information includes but should not be limited to:
 - The reason for requesting activation of a state-operated facility including the nature of the communicable or possibly communicable disease or condition
 - The requested timeline for facility activation, keeping in mind that facility activation requires as long as twelve hours from the time of initial notification
 - Agreement on fiscal responsibility for the costs of the activation (refer to the **DOH Support and Coordination Annex** for details on cost management)
 - Whether the person under isolation or quarantine is voluntary or involuntary, and if the measure is involuntary, confirmation that these orders have been carried out according to the provisions of WAC 246-100-040 (See Attachment 3 for a list of these provisions)
- ☐ **OEPR Chief** (or designee), considering the information obtained, will discuss the appropriateness of **DOH**-operated facility activation with agency leadership and ultimately make a decision as to whether or not the request for facility activation will be fulfilled.
 - If the request is being denied, **OEPR Chief** (or designee) will contact the requesting agency to explain the rationale for denying the request and offer alternative resources or suggestions as appropriate
 - If the request is being fulfilled, **OEPR Chief** (or designee) will notify the requesting agency representative and ask that that person stand by for further instructions from the **DOH** IMT
- ☐ **OEPR Chief** (or designee) will activate the **DOH** IMT via WA SECURES as soon as possible upon determining that the state isolation and quarantine facility will be activated
- ☐ **OEPR Chief** (or designee) will relay the critical information regarding the activation to the IMT Incident Commander
- ☐ IMT members will respond to the **Agency Coordination Center (ACC)** immediately upon receiving activation notification
- ☐ IMT members will follow the operational procedures beginning on page 3 of this document

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OPERATIONAL PROCEDURES

The following procedures operationalize these principles within the **State** Isolation and Quarantine Concept of Operations and should serve as a tool for Incident Management Team (IMT) and Quarantine Task Force personnel to utilize in carrying out isolation or quarantine operations in the safest and most effective manner possible.

Notifications and Information Gathering

- **DOH** isolation and quarantine facility activation may be requested by contacting the **DOH 24/7 Duty Officer** at **(360) 888-0838**.
 - Duty officers receiving these requests must immediately contact the Chief of Emergency Preparedness and Response (OEPR) or designee following standard Duty Officer Procedures.
 - For questions on initiating isolation or quarantine, direct local health officers to: <http://www.DOH.wa.gov/ForPublicHealthandHealthcareProviders/EmergencyPreparedness/IsolationandQuarantine>.
- **OEPR Chief** (or designee) will call back to the representative of the requesting agency to ascertain critical information that may inform the decision as to whether or not **DOH** fulfills the request for isolation and quarantine facility activation. This information should include but not be limited to:
 - The reason for requesting activation of a state-operated facility, including the nature of the communicable or possibly communicable disease or condition.
 - The requested timeline for facility activation, keeping in mind that facility activation requires as long as twelve hours from the time of initial notification
 - Agreement on fiscal responsibility for the costs of the activation (refer to the **DOH Support and Coordination Annex** for details on cost management)
 - Whether the person under isolation or quarantine is voluntary or involuntary and, if the measure is involuntary, confirmation that these orders have been carried out according to the provisions of WAC 246-100-040 (See Attachment 3 for a list of these provisions).
- **OEPR Chief** (or designee), considering the information obtained, will discuss the appropriateness of **DOH**-operated facility activation with agency leadership and ultimately make a decision as to whether or not the request for facility activation will be fulfilled.
 - If the request is being denied, **OEPR Chief** (or designee) will call back to the requesting agency and explain the rationale for denying this request and offer alternative resources or suggestions as appropriate.
 - If the request is being fulfilled, **OEPR Chief** (or designee) will notify the requesting agency representative and ask that that person stand by for further instructions from the **DOH** IMT.
- **OEPR Chief** (or designee) will activate the **DOH** IMT via **WA SECURES** as soon as possible upon determining that the state isolation and quarantine facility will be activated.
- **OEPR Chief** (or designee) will relay the critical information regarding the activation to the IMT Incident Commander to guide initial response activities.
- **OEPR Chief** (or designee) will provide notification to the **Secretary of Health** and will liaise with the **Policy Group** on an ongoing basis.
- IMT members will respond to the **Agency Coordination Center (ACC)** immediately upon receiving activation notification.
- IMT will notify the Isolation and Quarantine Task Force members and request their immediate response to the **ACC** for an in-brief.
- IMT will notify the **Local Health Jurisdiction (LHJ)** in the county where the selected isolation or quarantine facility is located and assure that **LHJs** in neighboring jurisdictions also be notified
- IMT will call the point of contact for the isolation or quarantine facility to notify that person that the facility is being activated and request their response to the facility.
- Once all Isolation and Quarantine Task Force members are present and briefing is completed, Task Force members will mobilize to the identified facility.
- IMT will provide the Pre-Admission Survey (Attachment 4) via email or fax to the requesting agency for the person under isolation or quarantine to complete prior to initiating transport to the facility. This

document should be returned to the IMT as soon as possible. This will allow any unique needs to be identified and met before the person arrives at the facility.

- IMT will activate the contract, notify the contracted security agency for the site, and request their response to the site.
- IMT will notify the Isolation and Quarantine Task Force Leader of the estimated time of arrival for security staff.
- IMT will notify the primary EMS agency for the area where the selected site is located.
- IMT, in coordination with the Isolation and Quarantine Task Force Leader, will develop a demobilization plan at the beginning of the activation in order to release the person under isolation or quarantine as soon as they pose no significant threat to the public. This will ensure that appropriate preparations are made in advance to release the person, return the facility to a normal state of operating, and release all incident staff.

Transporting the Individual

- IMT staff will contact the representative of the requesting agency and give instructions as to how the person under isolation or quarantine should be transported to the site. IMT staff should work with the requesting jurisdiction to ensure that the person does not arrive to the isolation or quarantine site before the facility is ready to admit the person.
 - The preferred mode of transportation for a person under isolation or quarantine to travel to the site is to self-present alone in a privately-owned personal vehicle when possible. As ample parking space is available at the identified sites, the vehicle may simply remain at the site within the secure perimeter until the person is released from isolation or quarantine, at which time the person may take possession of the vehicle and return home.
 - If a privately-owned vehicle is utilized for transportation to the quarantine site and the person becomes ill, the vehicle may be marked as a potential biohazard, decontaminated on site according to the CDC guidance for the disease of concern, towed to an appropriate location, and held until the person, family member, designated person, or next-of-kin takes possession of the vehicle.
 - If the person is cooperative and is voluntarily entering quarantine but does not have access to a personal vehicle, is not licensed to drive, or prefers not to utilize a personal vehicle, alternate transportation must be provided. As the person traveling to the quarantine facility is not presently ill and does not pose an immediate threat, other modes of transport may be considered, including transport via ambulance.
 - If the person is not cooperative and/or is being involuntarily placed under isolation or quarantine, transportation of this person must involve law enforcement. In this situation, the requesting jurisdiction should work with their local and/or county law enforcement agency to ensure safety and security while the person is transported by ambulance to the isolation or quarantine facility.
 - If the person becomes symptomatic while en route to the quarantine facility or requires medical attention, the person should be transported to the closest appropriate medical facility.
 - Under no circumstances should the person be encouraged to utilize public or private mass transportation (bus, light rail, train, aircraft, etc.)
- IMT staff will work with the requesting agency to support its needs and will work to anticipate and correct or avoid any issues that may arise on an ongoing basis

Preparing the Quarantine Site

For a complete list of actions that must be completed before the site can be deemed “active,” refer to Attachment 5

- Isolation and Quarantine Task Force members will arrive at the identified site and will check in with the Task Force Leader.
- The Task Force Leader will provide Job Action Guides (JAGs) and assign staff to identified tasks in preparation to receive the person(s) under isolation or quarantine (Refer to site activation checklist in Attachment 5).

- Throughout the activation, the Task Force Leader should work to identify resource needs and communicate these to the IMT for fulfillment as early as possible.
- As soon as possible after arriving on site, the Assistant Safety Officer (ASOFR) will assess the site for safety issues or hazards and develop strategies to mitigate these hazards.
- The site cannot become operational and the person cannot be admitted into the facility until it is determined that in the best judgment of the Task Force Leader, Assistant Safety Officer, and other members of the Isolation and Quarantine Task Force that the facility is fully equipped and supplied to be safe and comfortable for occupation.

Telecommunications

As a critical component of meeting the needs of a person(s) under isolation or quarantine, the person(s) must be provided with communications capabilities including with those outside of isolation or quarantine. To facilitate this, DOH will ensure that cellular service and wireless internet service are available within the isolation or quarantine premises. This can be done through existing DOH capability if possible.

If the current DOH capability to support telecommunications is insufficient in a specific situation, additional resources such as portable cellular towers, high-bandwidth wireless internet modems, satellite voice and/or data uplink may be required to meet this need. Telecommunications resources can be acquired through the State Emergency Operations Center (SEOC) or by directly contacting the Verizon Wireless Crisis Response Team available for such situations at 1-800-981-9558.

Ongoing Operational Considerations

Site Safety and Security

As the safety of the staff on site and the person under isolation or quarantine is a top priority, initial safety inspection of the site and ongoing safety assessments by the SOFR or ASOFR are critical. Real or potential hazards should be identified and mitigated as soon as possible. If needed, qualified specialists should be summoned to inspect the premises.

The person under isolation or quarantine will be allowed to be outdoors, assuming that this will not allow for transmission of the disease in question, so there must be a safety perimeter made around the building with signs to indicate that the area is a quarantine site and entry is prohibited. This and other security measures should be used to prevent unauthorized access to the quarantine area.

Confidentiality

The person in isolation or quarantine can expect privacy and confidentiality, and so all reasonable actions will be undertaken to ensure that this confidentiality is protected. At no time will DOH, its employees, IMT members, or Isolation and Quarantine Task Force members release identifying or possibly identifying information about the person or persons in isolation or quarantine. Media access to the isolation or quarantine facility premises will be limited for the purposes of safety and privacy, and no member of the IMT or Isolation and Quarantine Task Force will release information to the media, except for the PIO and APIO. Identifying or possibly identifying information about the person under isolation or quarantine is considered protected and confidential information according to DOH policy and will be protected as such according to DOH policy.

Cohorting Multiple Persons in Isolation or Quarantine

In general, cohorting multiple persons in the same quarantine facility is discouraged and has risks that must be considered before it is decided that this is the safest and most appropriate course of action. This decision is made by the DOH Policy Group and must be approved by the secretary of health. These risks must be balanced with the possible benefits of quarantining more than one person in the same facility:

- If one person in the cohort becomes symptomatic, the observation or quarantine period must re-start for the remaining members of the cohort based on their potential exposure to the newly symptomatic person.

- Depending on the layout of the site, familial relationships of the persons under quarantine, and religious or cultural beliefs and/or norms of these individuals, it may be neither feasible nor desirable to house men and women in the same facility.
- Infection control and cleaning practices must be enhanced within the quarantine site to minimize the risk of disease transmission in the event that an individual becomes symptomatic. These may include:
 - Instructions to remain a certain distance from others and refrain from sharing personal items.
 - Providing additional supplies and instructions for disinfecting surfaces in common areas.
 - Ensuring that each individual has their own restroom, or ensuring that shared restrooms and showers are thoroughly cleaned and disinfected after every use.
 - Providing additional Task Force staff to monitor contact between individuals and disinfection practices to ensure that the individuals are compliant with instructions and that the risk of exposure or cross-contamination is as limited as possible.
 - Thorough cleaning of the facility if one or more persons in the cohort becomes ill.

Multiple individuals may be placed in isolation in the same facility, but in order to do this safely, it must be clear that all individuals suffer from the same disease or condition and do not have other diseases or conditions that may put others at risk. Again, this is a complex decision with significant potential risk and this decision must be made only after careful consideration by the **DOH Policy Group** with input from the **WA State Communicable Disease Epidemiologist**.

Support of Spiritual, Religious, and Cultural Needs

In accordance with WAC 246-100-045(8), to the extent possible, cultural and religious beliefs should be considered in addressing the needs of individuals, and establishing and maintaining isolation or quarantine premises.

The Isolation and Quarantine Task Force must work to identify any religious, spiritual, or cultural needs of the person in isolation or quarantine, and support these to the greatest extent practicable. When needed, the IMT may consult with subject matter experts (SMEs), other consultants, or representatives from cultural or religious communities to assist with meeting these needs. For all-hours access to chaplains and other religious figures, consider contacting the **Washington State Patrol (WSP)** or the local county sheriff's department.

Furthermore, pursuant to WAC 246-100-045(9), isolation or quarantine shall not abridge the right of any person to rely exclusively on spiritual means alone through prayer to treat a communicable or possibly communicable disease in accordance with religious tenets and practices, nor shall anything in this chapter be deemed to prohibit a person so relying who is infected with a contagious or communicable disease from being isolated or quarantined in a private place of his or her own choice, provided, it is approved by the local health officer, and all laws, rules, and regulations governing control, sanitation, isolation and quarantine are complied with.

Support of Mental Health Needs

The mental/behavioral health needs of the person under isolation or quarantine must not be overlooked. **DOH** considers mental and behavioral health needs to be "medical care" consistent with WAC 246-100-045(6) which must be addressed in a systematic and competent fashion. The **Washington State Department of Social and Health Services (DSHS)** should be contacted to obtain resources and providers to support the mental health of the person under isolation or quarantine. Consultations with mental health professionals should be conducted remotely via telephone, videoconference, or other technology as appropriate so long as the confidentiality of the individual can be assured.

People with Access and Functional Needs

Any state-operated isolation or quarantine site must be accessible to persons who are mobility impaired and/or utilize assistive devices including but not limited to wheelchairs, crutches, or canes. If needed, the site should undergo inspection by a qualified professional for compliance and accessibility prior to admitting a person under isolation or quarantine with access needs.

As direct face-to-face communications between Quarantine Task Force members and the person under isolation or quarantine must be limited, voice communication via cellular phone is relied upon. If the person under isolation or quarantine is not able to communicate by voice using a standard cellular phone, suitable communications equipment will be provided. These may include SMS text messaging, two-way radio, computer with videoconference or video-chat software, or other technology as appropriate. Certain assistive technologies may require the use of high bandwidth wireless internet, and this can be supported with resources available through the Verizon Wireless Crisis Response Team.

Persons who rely upon assistive technologies in ordinary circumstances will be given access to the same or similar technologies during their time in isolation or quarantine. Service animals will be allowed into quarantine with the person if desired, with the understanding that the animal may require a supplementary or separate quarantine period if the person becomes symptomatic (See below, Quarantine of a Pet or other Animal).

Limited English Proficiency

If a person who primarily speaks a language other than English is admitted into isolation or quarantine, access to interpreter services is a priority. In such a circumstance, provisions will be made so that the person has access to an interpreter at all times. This may consist of an in-person or remote interpreter, as many services exist that provide interpretation via video or audio conference.

Minors in Isolation or Quarantine

Persons of minority age including children will be placed in isolation or quarantine in the same manner as adults except that children have substantial and specific needs based on their age that must be addressed in a systematic and competent fashion as with other needs identified in WAC 246-100-045. It is critical to consider the age-appropriateness of the means by which the child's needs are met. The ability to address these needs will hinge on acquiring the input of appropriate subject matter experts and qualified professionals to identify and meet the needs of the child in a comprehensive manner.

Depending on the age and independence of the child, it may be necessary to consider an alternate facility or location in which to conduct isolation or quarantine. It may be most appropriate to enter into an agreement with a pediatric medical facility to quarantine a child, because the facility is equipped with the appropriate resources, trained personnel, and qualified professionals to meet the physical and social needs of the child. If use of a pediatric medical facility is not possible or appropriate, the expertise of qualified professionals may be obtained through pediatric healthcare facilities and the Department of Social and Health Services (DSHS).

Placing children under isolation or quarantine poses significant ethical and operational concerns. It is likely that if a child has been exposed to a communicable disease or condition that a parent/guardian has also been exposed, but it is not necessarily the case. It is also likely that if a child is infected with a communicable disease or condition that a parent/guardian has been exposed or is also infected, but it is not necessarily the case. Important decisions must be made as to whether parents/guardians should be allowed access to the child in isolation or quarantine.

The decision to allow parents/guardians access to the child must be made on a case-by-case basis with consideration for the complexities of each individual circumstance including the exposure status of the child and parent/guardian, the nature of the pathogen and degree of infectiousness, and the type of personal protective equipment recommended for the specific pathogen. This decision should be made by the local health officer, having carefully weighed the risks and benefits of the possible actions in the context of the established scientific, legal, and ethical framework. In circumstances where the local health officer wishes to transfer authority over this matter to the secretary of health, this question will be brought to the Policy Group and action will be taken based on the decision of the secretary of health.

Legal Rights of the Person in Isolation or Quarantine

Persons under isolation and quarantine continue to have protected rights under the law, including those who have been involuntarily detained for the purpose of isolation and quarantine. In addition to standard legal, constitutional, and human rights, persons who have been involuntarily placed under isolation or quarantine have additional rights as specified in WAC 246-100-055. Please refer to Attachment 3 of this document for the full text of these rights.

All persons under isolation or quarantine have a right to consult with their attorney and have a right to petition the superior court for relief from quarantine. Per WAC 246-100-055(7) “any hearings for relief involving a petitioner judged to be contagious for a communicable disease will be conducted in a manner that utilizes appropriate infection control precautions and minimizes the risk of disease transmission.” Carrying out this hearing will require coordination with the superior court, but will likely have to occur on site at the quarantine premises and/or utilize technology as deemed appropriate by the court in order to minimize risk of disease transmission.

Persons with Substance Dependence

The possibility exists that the person under isolation or quarantine may have an underlying addiction or will request access to substances including alcohol, tobacco, marijuana, or illegal drugs. The rules regarding possession or use of these substances depend on the rules of the facility and are subject to all relevant laws and regulations in Washington State including RCW 70.160 pertaining to smoking. State funds may not be used to acquire any of the above listed substances. Addiction to a substance will be treated as a medical condition in the context of isolation or quarantine and will be managed according to the advice of a physician. As with other medical needs, the needs of an individual with substance addiction will be addressed in a systematic and competent fashion.

Quarantine of a Pet or Other Animal

In the event that the person under isolation or quarantine elects to bring a pet into quarantine with them, and the pet is deemed to be at any level of risk for infection, the animal may undergo an additional period of quarantine and monitoring prior to being released. Considerations for isolation, quarantine, and care of companion animals are detailed in the Animal Care Attachment to the Statewide Communicable Disease Response and Pandemic Concept of Operations.

Security Emergency

Contracted Security is assigned to provide physical security for the on-site staff and the person under isolation or quarantine. Should a security emergency occur or additional assistance be needed in an urgent situation, local law enforcement should be contacted from the site via 911.

Medical Emergency

For a medical emergency involving a staff person, follow agency procedure and contact 911 to seek immediate assistance. Notify the Task Force Leader and the IMT immediately.

For a medical emergency involving the person under isolation or quarantine, 911 should be contacted and the medical staff member of the Isolation and Quarantine Task Force should, while correctly utilizing appropriate personal protective equipment, provide first aid and medical assistance for the person to the extent possible until EMS arrives. The caller should express to the 911 call taker the nature of the emergency and whether or not the individual is symptomatic of the disease in question. Any available information should be provided to the arriving EMS unit. After EMS arrives, the patient will be treated and transported according to EMS agency protocol and procedure, and Task Force members will support and comply with requests from EMS to the extent possible.

Concerned Facility Staff or Neighbors

Certain individuals may express concern about the person under isolation or quarantine and whether this person poses a threat to the health of the public. There are numerous resources available on the **DOH** website including

factsheets for specific diseases of concern that may be found here:

<http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/EmergencyPreparedness/EmergencyCommunicationsToolkit/Resourcesforspecificemergencies> . As some of the identified sites have people who work or live in the near vicinity, the Isolation and Quarantine Task Force should have copies of the appropriate fact sheet on hand to distribute to members of the public to ease concerns.

Staff Monitoring

As previously stated, entry to the facility is kept to an absolute minimum. Staff members who enter the isolation or quarantine facility will fill out the Facility Entry Log (Attachment 12) each time they enter the facility. At the end of each shift, a copy of this form is submitted to the IMT Documentation Unit. This is done for the purpose of recording which members of the Task Force have had contact with the person under isolation or quarantine, even if proper PPE was worn and the risk for exposure to the disease or agent in question is low.

Staff who have entered the facility or who have had any potential exposure will undergo monitoring for the full duration of the incubation period as specified in the disease-specific guidance issued by the CDC. IMT staff will contact each staff member on a regular basis according to the existing guidance to assess the person for signs or symptoms of illness. This is documented on the Staff Monitoring Log (Attachment 13) with a log maintained for each individual. All documentation is kept by the Documentation Unit Leader and is archived along with other incident documentation for as long as necessary.

After potential contact with a person who may have infectious disease, the staff member's exposure status will be assessed in terms of risk, according to guidance issued by the CDC and with input from the State Communicable Disease Epidemiologist. The level of risk for exposure will guide policy makers in determining appropriate actions for that person to take in terms of return to work, continuing to staff the isolation or quarantine facility, and other activities during their monitoring period.

Quarantine Task Force Procedures

Once the site is operational and the person under quarantine or isolation has been admitted, Quarantine Task Force Staff will work round-the-clock shifts to monitor and meet the needs of the person under isolation or quarantine:

- Shifts will be structured so that only necessary staff positions will be mobilized at any time, and all Task Force Members will be allowed appropriate rest periods in between shifts. (Refer to Attachment 6 for a sample Quarantine Task Force schedule)
- Shifts should be scheduled so that there is, at minimum, one half-hour overlap with both oncoming staff and departing staff on site. This will facilitate a joint briefing with both the departing and oncoming staffs to capture any areas of good performance and areas for improvement. These will be sent to the IMT to be logged for immediate improvement if possible or after action improvement if needed. (Refer to Attachment 7 for a shift briefing and debriefing checklist)
- No member of the Quarantine Task Force will enter the facility without proper protective equipment and authorization from the local health officer, Secretary of Health, or the individual having delegated authority.

Site Demobilization and Release

If the person does not become symptomatic:

The person under isolation or quarantine must be released as soon as the individual having authority (local health officer, Secretary of Health, or his or her designee), determines that the person poses “no substantial risk of transmitting a communicable or possible communicable disease that would constitute a serious or imminent threat to the safety or health of the public” (WAC 246-100-045 (5)).

When the above condition is met or when otherwise ordered (in the event of a court order) the individual will be released and:

- Be reunited with any personal belongings brought into quarantine
- If necessary, be provided with transportation back to their place of residence
- While not legally required, released individuals should be provided with a letter or other written document that formally recognizes their cooperation and release, thereby reducing the chance that they may be mistakenly reported for not complying with a quarantine or isolation request or order.

If the individual does become symptomatic:

As soon as the person is recognized to be symptomatic, EMS will be summoned and the person will be transported to the closest appropriate medical facility for isolation and treatment, in accordance with disease-specific guidance issued by the CDC.

Wastewater Management

If the quarantine illness may be spread or conveyed through human waste, precautions must be taken. Health workers and any other persons in contact with the quarantined person's urine or feces, other bodily fluids, or laundry should wear appropriate protective clothing, gloves, etc. In some cases, special handling may be necessary before disposal to a waste treatment system.

If the quarantine location is connected to a municipal sewer utility, the utility manager or other official in charge of the sewer collection system must be made aware of the situation. Sewage collection and treatment system workers may be at risk, depending on the illness-causing agent, routes of transmission, survival time, and location of sewer connection.

If the quarantine location is connected to an on-site sewage treatment (septic) system, the local health agency and/or Washington Department of Health should be consulted to determine treatment and exposure risks and protocols. For example, while the wastewater is expected to remain underground during treatment and disposal, there is human risk if the plumbing is worked on, or the septic system undergoes maintenance and pumping. Also, flushing waste with high amounts of chlorine disinfectant (which may be unnecessary) could harm the septic system.

Resources:

1. Wastewater and Ebola: For hospital officials and medical professionals:

Safe handling of Ebola-contaminated wastewater for facilities served by a municipal wastewater collection and treatment system, **DOH** Oct. 2014,

<http://www.DOH.wa.gov/ForPublicHealthandHealthcareProviders/EmergencyPreparedness/IsolationandQuarantine>

2. Wastewater and Ebola: for sewer and wastewater treatment professionals:

Safe handling of possibly Ebola-contaminated wastewater when serving a medical facility, **DOH** Oct. 2014

3. Interim guidance for managers and workers handling untreated sewage from individuals with Ebola in the United States, CDC Nov. 2014

Waste Management and Facility Cleanup

Procedures for waste management and facility cleanup will depend upon the disease-specific guidance issued by the CDC. For example, whether a disease may become contagious before the person is symptomatic may change how waste is managed. In general, waste produced when the person is asymptomatic may be bagged and set aside until the person either becomes symptomatic or is released from quarantine after being deemed not at risk.

If the person does not become symptomatic, any waste produced during the quarantine period may be disposed of using standard methods of waste disposal. The facility may be cleaned in an ordinary fashion and restored to its normal condition for release to day-to-day operations without safety inspection.

If the person does become symptomatic or an isolation operation is being conducted, waste generated during the quarantine or isolation period will be disposed of using biohazard waste disposal means in accordance with disease-specific guidance issued by the CDC. The facility, including all items within the facility will be decontaminated in a precise manner by personnel with specific knowledge of biohazard cleanup methods using appropriate disinfectants and personal protective equipment. If a durable item located within the facility cannot be satisfactorily decontaminated, it must be disposed of as biohazard waste.

Fatality Management

During an Isolation or Quarantine operation, tactical planning should be conducted to prepare for the possibility of fatality management. Some pathogens of public health significance for which isolation or quarantine may be conducted are known or believed to remain a threat to public health postmortem. If the pathogen may remain a threat to public health postmortem, the following must be done:

- Identify the authority for human remains management in the jurisdiction and engage with the individual having authority to determine the following:
 - Identify a morgue that can safely manage hazardous remains
 - Identify a funeral home that will agree to manage and dispose of hazardous remains
 - Identify and obtain the needed equipment and supplies to safely manage the remains per the most updated CDC guidance
 - Ensure that personnel who will be involved in handling the remains are trained and capable of correctly using the appropriate PPE
 - Determine a process by which the remains will be identified, contained, moved, processed, and disposed of
 - Identify and obtain critical assets to execute the determined process
 - Develop a plan to support family members of the decedent

Staff Release

Quarantine Task Force staff should remain on site until the site has been declared decontaminated and ready to be released to normal operations.

Prior to releasing staff, a hot wash or debrief should be conducted at the task force level to identify any areas of excellent performance and areas requiring improvement for inclusion in an after action report. The notes from this meeting should be forwarded to the IMT for recordkeeping.

ATTACHMENTS

1. Written Order of Emergency Detention “SAMPLE”
2. Judicial Order of Detention “SAMPLE”
3. Laws pertaining to Isolation and Quarantine
4. Preadmission Survey and Packing List
5. Site Activation Checklist
6. Quarantine Task Force Schedule SAMPLE
7. Shift Briefing and Debriefing Checklist
8. Site Demobilization Checklist
9. Site Perimeter Postings
10. Contact List
11. Media Management Plan
12. Facility Entry Log
13. Staff Monitoring Log
14. Quarantine Task Force Job Action Guides (JAGs)
15. **Maple Lane School** Isolation and Quarantine Facility
16. Eastern Washington Isolation and Quarantine Facility. (TBD)
17. Central Washington Isolation and Quarantine Facility. (TBD)
18. **Shoreline** Quarantine Facility

Attachment 1: EMERGENCY INVOLUNTARY DETENTION ORDER

Under authority of RCW 70.05.070, RCW 43.20.050(2)(d), and WAC 246-100-040(3), I, _____, Local Health Officer for _____, order the person or persons on the attached Confidential Schedule to be detained for isolation or quarantine (specify whether isolation or quarantine) at the location described on the Confidential Schedule beginning on _____, 20__ at _____ o'clock AM/PM (Pacific Time) and ending on _____, 20__ at _____ o'clock AM/PM (Pacific Time) (not to exceed 10 days).

Based on my assessment of the information available, I suspect the communicable or infectious disease or agent affecting the person(s) identified in this order, or with which these persons have been exposed, infected, or contaminated by, is _____, and the person(s) identified in this order pose a serious and imminent risk to the health and safety of others if not detained for purposes of isolation or quarantine.

☐ I made the following efforts to obtain voluntary compliance, which were unsuccessful

(OR)

☐ In my professional judgment, seeking voluntary compliance creates a risk of serious harm. This detention order is medically justified because _____

_____, 200__ at _____ DATED this _____ day of _____ AM/PM (Pacific Time).

LOCAL HEALTH OFFICER

NOTICE TO PERSONS DETAINED BY THIS ORDER

NOTICE: You have the right to petition the superior court for release from isolation or quarantine in accordance with WAC 246-100-055. You have the right to legal counsel. If you are unable to afford legal counsel, then counsel will be appointed for you at government expense and you should request the appointment of counsel at this time. If you currently have legal counsel, then you have an opportunity to contact that counsel for assistance.

CONFIDENTIAL SCHEDULE

ATTACHED TO MOTION SUPPORTING CONTINUED DETENTION

Protected Under the Health Care Information Act, chapter 70.02 RCW, and HIPAA (42 USC §1320d-1329d-8; 45 CFR Parts 160-164)

Name(s)	Address	Identity in Pleadings
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Location of Detention

Attachment 2: JUDICIAL ORDER FOR EMERGENCY DETENTION (SAMPLE)

**STATE OF WASHINGTON
COUNTY SUPERIOR COURT**

In re _____(use identifiers per Confidential Schedule), Respondent(s).		NO. _____ ORDER (E PARTE) AUTHORIZING INVOLUNTARY DETENTION FOR QUARANTINE OR ISOLATION
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THIS MATTER came before the Court on the Petition for an Ex Parte Order Authorizing Involuntary Detention for Quarantine or Isolation filed by _____, Local Health Officer for _____, by and through his/her attorney, _____. The Court considered the pleadings and file herein and the declaration of _____ in support of the petition.

Based on the argument of counsel and the evidence presented, the Court finds:

1.1 The court has jurisdiction over the person and subject matter in this proceeding.

1.2 Petitioner(s) have established a medical basis for continuing the isolation or quarantine of the respondent(s).

1.3 The local health officer considered less restrictive alternatives, including voluntary isolation or quarantine, but those alternatives, given the serious and imminent risk to the public health and safety, do not provide sufficient public protection.

1.4 Respondent(s) identities and the location of the site where he/she/they are being isolated or quarantined should be kept confidential to protect health care information under HIPAA (42 USC 1320d-1329d-8, 45 CFR Parts 160-164) and chapter 70.02 RCW.

Based on the above findings, IT IS ORDERED:

2.1 The petition is granted and respondent(s) shall be and are hereby detained for isolation or quarantine as necessary to protect the public health, safety and welfare at the location specified on the confidential schedule from _____, 20__ at _____ o'clock AM/PM (Pacific Time) to _____, 20__ at _____ o'clock AM/PM (Pacific Time), unless medical tests or other information conclusively establishes that he/she/they no longer present a threat to the public health, safety and welfare, whereupon, respondent(s) shall be immediately released from detention;

2.2 Respondent(s) present a serious and imminent risk to the health and safety of others.

2.3 The Confidential Schedule and any other documents containing the identifying information about the respondent(s) and the location of isolation or quarantine shall be and are hereby sealed to protect the privacy of their health care information.

DATED this _____ day of _____, 20____.

Judge

NOTICE TO RESPONDENT(S)

NOTICE: You have the right to petition the superior court for release from isolation or quarantine in accordance with WAC 246-100-055. You have the right to legal counsel. If you are unable to afford legal counsel, then counsel will be appointed for you at government expense and you should request the appointment of counsel at this time. If you currently have legal counsel, then you have an opportunity to contact that counsel for assistance.

Attachment 3: LAWS PERTAINING TO ISOLATION AND QUARANTINE

The text in this attachment is included for general reference only. Please refer to [Http://app.leg.wa.gov](http://app.leg.wa.gov) for the most up-to-date text and consult legal counsel when appropriate

RCW 43.70.130

Powers and duties of secretary — General. (Excerpt)

The secretary of health shall:

... (7) Have the same authority as local health officers, except that the secretary shall not exercise such authority unless the local health officer fails or is unable to do so, or when in an emergency the safety of the public health demands it, or by agreement with the local health officer or local board of health;

WAC 246-100-040

Procedures for isolation or quarantine.

(1) At his or her sole discretion, a local health officer may issue an emergency detention order causing a person or group of persons to be immediately detained for purposes of isolation or quarantine in accordance with subsection (3) of this section, or may petition the superior court *ex parte* for an order to take the person or group of persons into involuntary detention for purposes of isolation or quarantine in accordance with subsection (4) of this section, provided that he or she:

(a) Has first made reasonable efforts, which shall be documented, to obtain voluntary compliance with requests for medical examination, testing, treatment, counseling, vaccination, decontamination of persons or animals, isolation, quarantine, and inspection and closure of facilities, or has determined in his or her professional judgment that seeking voluntary compliance would create a risk of serious harm; and

(b) Has reason to believe that the person or group of persons is, or is suspected to be, infected with, exposed to, or contaminated with a communicable disease or chemical, biological, or radiological agent that could spread to or contaminate others if remedial action is not taken; and

(c) Has reason to believe that the person or group of persons would pose a serious and imminent risk to the health and safety of others if not detained for purposes of isolation or quarantine.

(2) A local health officer may invoke the powers of police officers, sheriffs, constables, and all other officers and employees of any political subdivisions within the jurisdiction of the health department to enforce immediately orders given to effectuate the purposes of this section in accordance with the provisions of RCW [43.20.050](#)(4) and [70.05.120](#).

(3) If a local health officer orders the immediate involuntary detention of a person or group of persons for purposes of isolation or quarantine:

(a) The emergency detention order shall be for a period not to exceed ten days.

(b) The local health officer shall issue a written emergency detention order as soon as reasonably possible and in all cases within twelve hours of detention that shall specify the following:

(i) The identity of all persons or groups subject to isolation or quarantine;

(ii) The premises subject to isolation or quarantine;

(iii) The date and time at which isolation or quarantine commences;

(iv) The suspected communicable disease or infectious agent if known;

(v) The measures taken by the local health officer to seek voluntary compliance or the basis on which the local health officer determined that seeking voluntary compliance would create a risk of serious harm; and

(vi) The medical basis on which isolation or quarantine is justified.

(c) The local health officer shall provide copies of the written emergency detention order to the person or group of persons detained or, if the order applies to a group and it is impractical to provide individual copies, post copies in a conspicuous place in the premises where isolation or quarantine has been imposed.

(d) Along with the written order, and by the same means of distribution, the local health officer shall provide the person or group of persons detained with the following written notice:

NOTICE: You have the right to petition the superior court for release from isolation or quarantine in accordance with WAC [246-100-055](#). You have a right to legal counsel. If you are unable to afford legal counsel, then counsel will be appointed for you at government expense and you should request the appointment of counsel at this time. If you currently have legal counsel, then you have an opportunity to contact that counsel for assistance.

(4) If a local health officer petitions the superior court *ex parte* for an order authorizing involuntary detention of a person or group of persons for purposes of isolation or quarantine pursuant to this section:

(a) The petition shall specify:

(i) The identity of all persons or groups to be subject to isolation or quarantine;

(ii) The premises where isolation or quarantine will take place;

(iii) The date and time at which isolation or quarantine will commence;

(iv) The suspected communicable disease or infectious agent if known;

(v) The anticipated duration of isolation or quarantine based on the suspected communicable disease or infectious agent if known;

(vi) The measures taken by the local health officer to seek voluntary compliance or the basis on which the local health officer determined that seeking voluntary compliance would create a risk of serious harm;

(vii) The medical basis on which isolation or quarantine is justified.

(b) The petition shall be accompanied by the declaration of the local health officer attesting to the facts asserted in the petition, together with any further information that may be relevant and material to the court's consideration.

(c) Notice to the persons or groups identified in the petition shall be accomplished in accordance with the

rules of civil procedure.

(d) The court shall hold a hearing on a petition filed pursuant to this section within seventy-two hours of filing, exclusive of Saturdays, Sundays, and holidays.

(e) The court shall issue the order if there is a reasonable basis to find that isolation or quarantine is necessary to prevent a serious and imminent risk to the health and safety of others.

(f) A court order authorizing isolation or quarantine as a result of an *ex parte* hearing shall:

(i) Specify a maximum duration for isolation or quarantine not to exceed ten days;

(ii) Identify the isolated or quarantined persons or groups by name or shared or similar characteristics or circumstances;

(iii) Specify factual findings warranting isolation or quarantine pursuant to this section;

(iv) Include any conditions necessary to ensure that isolation or quarantine is carried out within the stated purposes and restrictions of this section;

(v) Specify the premises where isolation or quarantine will take place; and

(vi) Be served on all affected persons or groups in accordance with the rules of civil procedure.

(5) A local health officer may petition the superior court for an order authorizing the continued isolation or quarantine of a person or group detained under subsections (3) or (4) of this section for a period up to thirty days.

(a) The petition shall specify:

(i) The identity of all persons or groups subject to isolation or quarantine;

(ii) The premises where isolation or quarantine is taking place;

(iii) The communicable disease or infectious agent if known;

(iv) The anticipated duration of isolation or quarantine based on the suspected communicable disease or infectious agent if known;

(v) The medical basis on which continued isolation or quarantine is justified.

(b) The petition shall be accompanied by the declaration of the local health officer attesting to the facts asserted in the petition, together with any further information that may be relevant and material to the court's consideration.

(c) The petition shall be accompanied by a statement of compliance with the conditions and principles for isolation and quarantine contained in WAC [246-100-045](#).

(d) Notice to the persons or groups identified in the petition shall be accomplished in accordance with the rules of civil procedure.

(e) The court shall hold a hearing on a petition filed pursuant to this subsection within seventy-two hours of filing, exclusive of Saturdays, Sundays, and holidays. In extraordinary circumstances and for good cause shown, the local health officer may apply to continue the hearing date for up to ten days, which continuance the court may grant at its discretion giving due regard to the rights of the affected individuals, the protection of the public's health, the severity of the public health threat, and the availability of necessary witnesses and evidence.

(f) The court shall grant the petition if it finds that there is clear, cogent, and convincing evidence that isolation or quarantine is necessary to prevent a serious and imminent risk to the health and safety of others.

(g) A court order authorizing continued isolation or quarantine as a result of a hearing shall:

(i) Specify a maximum duration for isolation or quarantine not to exceed thirty days;

(ii) Identify the isolated or quarantined persons or groups by name or shared or similar characteristics or circumstances;

(iii) Specify factual findings warranting isolation or quarantine pursuant to this section;

(iv) Include any conditions necessary to ensure that isolation or quarantine is carried out within the stated purposes and restrictions of this section;

(v) Specify the premises where isolation or quarantine will take place; and

(vi) Be served on all affected persons or groups in accordance with the rules of civil procedure.

(6) Prior to the expiration of a court order for continued detention issued pursuant to subsection (5) of this section, the local health officer may petition the superior court to continue isolation or quarantine provided:

(a) The court finds there is a reasonable basis to require continued isolation or quarantine to prevent a serious and imminent threat to the health and safety of others.

(b) The order shall be for a period not to exceed thirty days.

(7) State statutes, rules, and state and federal emergency declarations governing procedures for detention, examination, counseling, testing, treatment, vaccination, isolation, or quarantine for specified health emergencies or specified communicable diseases, including, but not limited to, tuberculosis and HIV, shall supersede this section.

[Statutory Authority: RCW [43.20.050](#) (2)(d), [70.05.050](#), and [70.05.060](#). WSR 03-05-048, 246-100-040, filed 2/13/03, effective 2/13/03.]

WAC 246-100-045

Conditions and principles for isolation or quarantine.

The local health officer shall adhere to the following conditions and principles when isolating or quarantining a person or group of persons in accordance with WAC [246-100-040](#):

(1) Isolation or quarantine must be by the least restrictive means necessary to prevent the spread of a communicable or possibly communicable disease to others and may include, but are not limited to, confinement to private homes or other public or private premises;

(2) Isolated individuals must be confined separately from quarantined individuals;

(3) The health status of isolated or quarantined individuals must be monitored regularly to determine if they require continued isolation or quarantine;

(4) If a quarantined individual subsequently becomes infected or is reasonably believed to have become infected with a communicable or possibly communicable disease that the local health officer believes poses a significant threat to the health and safety of other quarantined individuals, he or she must promptly be placed in isolation;

(5) Isolated or quarantined individuals must be released as soon as practicable when the local health officer determines that they have been successfully decontaminated or that they pose no substantial risk of transmitting a communicable or possibly communicable disease that would constitute a serious or imminent threat to the health and safety of others;

(6) The needs of a person isolated or quarantined must be addressed to the greatest extent possible in a systematic and competent fashion, including, but not limited to, providing adequate food, clothing, shelter, means of communication with those in isolation or quarantine and outside these settings, medication, and competent medical care;

(7) Premises used for isolation or quarantine must be maintained in a safe and hygienic manner to minimize the likelihood of further transmission of infection or other harm to persons isolated and quarantined;

(8) To the extent possible, cultural and religious beliefs should be considered in addressing the needs of individuals, and establishing and maintaining isolation or quarantine premises;

(9) Isolation or quarantine shall not abridge the right of any person to rely exclusively on spiritual means alone through prayer to treat a communicable or possibly communicable disease in accordance with religious tenets and practices, nor shall anything in this chapter be deemed to prohibit a person so relying who is infected with a contagious or communicable disease from being isolated or quarantined in a private place of his or her own choice, provided, it is approved by the local health officer, and all laws, rules and regulations governing control, sanitation, isolation and quarantine are complied with. At his or her sole discretion, the local health officer may isolate infected individuals declining treatment for the duration of their communicable infection.

[Statutory Authority: RCW [43.20.050](#) (2)(d), [70.05.050](#), and [70.05.060](#). WSR 03-05-048, 246-100-045, filed

WAC 246-100-050

Isolation or quarantine premises

(1) Entry into isolation or quarantine premises shall be restricted under the following conditions:

(a) The local health officer may authorize physicians, health care workers, or others access to individuals in isolation or quarantine pursuant to WAC [246-100-040](#) as necessary to meet the needs of isolated or quarantined individuals;

(b) No person, other than a person authorized by the local health officer, shall enter isolation or quarantine premises;

(c) Any person entering isolation or quarantine premises shall be provided with infection control training and may be required to wear personal protective equipment or receive vaccination as appropriate;

(d) Any person entering isolation or quarantine premises with or without authorization of the local health officer may be isolated or quarantined.

(2) Persons subject to isolation or quarantine and persons entering isolation or quarantine premises shall obey the rules established by the state board of health and the orders of the local health officer, and failure to do so shall constitute a misdemeanor consistent with the provisions of RCW [43.20.050](#)(4) and [70.05.120](#).
[Statutory Authority: RCW [43.20.050](#) (2)(d), [70.05.050](#), and [70.05.060](#). WSR 03-05-048, 246-100-050, filed 2/13/03, effective 2/13/03.]

WAC 246-100-055

Relief from isolation or quarantine

Any person or group of persons isolated or quarantined pursuant to this chapter may seek relief from the superior court.

(1) Any person or group of persons detained by order of a local health officer pursuant to WAC [246-100-040](#)(3) may apply to the court for an order to show cause why the individual or group should not be released.

(a) The court shall rule on the application to show cause within forty-eight hours of its filing.

(b) If the court grants the application, the court shall schedule a hearing on the order to show cause as soon as practicable.

(c) The issuance of an order to show cause shall not stay or enjoin an isolation or quarantine order.

(2) An individual or group isolated or quarantined may request a hearing in the court for remedies regarding breaches to the conditions of isolation or quarantine required by WAC [246-100-045](#).

(3) A request for a hearing shall not stay or enjoin an isolation or quarantine order.

(4) Upon receipt of a request under this subsection alleging extraordinary circumstances justifying the immediate granting of relief, the court shall fix a date for hearing on the matters alleged as soon as practicable.

(5) Otherwise, upon receipt of a request under this section, the court shall fix a date for hearing on the matters alleged within five days from receipt of the request.

(6) In any proceedings brought for relief under this subsection, in extraordinary circumstances and for good cause shown, the local health authority may move the court to extend the time for a hearing, which extension the court in its discretion may grant giving due regard to the rights of the affected individuals, the protection of the public's health, the severity of the emergency and the availability of necessary witnesses and evidence.

(7) Any hearings for relief under this section involving a petitioner or petitioners judged to be contagious for a communicable disease will be conducted in a manner that utilizes appropriate infection control precautions and minimizes the risk of disease transmission.

[Statutory Authority: RCW [43.20.050](#) (2)(d), [70.05.050](#), and [70.05.060](#). WSR 03-05-048, 246-100-055, filed

WAC 246-100-060
Right to counsel

A person or group of persons isolated or quarantined pursuant to WAC [246-100-040](#) has a right to be represented by counsel if they so elect. If such person or group requests counsel and cannot afford counsel, the court shall appoint counsel consistent with the provisions of chapter [10.101](#) RCW. The local health officer must provide adequate means of communication between such persons or groups and their counsel.
[Statutory Authority: RCW [43.20.050](#) (2)(d), [70.05.050](#), and [70.05.060](#). WSR 03-05-048, 246-100-060, filed 2/13/03, effective 2/13/03.]

WAC 246-100-070
Enforcement of local health officer orders

- (1) An order issued by a local health officer in accordance with this chapter shall constitute the duly authorized application of lawful rules adopted by the state board of health and must be enforced by all police officers, sheriffs, constables, and all other officers and employees of any political subdivisions within the jurisdiction of the health department in accordance with RCW [43.20.050](#).
- (2) Any person who shall violate any of the provisions of this chapter or any lawful rule adopted by the board shall be deemed guilty of a misdemeanor punishable as provided under RCW [43.20.050](#).
- (3) Any person who shall fail or refuse to obey any lawful order issued by any local health officer shall be deemed guilty of a misdemeanor punishable as provided under RCW [70.05.120](#).
- [Statutory Authority: RCW [43.20.050](#) (2)(d), [70.05.050](#), and [70.05.060](#). WSR 03-05-048, 246-100-070, filed 2/13/03, effective 2/13/03.]

Attachment 4: PREADMISSION QUESTIONNAIRE AND PACKING LIST

The purpose of this questionnaire is to gather information about the person under isolation or quarantine PRIOR to their arrival at the selected site. This will allow time for the IMT and Quarantine Task Force to adequately prepare to meet any unique needs that this person may have.

Questionnaire

Please complete the following form and provide additional detail as needed. The goal of this questionnaire is to help ensure that your time spent in isolation or quarantine is as safe and comfortable as possible. Any information provided on this form is provided voluntarily, will be treated as sensitive, and will be distributed only to individuals with specific need to know.

Your Name: _____ Phone Number: _____

Is English your primary language? (circle one) Yes/No

If no, what is your primary language? _____

Emergency Contact #1

Name: _____ Relationship: _____

Primary Phone Number: _____ Alternate Phone Number: _____

Address: _____

Does this person have permission to visit you?: (circle one) Yes/No

Emergency Contact #2

Name: _____ Relationship: _____

Primary Phone Number: _____ Alternate Phone Number: _____

Address: _____

Does this person have permission to visit you?: (circle one) Yes/No

Other Visitors

Would you like others to be able to visit you? If so, please list their names below. You can change this list later if you would like:

1. _____
2. _____
3. _____
4. _____

Do you have any medical problems or conditions? (circle one) Yes/No

If yes, please list these here:

Do you take any medications? (circle one) Yes/No

If yes, please list these here:

Do you have any allergies to any drugs or medications? (circle one) Yes/No

If yes, please list these here:

Do you have any food allergies or special dietary needs/preferences? (circle one) Yes/No

If yes, please list these here:

Do you require any assistive devices (i.e. glasses, hearing aids, wheelchair, prosthetics, etc.)? (circle one) Yes/No

If yes, please list these here:

Do you have any other personal, medical, cultural, or religious needs that we should know about? (circle one) Yes/No

If yes please describe here:

Do you plan to bring a service animal or pet to quarantine with you? (circle one) Yes/No

Note: Reasonable efforts will be made to accommodate this request, but it may not be appropriate in all circumstances. If you become sick your pet may be quarantined for an additional period

Describe type of animal and breed here:

Packing List

You should have been informed of the estimated length of your quarantine period. This packing list is provided as a suggested guide for items that you may consider bringing with you to the site to ensure your comfort during your stay. Keep in mind that if you become sick and any of these items cannot be cleaned completely, they may be disposed of.

Personal Items

- ☐ Clothing
- ☐ Prescription Medications
- ☐ Non-Prescription Medications
- ☐ Assistive Devices (if needed)
- ☐ Additional medical items (if needed)
- ☐ Toiletries
- ☐ Personal Hygiene Items
- ☐ Special bedding (basics are provided)

Entertainment/Communications

- ☐ Cell phone AND charger
- ☐ Laptop AND charger
- ☐ Tablet/E-reader AND charger
- ☐ Music player AND speaker or headphones
- ☐ Video game system AND accessories
- ☐ Books
- ☐ Sports/exercise items
- ☐ Notebook and pens or pencils
- ☐ Other entertainment/comfort items as needed

Pet Items (if you are bringing a pet)

- ☐ Food and water bowls
- ☐ Bedding
- ☐ Toys
- ☐ Pet food
- ☐ Other items as needed

Other things to consider before you go:

- ☐ Notify your family and let them know how to communicate with you
- ☐ Notify your employer
- ☐ Notify your close friends
- ☐ Pay any bills that will be due while you are gone
- ☐ Make arrangements for family needs
- ☐ Put a hold on your mail

Do NOT bring any of the following:

- Any weapon including knives, firearms, etc.
- Any illegal drug
- Alcohol, tobacco, or marijuana products

- Any item that could pose a fire hazard including lighters, candles, matches, etc.

Attachment 5: SITE ACTIVATION CHECKLIST

All actions on this checklist must be completed and verified by the Quarantine Task Force Leader before the site may be declared ready to admit a person under isolation or quarantine.

Staff

- ☐ All Quarantine Task Force members are on site
- ☐ Contracted security is on site
- ☐ Pre-shift briefing has been conducted
- ☐ All staff have received Job Action Guides and are aware of their role and responsibilities

Communications

- ☐ Communications with the IMT are established
- ☐ Internet connection (hotspot) has been established and tested
- ☐ Spare cell phone is available on site for the person to use if needed

Facility and Site

- ☐ Facility is at a comfortable temperature and HVAC system is in working order
- ☐ Sleeping area is set up and furnished to be safe and comfortable
- ☐ Living area is set up and furnished to be safe and comfortable
- ☐ Dining area/kitchen is set up, furnished, and supplied to be safe and comfortable
- ☐ Restroom/Shower area is set up, furnished, and supplied to be safe and comfortable
- ☐ Off-limits areas of the facility have been identified and marked conspicuously
- ☐ Parking and briefing areas for media have been established

Safety and Security

- ☐ Site has undergone safety inspection and any identified hazards have been mitigated
- ☐ Appropriate Personal Protective Equipment (PPE) is on site in sufficient quantity
- ☐ Medical Staff Member has been trained in the proper use of appropriate PPE
- ☐ Perimeter area has been identified and marked conspicuously
- ☐ Gates, door locks, and other security apparatus are in place and functioning as needed
- ☐ Contingency supplies including flashlights, batteries, and other items are on site

Unique Needs

- ☐ The preadmission questionnaire has been received and all of the identified unique or personal needs have been met

Quarantine Task Force Leader

I have verified that all of these actions have been completed and in my judgment the facility is ready to accept a person under isolation or quarantine:

Signed: _____ Date: _____

Print: _____ Time: _____

Forward this completed document to the IMT Documentation Unit Leader

Attachment 6: SAMPLE QUARANTINE TASK FORCE (QTF) SCHEDULE

	Day 1: (Date: _____)		
Position	A Shift (0600-1430)	B Shift (1400-2230)	C Shift (2200-0630)
QTF Leader			
Medical Staff			
APIO			
ASOFR			
Support Staff			

	Day 2 (Date: _____)		
Position	A Shift (0600-1430)	B Shift (1400-2230)	C Shift (2200-0630)
QTF Leader			
Medical Staff			
APIO			
ASOFR			
Support Staff			

	Day 3 (Date: _____)		
Position	A Shift (0600-1430)	B Shift (1400-2230)	C Shift (2200-0630)
QTF Leader			
Medical Staff			
APIO			
ASOFR			
Support Staff			

	Day 4 (Date: _____)		
Position	A Shift (0600-1430)	B Shift (1400-2230)	C Shift (2200-0630)
QTF Leader			
Medical Staff			
APIO			
ASOFR			
Support Staff			

	Day 5 (Date: _____)		
Position	A Shift (0600-1430)	B Shift (1400-2230)	C Shift (2200-0630)
QTF Leader			
Medical Staff			
APIO			
ASOFR			
Support Staff			

- ☐ Supplies and equipment needing replenishment for the next activation have been documented and needs sent to the IMT

Facility and Site

- ☐ All areas of the facility have been cleaned or decontaminated and returned to its original state. (if the person became symptomatic, the site must be certified as free of contamination by a qualified professional.) Refer to most up-to-date CDC guidance available on the CDC website.
- ☐ All waste generated during the operation has been disposed of following the appropriate procedure. Refer to most up-to-date CDC guidance available on the CDC website.
- ☐ All durable equipment has been decontaminated or, if impossible, disposed of and documented appropriately. Refer to most up-to-date CDC guidance available on the CDC website.
- ☐ All signage, barriers, and perimeter markings have been taken down
- ☐ Parking and Media areas are cleared, cleaned, and returned to a state of normal operation

Staff

- ☐ Debriefing has been conducted with all shift staff

Quarantine Task Force Leader

I have verified that all of these actions have been completed and in my judgment the facility is ready to be released and returned to normal operations:

Signed: _____ Date: _____

Print: _____ Time: _____

Forward this completed document to the IMT Documentation Unit Leader

Attachment 9: SITE PERIMETER POSTING

WASHINGTON
DEPARTMENT
OF HEALTH
QUARANTINE
AREA



Please keep out and
respect the privacy
of the individuals here

ONLY AUTHORIZED PERSONNEL MAY ENTER
PER WAC 246-100-050

LEARN MORE AT WWW.DOH.WA.GOV/CORONAVIRUS

RESTRICTED AREA

VIOLATORS WILL BE ARRESTED FOR TRESPASS

PER WAC 246-100-050

CAUTION

Isolation and Quarantine Area
DO NOT ENTER

WAC 246-100-050

CAUTION

Isolation and Quarantine Area
AUTHORIZED
PERSONNEL ONLY

WAC 246-100-050

CAUTION

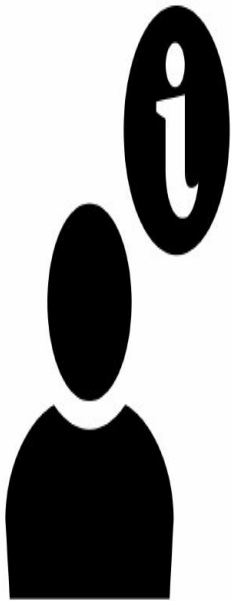
Isolation and Quarantine Area

- ➔ Only authorized people can enter.
- ➔ If you enter without authorization, you may be placed in quarantine.
- ➔ Follow all instructions from facility staff.

WAC 246-100-050

Do you work at Maple Lane School?

Stay informed



Follow the rules



Stay safe



Stay informed



- 1** You are **not** at risk if you stay out of the isolation and quarantine area.

Follow the rules



- 1** Only authorized people can enter the isolation and quarantine areas.
- 2** If you enter without authorization, you may be placed in quarantine.

Stay safe



- 1** Follow all posted warnings and signs.
- 2** If you are not sure what to do, ask the facility staff.

Attachment 10: CONTACT LIST

Contact	Primary Phone	Alternate Phone
Site Activation		
MLS DOC Duty Officer	Contact DOH DO for on call list	Mark Riddell: 360-123-4567
(Eastern WA Site Contact)		
(Central WA Site Contact)		
Security Contractor		
Pacific Coast Security (MLS)	Greg Staley: 360-971-6649	253-535-4433 (24 hours)
Custom Security (Eastern WA)		
(Central WA Security Contractor)		
DOH Contacts		
DOH Duty Officer	360-888-0838	
Biohazard Cleanup Contractors		

MLS: **Maple Lane School**, Western WA Site

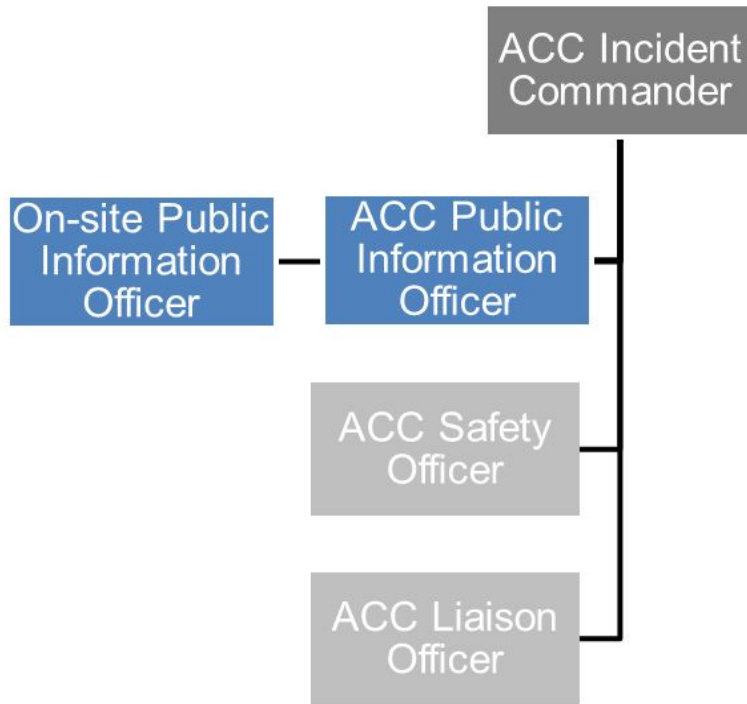
Isolation & Quarantine Site Media Management Plan

Activation of the isolation and quarantine facility at **Maple Lane School**, Centralia WA site due to exposed or contaminated individual(s) by Ebola Virus Disease (EVD), SARS, MERS, novel influenza, smallpox, or other biological, chemical, or radiological agent.

This plan is part of the department's Emergency Communication Plan and Incident Command Structure (ICS). This specific plan applies when an on-site Public Information Officer (PIO) is assigned to the **Maple Lane School**, Centralia WA site. If no PIO is assigned to the site, Agency Coordination Center (ACC) PIO will continue to operate under the Emergency Communication Plan and Incident Command Structure procedures.

☐	Media on-site
☐	Substantial interest from the media and/or public about the situation at the site.
☐	The concern of neighbors and workers increases.
☐	ICS task force is deployed and requests on-site PIO.
☐	VIP visitor such as the Governor or Secretary of Health.
☐	An incident develops on-site.

ICS structure for Site Media Management Plan



Checklist | Steps Before Site Receives Patient

☐	Emergency Preparedness and Response staff and PIO from Strategic Communications schedule training for staff at Maple Lane School site.
☐	PIO reviews messages, talking points and news release templates.
☐	PIO ensures translation of messages into alternative format (s).
☐	PIO and IC will visit Maple Lane School site to: ☐ Obtain film footage of facility (b-roll) for media. ☐ Assess facilities plan (staging area, press conference, media holding, etc)
☐	PIO ensures media contact lists are up-to-date.
☐	PIO and IC determine if a media tour of facility is necessary.
☐	PIO sends out press release explaining: ☐ Current situation. ☐ Media is not encouraged to come to the site and why. ☐ Provide contact information. ☐ Hyperlink B-roll and quotes from IC. ☐ Use Risk Communication principles.
☐	PIO reviews Go-Kits are stocked. ☐ Office supplies. ☐ Computer, printer, chargers. ☐ Copies of contact lists, Emergency Communications Plan. ☐ Copies of drafts messages and presses releases. ☐ Camera

Checklist | Activations of On-site PIO Media Management

☐	ACC PIO activates Isolation & Quarantine Site Media Management Plan.
☐	ACC PIO or IC will assign an on-site PIO.

Checklist | On-site PIO Media Management

☐	On-site PIO reports to Maple Lane School , Western WA site task force ☐ Set-up working station. ☐ Debrief initial situation.
☐	On-site PIO assesses the situation.
☐	On-site PIO informs situation to the ACC PIO.
☐	On-site PIO establishes media holding area in the parking lot of the site. See Map
☐	On-site PIO monitors media situation at site. ☐ On-site PIO sends information about the situation to the ACC PIO. ☐ If on-site PIO responds to media questions, all information will be briefed to the ACC PIO.
☐	On-site PIO continues to answer questions from task force.
☐	On-site PIO continues to communicate with ACC PIO.

Checklist | On-site Press Conference

An off-location site for a news conference about the **Maple Lane School** site is the preference. However, if media are present and information needs to be disseminated to the public, it can be arranged.

☐	On-site PIO is or assigns a spokesperson at the site.
☐	On-site PIO prepares spokesperson. ☐ Review talking points. ☐ Anticipate/brainstorm tough questions. ☐ Encourage compassion, honesty and openness, and commitment to help people and protect the public.
☐	On-site PIO organizes the logistics with on-site representative from the Department of Corrections. ☐ Get a room for press conference participants only, if possible. See Map ☐ Secure and set-up press conference area in parking lot. ☐ Make sure signs for secure areas and perimeters are set up.
☐	On-site PIO arranges press conference at the Maple Lane School facility. ☐ Make final logistical preparations for press conference with assistance of the task force. ☐ Make final edits to press conference media alert and issue. ☐ Prepare press conference speakers. ☐ Finalize media packet to be handed out at press conference. ☐ 1 hour prior to press conference, give “heads up” calls to: US senator offices; the US representative(s) and Washington Senator and Washington Representative office(s) of patient’s home (if patient has home in WA) and the districts of any healthcare facility in which the patient has been treated. Provide them with situation

	briefing and key messages. ☐ Ensure the mayor, city manager, county administrator of the patient's home and the healthcare facilities of the area get a "heads up." Provide them with situation briefing and key messages. ☐ Identify when next media briefing will be held and how information will be shared. ☐ Identify ongoing spokesperson(s).
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Attachment 12: FACILITY ENTRY LOG

Isolation or Quarantine Facility Entry Log					
Name	Designation	Date	Time In	Time Out	Reason/Comments

Attachment 13: STAFF MONITORING LOG

Person under monitoring: _____ Telephone: _____

Alternate Phone: _____ Supervisor: _____

Day	1		2		3		4		5		6		7		8		9
Date																	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM
Time																	
Temperature																	
Malaise																	
Muscle pain																	
Headache																	
Sore Throat																	
Vomiting																	
Diarrhea																	
Rash																	
Unexplained bleeding																	
Fever/pain reducers																	

Day	12		13		14		15		16		17		18		19	
Date																
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Time																
Temperature																
Malaise																
Muscle pain																
Headache																
Sore Throat																
Vomiting																
Diarrhea																
Rash																
Unexplained bleeding																
Fever/pain																

reducers																	
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Contacted: Enter “S” if spoke with contact or proxy; “M” if left message; “U” if unable to reach

Symptoms: Enter “N” if the contact has not developed fever or a symptom; “Y” if developed fever, other symptoms, or died; “U” if unknown

Attachment 14: QUARANTINE TASK FORCE JOB ACTION GUIDES (JAGS)

Introduction

Each Quarantine Task Force member is provided with a step by step guide to accomplish their individual duties including individual Job Action Guides (JAGs) that can be removed and handed to individuals that are filling in a particular role on the task force

Each JAG contains a mission tasking, responsibilities, and training requirements as well as a checklist. These step by step checklists of tasks are keys to completing the required elements of the individual job that contributes to the overall mission.

The checklists are broken out in five sections; Alerting Actions, Deployment Actions, Beginning of Shift Actions, Operations Actions and Recovery Operations Actions.

DOH ACC IMT and Quarantine Task Force Organization Chart

Job Action Guide # 1, Quarantine Task Force Leader/Site Manager

Mission

Set up and manage a state level isolation and quarantine facility to provide a safe and hygienic place for persons to live while under quarantine. As safety is paramount in all isolation and quarantine operations, makes sure that all activities are conducted safely and that any hazards are mitigated or eliminated

Location

Various – based on the incident.

Responsibilities

No person, other than a person authorized by a local or state health officer shall enter quarantine premises. any person entering quarantine premises shall be provided with infection control training and may be required to wear personal protective equipment or receive post-exposure prophylaxis or vaccination. (WAC 246-100-040).

Manage the activities involving the operation of the state quarantine site. Make sure that the facility meets standards for safety and hygiene to provide emergency quarantine for person(s) who voluntarily or by lawful order, enter a period of isolation, quarantine or monitoring. Establish redundant communications systems (telephone, email, satellite phones, 400 MHz or 800 MHz radio) with the State Emergency Operations Center (EOC) and the Department of Health Agency Coordination Center (ACC).

Training Requirements

The Quarantine Strike Team Leader must be well qualified in Incident Command System (ICS) and fully trained. Training must include IS-100, IS-200, ICS-300, IS-700 and IS-800. ICS-400 is optional but recommended. With the exception of ICS-300 and 400, training courses are available on the FEMA NIMS website <http://www.fema.gov/emergency/nims/>. ICS 300 and 400 are two day in-person courses available through EMD.

Quarantine Task Force Leader/Site Manager		
Alerting		
	Upon notification, report to the Department of Health (DOH) Incident Management Team (IMT) in the Agency Coordination Center (ACC) for a situation and deployment briefing and obtain an ICS Form 204 mission assignment and ICS Form 205 communications plan.	
	Notify your supervisor and/or chain of command of the pending activation and deployment.	
	Establish and maintain communications with the IMT in the DOH ACC to maintain situational awareness.	
	Assemble with the Quarantine Task Force and brief all known information and begin deployment planning based on the ICS form 204.	
Deployment		
	Make sure the DOH ACC notifies the chosen facility of isolation or quarantine activation. Maple Lane School, 20311 Old Highway 9 SW, Centralia, WA 98531, (360) 725-8440 / (360) 255-1840 / (360) 725-8221. Eastern WASite: To be determined Central WASite: To be determined	
	Assemble the Quarantine Task Force and safely deploy in accordance with the ICS Form 204. Team members may include: Medical Staff member, Assistant Safety Officer, Assistant Public Information Officer, support staff, and other subject matter experts (SMEs) as needed.	
	Obtain needed communications equipment from the IMT Logistics staff.	
	Make sure the layout and set-up of the facility is completed and the facility is safe, hygienic and ready for occupancy. (Refer to Attachment 5 and the list below).	
Make sure that the facility is furnished, safe, and clean. The below items are needed:		
<u>Living Area:</u> Couch Chair Coffee Table End Table, 2 each Lamps, 2 each Television Stand Television DVD Player	<u>Kitchen:</u> Microwave Oven Garbage Bags Waste Basket Dish Set/Paper Plates, disposable Cups/coffee mugs, disposable Utensils, disposable Coffee Pot/Maker Coffee Coffee filters Sugar Coffee creamer Mini-refrigerator Clorox Wipes Hand soap Paper towels	<u>Laundry and Bathroom:</u> Laundry soap (hypoallergenic) Laundry softener Laundry Dryer sheets Bath Towels Wash Cloths Shower curtain with accessories Bath Mat, non-slip Toilet paper Paper towels Toilet plunger Hand soap Bath Soap (hypoallergenic) Shampoo (hypoallergenic) Conditioner (hypoallergenic) Cleaning Supplies (hypoallergenic) First Aid Kit Appropriate personal care items for each individual (disposable razor, deodorant, toothbrush, toothpaste, feminine products [all hypoallergenic])
<u>Safety:</u> Smoke Detectors (tested) Carbon Monoxide detector (tested) Fire Extinguisher		
<u>Bed Rooms:</u> Mattress Dresser Bed Sheet Set Clothes Hangers Laundry Basket/Bag Face tissues Hand sanitizer	<u>Communications/IT:</u> Lap Top Cable/Satellite TV Activated iPad iPhone Chargers	

At the Beginning of Each Shift	
	(If this is a second or subsequent shift) Conduct a situation briefing with the outgoing and oncoming shift staff and obtain an updated ICS Form 204.
	Provide a situation briefing and conduct Just-in-Time Training to the incoming staff. • Review confidentiality guidelines. • Assure that the Security Leader provides a method to contact security if needed. • Have the Assistant Safety Officer conduct a safety assessment and brief to all staff members. • Brief members on the facility, including locations of staff offices/tables/cubicles, aid stations, restrooms, and break areas. <u>NOTE: Per WAC 246-100-050, At no time will non-medical staff enter the isolation and quarantine facility! Medical Staff trained in infection control and use of Personal Protective Equipment (PPE) may, with a health officer's permission, enter the facility, but only when absolutely necessary.</u>
	Establish overall work hours guidance and rules. • Set up an office in an adjacent building to provide services to the person or persons being monitored or quarantined. Ensure functioning communications with that person. • Obtain logistical support for procurement and delivery of commodities and services through the IMT. • Methods of meeting may be by telephone, Skype, email, or other electronic means. Record each meeting on the ICS Form 214.
	Become familiar with the communications equipment, including any issued radios, iPhones, iPads, tablets, or laptop computers.
	Identify resource needs and request these through the IMT Logistics Section
	Remotely or using appropriate personal protective equipment, check in with the person or persons under isolation or quarantine and establish rapport.
During Operations	
	Work with the Assistant Safety Officer to ensure that safety issues are identified and corrected on an ongoing basis.
	Support the needs of the person or persons under isolation or quarantine.
	Check-in with security to make sure that the communications equipment is functional and obtain any security reports to be documented on the ICS form 214.
	Check in with the person or persons being monitored or quarantined to fulfill their needs for food, water, personal care items, and other resource needs.
	Document all actions on an ICS form 214. Make sure each is accomplished, accurate, and tracked.
	Deliver food, water, and other items to the outer door of the facility. Audibly summon the person or persons under isolation or quarantine to let them know you are clear and they may pick up the delivered items.
	Be available to Medical Staff to obtain their guidance, and provide any assistance in solving problems as they are encountered. Elevate any problems that cannot be resolved at the facility/residence to the DOH IMT at the ACC.
	If notified by the Medical staff member that a person being quarantined or monitored has become symptomatic, activate EMS, notify on site security personnel, and notify the IMT.
Recovery Operations	
	Upon completion of the isolation or quarantine period: Notify the person being monitored or quarantined, debrief them, ensure that their needs are met and questions are answered, and allow them to depart the facility.

	Begin recovery operations upon the person or person's completion of their specified isolation or quarantine time or at the direction of the IMT.
	Conduct an all staff debriefing and an after action "hot wash."
	Participate in the formal After Action Report.
	Complete a final inventory of issued equipment and reconcile all records.
	Work with the IMT Logistics staff to determine the appropriate disposition of remaining resources.
	Make sure all facilities used are clean and in good repair. Work with the facilities owner/liaison to inspect and transition control of the facilities back to the owning agency.
	Cease all emergency activities and return all staff to normal operations.
Equipment Requirements	
• DOH Isolation & Quarantine Facility Operations Plan and Procedures. • Department of Health Isolation & Quarantine Facility Operations Plan Field Operations Guide. • Floor plans of facility. • PPE (Incident Command vests, hardhats, safety shoes, and radio [as applicable]).	
JAG # 1, Quarantine Task Force Leader/Site Manager Job Action Guide	

Job Action Guide # 2, Quarantine Facility Medical Staff

Mission

The Medical Staff member is responsible for providing effective medical management of the monitored, isolation and quarantine person(s). Must be medically trained as a Medical Doctor, ARNP, RN, or PA. Will ensure that only staff with appropriate Infection Control training and personal protective equipment (PPE) enters the facility. Must be able to multi-task, prioritize and remain calm in a highly stressful situation.

Location

Various – based on the incident.

Responsibilities

Provide medical expertise and observation activities involving the care of persons in a State Isolation and Quarantine Facility. Make sure that the individuals' symptoms are checked in accordance with health officer orders. Report any medical issues to the Quarantine Strike Team Leader, IMT and the local or state health officer. Should the person in quarantine become symptomatic, notify the Quarantine Strike Team Leader, IMT, EMS, and the receiving hospital per the incident action plan. Establish redundant communications systems (telephone, email, satellite phones, 400 MHz or 800 MHz radio) with the State Emergency Operations Center (EOC) and the Department of Health ACC. As safety is paramount in all quarantine operations, makes sure that all activities are conducted safely and that any hazards are mitigated or eliminated

Training Requirements

The Medical staff member must be medically trained. In addition must have completed ICS training, IS-100 and IS-200, training courses. Training courses are available on the FEMA NIMS website <http://www.fema.gov/emergency/nims/>.

Alerting

Upon notification, report to the Department of Health (DOH) Incident Management Team (IMT) in the Agency Coordination Center (ACC) for a situation and deployment briefing.

	Notify your supervisor and/or chain of command of the pending activation and deployment.
	Assemble with the Quarantine Task Force to be briefed on all known information and begin deployment planning based on the ICS form 204.
Deployment	
	Make sure the DOH ACC notifies the chosen facility of isolation or quarantine activation. Maple Lane School , 20311 Old Highway 9 SW, Centralia, WA 98531, (360) 725-8440 / (360) 255-1840 / (360) 725-8221. Eastern WA Site: To be determined Central WA Site: To be determined
	Assemble with the Quarantine Task Force and safely deploy in accordance with the ICS Form 204.
	Make sure the layout and set-up of the facility are completed and the facility is safe, hygienic and ready for occupancy.
	Make sure that sufficient quantities of necessary medical equipment and PPE is available to monitor the individual under isolation or quarantine and meet their medical needs.
At the Beginning of Each Shift	
	(If this is a second or subsequent shift) Obtain an update and situation briefing from the outgoing Shift and an updated ICS Form 204.
	Provide a situation briefing and conduct Just-in-Time Training to the incoming medical staff. • Provide confidentiality guidelines • Ensure that you have functioning communications with the Quarantine Task Force Leader • Brief members on the medical situation (NOTE: At no time will non-medical staff enter the quarantine facility! Medical Staff trained in Infection Control using proper Personal Protective Equipment (PPE) may enter the facility, but only when absolutely necessary .
	Establish a monitoring schedule. • Set appointments with the person or persons under isolation or quarantine. Inform the person how you will be meeting with them and what your meetings will entail. • Methods of meeting may be by telephone, videoconference (i.e. Skype), email, or face to face. • At each meeting, assess the patient for signs and symptoms of any illness, ensure that their questions are answered, and that their needs are being met. Record each meeting on an ICS 214 and sign/symptom monitoring log.
	Become familiar with the communications equipment, including any issued radios, iPhones, iPads, tablets or laptop computers as needed.
	Check in with the person under isolation or quarantine and establish rapport with that person.
During Operations	
	Work to meet the medical needs of the person under isolation or quarantine. These may be related or unrelated to the disease or condition of concern.
	Manage the medical monitoring of the person or persons under isolation or quarantine. At appropriate intervals, in accordance with current disease guidance, evaluate the person to determine if they are symptomatic for the disease or condition of concern.
	If the person under isolation or quarantine requires transport to a hospital, initiate emergency notification and transfer of the individual to a medical facility isolation unit. Notify the Quarantine Task Force Leader and the receiving medical facility; activate EMS.
	Document all actions on an ICS form 214. Make sure it is accurate and complete. (Do not document personal or patient confidential information on the 214.)

	Upon completion of the isolation or quarantine period: Notify the person being monitored or quarantined and allow them to depart the facility.
	Be available to the Quarantine Task Force Leader to provide guidance, answer questions, and/or assist in solving problems as they are encountered. Elevate any problems that cannot be resolved at the facility/residence to the DOH IMT at the ACC.
Recovery Operations	
	Begin recovery operations upon the person or person's completion of their specified isolation or quarantine period or at the direction of the IMT.
	Participate in an all staff debriefing and an after action "hot wash."
	Participate in the formal After Action Report.
	Advise the IMT Logistics staff to determine the appropriate disposition of remaining resources.
	Cease all emergency activities and return all staff to normal operations.
Equipment Requirements	
• DOH Isolation & Quarantine Facility Operations Plan and Procedures • Department of Health Isolation & Quarantine Facility Operations Guide. • Floor plans of facility. • Personal Protective Equipment (Incident Command vests, Mask, Surgical gloves, and gown [as applicable]).	
JAG # 2, Quarantine Facility Medical Staff Job Action Guide	

Job Action Guide # 3	Quarantine Site Contracted Security Staff
<u>Mission</u> Secure the state isolation and quarantine site to provide a facility that is safe and comfortable for persons who voluntarily or by lawful order, enter a period of monitoring, quarantine or isolation. Report to the Quarantine Strike Team Leader/Site Manager to be briefed on specific mission. As safety is paramount in all operations, makes sure that all activities are conducted safely and that any hazards are mitigated or eliminated	
<u>Location</u> Various – based on the incident.	
<u>Responsibilities</u> The Security Staff members are responsible for providing effective security measure for the quarantine facility, staff, quarantined persons and medical resources in accordance with the contract. Must be trained as a security specialist.	
<u>Training Requirements</u> The security staff member must be trained in security measures and techniques. Specific training is the responsibility of the contractor.	

Alerting	
	Upon notification, report to the Department of Health (DOH) Quarantine Task Force at the isolation or quarantine site.
	Establish and maintain communications with the Quarantine Task Force at the site.
	Assemble with the Quarantine Task Force to be briefed on all known information and begin deployment planning based on the ICS form 204 that details of the deployment, setup, and facility operations start-up.
Deployment	
	Assemble with the Quarantine Task Force and safely deploy in accordance with the ICS Form 204.
	Obtain any needed communications equipment from the Quarantine Task Force staff.
	Conduct a security assessment to ensure that the facility is safe, secure and ready for occupancy.
	Establish a post at the facility gate and a roving patrol to observe any unauthorized or unlawful acts in accordance with the contract.
At the Beginning of Each Shift	
	(If this is a second or subsequent shift) Obtain an update and situation briefing from the outgoing Shift and an updated ICS Form 204.
	Provide a situation briefing and conduct just-in-time training to the incoming staff. - Understand the confidentiality guidelines. - Assure that the Quarantine Task Force provides a capability to contact staff. - Brief staff on any identified security concerns - Attend the briefing on the facility, including locations of staff offices/tables/cubicles, aid stations, restrooms, and break areas. <i>NOTE: At no time will non-medical staff enter the quarantine facility! Medical Staff trained in infection control and use of personal protective equipment (PPE) may enter the facility, but only when absolutely necessary .</i>
	Establish overall work hours guidance and rules. - Set up the security office at the gate building to provide entry control and security services to the staff and the person or persons being monitored, quarantined or isolated. - Establish a roving patrol around the quarantine facilities. - Establish communications with the patrol and the Quarantine Task Force
	Become familiar with the communications equipment, including any issued radios and other equipment.
	The Security supervisor will establish breaks and relief schedule for all security staff.
During Operations	
	Maintain constant vigilance and observe the site to deter any unlawful or unauthorized acts.
	Check-in with Quarantine Task Force and other security staff to make sure that the communications equipment is functional and obtain any security reports to be documented on the ICS form 214.
	Document all actions on an ICS form 214. Make sure it is complete and accurate.
	Assist the Quarantine Task Force staff as needed.
	If an unauthorized or unlawful act is detected notify law enforcement and if possible, detain the suspect

	If notified by the Medical staff member that a person being isolated or quarantined has become symptomatic, prepare to enable entry of the EMS unit and escort them to the facility.
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Recovery Operations

	Begin recovery operations upon the completion of their specified isolation or quarantine time or at the direction of the IMT.
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	Participate in an all staff debriefing and an after action “hot wash.”
--	--

	Participate in the formal After Action Report.
--	--

	Work with the Quarantine Task Force to determine the disposition of remaining resources.
--	--

	Make sure all facilities used are clean and in good repair. Work with the Quarantine Task Force and facilities owner/liaison to inspect and return control of the facilities back to the owning agency.
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	Cease all emergency activities and return all staff to normal operations.
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Equipment Requirements

- | |
|---|
| <ul style="list-style-type: none">• DOH Isolation & Quarantine Facility Operations Plan and Procedures• Department of Health Quarantine Facility Operations Plan Field Operations Guide.• Floor plans of facility.• Personal Protective Equipment (Incident Command vests, hardhats, safety shoes, and radio [as applicable]). |
|---|

JAG # 3, Quarantine Site Contracted Security Staff Responsibilities

Job Action Guide # 4	Assistant Public Information Officer (APIO)
<u>Mission</u>	
Provide any needed or required interface with the media and the public to provide any needed news or information releases.	
<u>Location</u>	
Various – based on the incident.	
<u>Responsibilities</u>	
The APIO is responsible for providing effective communications, news updates, and interfaces with the media or public as needed.	
<u>Training Requirements</u>	
The APIO staff member must have completed ICS training, IS-100 and IS-200, training courses. Training courses are available on the FEMA NIMS website http://www.fema.gov/emergency/nims/ .	

Alerting	
	Upon notification, report to the Department of Health (DOH) Incident Management Team (IMT) in the Agency Coordination Center (ACC) for a situation and deployment briefing.
	Notify your supervisor and/or chain of command of the pending activation and deployment.
	Assemble with the Quarantine Task Force to be briefed on all known information and begin deployment planning based on the ICS form 204 that details the deployment, setup, training and facility operations start-up.
Deployment	
	Make sure the DOH ACC notifies the chosen facility owner of quarantine activation Maple Lane School, 20311 Old Highway 9 SW, Centralia, WA 98531, (360) 725-8440 / (360) 255-1840 / (360) 725-8221. Eastern WA Site: To be determined Central WA Site: To be determined
	Assemble with the Quarantine Task Force and safely deploy in accordance with the ICS Form 204.
	Review the attached media management plan (Attachment 11).
At the Beginning of Each Shift	
	(If this is a second or subsequent shift) Obtain an update and situation briefing from the outgoing Shift and an updated ICS Form 204.
	Provide a situation briefing and conduct just-in-time training to the incoming PIO staff. • Provide updates on the communications plans (as appropriate). • Assure that the Quarantine Task Force Leader is provided your contact information. (NOTE: At no time will non-medical staff enter the quarantine facility! Medical Staff trained in Infection Control and use of Personal Protective Equipment (PPE) may enter the facility, but only when absolutely necessary .
During Operations	
	Collaborate with the PIO at the ACC to synchronize to content of messaging.
	Maintain contact with Joint Information Center (if established), DOH Communications Office, and ACC.
	In coordination with ACC PIO, the APIO at the facility will serve as: • Facility media lead (including preparing spokespeople and developing risk communication strategies, as necessary) • Facility liaison to the community
	APIO at facility may be called upon to develop location specific FAQs and other communication resources as necessary.
	All PIOs should use communications resources including risk communication tools, isolation and quarantine messages, and Medication/Healthcare Center PIO training sheet) on Emergency Communications Toolkit at www.DOH.wa.gov/phepr/toolkit .
Recovery Operations	
	Begin recovery operations upon the person or person's completion of their specified isolation or quarantine period or at the direction of the IMT.
	Participate in an all staff debriefing and an after action "hot wash."
	Participate in the formal After Action Report.
	Cease all emergency activities and return all staff to normal operations.
Equipment Requirements	

- DOH Isolation & Quarantine Facility Operations Plan and Procedures
- Department of Health Isolation & Quarantine Facility Operations Guide.
- Floor plans of facility.
- Personal Protective Equipment (Incident Command vests, Mask, Surgical gloves, and gown [as applicable]).

JAG #4, Assistant Public Information Officer Job Action Guide

Job Action Guide # 5 Assistant Safety Officer (ASOFR)

Mission

Protect the safety of the Quarantine Task Force staff and the person under isolation or quarantine.

Location

Various – based on the incident.

Responsibilities

The ASOFR is responsible for continuously identifying real or potential hazards and developing mitigations to reduce risk.

Training Requirements

The ASOFR must have completed ICS training, IS-100 and IS-200, training courses. Training courses are available on the FEMA NIMS website <http://www.fema.gov/emergency/nims/>. The ASOFR must also have knowledge of general safety principles as well as proper use of Personal Protective Equipment (PPE).

Alerting	
	Upon notification, report to the Department of Health (DOH) Incident Management Team (IMT) in the Agency Coordination Center (ACC) for a situation and deployment briefing.
	Notify your supervisor and/or chain of command of the pending activation and deployment.
	Assemble with the Quarantine Task Force to be briefed on all known information and begin deployment planning based on the ICS form 204 that details the deployment, setup, training and facility operations start-up.
Deployment	
	Make sure the DOH ACC notifies the chosen facility owner of quarantine activation. Maple Lane School , 20311 Old Highway 9 SW, Centralia, WA 98531, (360) 725-8440 / (360) 255-1840 / (360) 725-8221. Eastern WA Site: To be determined Central WA Site: To be determined
	Assemble with the Quarantine Task Force and safely deploy in accordance with the ICS Form 204.
	Provide the Quarantine Task Force with a communications plan.
At the Beginning of Each Shift	
	(If this is a second or subsequent shift) Obtain an update and situation briefing from the outgoing Shift and an updated ICS Form 204.
	Provide a situation briefing and conduct just-in-time training to the incoming staff. • Provide updates on identified hazards and mitigation actions • Deliver a safety message • Assure that the Quarantine Task Force Leader is provided your contact information. (NOTE: At no time will non-medical staff enter the quarantine facility! Medical Staff trained in Infection Control and use of Personal Protective Equipment (PPE) may enter the facility, but only when absolutely necessary .
During Operations	
	Collaborate with the Safety Officer at the ACC to develop IAP Safety Analysis (ICS Form 215A), mitigate identified hazards, and obtain needed items.
	Monitor all activities under way at the site on a continuous basis to identify hazards, mitigate risk, and protect the staff and individual under isolation or quarantine. The ASOFR may suspend any activity at any time for safety reasons until an acceptable mitigation is developed
	Inspect the perimeter on a regular basis to ensure that markings and signage remain intact.
	Ensure proper use of personal protective equipment and logging of all entries to the facility
	Consult with other professionals and subject matter experts (SMEs) as needed to protect the safety of responders and the individual under isolation or quarantine.
Recovery Operations	
	Begin recovery operations upon the person or person's completion of their specified isolation or quarantine period or at the direction of the IMT.
	Participate in an all staff debriefing and an after action "hot wash."
	Participate in the formal After Action Report.
	Cease all emergency activities and return all staff to normal operations.
Equipment Requirements	

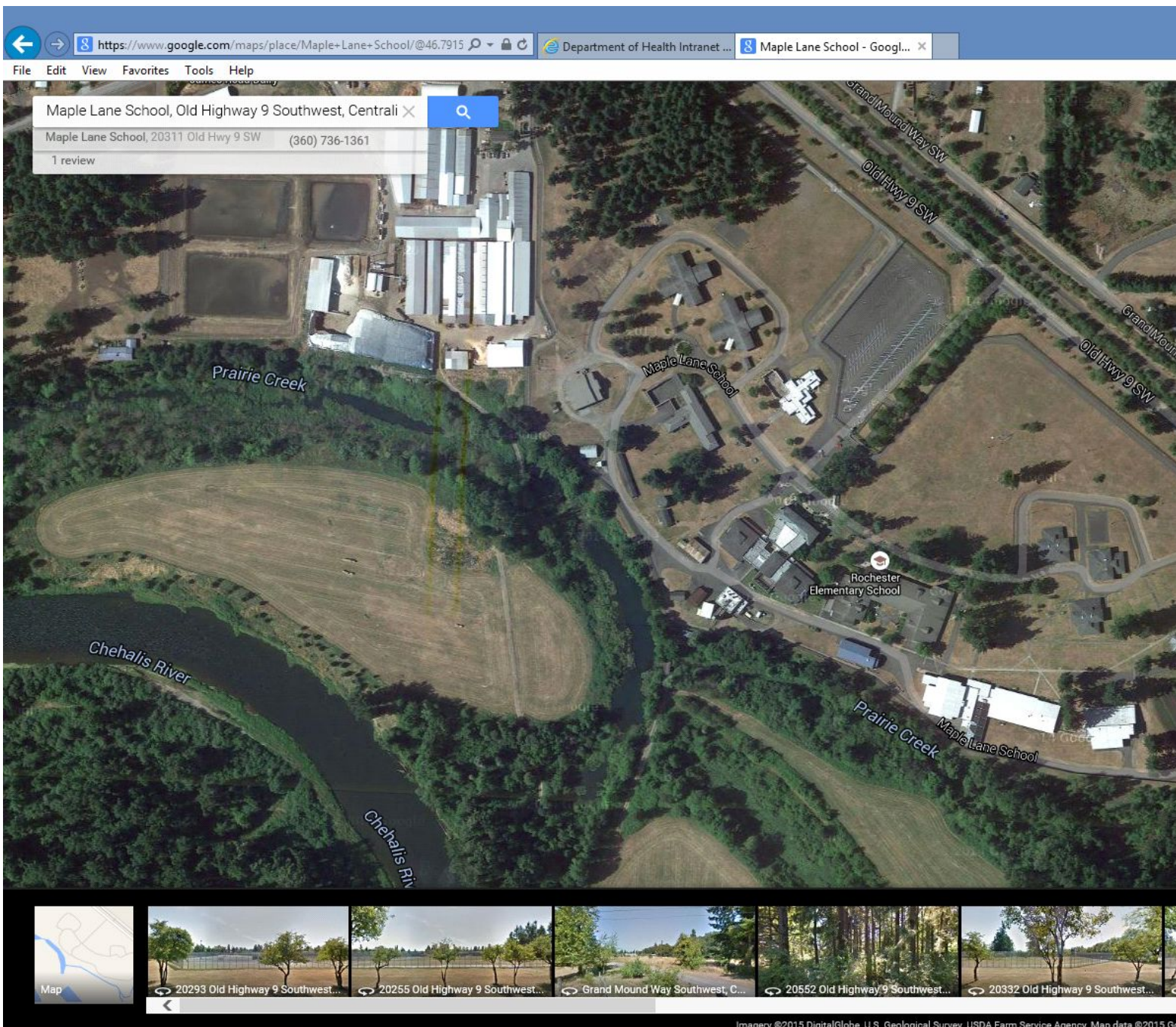
- DOH Isolation & Quarantine Facility Operations Plan and Procedures
- Department of Health Isolation & Quarantine Facility Operations Guide.
- Floor plans of facility.
- Personal Protective Equipment (Incident Command vests, Mask, Surgical gloves, and gown [as applicable]).

JAG #5, Assistant Safety Officer (ASOFR) Job Action Guide

Job Action Guide # 6	Support Staff
<u>Mission</u> Provide logistical support for the Quarantine Task Force and for the person under isolation or quarantine.	
<u>Location</u> Various – based on the incident.	
<u>Responsibilities</u> Support Staff responsibilities may include driving offsite to procure needed items including food, drink, and comfort items to support the Quarantine Task Force and the person under isolation or quarantine. Other responsibilities may include setting up and demobilizing the facility and facilitating communications with the IMT.	
<u>Training Requirements</u> Support Staff must have completed ICS training, IS-100 and IS-200, training courses. Training courses are available on the FEMA NIMS website http://www.fema.gov/emergency/nims/ .	

Alerting	
	Upon notification, report to the Department of Health (DOH) Incident Management Team (IMT) in the Agency Coordination Center (ACC) for a situation and deployment briefing.
	Notify your supervisor and/or chain of command of the pending activation and deployment.
	Assemble with the Quarantine Task Force to be briefed on all known information and begin deployment planning based on the ICS form 204 that details the deployment, setup, training and facility operations start-up.
Deployment	
	Make sure the DOH ACC notifies the chosen facility owner of quarantine activation. Maple Lane School , 20311 Old Highway 9 SW, Centralia, WA 98531, (360) 725-8440 / (360) 255-1840 / (360) 725-8221. Eastern WA Site: To be determined Central WA Site: To be determined
	Assemble with the Quarantine Task Force and safely deploy in accordance with the ICS Form 204.
	Provide the Quarantine Task Force with a communications plan.
At the Beginning of Each Shift	
	(If this is a second or subsequent shift) Obtain an update and situation briefing from the outgoing Shift and an updated ICS Form 204.
During Operations	
	Work with the Quarantine Task Force Leader to identify and fill any logistical and support needs of the Quarantine Task Force and the person under Isolation and Quarantine.
	Communicate frequently with the IMT Logistics and Finance/Administration Sections to track all procurements and costs. Keep all receipts.
	Ensure that the staff areas of the facility are safe, operable, clean, and supplied appropriately. Order any needed supplies or equipment through the IMT Logistics Section.
Recovery Operations	
	Begin recovery operations upon the person or person's completion of their specified isolation or quarantine period or at the direction of the IMT.
	Participate in an all staff debriefing and an after action "hot wash."
	Participate in the formal After Action Report.
	Cease all emergency activities and return all staff to normal operations.
Equipment Requirements	
	• DOH Isolation & Quarantine Facility Operations Plan and Procedures • Department of Health Isolation & Quarantine Facility Operations Guide. • Floor plans of facility. • Personal Protective Equipment (Incident Command vests, Mask, Surgical gloves, and gown [as applicable]).
JAG #6, Support Staff	

Attachment 15: MAPLE LANE SCHOOL ISOLATION AND QUARANTINE FACILITY



Aerial view of Maple Lane School Correctional Facility

Front gate of Maple Lane School Correctional facility



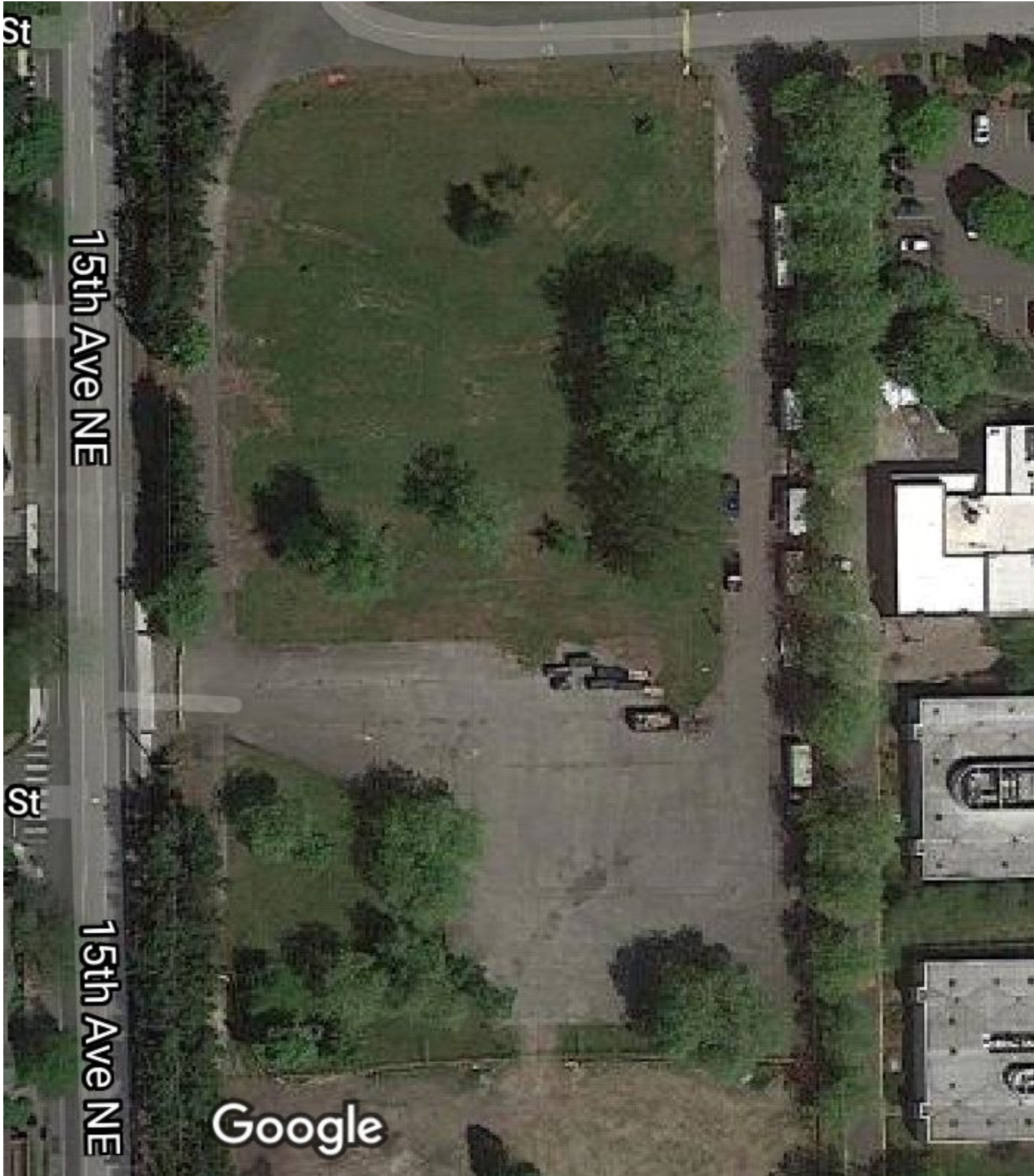
**Maple Lane Quarantine Facilities (Red (Olympia) =Primary; Purple (Rainer) =Secondary; Green (Pacific)
=Alternate [not maintained in a ready to occupy status]**

Attachment 16: EASTERN WASHINGTON ISOLATION AND QUARANTINE FACILITY

Attachment 17: CENTRAL WASHINGTON ISOLATION AND QUARANTINE FACILITY

Attachment 18: SHORELINE QUARANTINE FACILITY









Incident Management Team

Quarantine and Isolation

Quarantine and Isolation Task Force Activation Process

Management Plan

For Quarantine and Isolation Site

Date: 3/16/2020**Mission 20-0265 2020 COVID-19****Prepared By**

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Document Version Control

Version #	Date	Description
1.0	2/6/2020	Initial draft
1.5	2/8/2020	Second draft
2.0	2/11/2020	Added optional site location
2.5	2/15/2020	Updates
3.0	2/26/2020	Revised: Updated sites, structures, processes, appendices
3.5	3/11/2020	Added Isolation information in to plan
3.6	03/16/2020	Updated plan specific to Maple Lane

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1 PURPOSE

The Department of Health (DOH) Incident Management Team (IMT) has been activated to assist with the worldwide 20-0265 2020 COVID-19 incident. The purpose of this plan is to outline the process for planning, coordinating, configuring, and maintaining the operations of the quarantine facility/location for quarantined person(s).

2 INCIDENT EXECUTIVE SUMMARY

This plan is intended to prepare for the Quarantine Facility associated impacts caused by the 2/2/2020 Travel Funneling of international flights from Wuhan, Hubei Province and Mainland China into SeaTac Airport, and to identify steps to make these preparedness activities actionable. These travelers are US Citizens, foreign nationals with travel history from China will be denied entry into the Country.

This Quarantine Facility will be needed for Hubei Province travelers who do not have a home residence in WA and require housing during the 14 day monitoring period.

3 INCIDENT EMPHASIS AND OBJECTIVES

3.1 Objectives

The objectives are identified below:

1.	Provide for the health and wellness of all incident responders including safe work and living environments.
2.	Contain and monitor the spread of COVID-19 through effective application of established public health measures including surveillance, testing, monitoring, case and contact investigation, quarantine, and isolation.
3.	Provide comprehensive wraparound services for people in isolation and/or quarantine at the state level to include: providing safe, secure, and comfortable housing, medical and non-medical transportation, feeding, and other needed services for people at risk for developing COVID-19.
4.	Provide timely, complete, and accurate information to the people of Washington regarding the status of the COVID-19 situation in Washington State and the response actions being taken to address the situation.
5.	Take specific actions in all areas of this response to promote health equity, including efforts to actively combat stigma and discrimination.
6.	Maintain coordination and common operating picture among all responders, involved offices, DOH division, affected LHJs, healthcare coalitions, partner associations, and others. Information sharing should include epidemiologic, healthcare stress indicators, and supply chain information.

7.	Mitigate the risk of disease spread through comprehensive strategies informed by CDC community mitigation guidance and epidemiologic data.
8.	Coordinate with the State Military Department Emergency Management Division and other agencies to protect the people of Washington from COVID-19 through the use of appropriate legal authorities and resources.
9.	Coordinate with the statewide healthcare system to maximize readiness, reduce the demand for services, and increase the capacity of the healthcare system to address surge if needed for COVID-19.
10.	Provide guidance to the healthcare system to prepare for infection control, PPE conservation strategies, and other matters affecting the provision of healthcare services.
11.	Convene policy groups as needed to make recommendations to the Governor and the Secretary of Health regarding community mitigation measures, clinical care, and the operation of the healthcare system.
12.	Incident Management Team members will coordinate to successfully transition to an Area Command Structure while maintaining safe and effective operations within the Shoreline IMT.

3.2 Operational Period Command Emphasis

The Washington State Department of Health must fulfill our responsibility to prevent disease spread, promote health, and protect the public's health. Additionally, our state's healthcare system operates at full capacity on a daily basis. Since our state is still experiencing health care surge with respect to the current influenza season this system is under considerable stress. COVID-19 presents an additional burden as well as an addition demand on the supply chain. Overall, the burden on the healthcare system impedes their ability to care for critically injured and ill patients on a daily basis. This response must support their ability to care for people in our communities when they need that care, which involves both mitigating spread of COVID-19 and building healthcare capacity.

If you encounter media on the grounds, please remember to:

- Be polite and professional. Don't engage unnecessarily.
- You are not authorized to speak to the media regarding this matter, unless approved by the Incident Commander. Please indicate that you are not authorized to speak regarding this matter and that you will notify the PIO.
- Contact the Public Information Officer at 253-512-7100 immediately to inform them that media is onsite. A PIO will arrive to escort media and respond to their needs appropriately.

4 ASSESSMENT PROCESS

Voluntary Quarantine Considerations – Home Quarantine	WA DOH Communicable Disease Epidemiologist will ask the following questions: Questions to ascertain appropriateness of quarantine setting: 1) What type of residence will the individual be going back to? a. Dorm, communal living space, high risk household contacts I. If yes, encourage the use of the Quarantine facility rather than home quarantine. b. Single family home I. If yes, identify the number of individuals living in the home. i. If single occupancy, home quarantine is ok. ii. If multiple, encourage quarantine facility. iii. Conversation may be needed to coach them through concerns for safety. iv. May require additional assistance to support logistics needs in rehousing other residents c. How far away is their home of residence? d. How will they be getting home? e. What needs do they have (medical and other)? f. Unless any symptoms are present → send directly to HCF 2) If home quarantine is ok'd next steps will include: a. Assess access to vehicle: I. Yes - have a Personal Vehicle i. DOH support escort to car and allow individual to drive home, if: a. Home is less than 200 miles away
---	---

b. If not, ascertain other transport options

ii. LHJ will follow-up with individual to assure that they made it home safely

II. No - does not have Personal Vehicle

i. DOH contact will notify Quarantine task lead

ii. Quarantine task lead will contact on-call designated driver

iii. Designated driver will escort/drive to home location

3) Facility

a. DOH Communicable Disease Epidemiologist offers the use of Quarantine Facility

I. If individual agrees, DOH Communicable Disease Epidemiologist contacts the Quarantine Supervisor, who will activate the transportation and quarantine teams. (Check with current IMT Incident Action Plan for Quarantine Group personnel and contacts).

b. Transportation arrives and picks up individual.

c. Transportation lead notifies Quarantine and Isolation Group Supervisor of pick-up to ready response team at Quarantine Facility

d. Transportation to designated quarantine facility is completed

Non-Voluntary Quarantine Considerations

1) Facility

a. Home quarantine is not an option or is deemed to be inappropriate and individual refuses initial invite under voluntary quarantine status. Thus an official order is issued by the DOH Order Authority.

b. DOH Communicable Disease Epidemiologist notified DOH Order Authority and DOH transportation lead to initiate process for mandatory order.

c. DOH Order Authority contacts the DOH Secretary of Health in regards to the mandatory order request to confirm approval to proceed.

- d. DOH transportation lead notified by DOH Quarantine and Isolation Group Supervisor of request and leaves to pick up individual.
- e. DOH Order Authority confirms readiness and travels to individuals location.
- f. DOH Quarantine and Isolation Group Supervisor contacts local law enforcement to help facilitate quarantine orders.
- g. DOH Transportation, Commissioned Officer, and Delegated DOH Order Authority meet at the individuals location
- h. Order is served and individual is escorted onto transportation van.

5 PHONE TREE NOTIFICATION PROCEDURE FOR TASK FORCE ACTIVATION

1.	Division for Global Migration and Quarantine (DGMQ) will call the Washington State Department of Health (WA DOH) On Call Communicable Disease Epidemiologist and Local Public Health after hour's number. a. DGMQ phone (206-553-4519) b. WA DOH On-call (206-418-5500) c. IMT- OSC [Refer to current IMT Incident Action Plan contacts]
2.	DGMQ, WA DOH, and Local Public Health will assess risk and make recommendations for next steps, to include: a. Identification of symptom presentation b. Evaluation of exposure risk c. Recommendations for monitoring including isolation or quarantine
3.	If the individual is considered to be high risk requiring Mandatory Quarantine the WA DOH on call communicable disease epidemiologist will notify local health jurisdiction of individuals' residence, PHSKC, and WA DOH Communicable Disease back-up (206-472-4530) of need for quarantine.
4.	WA DOH Communicable Disease back-up calls Quarantine and Isolation Group Supervisor to ready transportation. a. Quarantine and Isolation Group Supervisor - (206-200-7147) to ready transportation and to activate Quarantine Task Force.

5.	The Quarantine Supervisor will contact the transportation officer. The transport officer will be responsible for transporting identified individual(s) to the quarantine site. The transport officer utilizes proper PPE while transporting the individuals(s). a. Greg Miller will be the point of contact for mobilization 360-239-7832
6.	The Quarantine and Isolation Group Supervisor will contact [Refer to current IMT Incident Action Plan for contact information]: a. Facility Unit Leader b. Deputy Quarantine and Isolation Group Supervisor c. Support Team d. WSP e. Logistics Support Team
7.	WA DOH Order Authority (Kathy Lofy, Scott Lindquist, John Weisman, other) will be notified to show up at SeaTac with appropriate PPE (N95 and gloves).
8.	DOH Transportation Lead, a commissioned officer, and the WA DOH order authority lead will meet at the individuals location or other designated area. a. Reference Appendix 1 for map if picking up at SeaTac

6 FACILITY – TRANSPORTATION AND ARRIVAL PROCESS

1.	DOH transportation lead will drive to the facility and escort the individual into the quarantine and isolation area.
2.	DOH Transportation lead will contact the Quarantine and Isolation Group Supervisor en route to relay ETA and any important information prior to arrival at the quarantine site.
3.	Support staff will escort individual to assigned living facility (quarantine or isolation). • Qualified Non-Medical Quarantine Personnel will escort individual in Quarantine area. • Qualified Medical Isolation Personnel will escort individual into Isolation area.
4.	Support staff will inform individual of check-in process.

7 FACILITY – STAFF ROLES AND RESPONSIBILITIES

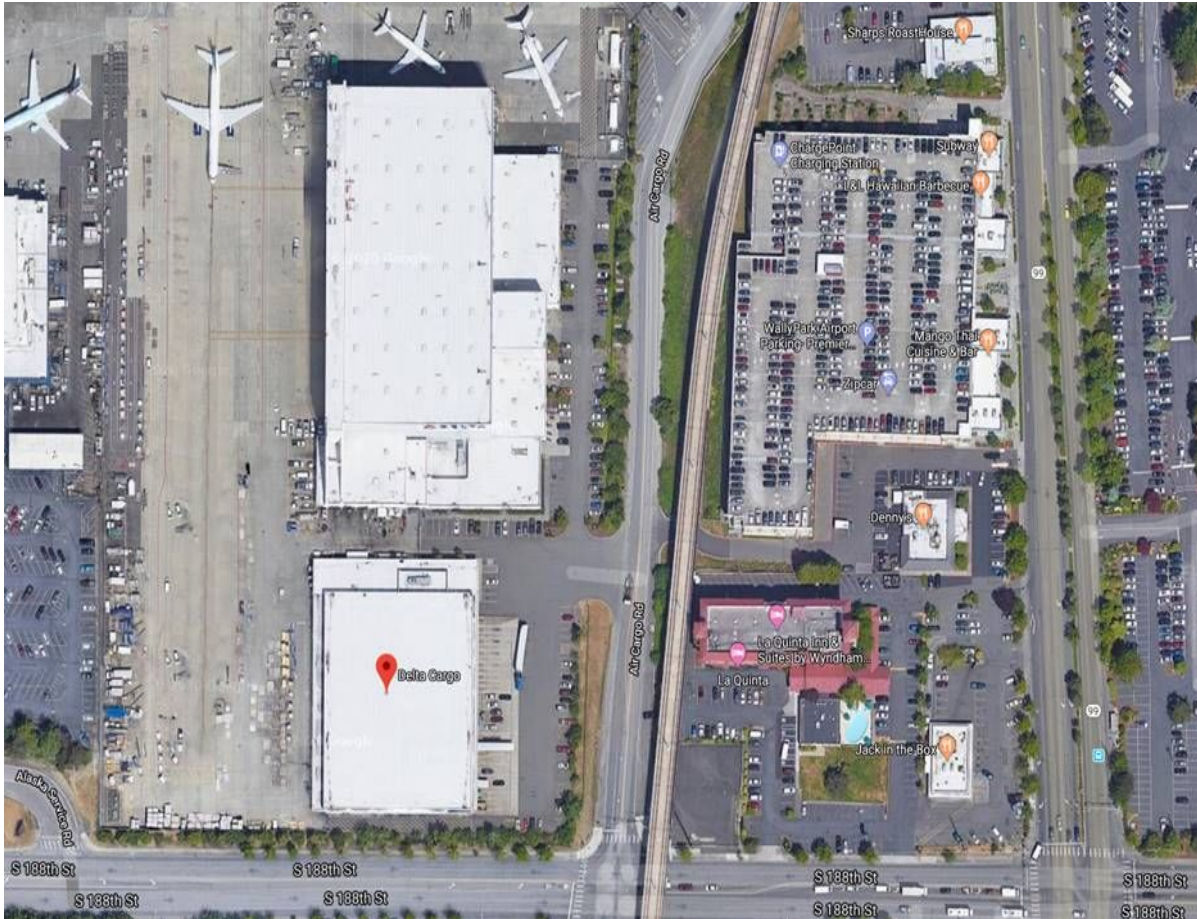
Quarantine and Isolation Group Supervisor Qty. 1 On call	The Group Supervisor serves as the initial communication point to the Task Force Team and ensures readiness of quarantine facility prior to resident arrival. They are also the point of contact and liaison for all contractors including the facility owner(s) and the WA DOH Communicable Disease Team.	Activate Quarantine and Isolation Group to initiate group assembly for resident arrival. Facilitate the activities involving the operation of the state quarantine site. Make sure that the facility meets standards for safety and hygiene to provide emergency quarantine for person(s) who voluntarily or by lawful order, enter a period of quarantine or monitoring. Establish redundant communications systems (telephone, email, satellite phones, 400 MHz or 800 MHz radio) with the State Emergency Operations Center (EOC) and the Department of Health Agency Coordination Center (ACC).
Deputy Quarantine and Isolation Group Supervisor Qty. 1 On call	The Task Force Leader serves as the site manager and is the person responsible for managing all aspects of the facility operation including the initial setup and supplying the facility, supervision of contractors, and obtaining and delivering sustenance and other resources to the person or persons under quarantine or isolation. The Task Force Leader is also the point of contact and liaison for all group members.	Manage the activities involving the operation of the state quarantine site. Implements standards for safety and hygiene to provide emergency quarantine for person(s) who voluntarily or by lawful order, enter a period of quarantine or monitoring. Implement plans for redundant communications systems (telephone, email, satellite phones, 400 MHz or 800 MHz radio) with the State Emergency Operations Center (EOC) and the Department of Health Agency Coordination Center (ACC).
Travel Movement Coordinator Qty. 2 On call	Travel Movement Coordinator communicates with Sea Tac DGMQ and communicates with Quarantine Task Force.	Transports the individual(s) to the facility site. Utilizes proper PPE while transporting the individual(s). Maintains timely communication with SeaTac DGMQ (If individual is at SeaTac) and the Quarantine and Isolation Group Supervisor
Facility Unit Leader Qty. 1 On call	The Site Setup Leader ensures that the site and facilities are procured, set up, and maintained.	Ensure personnel are available who can transport the five RVs to the site. Establish that there is adequate lighting at the site. Perform daily maintenance checks on RVs and assist in daily dumping of the black

		and gray water. Ensure fuel and water are both sufficient for the needs of day. Set up perimeter fencing. Coordinates delivery of port-a-potty and a hand wash station for outside the perimeter and a hand wash station for inside the perimeter.
Qualified Non-Medical Quarantine Personnel 2 per day shift / 2 per night shift On call	The Qualified Non-Medical Staff member is responsible for providing comfort services inside quarantine zone. Will ensure that only staff with appropriate Infection Control training and personal protective equipment (PPE) enters the facility. Must be able to multi-task, prioritize and remain calm in a highly stressful situation.	Provide guidance for twice daily symptom checks while resident is in the quarantine site. Should the person in quarantine become symptomatic, notify the Quarantine and Isolation Group Supervisor at (206) 200-7147. Bring food and comfort items into quarantine site.
Qualified Medical Isolation Personnel (nurse) Qty. 3 2x12 hour shifts	The Qualified Medical Staff member is responsible for providing comfort services inside Isolation zone. Will ensure that only staff with appropriate Infection Control training and personal protective equipment (PPE) enters the facility. Must be able to multi-task, prioritize and remain calm in a highly stressful situation.	Provide guidance for twice daily symptom checks while resident is in the isolation site. Bring food and comfort items into Isolation site.
Security Personnel Qty. 1 1x8 hour shift	Secure the site to provide a facility that is safe and comfortable for persons who voluntarily or by lawful order, enter a period of monitoring, quarantine or isolation. Report to the Quarantine and Isolation Group Supervisor to be briefed on specific mission. As safety is paramount in all operations, makes sure that all activities are conducted safely and that any hazards are mitigated or eliminated.	The Security Staff members are responsible for providing effective security measure for the facility, staff, quarantined/isolated persons and medical resources in accordance with the contract. Must be a commissioned officer.
Safety Officer Qty. 1 On Call	Protect the safety of the Task Force staff and the person under quarantine/isolation.	The ASOFR is responsible for continuously identifying real or potential hazards and developing mitigations to reduce risk.

Logistics / Support Staff 2 per day shift / 1 per night shift On call	Provide logistical support for the Task Force and for the person under quarantine or isolation.	Support Staff responsibilities may include driving offsite to procure needed items including food, drink, and comfort items to support the Task Force and the person under quarantine/isolation. Other responsibilities may include setting up and demobilizing the facility and facilitating communications with the IMT. 2 vehicles must be available for logistics/support staff.
Social Worker Qty. 1 As needed	To assist with quarantined/isolated individual(s) in distress.	
Translator Qty.1 As Needed	To assist with any translation necessary for quarantined/isolated individuals who cannot communicate in English.	

8 APPENDICES

Appendix 1 – Map SEATAC



Appendix 2a– Meal Plan for Individual in Maple Lane Quarantine

The individual shall be provided with breakfast, lunch, dinner, snacks, and beverages. Each RV is stocked with a refrigerator, stove, oven, microwave, toaster, sink, and cookware including pots and pans. Eating utensils including disposable plates, glasses, and cutlery are also provided.

Options for procuring food:

1. Grocery Store (2 within 6 miles)
2. Food Establishment (17 restaurants and 15 fast food)

It will be up to the individual what type of meals and snacks they will receive, and will be based on personal preference, dietary needs, allergies, food restrictions, and feasibility. The individual may choose to receive ready-made meals or grocery items that require the individual to heat or cook them.

Food and groceries will be purchased and retrieved by the on-duty Logistics/Support Personnel. Once delivered on site, food and groceries will be relayed to the individual by the on-duty Support Staff. The Support Team must utilize proper PPE.

Appendix 2b– Meal Plan for Individual in Maple Lane Isolation

The individual shall be provided with breakfast, lunch, dinner, snacks, and beverages. Each RV is stocked with a refrigerator, stove, oven, microwave, toaster, sink, and cookware including pots and pans. Eating utensils including disposable plates, glasses, and cutlery are also provided.

Options for procuring food:

1. Grocery Store (2 within 6 miles)
2. Food Establishment (17 restaurants and 15 fast food)

It will be up to the individual what type of meals and snacks they will receive, and will be based on personal preference, dietary needs, allergies, food restrictions, and feasibility. The individual may choose to receive ready-made meals or grocery items that require the individual to heat or cook them.

Food and groceries will be purchased and retrieved by the on-duty Logistics/Support Personnel. Once delivered on site, food and groceries will be relayed to the individual by the on-duty Qualified Medical Isolation Personnel. They must utilize proper PPE.

Appendix 3 – Security Plan Maple Lane Quarantine site

The quarantine site shall be provided with security staff and protocols in place to ensure the safety and security of the property and resources contained at the State of Washington Maple Lane School site.

Security will be provided by the Washington State Patrol, along with the Washington State Dept. of Corrections, 24 hours a day, 7 days a week to monitor and maintain the quarantine site to ensure the safety of the quarantined person, all staff deployed to the site, and for the resources contained at the site (RVs, generators, lights, medical & supply tent, etc).

Appendix 4 – Water Plan – Maple Lane

The Maple Lane Site will require water replenishment daily for each RV in use. Due to the location of the site and its proximity with the School there will not be a need to contract for a water truck delivery service as we will be able to supply water via potable water lines/hoses from a facility located on the Maple Lane School campus. The water replenishment activities will be conducted by the Facilities Team Leader.

Appendix 5 – Wrap Around Services for Maple Lane**Quarantine / Isolation Site Wraparound Services (contracted)**

Service	Maple Lane 20311 Old Hwy 9 SW Centralia, WA 98531
Site Security	Washington State Patrol Arel Solie Homeland Security Section Commander Washington State Patrol (360) 704-2962 - office arel.solie@wsp.wa.gov
Temporary Fencing	Honey Bucket Kim Wilson 360-340-5151 KimWilson@HoneyBucket.com Kim confirmed fencing will be installed Thursday 2/20. Kim will bring hoses down on Thursday 2/20. Driver will call Tim Hull onsite 30 min before arrival. Contract for RV service and temp fencing sent to FSC on 2/18 for contract approval/signature.
Sewer Service	Honey Bucket Kim Wilson 360-340-5151 KimWilson@HoneyBucket.com
RV Rental	Road Bear RV Rentals & Sales 1541 S 96th St. Seattle, WA 98108

	www.roadbearrv.com/sea (206) 334-7303 sea@roadbearrv.com
RV Sanitation	Received quote from SoundClean, \$5,599 for all 8 RVs medical grade cleaning. Contact is Matt Madeoy (425)
Propane	Farrellgas 8270 28 th Ct NE Suite 11 Lacey, WA 98516 (360) 753-5877
Generators	Sunbelt Rentals Salesman: 034810 Dutton, Rick Contract#99255122 2257 Lincoln Ave, Tacoma, WA 98421-3409 (253)922-6995
Fuel for Generators	Sunbelt Rentals (253)922-6995 Salesman: 034810 Dutton, Rick Contract#99255122 2257 Lincoln Ave, Tacoma, WA 98421-3409
Garbage Service	LeMay Centralia 360-736-4769 1713 N. Pearl Centralia, WA 98531
Medical Waste	Stericycle Cameron Pawl Pawl, Cameron Cameron.Pawl@Stericycle.com <u>Contract in process. We Need to call when we need them to start service</u>
Laundry Service <i>Wednesday & Saturday</i>	Cooper Point Fire Station 6005 Cooper Point Rd NW, Olympia, WA 98502 Steve North 360-239-2069 snorth@mclanefire.org The door code to the station is 254. There is a keypad on the truckbay man door as they approach the station. Washer and dryer are in the rear of the bay. They are welcome to use the living quarters while waiting for laundry. Please just let Steve North know when you wish to begin using the station.
Ambulance	American Medical Response (ground, BLS)

	13075 Gateway Dr, Suite 100 Seattle, WA 98168 206-444-4444 Same dispatch # and process for both locations.
AED Rental	AED.us Rental company Philips Heartstart FRx AEDS https://www.aed.us/aed-rental.html Rep is Leigh Lynch 800-695-1209x105 Leigh@coromed.us \$75/month <i>Contract needs signing, then call them to pay by cc</i>

Appendix 6 – Maple Lane Quarantine Site Laundry Plan

The Maple Lane Quarantine Site will require laundry services every Wednesday and Saturday. The laundry services will require the bedding to be cleaned every Saturday for the duration of the individual(s) stay. The individual(s) will be required to provide their laundry and bedding to the team (listed below) who will remove it from outside the RV.

- Qualified Non-Medical Quarantine Personnel will remove it from Quarantine area.
- Qualified Medical Isolation Personnel will remove it from Isolation area.

The laundry services will be coordinated by IMT Logistics.

Appendix 7 – Maple Lane Quarantine Site Waste Management Plan

Garbage Management

The Maple Lane Quarantine Site will require waste management services to be provided as needed. The waste will need to be provided from the quarantined person to support personnel (listed below), who will then dispose of the waste. The quarantine site will contain a dumpster on-site for all quarantine site waste and will be picked up on a weekly basis by local waste management services that will be contracted by IMT Logistics.

- Qualified Non-Medical Quarantine Personnel will remove the garbage from the Quarantine area.
- Qualified Medical Isolation Personnel will remove the garbage from the Isolation area.

Appendix 8 – Quarantine Site Comfort Items Plan

All comfort items will be supplied by DSHS. These items include entertainment, cultural or religious needs, etc. DSHS will provide these services no matter the location of the site.

When an individual requests comfort items, the request comes to the support staff via the Support Personnel. The support staff will communicate the need to the logistics team who will work with DSHS to get the request fulfilled.

Appendix 9 – Social Worker Plan

Support of Mental Health Needs

The mental/behavioral health needs of the person under quarantine/isolation must not be overlooked. DOH considers mental and behavioral health needs to be “medical care” consistent with WAC 246-100-045(6) which must be addressed in a systematic and competent fashion. The Washington State Department of Social and Health Services (DSHS) should be contacted to obtain resources and providers to support the mental health of the person under quarantine/isolation. Consultations with mental health professionals should be conducted remotely via telephone, videoconference, or other technology as appropriate so long as the confidentiality of the individual can be assured. If a Social Worker is required for any reason, they will need to be on call and available to provide assistance to the quarantined person within 1 hour of being requested. Social Worker requests will be coordinated by IMT Logistics.

Appendix 10 –Site Waste Water Plan

The site RVs will require waste water removal every day when occupied. This service will be coordinated by IMT Logistics who will contract with Honey Bucket.

Appendix 11 – Maple Lane Site Electricity Plan

The site supply trailer will require the use of generators to provide the electricity needs. Also, the RVs may be connected to the external generators once a person is checked into the site. The power connections from the generators to the supply trailer and the RVs will be accomplished by utilizing extension cords. These extension cords will be required to be secured to the ground to prevent any tripping hazards.

Appendix 13 – Maple Lane Alternate Site – ADA Accessibility

For ADA accessibility iMT logistics is contracting to have a mobile home located at Maple Lane installed that is fully ADA compliant.

Appendix 14 – Quarantine Site Non-Life Threatening Emergency Medical Transportation

Emergency Events

1. QP will call the support phone: 206-794-8475
 - a. If the QP states they have a medical need: -QP states it is an emergency: Support Staff will call 911. EMS will be notified that the QP is on self-monitoring quarantine status when called. –
 - b. QP states they would like to speak with a medical provider: Support Staff call Dr. Scott Lindquist at to talk with the QP. Dr. Lindquist will determine next steps from medical management standpoint.
2. Support staff will call **AMR 206-444-4444** and request transport of quarantine person (Transport can be scheduled or requested for ASAP)
3. AMR dispatch will need the following info:
 - a. Pick up location: 20311 Old Hwy 9 SW, Centralia, WA 98531 SE gate 3.
 - b. Person is *suspected* 20-0265 2020 NOVEL COV case under quarantine
 - c. Any other information about the emergency
 - d. Drop off location
4. Support staff will notify the DOC and/or WSP officers on site that EMS is arriving
5. DOC and/or WSP will prepare for EMS arrival into the quarantine site and guide EMS into quarantine zone for QP removal

If QP requires medical assistance:

1. QP will call the support phone: 206-794-8475 and request medical assistance
 - a. If QP cannot access phone, whistle will be used to alert staff to an emergency
2. Support staff will dial 9-1-1 and inform dispatch that we have a person under **quarantine for 20-0265 2020 NOVEL COV** who needs emergency services at our location: 20311 Old Hwy 9 SW, Centralia, WA 98531 SE gate 3; provide as much detail about the emergency as possible
 - a. If the 9-1-1 call is a result of a whistle alert, Qualified Support Staff will don PPE and enter quarantine in order to assess severity of emergency and relay information to 9-1-1 dispatch.
3. Support staff will notify the DOC and/or WSP officers on site that EMS is arriving
4. DOC and/or WSP will prepare for EMS arrival into the quarantine site and guide EMS into quarantine zone for QP removal

Appendix 15 - Person Information Questionnaire

Instructions

Please complete the following form. Once completed, please take a picture and email it to: DOH-QTF.IMT@doh.wa.gov

The goal of this questionnaire is to help ensure that your time spent onsite is as safe and comfortable as possible. Any information provided on this form is provided voluntarily, will be treated as sensitive, and will be distributed only to individuals with specific need to know.

Your Name: _____ Phone Number: _____

Is English your primary language? (circle one) Yes/No

If no, what is your primary language? _____

Emergency Contact #1

Name: _____ Relationship: _____

Primary Phone Number: _____ Alternate Phone Number: _____

Address: _____

Emergency Contact #2

Name: _____ Relationship: _____

Primary Phone Number: _____ Alternate Phone Number: _____

Address: _____

Do you have any acute medical problems or conditions? (circle one) Yes/No

If yes, please list these here:

Do you have any chronic medical conditions? (circle one) Yes/No

If yes, please list these here:

Do you regularly take any medications (prescription or over-the-counter)? (circle one) Yes/No

If yes, please list these here:

Do you have any allergies to any drugs or medications? (circle one) Yes/No

If yes, please list these here: _____

Do you have any food allergies or special dietary needs/preferences? (circle one) Yes/No

If yes, please list these here: _____

Do you require any assistive devices (i.e. glasses, hearing aids, wheelchair, prosthetics, etc.)? (circle one) Yes/No

If yes, please list these here:

Do you have any other personal, medical, cultural, or religious needs that we should know about? (circle one) Yes/No
If yes please describe here:

Do you have any items that can be considered weapons? (circle one) Yes /No
If yes please describe here:

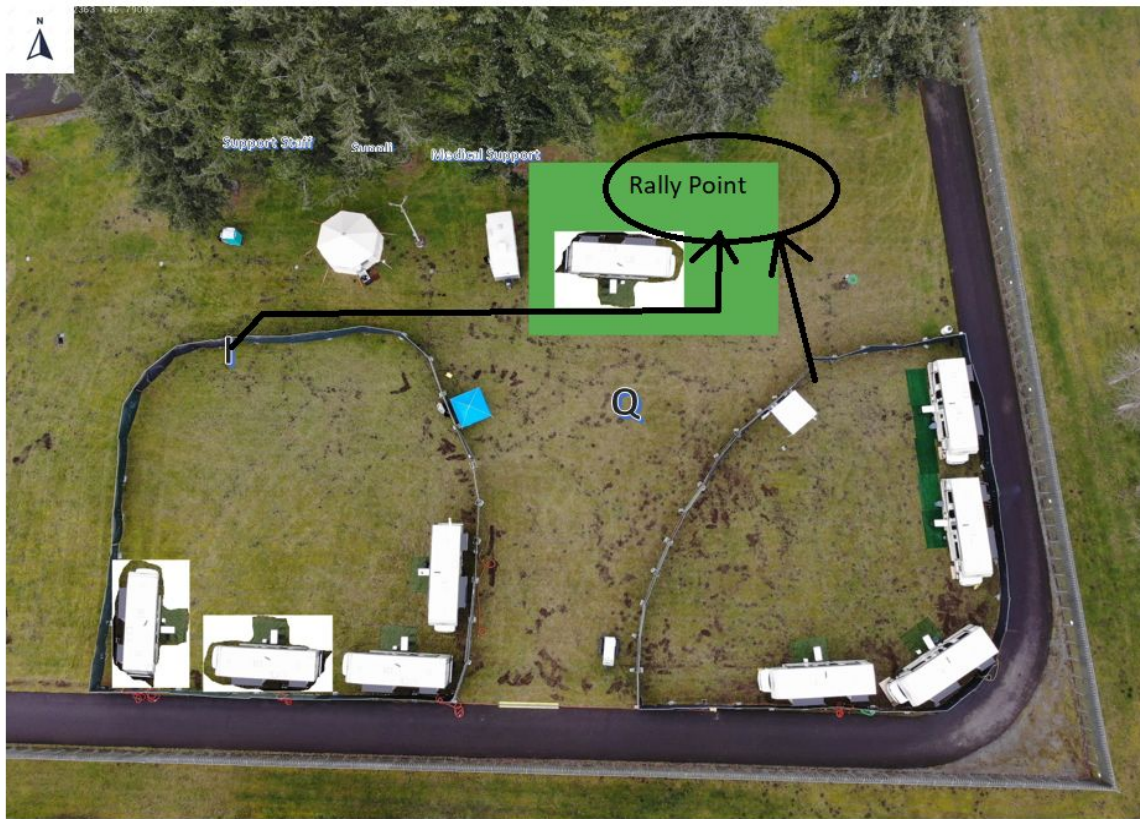
Appendix 16 – Quarantine Site ADA Transportation Plan

If the quarantined person has any disabilities that require ADA accessible transport, we will provide the Transportation Officer with an ADA accessible van. The van will be equipped with a ramp that will allow for a person in a wheelchair to access the van and be transported to the ADA accessible RV. Quarantine and Isolation needs to work with logistics to provide this type of transportation.

Appendix 17 – Quarantine Emergency Evacuation Plan

In the event an evacuation of the Quarantine area is necessary, follow these directions:

- An alert will be made notifying individuals of an emergency
- A staff person will make physical contact with quarantined individuals
- The Evacuation route will be through the North side of Quarantine area
- Staff will assist with the evacuation as needed or requested ensuring all quarantined individuals are safely evacuated to rally point and accounted for
- Primary Rally / meeting location will be to the Medical RV, outside of the quarantine and isolation perimeter
- All quarantined individuals, staff and pets will be accounted for at the rally / meeting location .
- All medical precautions will be managed by the onsite medical team



Appendix 18 – 20-0265 2020 NOVEL COV Quarantine Arrival and Ongoing Support Task Summary for Team Binder

Phone Numbers:

Quarantine and Isolation Group Supervisor: 206-200-7147

Support Staff: 206-123-4567

POD 1

RV1: 206-773-4362

RV2: 206-794-8763

RV3: 206-492-0914

RV4: 360-623-5109

POD 2

RV1: 360-523-4610

RV2: 360-623-0880

RV3: 206-777-5884

Dr Scott Lindquist:

Work: 206-123-4567

Cell: 206-123-4567

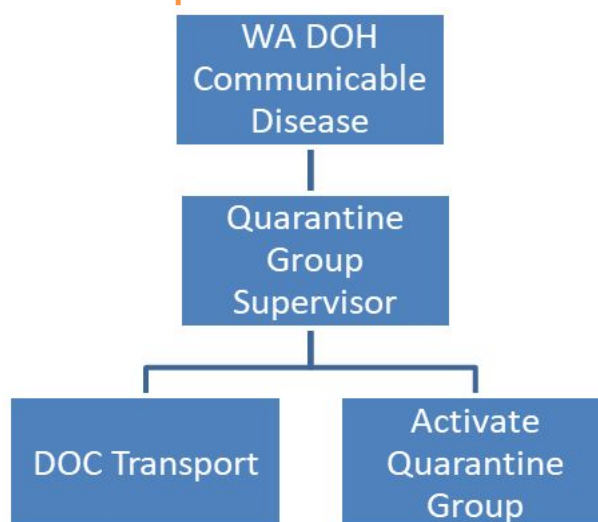
AMR: 206-444-4444

Facility Unit Leader (Refer to IAP): 360-123-4567

Medical Staff: 206-794-8475

RV4: 206-247-4871

Initiation of Quarantined person Transport from Individuals Location



1. WA DOH Communicable Disease notifies Quarantine Supervisor to ready transport and activate Quarantine Support Team
2. DOC receives request for quarantined person transport from their location to quarantine site from Quarantine Group Supervisor
3. DOC will contact the Quarantine Group Supervisor en route to relay ETA and any important information *prior* to arrival at the quarantine site
4. Inside support staff will don required PPE and assist DOC in backing the van into the quarantine zone
5. DOC to escort quarantined person into quarantine zone and hand off to support staff for orientation.

Intake Measures for Quarantine

Orientation and Safety Briefing: Support staff will review RV safety and guidelines inside the RV binder with the *Quarantined Person* (QP). Garbage removal, toilet/shower instructions, and other important housing information located in the RV binder (provided in multiple languages).

Special needs and accommodations will be addressed on a case-by-case basis by the support team

Ongoing Measures for Quarantine

Comfort Tasks: Support staff to complete assigned tasks for quarantined person comfort as needed (e.g. food, grocery, and other shopping needs)

Comfort Care Services Request Protocol:

- Food or grocery orders will be received by the support team via phone. The support team will transfer the food order to the logistics team for fulfillment. The process will go in the reverse order for completion of the food deliver to the quarantined person
- After hours: Support Lead/Supervisor will complete errands using the provided gift cards (no Logistics)
- Requests for personal item retrieval from QP's home will be reviewed on a case-by-case basis

Appendix 19 – Family Quarantine/Isolation Scenario

In the event of a family being required to be quarantined or isolated at one of our sites, we will allow them to stay together in one RV as long as they can all comfortably fit. If the family is more than four persons they may require the use of two RVs, which will be confirmed upon their arrival. If the family is too large for one RV we will work with them to confirm who will stay in which RVs. If this family is required to be located at the isolation facility, we will ensure that there are two RVs located within their own isolation fence to ensure the family can be together throughout each day. If the family is only required to be at the quarantine site, they will have free roam within the designated quarantine site area. RV1 and 2 in POD 1 are set for families.

Appendix 20 – Standing Orders for Isolation

STANDING ORDERS FOR

Monitoring and Management of Persons in Isolation for Possible 2019 Novel Coronavirus (COVID-19)

Indications:

For routine nursing care to support public health monitoring of individuals with symptoms consistent with 2019 Coronavirus (COVID-19) who had close contact with a person with COVID-19 illness or meet the Centers for Disease Control and Prevention's (CDC) medium or high risk exposure criteria¹ (e.g., recent travel from China) . The goal is to provide routine care in a safe, monitored area while awaiting pending COVID-19 diagnostic results .

Patient status: Symptomatic, but pending diagnostic confirmation of COVID-19

Patient selection criteria: Based on medical and nursing assessment, the adult patient is capable of self-care including activities of daily living **or accompanied by a parent/guardian who is also being monitored and will provide activities of daily living care to the individual.**

Isolation Precautions:

1. During direct patient interaction, staff should follow standard, contact, and airborne precautions as much as possible in the isolation station. If RN needs to enter space, consider opening the doors and windows of the RV to create negative air pressure based on CDC EMS recommendations. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html> .
2. Personal Protective Equipment for Nursing Staff: Respirator (fit-tested N-95 or higher-level respirator), disposable isolation gown, eye protection (i.e., goggles or disposable face shield that fully covers front and sides of face), disposable gloves.
3. Personal Protective Equipment for Patient: Surgical or procedure mask when in direct contact with staff. Exceptions should be made if patient's airway is compromised and they are unable to wear a mask.
4. Patient Interaction: Limit in-person contact with the patient and utilize remote communication when feasible (e.g., telehealth) to support nursing assessment and intermittent monitoring. If in-person assessment or care is required, documentation of care should be performed after care provided, removal (doffing) of PPE and handwashing as per infection control recommendations.
5. Whenever possible, all medical equipment should be disposable to prevent potential cross-contamination.

Mission 20-0265 2020 Novel CoV *Arrival and Ongoing Support Task Summary*

Monitoring Routine:

Admission assessment with a nursing plan of care

Establish clear communication protocol with patient including frequency of communication

Telehealth nursing assessment for ongoing monitoring of patient status:

- Pulse oximetry with patient placing probe

- Review of patient obtained temperature and self-monitoring symptoms

- Nursing assessment every 12 hours with use of remote communication (e.g. telehealth visual and auditory check-in)

Medications as per home routine, self-administered

Twice daily review of patient self-assessment utilizing Active Monitoring for COVID-19 tool

If no contraindications, the adult patient may self-administer the following:

- Adult: Acetaminophen 2 tablets, 325 mg every 4 to 6 hours

- Child: dosing per weight

Verify and if not already completed, obtain a nasal pharyngeal swab based on current recommendations and send for testing.

Diet: Patient may order food as per normal diet as tolerated.

Activity: Patient may have activity as tolerated, but patient should wear a surgical mask when in contact with other individuals. Limit activity outside of the unit to reduce contact and remain isolation status at least 6 feet from other residents.

Call parameters: If worsening symptoms from baseline, contact Dr. Scott Lindquist for further direction. If life-threatening symptoms are visible/identified, call 911 for transportation to hospital. Notify EMS and receiving facility of patient isolation status.

¹ Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus (2019-nCoV) Exposure in Travel-associated or Community Setting: <https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>



**Incident Management Team
Quarantine**

**Quarantine Task Force Activation Process
Management Plan
For Quarantine Site**

Date: 2/26/2020**Mission 20-0265 2020 COVID-19****Prepared By**

Matthew Hadorn	DOH-IMT-OPS Quarantine Grp Sup.
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Document Version Control

Version #	Date	Description
1.0	2/6/2020	Initial draft
1.5	2/8/2020	Second draft
2.0	2/11/2020	Added optional site location
2.5	2/15/2020	Updates
3.0	2/26/2020	Revised: Updated sites, structures, processes, appendices

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1 PURPOSE

The Department of Health (DOH) Incident Management Team (IMT) has been activated to assist with the worldwide 20-0265 2020 COVID-19 incident. The purpose of this plan is to outline the process for planning, coordinating, configuring, and maintaining the operations of the quarantine facility/location for quarantined person(s).

2 INCIDENT EXECUTIVE SUMMARY

This plan is intended to prepare for the Quarantine Facility associated impacts caused by the 2/2/2020 Travel Funneling of international flights from Wuhan, Hubei Province and Mainland China into SeaTac Airport, and to identify steps to make these preparedness activities actionable. These travelers are US Citizens, foreign nationals with travel history from China will be denied entry into the Country.

This Quarantine Facility will be needed for Hubei Province travelers who do not have a home residence in WA and require housing during the 14 day monitoring period.

3 INCIDENT EMPHASIS AND OBJECTIVES

3.1 Objectives

The objectives are identified below:

1.	Provide for the health and wellness of all incident responders including safe work and living environments.
2.	Contain and monitor the spread of COVID-19 through effective application of established public health measures including surveillance, testing, monitoring, case and contact investigation, quarantine, and isolation.
3.	Provide comprehensive wraparound services for people in isolation and/or quarantine at the state level to include: providing safe, secure, and comfortable housing, medical and non-medical transportation, feeding, and other needed services for people at risk for developing COVID-19.
4.	Provide timely, complete, and accurate information to the people of Washington regarding the status of the COVID-19 situation in Washington State and the response actions being taken to address the situation.
5.	Take specific actions in all areas of this response to promote health equity, including efforts to actively combat stigma and discrimination.
6.	Maintain coordination and common operating picture among all responders, involved offices, DOH division, affected LHJs, healthcare coalitions, partner associations, and others. Information sharing should include epidemiologic, healthcare stress indicators, and supply chain information.

7.	Mitigate the risk of disease spread through comprehensive strategies informed by CDC community mitigation guidance and epidemiologic data.
8.	Coordinate with the State Military Department Emergency Management Division and other agencies to protect the people of Washington from COVID-19 through the use of appropriate legal authorities and resources.
9.	Coordinate with the statewide healthcare system to maximize readiness, reduce the demand for services, and increase the capacity of the healthcare system to address surge if needed for COVID-19.
10.	Provide guidance to the healthcare system to prepare for infection control, PPE conservation strategies, and other matters affecting the provision of healthcare services.
11.	Convene policy groups as needed to make recommendations to the Governor and the Secretary of Health regarding community mitigation measures, clinical care, and the operation of the healthcare system.
12.	Incident Management Team members will coordinate to successfully transition to an Area Command Structure while maintaining safe and effective operations within the Shoreline IMT.

3.2 Operational Period Command Emphasis

The Washington State Department of Health must fulfill our responsibility to prevent disease spread, promote health, and protect the public's health. Additionally, our state's healthcare system operates at full capacity on a daily basis. Since our state is still experiencing health care surge with respect to the current influenza season this system is under considerable stress. COVID-19 presents an additional burden as well as an additional demand on the supply chain. Overall, the burden on the healthcare system impedes their ability to care for critically injured and ill patients on a daily basis. This response must support their ability to care for people in our communities when they need that care, which involves both mitigating spread of COVID-19 and building healthcare capacity.

If you encounter media on the grounds, please remember to:

- Be polite and professional. Don't engage unnecessarily.
- You are not authorized to speak to the media regarding this matter, unless approved by the Incident Commander. Please indicate that you are not authorized to speak regarding this matter and that you will notify the PIO.
- Contact the Public Information Officer at 253-512-7100 immediately to inform them that media is onsite. A PIO will arrive to escort media and respond to their needs appropriately.

4 QUARANTINE ASSESSMENT PROCESS

Voluntary Quarantine Considerations – Home Quarantine	WA DOH Communicable Disease Epidemiologist will ask the following questions: Questions to ascertain appropriateness of quarantine setting: 1) What type of residence will the individual be going back to? a. Dorm, communal living space, high risk household contacts I. If yes, encourage the use of the Quarantine facility rather than home quarantine. b. Single family home I. If yes, identify the number of individuals living in the home. i. If single occupancy, home quarantine is ok. ii. If multiple, encourage quarantine facility. iii. Conversation may be needed to coach them through concerns for safety. iv. May require additional assistance to support logistics needs in rehousing other residents c. How far away is their home of residence? d. How will they be getting home? e. What needs do they have (medical and other)? f. Unless any symptoms are present à send directly to HCF 2) If home quarantine is ok'd next steps will include: a. Assess access to vehicle: I. Yes - have a Personal Vehicle i. DOH support escort to car and allow individual to drive home, if: a. Home is less than 200 miles away b. If not, ascertain other transport options ii. LHJ will follow-up with individual to assure that they made it home safely II. No - does not have Personal Vehicle
---	--

- i. DOH contact will notify Quarantine task lead
- ii. Quarantine task lead will contact on-call designated driver
- iii. Designated driver will escort/drive to home location

3) Quarantine Facility

- a. DOH Communicable Disease Epidemiologist offers the use of Quarantine Facility
 - I. If individual agrees, DOH Communicable Disease Epidemiologist contacts the Quarantine Supervisor, who will activate the transportation and quarantine teams. (Check with current IMT Incident Action Plan for Quarantine Group personnel and contacts).
- b. Transportation arrives and picks up individual by Delta Cargo area
- c. Transportation lead notifies Task Force Lead of pick-up to ready response team at Quarantine Facility
- d. Transportation to designated quarantine facility is completed

Non-Voluntary Quarantine Considerations

1) Quarantine Facility

- a. Home quarantine is not an option or is deemed to be inappropriate and individual refuses initial invite under voluntary quarantine status. Thus an official order is issued by the DOH Order Authority.
- b. DOH Communicable Disease Epidemiologist notified DOH Order Authority and DOH transportation lead to initiate process for mandatory order.
- c. DOH Order Authority contacts the DOH Secretary of Health in regards to the mandatory order request to confirm approval to proceed.
- d. DOH transportation lead notified by DOH Quarantine Task Force Lead of request and leaves for SeaTac.
- e. DOH Order Authority confirms readiness and travels to SeaTac.
- f. DOH Task Force Lead contacts Seattle Police Department or commissioned officer to help facilitate quarantine orders.

- g. DOH Transportation, Commissioned Officer, and Delegated DOH Order Authority meet at Delta Cargo terminal.
- h. Order is served and individual is escorted onto transportation van.

5 PHONE TREE NOTIFICATION PROCEDURE FOR QUARANTINE TASK FORCE ACTIVATION

1.	Division for Global Migration and Quarantine (DGMQ) will call the Washington State Department of Health (WA DOH) On Call Communicable Disease Epidemiologist and Local Public Health after hour's number. a. DGMQ phone (206-553-4519) b. WA DOH On-call (206-418-5500) c. IMT- OSC [Refer to current IMT Incident Action Plan contacts]
2.	DGMQ, WA DOH, and Local Public Health will assess risk and make recommendations for next steps, to include: a. Identification of symptom presentation b. Evaluation of exposure risk c. Recommendations for monitoring including isolation or quarantine
3.	If the individual is considered to be high risk requiring Mandatory Quarantine the WA DOH on call communicable disease epidemiologist will notify local health jurisdiction of individuals' residence, PHSKC, and WA DOH Communicable Disease back-up (206-472-4530) of need for quarantine.
4.	WA DOH Communicable Disease back-up calls Quarantine Supervisor to ready transportation. a. Tim Hull, Quarantine Group Supervisor - (360-123-4567) to ready transportation and to activate Quarantine Task Force.
5.	The Quarantine Supervisor will contact the transportation officer. The transport officer will be responsible for transporting identified individual(s) to the quarantine site. The transport officer utilizes proper PPE while transporting the individuals(s). a. James Yadon, Transportation Lead - (425) 123-4567 b. Tristan Segers, Transportation – (425) 123-4567

6.	The Quarantine Supervisor will contact the Quarantine Task Force Lead to activate the Quarantine Task Force.
7.	The Quarantine Task Force Lead, Kyle Lacefield – (206-123-4567) will contact the following staff to activate the Quarantine Task Force: a. Safety Officer: Mike Rainville (509) 123-4567 b. Facilities: Marc Thomas (360) 123-4567 i. Will contact on site State Patrol Officer c. Logistics Support Staff Individuals i. Tiffany Escott (360) 123-4567 ii. Chelsea Foust (785) 123-4567 iii. Support Team Phone (206) 123-4567
8.	WA DOH Order Authority (Kathy Lofy, Scott Lindquist, John Weisman, other) will be notified to show up at SeaTac with appropriate PPE (N95 and gloves).
9.	DOH Transportation Lead, a commissioned officer, and the WA DOH order authority lead will meet at the Delta Cargo area or other designated area. a. Reference Appendix 1 for map

6 QUARANTINE FACILITY – TRANSPORTATION AND ARRIVAL PROCESS

1.	DOH transportation lead will drive to the Quarantine Facility and escort the individual into the Quarantine Zone.
2.	DOH Transportation lead will contact the Support Shift Leader en route to relay ETA and any important information prior to arrival at the quarantine site.
3.	Quarantine Support staff will escort individual to assigned living facility.
4.	Quarantine Support staff will inform individual of check-in process.

7 QUARANTINE FACILITY – STAFF ROLES AND RESPONSIBILITIES

Task Force Group Supervisor	The Quarantine Force Group Supervisor serves as the initial communication point to the quarantine team and ensures readiness of quarantine facility	Activate quarantine task force leader to initiate group assembly for resident arrival. Facilitate the activities involving the operation of the state quarantine site. Make
Qty. 1		

On call	prior to resident arrival. They are also the point of contact and liaison for all contractors including the facility owner(s) and the WA DOH Communicable Disease Team.	sure that the facility meets standards for safety and hygiene to provide emergency quarantine for person(s) who voluntarily or by lawful order, enter a period of quarantine or monitoring. Establish redundant communications systems (telephone, email, satellite phones, 400 MHz or 800 MHz radio) with the State Emergency Operations Center (EOC) and the Department of Health Agency Coordination Center (ACC).
Task Force Leader Qty. 1 On call	The Task Force Leader serves as the site manager and is the person responsible for managing all aspects of the quarantine facility operation including the initial setup and supplying the facility, supervision of contractors, and obtaining and delivering sustenance and other resources to the person or persons under quarantine. The Task Force Leader is also the point of contact and liaison for all group members.	Manage the activities involving the operation of the state quarantine site. Implements standards for safety and hygiene to provide emergency quarantine for person(s) who voluntarily or by lawful order, enter a period of quarantine or monitoring. Implement plans for redundant communications systems (telephone, email, satellite phones, 400 MHz or 800 MHz radio) with the State Emergency Operations Center (EOC) and the Department of Health Agency Coordination Center (ACC).
Travel Movement Coordinator Qty. 2 On call	Travel Movement Coordinator communicates with Sea Tac DGMQ and communicates with Quarantine Task Force.	Transports the quarantined individual(s) to the quarantine site. Utilizes proper PPE while transporting the individual(s). Maintains timely communication with SeaTac DGMQ and the Task Force Leader.
Facility Unit Leader Qty. 1 On call	The Quarantine Site Setup Leader ensures that the quarantine site and facilities are procured, set up, and maintained.	Ensure personnel are available who can transport the five RVs to the quarantine site. Establish that there is adequate lighting at the quarantine site. Perform daily maintenance checks on RVs and assist in daily dumping of the black and gray water. Ensure fuel and water are both sufficient for the needs of day. Set up perimeter fencing. Coordinates delivery of port-a-potty and a hand wash station for outside the perimeter and a hand wash station for inside the perimeter.

Qualified Non-Medical Quarantine Personnel Qty. 2 2x12 hour shifts	The Qualified Non-Medical Staff member is responsible for providing comfort services inside quarantine zone. Will ensure that only staff with appropriate Infection Control training and personal protective equipment (PPE) enters the facility. Must be able to multi-task, prioritize and remain calm in a highly stressful situation.	Provide guidance for twice daily symptom checks while resident is in the quarantine site. Should the person in quarantine become symptomatic, notify the Quarantine Team Leader at (206) 794-8475. Bring food and comfort items into quarantine site.
Security Personnel Qty. 1 1x8 hour shift	Secure the state quarantine site to provide a facility that is safe and comfortable for persons who voluntarily or by lawful order, enter a period of monitoring or quarantine. Report to the Quarantine Strike Team Leader/Site Manager to be briefed on specific mission. As safety is paramount in all operations, makes sure that all activities are conducted safely and that any hazards are mitigated or eliminated.	The Security Staff members are responsible for providing effective security measure for the quarantine facility, staff, quarantined persons and medical resources in accordance with the contract. Must be a commissioned officer.
Safety Officer Qty. 1 On Call	Protect the safety of the Quarantine Task Force staff and the person under quarantine.	The ASOFR is responsible for continuously identifying real or potential hazards and developing mitigations to reduce risk.
Logistics / Support Staff 2 per day shift / 1 per night shift On call	Provide logistical support for the Quarantine Task Force and for the person under quarantine.	Support Staff responsibilities may include driving offsite to procure needed items including food, drink, and comfort items to support the Quarantine Task Force and the person under quarantine. Other responsibilities may include setting up and demobilizing the facility and facilitating communications with the IMT. 2 vehicles must be available for logistics/support staff.
Social Worker Qty. 1 As needed	To assist with quarantined individual(s) in distress.	
Translator Qty.1	To assist with any translation necessary for quarantined individuals who cannot communicate in English.	

8 QUARANTINE FACILITY – SITE LOCATION CHECKLISTS

Option 1: Department of Health Laboratory in Shoreline, WA

The Quarantine area will be in the vacant parking lot adjacent to the Incident Command Post. 5 RV's will be positioned in a half-circle formation for optic purposes.

Requirements:

- 60 KW generator to provide electricity will need placed in the location of the RV's
- Water hook up will need to be provided
- Gray and Black water disposal will need to be arranged
- A wooden fence will need to be constructed for privacy and security
- A request for Local Law Enforcement to provide 24 hour site security
- Messaging for local concerns
- Park the RV's in a position that black and gray water can be pumped from the outside of the perimeter

Site setup:

- Obtain Temporary use permits from city
- Meet with local fire and set up a response plan
- Set up the Quarantine area to hold 5 RV's in a horse shoe setting (Develop a site map)
- Expand the perimeter maintaining access for servicing the RV's
- Set up and have contacts notified of needs and services required
- Order Hand wash station and Port-a-potty for outer perimeter and a handwash station for inner perimeter. Honey Bucket (833-722-2777)
- Set up food service with assigned support staff to obtain and deliver food
- Order LE for site security if the quarantine site is occupied (206-801-2710)
- If unoccupied use Facility unit security
- Make sure barrier fences are in place. Order sandbags with fencing for footings
- Put laundry services and handling protocol in place (a,b,c)
- Place keep out signage in place located in the Ops Room
- Meet with PIO to assess signage and verbiage of signs
- Put garbage disposal protocol in play

Note: stagger supply orders for delivery process

Local Partners

- Shoreline PD 206-801-2710

- Contact Fire Station 65 206-533-6565
- King County Sherriff Dept.
- King County EOC

Option 2: Fire Training Academy in North Bend, WA

Pick-up and delivery procedure for SeaTac individual and delivery to Fire Training Academy:

Transport Officer will make the pick up at SeaTac, behind the Delta Cargo gate or other designated area.

- When the individual is loaded into the van Transportation will call the Facilities Unit Leader (driver of the RV)
- Facilities Unit Leader and another driver will depart with the RV to the Fire Academy and meet the Transportation Driver.
- When Transport contacts the Facilities Unit Leader, Logistics Support and the Support Staff for the quarantine area will depart to Fire Training academy
- A support driver will be sent to bring Thomas back to the Washington State Public Health Lab in Shoreline.

Emergency Contact Numbers:

- Marc Thomas 360-640-3819
- Transportation 425-210-4625
- Tim Hull 360-640-4143, Quarantine Group Supervisor

Option 3: Maple Lane School in Rochester, WA

Pick-up and delivery procedure for SeaTac individual and delivery to Maple Lane School:

Transport Officer will make the pick up at SeaTac, behind the Delta Cargo gate or other designated area.

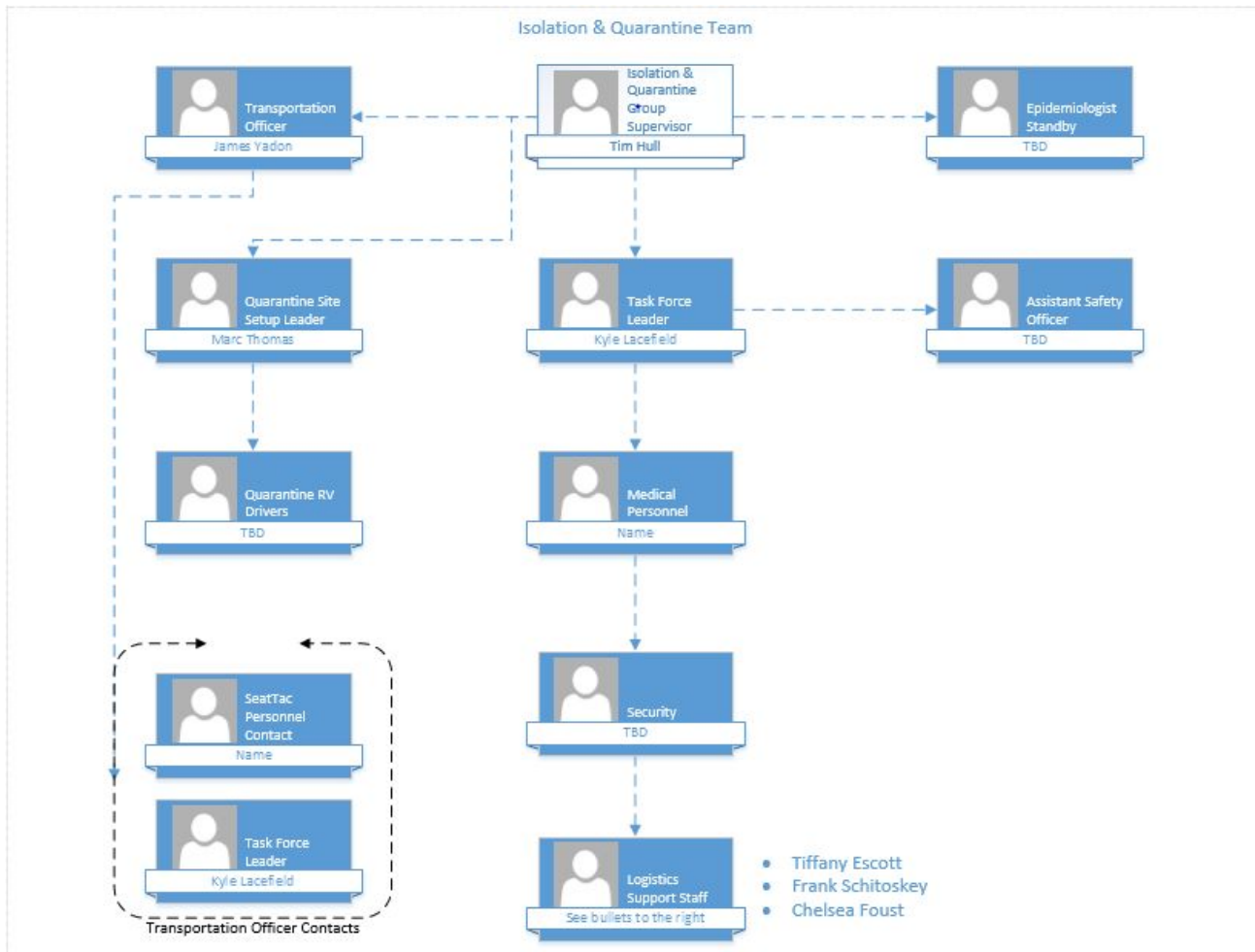
- When the individual is loaded into the van Transportation will call the Facilities Unit Leader (driver of the RV)
- Facilities Unit Leader and another driver will depart with the RV to the Maple Lane School and meet the Transportation Driver.
- When Transport contacts the Facilities Unit Leader, Logistics Support and the Support Staff for the quarantine area will depart to Fire Training academy
- A support driver will be sent to bring Thomas back to the Washington State Public Health Lab in Shoreline.

Emergency Contact Numbers:

- Marc Thomas 360-640-3819
- Transportation 425-210-4625
- Tim Hull 360-640-4143, Quarantine Group Supervisor

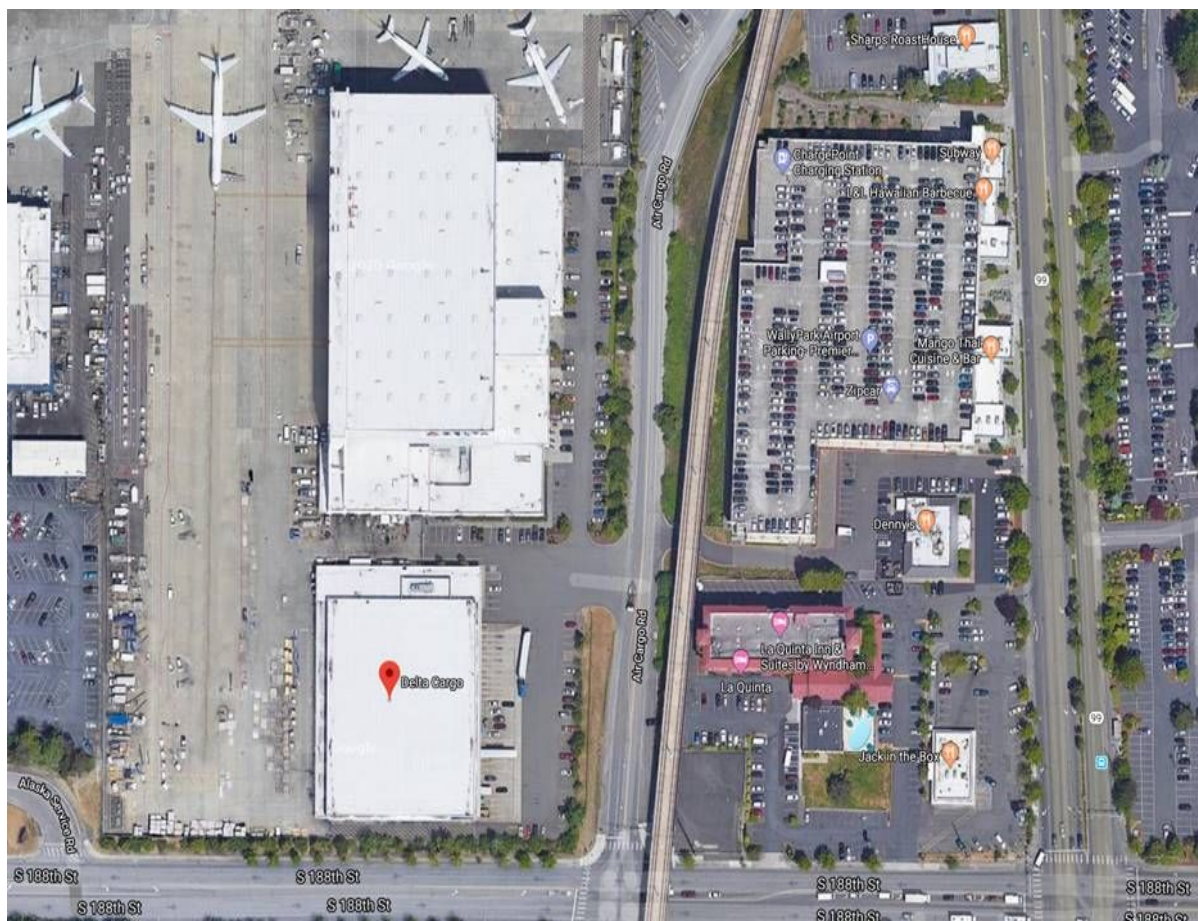
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10 QUARANTINE TEAM ORGANIZATION CHART



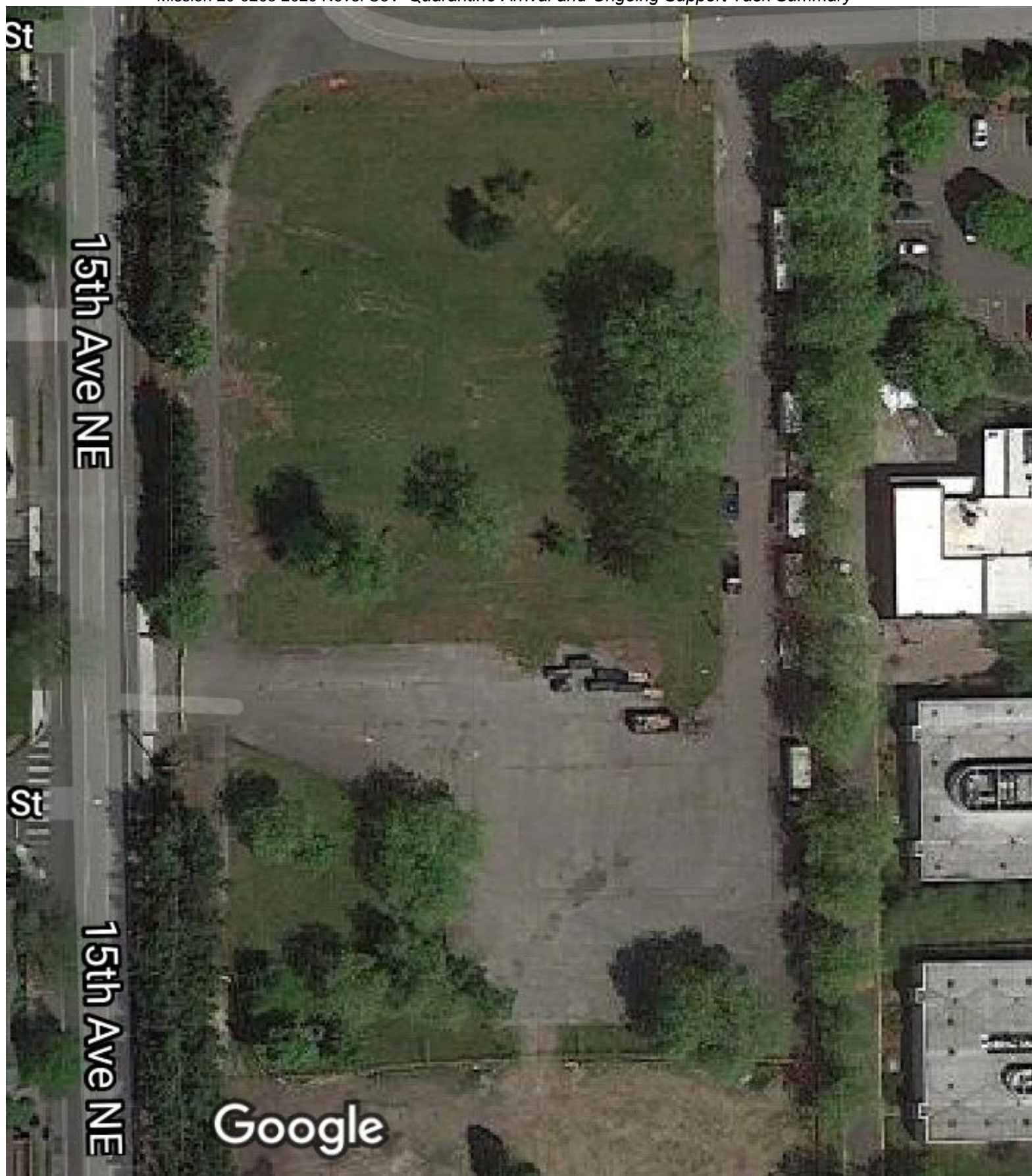
11 APPENDICES

Appendix 1 – Map SEATAC



Appendix 2 – Shoreline Quarantine-Site







Prepared by:

Marc Thomas
11235 Hoh Mainline
Forks, WA 98331
360-480-3819

Structures:

5 motorhomes – 30' x 8' x 12' Marked on map with a picture of a motorhome
2 tents – 20' x 20' x 15' Marked on map as PIO Tent and Logistics/Medical Tent
2 portable generators – 10' x 4' x 6' Marked on map with a yellow box and labeled generator.

There are not any buildings within 50'.

There are no known easements.

Proposed Narrative to accompany request:

Department of Health requests a permit for the purpose of temporary use of five recreational vehicles (RVs) and two industrial-quality shelters. The structures will be used in case individuals in Washington State become infected with the 20-0265 2020 NOVEL COV (NCoV). In addition to the seven structures, a portable toilet and hand wash station will be placed on the site.

Impacts:

- *Each RV has a self-contained generator with minimal noise impact.*
- *Each shelter will be equipped with one industrial generator, and noise production is estimated to be xx dB*
- *RV sewage waste will be removed regularly [weekly?] via portable septic pump services*
- *Solid waste will be disposed of by Dept. of Health employees observing necessary infectious disease protocols [we may need epidemiological or PIO wording here]*
- *Waste water from the handwashing station will be removed using the septic pump services*

We expect the structures to be needed for up to one year from date of application. Please contact us with any concerns or questions.

POC Name

POC Phone Number

POC Email Address

Appendix 3a – Meal Plan for Individual in Shoreline Quarantine

The individual shall be provided with breakfast, lunch, dinner, snacks, and beverages. Each RV is stocked with a refrigerator, stove, oven, microwave, toaster, sink, and cookware including pots and pans. Eating utensils including disposable plates, glasses, and cutlery are also provided.

Options for procuring food:

1. Grocery Store (5 with 2 miles)
2. Food Establishment (17 restaurants and 18 fast food)

It will be up to the individual what type of meals and snacks they will receive, and will be based on personal preference, dietary needs, allergies, food restrictions, and feasibility. The individual may choose to receive ready-made meals or grocery items that require the individual to heat or cook them.



Food or grocery orders will be received by the Support Team via phone from the individual. The Support Team will transfer the food order to the Logistics Team for fulfillment. After the purchases are delivered the Support Team will complete the proper 213's and give to Logistics. Below is the flowchart of the ordered food (red outline indicates tasks completed inside quarantine zone):

After hours: Support Lead/Supervisor will complete errands using the provided gift cards (no Logistics). Support Team will save receipts and turn them into Logistics with a 213 the next day.

Appendix 3b– Meal Plan for Individual in Maple Lane Quarantine

The individual shall be provided with breakfast, lunch, dinner, snacks, and beverages. Each RV is stocked with a refrigerator, stove, oven, microwave, toaster, sink, and cookware including pots and pans. Eating utensils including disposable plates, glasses, and cutlery are also provided.

Options for procuring food:

1. Grocery Store (2 within 6 miles)
2. Food Establishment (17 restaurants and 15 fast food)

It will be up to the individual what type of meals and snacks they will receive, and will be based on personal preference, dietary needs, allergies, food restrictions, and feasibility. The individual may choose to receive ready-made meals or grocery items that require the individual to heat or cook them.

Food and groceries will be purchased and retrieved by the on-duty Logistics/Support Personnel. Once delivered on site, food and groceries will be relayed to the individual by the on-duty Support Staff. The Support Team must utilize proper PPE.

Appendix 4a – Security Plan Shoreline Quarantine site

Security plan for site security during hours of operations without a resident in the RV's:

- WSP officers will man the quarantine site 24/7 during all operations.
- 0730 daily the side gate will be open for IMT staff access for inspections and tours. Let the Facilities unit leader or WSP Officer know your intentions and have your DOH badge visible.
- The Quarantine site will be closed daily at 1700 hours.
- Afterhours access will be pre-arranged with the WSP officer requested through Logistics Chief and Incident Commander.
- The RV's will remain locked during non-use.
- The keys to the RV's will remain with the Facility Unit Leader. After hours the RV keys will be in the Support Staff trailer.

Security plan for site security during hours of operations with a Quarantined Person in the RV's:

- The gates will be secured all times during occupancy of the RV's.
- The only access allowed in the outer perimeter will be staff assigned to the quarantine site in the ICS 204. All other access will require permission from the Incident Commander and/or attending physician.
- Staff on the ICS 204 will have keys to unlock the gates.
- RV not in use will remained locked.
- Keys to the gates and quarantine site will be maintained by the Facility Unit leader, DOC Transport and WSP.
- After hours support staff will be on site and may ask for keys during their work.

Appendix 4b – Security Plan Maple Lane Quarantine site

The quarantine site shall be provided with security staff and protocols in place to ensure the safety and security of the property and resources contained at the State of Washington Maple Lane School site.

Security will be provided by the Washington State Patrol, along with the Washington State Dept. of Corrections, 24 hours a day, 7 days a week to monitor and maintain the quarantine site to ensure the safety of the quarentined person, all staff deployed to the site, and for the resources contained at the site (RVs, generators, lights, medical & supply tent, etc.

Appendix 5a – Quarantine Site Water Plan - Shoreline

The Shoreline Quarantine Site will require water replenishment daily for each RV in use. Due to the location of the Shoreline Quarantine Site and its proximity with the Washington State Public Health Laboratory (PHL), there will not be a need to contract for a water truck delivery service as we will be able to supply water via hoses from the PHL. The water replenishment activities will be conducted by the Facilities Supervisor.

Appendix 5b – Quarantine Site Water Plan – Maple Lane

The Maple Quarantine Site will require water replenishment daily for each RV in use. Due to the location of the Quarantine Site and its proximity with the School there will not be a need to contract for a water truck delivery service as we will be able to supply water via potable water lines/hoses from a facility located on the Maple Lane School campus. The water replenishment activities will be conducted by the Quarantine Site Setup Leader.

Appendix 6a – Shoreline Quarantine Site Fuel Plan

Fuel Plan (Includes gas/diesel/propane)

- Gas for RV and RV generators – Need gas replenished every other day.
 - Contact CHS 253-351-6855 for refilling if needed before scheduled refill
- Propane for RV– Need propane replenished every other day.
 - Contact CHS 253-351-6855 for refilling if needed before scheduled refill
- Diesel for generators for Medical/POI Tents – Need diesel replenished every other day.
 - Contact CHS 253-351-6855 for refilling if needed before scheduled refill

Appendix 6b – Maple Lane Quarantine Site Fuel Plan

Fuel Plan (Includes gas/diesel/propane)

- Gas for RV and RV generators – As needed (Should not be needed)
 - Contact CHS xxx-xxx-xxxx for refilling if needed before scheduled refill
- Propane for RV– As needed. The propane company can monitor levels remotely.
 - Contact CHS xxx-xxx-xxxx for refilling if needed before scheduled refill
- Diesel for generators for Support Tent and all RV's – Need diesel replenished every other day.
 - Contact CHS xxx-xxx-xxxx for refilling if needed before scheduled refill

Appendix 7a – Shoreline Quarantine Site Laundry Plan

The Shoreline Quarantine Site will require laundry services every Wednesday and Saturday. The laundry services will require the bedding to be cleaned every Saturday for the duration of the quarantined persons stay. The quarantined person will be required provide their laundry and bedding to the medical team who will remove it from the RV. The laundry services will be coordinated by IMT Logistics.

Appendix 7b – Maple Lane Quarantine Site Laundry Plan

The Maple Lane Quarantine Site will require laundry services every Wednesday and Saturday. The laundry services will require the bedding to be cleaned every Saturday for the duration of the quarantined persons stay. The quarantined person will be required provide their laundry and bedding to the medical team who will remove it from the RV. The laundry services will be coordinated by IMT Logistics.

Appendix 8a – Shoreline Quarantine Site Waste Management Plan

Garbage Management

The Shoreline Quarantine Site will require waste management services to be provided as needed. The waste will need to be provided from the quarantined person to support personnel, who will then dispose of the waste. The quarantine site will contain a dumpster on-site for all quarantine site waste and will be picked up on a weekly basis by Shoreline Recycling & Transfer Station 206-477-4466.

Appendix 8b – Maple Lane Quarantine Site Waste Management Plan

Garbage Management

The Maple Lane Quarantine Site will require waste management services to be provided as needed. The waste will need to be provided from the quarantined person to support personnel, who will then dispose of the waste. The quarantine site will contain a dumpster on-site for all quarantine site waste and will be picked up on a weekly basis by local waste management services that will be contracted by IMT Logistics

Appendix 9 – Quarantine Site Comfort Items Plan

All comfort items will be supplied by DSHS. These items include entertainment, cultural or religious needs, etc. DSHS will provide these services no matter the location of the quarantine site.

When a quarantined person requests comfort items, the request comes to the support staff via the quarantine support personnel. The support staff will communicate the need to the logistics team who will work with DSHS to get the request fulfilled.

Appendix 10 –Quarantine Site Social Worker Plan

Support of Mental Health Needs

The mental/behavioral health needs of the person under quarantine must not be overlooked. DOH considers mental and behavioral health needs to be “medical care” consistent with WAC 246-100-045(6) which must be addressed in a systematic and competent fashion. The Washington State Department of Social and Health Services (DSHS) should be contacted to obtain resources and providers to support the mental health of the person under quarantine. Consultations with mental health professionals should be conducted remotely via telephone, videoconference, or other technology as appropriate so long as the confidentiality of the individual can be assured. If a Social Worker is required for any reason, they will need to be on call and available to provide assistance to the quarentined person within 1 hour of being requested. Social Worker requests will be coordinated by IMT Logistics.

Appendix 11 – Quarantine Site Waste Water Plan

The quarantine site RVs will require waste water removal every day when occupied. This service will be coordinated by IMT Logistics who will contract with Honey Bucket.

Appendix 12a – Shoreline Quarantine Site Electricity Plan

The quarantine site support tent and lighting will require the use of generators to provide the electricity needs. Also, the RVs may be connected to the external generators once a quarantined person is checked into the quarantine site. The power connections from the generators to the support tent, lighting, and the RVs will be accomplished by utilizing extension cords. These extension cords will be required to be secured to the ground to prevent any tripping hazards.

Appendix 12b – Maple Lane Quarantine Site Electricity Plan

The quarantine site supply trailer will require the use of generators to provide the electricity needs. Also, the RVs may be connected to the external generators once a quarantined person is checked into the quarantine site. The power connections from the generators to the supply trailer and the RVs will be accomplished by utilizing extension cords. These extension cords will be required to be secured to the ground to prevent any tripping hazards.

Appendix 13 – North Bend Fire Academy Contingency Plan

In the event that we end up needing to utilize the North Bend Fire Training Academy for any reason, the Quarantine Task Force will submit a request to IMT Logistics. IMT Logistics will then submit a request to WSP to request the use of this facility.

Note: this facility requires 7 days notice prior to being released for use. Please ensure the request is made as soon as it is known that the site will be needed to mitigate any potential delays.

Appendix 14a – Shoreline Alternate Quarantine Site – ADA Accessibility

There is an alternate quarantine site identified if the quarantined person requires ADA accessibility. This is due to the fact that someone in a wheelchair would not be able to enter the RV let alone access the bedroom or bathroom within it. The alternate site location is the Fire Training Academy located in North Bend.

Appendix 14b –Maple Lane Alternate Quarantine Site – ADA Accessibility

There is an alternate quarantine site identified if the quarantined person requires ADA accessibility. This is due to the fact that someone in a wheelchair would not be able to enter the RV let alone access the bedroom or bathroom within it. The alternate site location is the Fire Training Academy located in North Bend.

Appendix 16 – Quarantine Site Non-Life Threatening Emergency Medical Transportation

Emergency Events

1. QP will call the support phone: 206-794-8475
 - a. If the QP states they have a medical need: -QP states it is an emergency: Support Staff will call 911. EMS will be notified that the QP is on self-monitoring quarantine status when called. –
 - b. QP states they would like to speak with a medical provider: Support Staff call Dr. Scott Lindquist at to talk with the QP. Dr. Lindquist will determine next steps from medical management standpoint.
2. Support staff will call **AMR 206-444-4444** and request transport of quarantine person (Transport can be scheduled or requested for ASAP)
3. AMR dispatch will need the following info:
 - a. Pick up location: 1610 NE 150th St, Shoreline, WA 98155
 - b. Person is *suspected* 20-0265 2020 NOVEL COV case under quarantine
 - c. Any other information about the emergency
 - d. Drop off location
4. Support staff will notify the DoC and/or WSP officers on site that EMS is arriving
5. DOC and/or WSP will prepare for EMS arrival into the quarantine site and guide EMS into quarantine zone for QP removal

If QP requires medical assistance:

1. QP will call the support phone: 206-794-8475 and request medical assistance
 - a. If QP cannot access phone, whistle will be used to alert staff to an emergency
2. Support staff will dial 9-1-1 and inform dispatch that we have a person under **quarantine for 20-0265 2020 NOVEL COV** who needs emergency services at our location: 1610 NE 150th St, Shoreline, WA 98155; provide as much detail about the emergency as possible
 - a. If the 9-1-1 call is a result of a whistle alert, Qualified Support Staff will don PPE and enter quarantine in order to assess severity of emergency and relay information to 9-1-1 dispatch.
3. Support staff will notify the DoC and/or WSP officers on site that EMS is arriving
4. DOC and/or WSP will prepare for EMS arrival into the quarantine site and guide EMS into quarantine zone for QP removal

Appendix 17 – Quarantine Site Quarantine Quarantined person Information Questionnaire

Instructions

Please complete the following form. Once completed, please take a picture and email it to: DOH-QTF.IMT@doh.wa.gov

The goal of this questionnaire is to help ensure that your time spent onsite is as safe and comfortable as possible. Any information provided on this form is provided voluntarily, will be treated as sensitive, and will be distributed only to individuals with specific need to know.

Your Name: _____ Phone Number: _____

Is English your primary language? (circle one) Yes/No

If no, what is your primary language? _____

Emergency Contact #1

Name: _____ Relationship: _____

Primary Phone Number: _____ Alternate Phone Number: _____

Address: _____

Emergency Contact #2

Name: _____ Relationship: _____

Primary Phone Number: _____ Alternate Phone Number: _____

Address: _____

Do you have any acute medical problems or conditions? (circle one) Yes/No

If yes, please list these here:

Do you have any chronic medical conditions? (circle one) Yes/No

If yes, please list these here:

Do you regularly take any medications (prescription or over-the-counter)? (circle one) Yes/No

If yes, please list these here:

Do you have any allergies to any drugs or medications? (circle one) Yes/No

If yes, please list these here: _____

Do you have any food allergies or special dietary needs/preferences? (circle one) Yes/No

If yes, please list these here: _____

Do you require any assistive devices (i.e. glasses, hearing aids, wheelchair, prosthetics, etc.)? (circle one) Yes/No

If yes, please list these here:

Do you have any other personal, medical, cultural, or religious needs that we should know about? (circle one) Yes/No
If yes please describe here:

Do you have any items that can be considered weapons? (circle one) Yes /No
If yes please describe here:

Appendix 18 – Quarantine Site ADA Transportation Plan

If the quarantined person has any disabilities that require ADA accessible transport, we will provide the Transportation Officer with an ADA accessible van. The van will be equipped with a ramp that will allow for a person in a wheelchair to access the van and be transported to the ADA accessible quarantine RV. The Quarantine Task Force needs to work with logistics to provide this type of transportation.

Appendix 19 – Quarantine To Isolation Transition and Tear Down Plan

General concept of transition from Shoreline to Maple Lane. Maple Lane will be established as an isolation and quarantine site concurrent with the Shoreline Site. Once Maple Lane is operational, any unoccupied RVs will be returned/moved from Shoreline to Maple Lane. Once a quarantined person has occupied a given quarantine site, they will remain in place for the duration of their quarantine period. Please see detailed plan below:

Steps to setup Maple Lane Quarantine and Isolation Facility:

- Obtain permission for the use of the facility and the amount of time
- Obtain any permits that may be required prior to setup
 - Contact the Plant Manager at Maple Lane
- Contact local Fire Department (Rochester/Grand Mound) to setup a fire inspection
- Utilize checklist of items needed to be operational
- Logistics will order RVs; the amount received will be the decision of the Quarantine Task Force Lead or Supervisor
 - Logistics will assign a facility unit manager
- Order fencing to enclose and separate isolation & quarantine facilities
 - Ensure the fencing company installs and secures the fence
- Order ¾ inch plywood for the RVs to park
 - Measurements needed to confirm amount of sheets necessary
- Order Law Enforcement Officers to provide security for the Maple Lane isolation & Quarantine facility
 - WSP requires 48 hours notice to staff the new location
 - Contact Lt. Elmore @ 360-507-6651
 - Contact local law enforcement to provide interim security until WSP can fulfill the request
- Order ADA trailer with ramp, supplies per ADA guidance
 - The needs to be ready by Thursday, 2/13/20
- Setup garbage services and order dumpster for the quarantine and isolation facility

- Order all medical supplies needed to maintain the Maple Lane quarantine and isolation site while operational
- Setup all wraparound services in the local area
- Meet with Public Information Officer (PIO) to ensure we are utilizing the proper signage for the facility
- Setup water supply with potable hoses from the water source on-site
- Setup coordination with Honeybucket for RV sewage removal
- Setup supply facility in an old living unit building located on the Maple Lane campus
- Order Fire Trailer for use as an operations and supply trailer
- Contact Cedar Creek Corrections to inquire about renting plants for comfort and beautification of the site
- Issue site map of Maple Lane
- Provide communication messaging from PIO to local residents as well as staff at the Maple Lane facility

Optional Refinement considerations for quarantined person comfort at the Maple Lane facility

- Need to consider the following to ensure the comfort of individuals being quarantined:
 - Picnic tables, outdoor chairs, hanging plants, picket fences, area for smoking (smokers pole location covered), etc.

Steps to teardown the Shoreline Quarantine and Isolation facility

- Contact vendors to pickup rental equipment from the shoreline facility that are no longer needed
 - Contact Fence company to remove temporary fencing
 - Phone # = 253-863-0348
 - Customer # = 30145837
 - Confirm how we will remove the 5,760lbs of concrete used to secure the temporary fence
 - Contact Generator company to remove the generators
 - Phone # = ???
- Order ADA trailer pickup to relocate it to the Maple Lane facility
- Order resources to move supplies

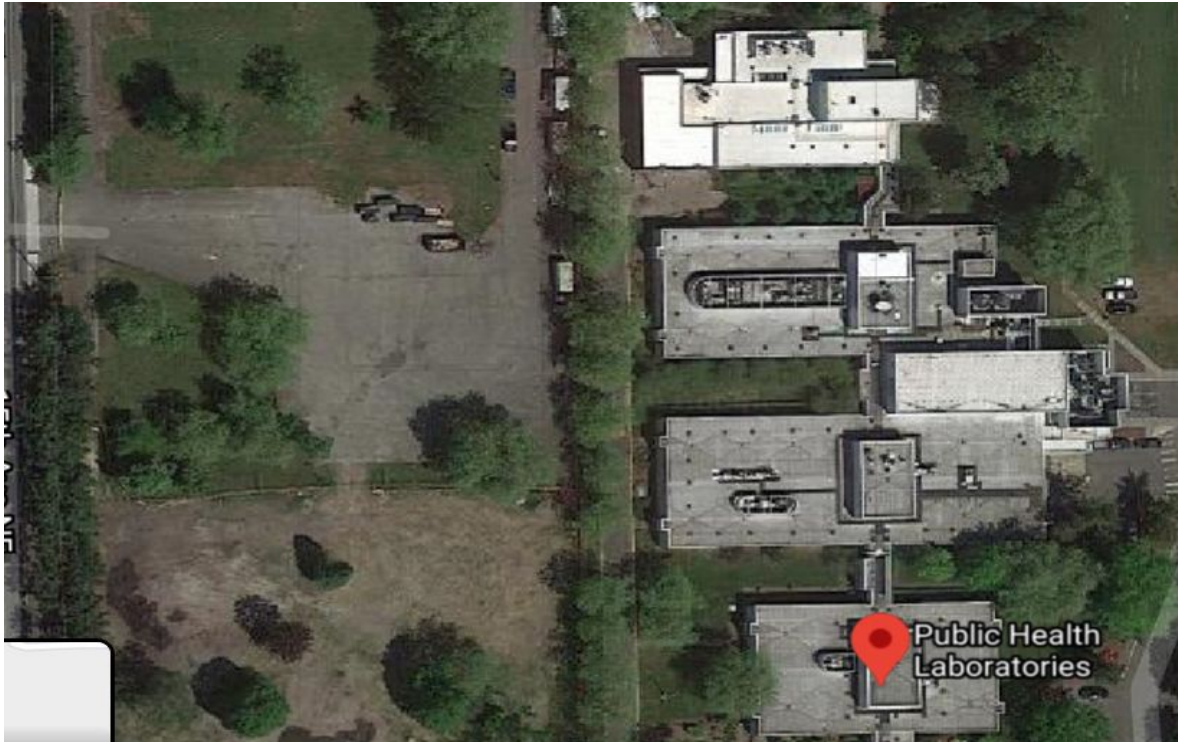
- ADA ramp for ADA trailer entrance, artificial turf, medical supplies, and replacement supplies needed to maintain fully stocked RVs for the quarantined persons
- Cancel wraparound services
 - Propane, gasoline, diesel, water, sewer, etc.
- Need to assemble a team to pull all of the stuff out of the trailers
 - Suggestion = the Quarantine Task Force – Logistics staff
- Coordinate drivers to return the rental RVs
 - Logistics will need to contract a certified cleaning service to clean the trailers
 - If no persons end up being quarantined, then this service will not be required
- Call DSHS Fircrest Residential Habilitation Center facility manager to inform that they can remove their temporary fence
- PIO will provide communication to local residents to inform that the facility has left the Shoreline location
- Contact Matt Zimmerman to coordinate a team to teardown the supply tent
 - Supply tent will not be required at the Maple Lane facility
- Provide directions to Maple Lane
- Repeat the setup process at the Maple Lane facility that was utilized to setup the Shoreline facility
- Coordinate a chase vehicle to return the RV drivers back to Shoreline where their vehicles are located
- Move DOC transportation officers (drivers) and decide where they will be located
 - Suggestion: relocate drivers to SeaTac to ensure the drivers are within minutes of the pickup location

Appendix 20 – Quarantine Emergency Evacuation Plan

In the event an evacuation of the Quarantine area is necessary, follow these directions:

- An alert will be made notifying individuals of an emergency
- A staff person will make physical contact with quarantined individuals
- Primary Evacuation route will be through the North side of Quarantine area
- Secondary route will be through the East side of Quarantine area
- Staff will assist with the evacuation as needed or requested ensuring all quarantined individuals are safely evacuated to rally point and accounted for
- Primary Rally / meeting location will be to the North West side of First Aid Tent, on the asphalt

- All quarantined individuals, staff and pets will be accounted for at the rally / meeting location to the North West of the First Aid Tent
- All medical precautions will be managed by the onsite medical team



Appendix 21 – 20-0265 2020 NOVEL COV Quarantine Arrival and Ongoing Support Task Summary for Team Binder

Phone Numbers:

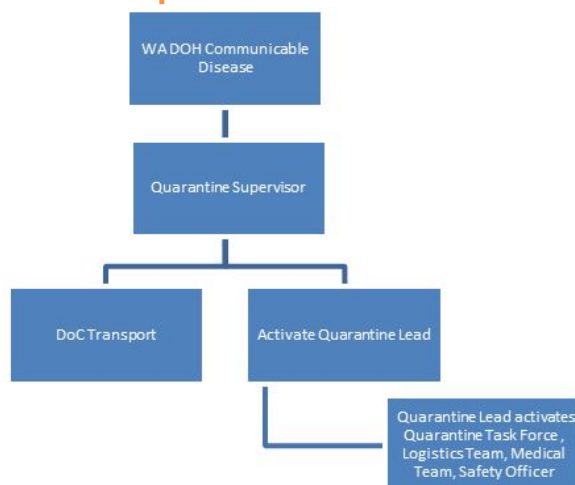
Task Force Leader: 206-123-4567
Support: 206-123-4567
RV1: 206-123-4567
Dr Scott Lindquist:
Work: 206-123-4567
Cell: 206-123-4567

AMR: 206-444-4444

RV2: 206-123-4567

Facilities (Marc Thomas): 360-123-4567

Initiation of Quarentined person Transport from Sea-Tac



1. WA DOH Communicable Disease notifies Quarantine Supervisor to ready transport and activate Quarantine Support Team
2. DoC receives request for quarentined person transport from airport to quarantine site from Quarantine Supervisor
3. DOC will contact the Support Shift Leader en route to relay ETA and any important information *prior* to arrival at the quarantine site
4. Inside support staff will don required PPE and assist DOC in backing the van into the quarantine zone
5. DOC to escort quarentined person into quarantine zone and hand off to support staff for orientation

Intake Measures for Quarantine

Orientation and Safety Briefing: Support staff will review RV safety and guidelines inside the RV binder with the *Quarantined Person* (QP). Garbage removal, toilet/shower instructions, and other important housing information located in the RV binder (provided in multiple languages).

Special needs and accommodations will be addressed on a case-by-case basis by the support team

Ongoing Measures for Quarantine

Comfort Tasks: Support staff to complete assigned tasks for quarentined person comfort as needed (e.g. food, grocery, and other shopping needs)

Comfort Care Services Request Protocol:



- Food or grocery orders will be received by the support team via phone. The support team will transfer the food order to the logistics team for fulfillment. The process will go in the reverse order for completion of the food deliver to the quarentined person
- *Red outline indicates tasks completed inside quarantine zone*

- After hours: Support Lead/Supervisor will complete errands using the provided gift cards (no Logistics)
- Requests for personal item retrieval from QP's home will be reviewed on a case-by-case basis

Emergency Events

If QP is showing 20-0265 2020 NOVEL COV symptoms:

1. QP will call the support phone: 206-123-4567
 - a. If the QP states they have a medical need: -QP states it is an emergency: Support Staff will call 911. EMS will be notified that the QP is on self-monitoring quarantine status when called. –
 - b. QP states they would like to speak with a medical provider: Support Staff call Dr. Scott Lindquist at to talk with the QP. Dr. Lindquist will determine next steps from medical management standpoint.
2. Support staff will call **AMR 206-444-4444** and request transport of quarantine person (Transport can be scheduled or requested for ASAP)
3. AMR dispatch will need the following info:
 - c. Pick up location: 1610 NE 150th St, Shoreline, WA 98155
 - d. Person is *suspected* 20-0265 2020 NOVEL COV case under quarantine
 - e. Any other information about the emergency
 - f. Drop off location
4. Support staff will notify the DoC and/or WSP officers on site that EMS is arriving
5. DOC and/or WSP will prepare for EMS arrival into the quarantine site and guide EMS into quarantine zone for QP removal

If QP requires medical assistance:

1. QP will call the support phone: 206-123-4567 and request medical assistance
 - a. If QP cannot access phone, whistle will be used to alert staff to an emergency
2. Support staff will dial 9-1-1 and inform dispatch that we have a person under **quarantine for 20-0265 2020 NOVEL COV** who needs emergency services at our location: 1610 NE 150th St, Shoreline, WA 98155; provide as much detail about the emergency as possible
 - a. If the 9-1-1 call is a result of a whistle alert, Qualified Support Staff will don PPE and enter quarantine in order to assess severity of emergency and relay information to 9-1-1 dispatch.
3. Support staff will notify the DOC and/or WSP officers on site that EMS is arriving
4. DOC and/or WSP will prepare for EMS arrival into the quarantine site and guide EMS into quarantine zone for QP removal

Appendix 22 – Table Top Exercise

Table Top Exercise

Delivery and operations of a Quarantine Individual

Purpose

The purpose of the exercise is to familiarize staff at the quarantine area with the process of the Department of Corrections delivery of the individual to the operation of the quarantine, to any emergencies that may arise during the Individuals stay and demobilization after the 14 day quarantine.

Scope

The exercise will involve all resources assigned to the Quarantine Group. All new resources will observe the exercise during their overlap day.

Objectives

- The Transport Team will describe the procedures they will go through at Sea Tac Airport. Then describe the process for entering both perimeter gates, delivering the individual in the quarantine area and decontamination of the vehicle at completion.
- The Receiving staff will discuss the process of receiving the individual in the quarantine area. How the will use the proper PPE's, stay 6+ feet away from the quarantined individual, describe all the workings of the RV and answer any question the individual may have.
- The support staff will describe how the requests will be placed by the individual. How they will process the request, and pick-up and delivery of food and comfort items.
- Facility Unit Leader will describe all the support services around the RV's, scheduled maintenance, gray water removal, trash removal and any other services required.

Evaluation Process

Each person involved in the exercise will evaluate the exercise and look for gaps in the process. New resources will watch and ask questions to ensure all resources in the quarantine process has a clear operation picture.

Security

Washington State Patrol will be on duty for security. They will be invited to the exercise but are not required to attend due to their limited role.

This exercise will be conducted at least every other day

Appendix 23 - 4 hour response plan for Isolation Site

The isolation site in Maple Valley will be fully setup and functional for any patient that is required to be isolated. This facility will be staffed with on-call staff until notification is received to activate for a patient. These staff will all be able to reach the isolation site within 4 hours or less of receiving the activation call. The following is a list of staff that will be contacted in the event the isolation site is activated:

- 1 Nurse
 - ?
- 2 Logistics support staff
 - Tiffany Escott, 360-123-4567
 - ??
- (#) Law enforcement staff
 - ??
- 1 Facilities support staff
 - Marc Thomas, 360-123-4567
- 1 Group Supervisor
 - Tim Hull, 360-123-4567

Appendix 24 – Family Quarantine/Isolation Scenario

In the event of a family being required to be quarantined or isolated at one of our sites, we will allow them to stay together in one RV as long as they can all comfortably fit. If the family is more than four persons they may require the use of two RVs, which will be confirmed upon their arrival. If the family is too large for one RV we will work with them to confirm who will stay in which RVs. If this family is required to be located at the isolation facility, we will ensure that there are two RVs located within their own isolation fence to ensure the family can be together throughout each day. If the family is only required to be at the quarantine site, they will have free roam within the designated quarantine site area.

Appendix 25 – RV Supply List

Items needed to purchase	Quantity	Warehouse	Purchased
Queen Sheets	3 Sets		
Twin Sheets	sets		
Pillows	12		
Pillow Cases	12		
Collapsible Fabric Boxes (not added)	2		
Mesh Laundry Hampers	2		
Toilet Paper	12 rolls		
Flashlight	4		
Lantern	2		
Coffee	3 containers		
Coffee Filters	3 packages		
Sugar Packets	3 containers		
Powered Coffee Creamer	3 containers		
2 laptops or iPads	2		
Phone (if needed)	T D		
Cable TV	2 setups		
Wifi if at location with no cell service	T D		
Bath Mat	2		
Bath Rug	2		
Toilet Rug	2		
Hand Soap			
Bath Towels			
Hand Towels	4		
Wash Cloths			
Nitrile (Dish) gloves	2 sets		
1 box Kleenex	3		
Bottled Water	cases		
Synthetic nitrile gloves (small, med, large)	50-count per size		
Anti-Viral Masks	10		
First Aid kit	2		

Phone Tree for Quarantine Task Force Activation

DGMQ contacts Operations Section Chief or Quarantine Task Force Supervisor (Darrell Price 360- 42-6991) upon arrival of individual(s) needing quarantine Information to be immediately collected from DGMQ: Number of individuals arrival time pickup location point of contact at SeaTac.

Quarantine Task Force Leader (Darrell Price) activates Quarantine Task Force by calling the following in order:

- 1) Travel Movement Coordinator
- 2) Epi Standby
- 3) Task Force Leader
- 4) Quarantine Site Setup Leader

1) Travel Movement Coordinator (Dennis Bennett 425-123-456)

Travel Movement Coordinator calls the following:

- 1a) SeaTac Personnel (Contact info provided by DGMQ)
Call SeaTac Personnel contact to coordinate timing and pickup location
- 1b) Task Force Leader (yle Lacefield 360-556-4 6)
After picking up quarantined individual(s), contact the Task Force Leader to confirm

2) Epi Standby (TBD)

The epi standby will identify if the individual has a suitable permanent residence they can self-quarantine in.

If not, the epi standby communicates with the individual to be voluntarily quarantined in DOH-provided quarantine facility.

If the individual does not voluntarily agree to be quarantined, the epi standby must provide official quarantine orders.

3) Task Force Leader (yle Lacefield 360-556-4 6)

Task Force Leader contacts the following immediately, in order:

- 3a) Medical Personnel Need to define who will provide medical duties contact number
- 3b) Security Need to define who will provide security contact number (potentially DOC)
- 3c) Assistant Safety Officer
Contact the Safety Officer to determine who is on c Need Safety Officer phone
- 3d) Logistics Support Staff
Tiffany 360-123-456
Anna 206-123-456
Chelsea 5-123-456

4) Quarantine Site Setup Leader (Mark Thomas 360-4 0-3 19)

Quarantine Site Setup Leader contacts the following immediately:

- 4a) Drivers
Mark Thomas 360-123-456

Tim Hull 360-123-456

Third driver TBD

Roles and Responsibilities					
Position	Roles	Responsibilities	Quantity	Shift	Questions
Task Force Leader	The Task Force Leader serves as the site manager and is the person responsible for managing all aspects of the quarantine facility operation including the initial setup and supplying the facility, supervision of contractors, and obtaining and delivering sustenance and other resources to the person or persons under quarantine. The Task Force Leader is also the point of contact and liaison for all contractors including the facility owner(s).	Manage the activities involving the operation of the state quarantine site. Make sure that the facility meets standards for safety and hygiene to provide emergency quarantine for person(s) who voluntarily or by lawful order, enter a period of isolation, quarantine or monitoring. Establish redundant communications systems (telephone, email, satellite phones, 400 MHz or 00 MHz radio) with the State Emergency Operations Center (EOC) and the Department of Health Agency Coordination Center (ACC).	1	On call	
Travel Movement Coordinator	Travel Movement Coordinator talks to Sea Tac DGMQ, Talks with transportation, Talks with Quarantine Task Force.	Transports the quarantined individual(s) to the quarantine site. Utilizes proper PPE while transporting the individual(s). Maintains timely communication with SeaTac DGMQ and the Task Force Leader.	1	On call	Are we concerned about decontaminating the vehicle
Quarantine Site Setup Leader	The Quarantine Site Setup Leader ensures that the quarantine site and facilities are procured, set up, and maintained.	Ensure personnel are available who can transport the three RVs to the quarantine site. Establish there is adequate lighting at the quarantine site. Perform daily maintenance checks on RVs. Set up perimeter fencing. Coordinates port-a-potty and handwash station.	1	On call	
Medical Personnel	The Medical Staff member is responsible for providing effective medical management of the monitored, isolation and quarantine person(s). Must be medically trained as a Medical Doctor, ARNP, RN, or PA. Will ensure that only staff with appropriate Infection Control training and personal protective equipment (PPE) enters the facility. Must be able to multi-task, prioritize and remain calm in a highly stressful situation.	Provide medical expertise and observation activities involving the care of persons in a State Isolation and Quarantine Facility. Make sure that the individuals' symptoms are checked in accordance with health officer orders. Report any medical issues to the Quarantine Strike Team Leader, IMT and the local or state health officer. Should the person in quarantine become symptomatic, notify the Quarantine Strike Team Leader, IMT, EMS, and the receiving hospital per the incident action plan. Establish redundant communications systems (telephone, email, satellite phones, 400 MHz or 00 MHz radio) with the State Emergency Operations Center (EOC) and the Department of Health ACC. As safety is paramount in all quarantine operations, makes sure that all activities are conducted safely and that any hazards are mitigated or eliminated	1 nurse per 4 people quarantined	2x12.5 hour shifts	Need to define who will provide medical duties contact number. Need to determine what supplies to provide for medical staff (including first aid/AED)
Security Personnel	Secure the state isolation and quarantine site to provide a facility that is safe and comfortable for persons who voluntarily or by lawful order, enter a period of monitoring, quarantine or isolation. Report to the Quarantine Strike Team Leader/Site Manager to be briefed on specific mission. As safety is paramount in all operations, makes sure that all activities are conducted safely and that any hazards are mitigated or eliminated.	The Security Staff members are responsible for providing effective security measure for the quarantine facility, staff, quarantined persons and medical resources in accordance with the contract. Must be trained as a security specialist.	2 security officers per 12 hour shift	2x12 hour shifts (6 AM - 6 PM, 6 PM - 6 AM)	Need to define who will provide security contact number (potentially DOC)
Assistant Safety Officer	Protect the safety of the Quarantine Task Force staff and the person under isolation or quarantine.	The ASOFR is responsible for continuously identifying real or potential hazards and developing mitigations to reduce risk.	1	On call	
Logistics/Support Staff	Provide logistical support for the Quarantine Task Force and for the person under isolation or quarantine.	Support Staff responsibilities may include driving offsite to procure needed items including food, drink, and comfort items to support the Quarantine Task Force and the person under isolation or quarantine. Other responsibilities may include setting up and demobilizing the facility and facilitating communications with the IMT. 2 vehicles must be available for logistics/support staff.	2 per day shift, 1 per night shift	2x12.5 hour shifts (6 AM - 6:30 PM, 6 PM - 6:30 AM)	

Social Worker	To assist with quarantined individual(s) in distress.	1	As needed	What service would we use
Translator	To assist with any translation necessary for quarantined individuals who cannot communicate in English.	1	As needed	What service would we use

IMT Quarantine Task Force Site Setup Checklist	Resource Request from Logistics	Follow Up Question
RVs must be transported to the quarantine site police escort recommended		
RVs and quarantine site must be set up with necessary supplies.	Make sure we have all supplies	
RV water connection - water hookup Water truck		How will this be handled
RV waste hookup or disposal		Logistics may have this handled
RV electricity hookup or generator provided		How will this be handled
RV gas replenishment		
Establish if there is adequate lighting at the quarantine site.		How would we procure additional lighting if needed
Trailer (DOC-owned) for security and support staff must be transported to the quarantine site and set up.	Must request	
Restroom facility and handwashing station must be transported to the quarantine site and set up.	Must request	
Medical supplies must be in medical staff RV.		Need medical supply list, request any supplies medical personnel do not have
Ensure three vehicles are present for logistics/support staff.		se personal vehicles and claim mileage.
Ensure hotel accommodations are supplied for all involved staff who do not live nearby.		
Confirm work schedules for all involved staff.		
Establish a perimeter around the quarantine site (orange fencing) if needed.	Must request fencing	
Establish method for making purchases (credit card)		How will this be handled
Laundry		How will this be handled How is potentially contaminated laundry treated

Items needed to purchase	Quantity	Warehouse	Purchased
Queen Sheets	3 Sets		
Twin Sheets	6 sets		
Pillows	12		
Pillow Cases	12		
Collapsible Fabric Boxes (Not Lidded)	2		
Mesh Laundry Hampers	2		
Toilet Paper	12 rolls		
Flash Light	4		
Lantern	2		
Coffee	3 containers		
Coffee Filters	3 packages		
Sugar Packets	3 containers		
Powered Coffee Creamer	3 containers		
2 Laptops or iPads	2		
Phone (if needed)	TBD		
Cable TV	2 setups		
Wifi if at location with no cell service	TBD		
Bath Mat	2		
Bath Rug	2		
Toilet Rug	2		
Hand Soap	6		
Bath Towels	6		
Hand Towels	4		
Wash Cloths	6		
Latex (Dish) gloves	2 sets		
1 box kleenex	3		
Bottled Water	6 cases		
Synthetic nitrile gloves (small, med, large)	50-count per size		
Anti-Viral Masks	10		
First Aid it	2		

Washington State Department of Health
State Isolation and Quarantine Facility Concept of Operations
Version 1.0 - June 2016

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INTRODUCTION

Primary Agency:

Department of Health (DOH)

Support Agencies:

Agency	Functions
Department of Corrections	Assists by providing facilities for use as isolation and quarantine premises in accordance with the interagency agreement with DOH.
Department of Labor and Industries	Lead agency for worker health and safety issues as provided for in state law and in agency plans, policies, procedures, and/or practices.
Department of Social and Health Services	- Administers institutions that may be impacted by or be available to support in an emergency. - Has access to resources to support behavioral health services.
Military Department	- The Emergency Management Division supports ESF 8 during activation. - The Washington Army National Guard may support ESF 8 through the deployment of their forces in support of law enforcement.
Washington State Patrol	The State Patrol provides security, transportation, and connectivity to their local law enforcement partners.
Department of Enterprise Services	- May provide logistical support for an isolation or quarantine operation. - May assist by providing facilities for use as isolation or quarantine premises.
Washington State Parks	May assist by providing facilities for use as isolation or quarantine premises.
Washington Assistive Technology Act Program (WATAP)	May provide subject matter expertise and input in the use of assistive technologies for a person under isolation or quarantine who has access or functional needs.
Washington State Office of the Attorney General	May provide legal oversight of a state-level isolation or quarantine operation and may cooperate by providing access to legal services for the person(s) under isolation or quarantine.

Background

Recent events prompting concern about highly infectious and novel communicable diseases including Ebola Virus Disease (EVD) revealed a gap in Department of Health's (DOH) and Local Health Jurisdiction (LHJ) capability to protect the citizens of Washington from a deadly communicable disease, while at the same time protecting the legal and human rights of those who may have been exposed to such a communicable disease. DOH has identified facilities that can be made available for the purpose of isolation and/or quarantine, and developed procedures to guide operation of these facilities. Thorough review of the relevant laws, rules, and regulations was conducted to ensure that this document and the procedures within are in full compliance regarding the conditions, principles, procedures, and premises for isolation and

quarantine.

Definitions

“Isolation is the separation and restriction, for the period of communicability or contamination, of infected or contaminated persons or animals, from others in such places and under such conditions as to prevent or limit the direct or indirect transmission of the infectious agent or contaminant from those infected or contaminated to those who are susceptible or who may spread the agent or contaminant to others” (WAC 246-100-011(18)). Isolation allows for the focused delivery of specialized health care to persons who are ill, and may protect uninfected persons from being exposed. Ill persons may be isolated in a hospital, at home, in a designated community or local-based facility, or in a DOH-operated facility, depending on the acuity of the condition and their medical needs, in a manner that reflects the “least restrictive means necessary” to prevent the spread of the disease or condition (WAC 246-100-045).

“Quarantine is the limitation of freedom of movement of such well persons or domestic animals as have been exposed to, or are suspected to have been exposed to, an infectious agent, for a period of time not longer than the longest usual incubation period of the infectious agent, in such manner as to prevent effective contact with those not so exposed” (WAC 246-100-011(26)). Quarantine after exposure lasts for the duration of the agent’s incubation period, after which the person has either become infected or is deemed to be disease-free, or until surface decontamination is complete and the person is at no risk of being infected (e.g., is vaccinated or on prophylaxis). Persons are usually quarantined in their homes, but quarantine may also be conducted at a designated community or local-based facility, or in a DOH-operated facility as appropriate and necessary. Immediate isolation must occur with the onset of symptoms.

The key difference between isolation and quarantine is that isolation is for people who are sick and quarantine is for people who may have been exposed to a disease but are NOT currently sick. Sick persons must not be kept alongside those who are not sick, regardless of their exposure status.

Active monitoring includes regular communications with persons who are not ill but may have been exposed to infection including checking on at least a daily basis (exact intervals will depend on disease-specific guidance issued by the Centers for Disease Control and Prevention (CDC)) to assess for the presence of signs or symptoms of the disease in question. This may be carried out in person or remotely, and is often done in conjunction with quarantine and/or other appropriate non-pharmaceutical interventions. Active monitoring is conducted when an individual may become symptomatic with the aim of isolating that person before others are exposed. Immediate isolation must occur with the onset of symptoms.

Purpose

The purpose of this document is to describe the general concept of operations for Washington State Department of Health (DOH) designated Isolation and Quarantine Facilities. These procedures are a supporting document to the DOH Emergency Response Basic Plan and associated annexes and appendices. Instructions contained here are intended to guide the operation of the selected facilities to enable DOH to contain communicable diseases or agents that may require isolation or quarantine of ill or exposed individuals, respectively. These may include Ebola virus disease (EVD), SARS, MERS, novel or pandemic influenza, smallpox, or other biological, chemical, or radiological agent where an exposed or contaminated individual may contaminate or expose others if remedial action is not taken.

Policies and Legal Framework

DOH coordinates the statewide Emergency Support Function (ESF) 8 response during large public health and medical emergencies. Central coordination is necessary to manage incident information, and provide resource support to local health jurisdictions, tribes, other healthcare partners, and state agencies.

The following terms are used frequently in this document and are defined as:

- Code of Federal Regulations (C.F.R)
- Washington Administrative Code (WAC)
- Revised Code of Washington (RCW)
- Washington State Register (WSR)

The authority to control communicable and certain other diseases in order to protect the health and well-being of the public is listed in Washington State laws and regulations, specifically RCW 43.70, RCW 70.05, WAC 246-100 as well as others that are listed in the *Washington State Comprehensive Emergency Response Plan (CEMP), ESF 8, Public Health, Medical, and Mortuary Services*. Please refer to Attachment 3 of this document or visit <https://apps.leg.wa.gov/home/> for further resources on the legal framework and guidance for isolation and quarantine.

Authority

The local health officer shall “control and prevent the spread of any dangerous, contagious or infectious diseases that may occur within his or her jurisdiction” (RCW 70.05.070 (3)). This may include identifying persons or groups of people who may have been exposed to a disease or other agent, and circumstances that merit either voluntary or involuntary isolation or quarantine on private premises, at a community-based or local facility, or at a state-operated facility.

At his or her sole discretion, or by petitioning the superior court *ex parte*, a local health officer may issue an emergency detention order causing a person or group of persons to be immediately detained for purposes of isolation or quarantine, in accordance with WAC 246.100.040(1).

On tribal lands, the tribal government carries sovereign authority and is charged with controlling the spread of a communicable disease or condition in accordance with the laws, rules, and regulations of the tribal nation. It is important to note that each tribal nation may have differing authorities and legal framework for controlling communicable disease, so specific authorities are not discussed in this document. Tribal governments may seek assistance in performing isolation or quarantine through the federal government, state government, local governments, and other tribal nations.

The Secretary of Health shall have “the same authority as local health officers, except that the Secretary shall not exercise such authority unless the local health officer fails or is unable to do so, or when in an emergency the safety of the public health demands it, or by agreement with the local health officer or local board of health” (RCW 43.70.130(7)).

In its operation of an isolation or quarantine site, the DOH Incident Management Team (IMT) and Quarantine Task Force act under a delegation of authority from the Secretary of Health to carry out and provide support for all activities within the scope of ESF 8.

Scope

It is the mission of ESF 8 to deliver critical response capability when and where it is needed to save lives and minimize morbidity during a crisis. This document provides guidance to DOH in identifying, inspecting, and operating isolation and quarantine facilities in order to meet the public health and medical needs of victims and the community during a communicable disease incident or outbreak of public health significance. The DOH roles are categorized in the following functional areas.

- DOH will support LHJs and tribal governments in monitoring, investigation, and control of potential and known public health threats through disease and injury surveillance .
- DOH will provide all-hazard public health and medical consultation, technical assistance , and support to the local health jurisdictions and tribal governments as well as any other health care or public health entity when requested as resources and circumstances allow .
- DOH will support public messaging when requested by local health jurisdictions and tribal governments as well as any other health care or public health entity as resources and circumstances allow.
- DOH will support non-medical interventions and non-pharmaceutical interventions as requested, including isolation and quarantine initiated by local health officers and tribal authorities .
- DOH will collaborate with local health jurisdictions, tribes, healthcare coalitions , EMS agencies, and military installations to monitor solid waste disposal and indoor and outdoor air quality at isolation or quarantine facilities.
- DOH will receive requests for material, personnel, and subject matter expert (SME) support or assistance from local health jurisdictions, tribes, and other entities affected by an incident of public health significance and will fulfill these requests as completely and rapidly as possible .

Planning Assumptions

The following are basic assumptions that guide the development and implementation of this plan and attached procedures:

- Protecting the life safety and wellbeing of emergency responders and public health personnel is a top incident priority at all levels .
- Preservation of life safety , stabilization of the incident, and protection of property are top incident priorities in the field and at any level of command or coordination during an incident .
- During a public health emergency, disease surveillance and investigation activities are prioritized to limit the spread of disease in the interest of reducing morbidity and mortality and stabilizing the incident.
- Public health and medical services resources, facilities, and personnel may be limited in availability or capacity during response and/or recovery .
- Persons in isolation must be separated from persons under quarantine or active monitoring since the latter may not actually have been exposed and may never develop the disease .
- Isolation and quarantine , whether voluntary or involuntary , can be socially and legally contentious issues. Therefore, public health officials must ensure that all activities are compliant with all pertinent laws and regulations and that all agencies involved in response work to protect the human and legal rights as well as the health and wellbeing of the individuals under isolation or quarantine .
- Resource and service support to isolated and quarantined individuals, as described in WAC 246-100-045, must be provided in a systematic and competent fashion. Specific needs that must be met include food, clothing, accessible sheltering, and inclusive communication (including with those outside of the quarantine area), that address physical and program accessibility and effective communication, competent and inclusive medical care, utilities, behavioral health services, legal counsel, and spiritual support . Services that may be required are not limited to the above list and when another need is identified, service will be provided to meet the need. If DOH is operating a facility for the purpose of isolation or quarantine, these services will be provided by DOH. If a local health jurisdiction or other entity is operating a facility for these purposes, the jurisdiction is responsible for providing these services and may request support from DOH if needed .
- DOH must be equipped and prepared to support people with disabilities and others with access and functional needs, and other vulnerable populations including but not limited to people of all ages; homeless, elderly, people from diverse cultures; who have limited English proficiency or do not speak English, have vision and hearing loss, physical disabilities, mental health disabilities, developmental, intellectual and other cognitive disabilities, behavioral health issues, people with learning, understanding, remembering, reading and speaking and mobility limitations, people without or with limited healthcare or insurance, people who have disadvantaged or have limited access to transportation, and those who are wards of the state in correctional facilities or mental institutions .

- Service animals will be accommodated in isolation or quarantine if needed. A service animal is defined as “an animal that is trained for the purpose of assisting or accommodating a disabled person’s sensory, mental or physical disability.” RCW 49.60.040(23). Although untrained animals are not entitled to the protection mandated by the service animals statute, treating untrained animals as service animals may constitute a reasonable accommodation in some circumstances
- Many people consider their pets to be members of the family and may be unwilling to part with them until they know they will be taken care of. Consideration of the needs of pets during quarantine or isolation is required. Pets left alone in the home will require care. Additionally, pets and other animals that may have been exposed to a communicable disease may require monitoring for signs of illness and may be quarantined for an additional period of time according to CDC guidance for the species of animal and the specific disease in question. If necessary, this will be conducted in collaboration with the State Public Health Veterinarian.
- WAC 246-100-040 includes the possibility that isolation or quarantine may be used not only for communicable diseases but also for communicable conditions such as chemical or radiological contamination. Once decontamination has been performed, isolation or quarantine for chemical or radiological contamination is not often necessary or appropriate.
- Unusual circumstances that cannot be anticipated will inevitably occur during emergency situations and this plan cannot accommodate all possible situations. When circumstances arise that are not addressed in this plan, it is the responsibility of the Incident Management Team (IMT) Incident Commander to coordinate with the State Communicable Disease Epidemiologist and the DOH Policy Group on the best course of action, keeping in mind the existing legal and procedural framework for isolation and quarantine.

CONCEPT OF OPERATIONS

Activation

Isolation and quarantine are typically initiated and conducted at the local level, when in the judgment of the local health officer or tribal health authority, isolation or quarantine of at-risk individuals is a medically and scientifically sound strategy to contain a communicable disease, prevent a major outbreak, and save lives.

The following describes circumstances under which state-operated isolation and quarantine facilities may be activated:

- In support of a request from a local health or tribal jurisdiction to contain a communicable disease, the DOH Incident Management Team (IMT) may activate isolation and quarantine facilities .
- When in the judgment of the secretary of health, DOH-operation of an isolation or quarantine facility will significantly enhance the ability of public health agencies in Washington to meet the demands of and respond to a communicable disease emergency .
- When ordered by the secretary of health or his or her delegate.

Isolation and Quarantine decision matrix				
In response to:	No requirement	Quarantine		Isolation
		at Home	at Local or State Facility	**
Individual with no known exposure to a specific communicable disease.	X			
Individual with a known exposure to a specific communicable disease with no symptoms of the disease; person is cooperative, and the home environment is conducive to quarantine.		X		
Individual with a known exposure to a specific communicable disease with no symptoms of the disease; home setting is inappropriate for quarantine, or the person is not cooperative.			X	
Individual with known exposure to the specific communicable disease and is symptomatic				X

**Isolation may occur at home, in a state-operated or local-operated isolation facility, or in a hospital depending on the severity of the illness, the threat to public health, and the appropriateness of each option under the circumstances. This judgment is made by the local health officer after considering each individual situation in the context of guidance received from DOH and the CDC . The selected location will be the least restrictive means that is effective in preventing the spread of disease, in the judgment of the local health officer.

An individual under active monitoring can be housed at the DOH-operated quarantine facilities if the individual has no place to stay or requests a place to stay other than their home to avoid exposing other residents. However, due to the costs of activating a DOH-operated quarantine facility, local health jurisdictions are expected to make all reasonable efforts to house this individual at a local or community-based facility in order to minimize inconvenience and restrictions on the individual, and to conserve limited state-level resources.

DOH-operated facilities will accept persons under isolation or quarantine only when the following criteria are

met in accordance with WAC 246-100-040:

- Based on scientific evidence and available information, isolation or quarantine is a necessary and scientifically sound measure to protect the public and prevent the spread of the condition, and;
- An individual suspected to have been exposed to or contaminated with a communicable disease or biological, chemical, or radiological agent that may pose a risk to the safety and health of the public has agreed to voluntarily enter quarantine but cannot be effectively placed in quarantine in their home, a community-based, or local-operated facility, or;
- A written order of emergency detention, signed by the local health officer or secretary of health, or a quarantine order signed by a superior court judge has been issued, involuntarily placing an individual or individuals into quarantine.
 - The local health officer's written order of emergency detention shall specify:
 - The identity of all persons or groups that are subject to quarantine;
 - The premises identified for quarantine;
 - The date and time at which quarantine commences;
 - The suspected communicable disease or infectious agent if known;
 - The measures taken by the local health officer to seek voluntary compliance or the basis on which the local health officer determined that seeking voluntary compliance would create a risk of serious harm;
 - The medical basis on which quarantine is justified,
 - The written order should also contain this statement: "*Notice: You have the right to petition the superior court for release from isolation or isolation and quarantine in accordance with WAC 246-100-055. You have the right to legal counsel. If you are unable to afford legal counsel, then counsel will be appointed for you at government expense and you should request the appointment of counsel at this time. If you currently have legal counsel, then you have an opportunity to contact that counsel for assistance.*"
 - The judicial order shall contain the elements specified above and as required by the court.
 - The individual having jurisdiction (local health officer or secretary of health) shall provide copies of the written emergency detention order or the judicial order to the person or group of persons detained or, if the order applies to a group and it is impractical to provide individual copies, post copies in a conspicuous place in the premises where quarantine has been imposed.

DOH Quarantine Task Force staff will comply fully with WAC 246-100-050. Entry by DOH staff into premises in use for isolation or quarantine will be kept to a minimum.

- Entry into quarantine premises shall be restricted under the following conditions:
 - The local health officer may authorize physicians, health care workers, or others access to individuals in isolation or quarantine or monitoring pursuant to WAC 246-100-040 as necessary to meet the needs of quarantined or monitored individuals.
 - No person, other than a person authorized by the local health officer, shall enter quarantine premises.
 - Any person entering quarantine premises shall be provided with infection control training and may be required to wear personal protective equipment (PPE) and/or receive post-exposure prophylaxis or vaccination as appropriate.
 - Any person entering isolation and quarantine premises may be placed under isolation or quarantine if a potential exposure occurs.

Jurisdictional Considerations

Circumstances may occur under which a person(s) under isolation or quarantine must be moved to a facility outside the county or tribal jurisdiction where the isolation or quarantine order is issued. In such a circumstance, the local health officer who made the decision that the person should be quarantined or isolated should write the Emergency Involuntary Detention Order. This is the person whose assessment and exercise of medical judgment will be needed to support the Order if the detained person requests a hearing on the Emergency Involuntary Detention Order.

In regard to legal proceedings, due to the “priority of action” rule, where the parties, subject matter, and relief are the same, subsequent proceedings are to be heard in the same court in which the initial action was filed. For example, if the Emergency Involuntary Detention Order was obtained in Whatcom County Superior Court for a person quarantined in Thurston County, the petition to extend that detention would also be filed in Whatcom County Superior Court, unless both parties agreed to change venue to Thurston County Superior Court which would require filing an agreement and a transfer order in Whatcom County Superior Court.

If multiple persons are placed under isolation or quarantine from different jurisdictions, it may be appropriate to simplify the issue of jurisdiction by asking local health officers to agree to transfer their authority over this matter to the secretary of health. The needs and circumstances of a specific scenario would determine whether or not this was appropriate or necessary, and will be guided by input from the DOH Policy Group as well as the affected local health officers.

Response and Objectives

In accordance with the ESF 8 Annex to the State CEMP, upon notification of a potential public health emergency and need for state assistance in operating an isolation and quarantine facility(ies), the DOH IMT will mobilize and deploy an Isolation and Quarantine Task Force to operate each selected site. Specific sites and operational procedures for conducting isolation and quarantine are listed in a separate document: *DOH Isolation and Quarantine Facility Operations Procedures*.

The Isolation and Quarantine Task Force will secure, open, and staff designated isolation and quarantine facilities within 12 hours of the initial request. The Task Force will then admit person(s) into isolation or quarantine, provide all needed medical care, monitoring, and wraparound services to support the person(s), and will plan for release of the person(s) as soon as practicable when it is determined that the person(s) poses no substantial risk to the health and safety of others.

The primary mission objectives during an isolation or quarantine operation in order of priority are to:

- 1) Maintain the safety, security, health and wellbeing of DOH and contract staff
- 2) Protect the safety, security, health and wellbeing of the person or persons under isolation or quarantine
- 3) Maintain safety, security, health and wellbeing of the general public
- 4) Support and coordinate the activation, operation, and eventual demobilization of isolation and quarantine facilities
- 5) Facilitate movement of individuals under isolation or quarantine to the chosen site
- 6) Assist and support local health jurisdictions and tribes in their response as requested

Organization and Responsibilities

The **DOH Incident Management Team (IMT)** is responsible for the activation, notification, and deployment of the DOH Isolation and Quarantine Task Force(s), logistical support for the Task Force(s), communication with all personnel deployed in the field, and coordination with other local, tribal, state, and private sector response partners. The IMT will assign staff, issue mission tasking, and will notify all parties involved in the process, including the local health jurisdiction, local hospitals, 911 dispatch, local law enforcement, and EMS agencies.

If the DOH IMT is activated to support isolation or quarantine facility operations in a local jurisdiction, the DOH IMT will conduct the operation according to the terms of the request for assistance or delegation of authority provided by the jurisdiction having authority.

Facility Owners, in accordance with their specific agreement with DOH, are responsible for providing DOH with access to the facilities. The premises will be maintained in a safe and hygienic condition. The owners are also responsible for providing any needed maintenance when the facility is not activated.

Isolation and Quarantine Task Force is responsible for all aspects of management of each quarantine facility including monitoring the individual(s) within the facility, resource and service support for individual(s) within the facility, and communications with the IMT.

Security Contractors will provide physical security for the facilities, staff, and persons under isolation or quarantine in accordance with the DOH contract. This includes calling 911 for an emergent security situation affecting the facility or person under quarantine.

ADA Coordinator(s) will be consulted as needed on a preliminary and ongoing basis in order to provide appropriate resource support to a Person with Access or Functional Needs during isolation or quarantine and to assist DOH in complying to the extent possible with the Americans with Disabilities Act Title II (ADA).

Isolation and Quarantine Task Force Roles

An **Isolation and Quarantine Task Force** includes as many as six individuals per shift in order to safely and securely operate a DOH isolation or quarantine facility and meet the needs of the persons under isolation or quarantine. Staffing levels are determined by the IMT Operations Section Chief in collaboration with the Task Force Leader based upon the needs of the individual(s) under isolation or quarantine and the exact circumstances of the operation. Task Force positions and responsibilities as described below:

- The **Task Force Leader** serves as the site manager and is the person responsible for managing all aspects of the quarantine facility operation including the initial setup and supplying of the facility, supervision of contractors, and obtaining and delivering of sustenance and other resources to the person or persons under isolation or quarantine. The Task Force Leader is also the point of contact and liaison for all contractors including the facility owner(s).
- **Medical Staff Member** (MD, ARNP, PA or RN) is responsible for assessing the person(s) under isolation or quarantine at regular intervals to determine if the person has signs and/or symptoms of illness. These assessments will be completed in accordance with the current disease guidance provided by the CDC and may be accomplished via remote means, including but not limited to telephone, text messaging, Skype, or other electronic means.

Medical staff will also be available to address any medical needs of the person(s) in the facility, whether due to the condition or unrelated to the disease of concern. Medical staff are responsible for determining the need to transport the person to a medical facility for any reason.

Medical staff will be trained in appropriate infection control procedures and provided with proper PPE prior to entering the facility and will not enter the facility without proper PPE. The Medical Staff Member is typically the only person who may enter the isolation or quarantine facility.

- The **Assistant Public Information Officer (APIO)** will act as the point of contact for media at the site. This individual will be responsible for responding to all media and public inquiries at the site. This position will be staffed whenever representatives from the media are present at the site. The APIO is the only on-site staff member who is authorized to release information to the media or the public as a representative of DOH, and shall coordinate all statements and messages with the IMT PIO and Incident Commander (IC).
- The **Assistant Safety Officer (ASOFR)** should be an individual with knowledge and expertise regarding the risk involved with handling the communicable disease in question including its mode(s) of transmission, appropriate protective measures to be taken, and proper use of protective equipment. This person should also have general knowledge of safety principles. The ASOFR will work closely in coordination with all staff on site to ensure that work is carried out in the safest manner possible. The ASOFR is responsible for monitoring use of PPE, ensuring proper infection control measures are taken, and facilitating follow up monitoring for staff who may have been exposed to the disease. The ASOFR has the authority to immediately halt any activity due to a safety concern until a safer method of operating may be devised.
- **Support Staff** require minimal training and experience and are responsible for acquiring provisions and

other items that are required to support the individual in quarantine. This will include driving off-site to obtain food, drink, and comfort items as well as carrying out basic tasks on-site in order to provide support for the Isolation and Quarantine Task Force.

- **Contracted Security Staff** will comply with the contract and provide for the physical security of the facility, staff, and person(s) under isolation or quarantine.

Upon activation, the Isolation and Quarantine Task Force will:

- Deploy to inspect the selected facility in accordance with WSR 03-05-048, WAC 246-100-036, 246-100-045, RCW 70.05.050 and 70.05.060, to make sure that the facility is maintained in a safe and hygienic manner to minimize the likelihood of further transmission of infection or other harm to the person(s) isolated or quarantined.
- Address and accommodate the needs of persons under isolation or quarantine to the greatest extent possible in a competent and systematic fashion, including, but not limited to, providing adequate food, clothing, accessible sheltering, and Inclusive communication (including with those outside of the quarantine area), that address physical and program accessibility and effective communication, competent and inclusive medical care and medication.
- To the greatest extent possible, consider cultural and religious beliefs in addressing the needs of individuals, and establishing and maintaining isolation or quarantine premises.

Other Staff and Services

Other staff may be requested to the site as needed to support the needs of the individual under quarantine. These may include practitioners to provide behavioral health support, cultural support, religious/spiritual support, and/or assistive services or technologies. Other staff may also include maintenance or engineering personnel as well as environmental public health staff, or others as needed. Staff may be demobilized as soon as their support is no longer needed as determined by the Task Force Leader and IMT Operations Section Chief.

Access to the Isolation or Quarantine Premises

Within this Concept of Operations, it is assumed that the only individual authorized by the relevant authority to enter the premises used for isolation or quarantine is the medical staff member of the Task Force. There may be circumstances where others must access the premises such as for facilities maintenance, providing medical care, or meeting social or physical needs of the person under isolation or quarantine. In such circumstances, needed authorization will be obtained through the IMT. Any person entering the facility will enter only with proper training in the use of PPE and with proper PPE in place. Additionally, any individual entering the facility will be monitored afterward (coordinated through the IMT) regardless of adequate PPE usage.

Continuing Actions

Situation Assessment: The IMT staff will work with the requesting jurisdiction and other assisting and cooperating agencies to identify the nature and extent of public health and medical issues and needs including the need for isolation and quarantine facilities. The IMT through DOH will support appropriate monitoring and surveillance activities as required and provide essential information and recommendations. Sources of situational awareness and intelligence may include:

- The ESF 8 desk at the State Emergency Operations Center (SEOC)
- The federal ESF 8 desk in the Regional Response Coordination Center (RRCC) and support agencies
- Various federal officials in the disaster area
- State Health Officer
- State Public Health Laboratory and Office of Communicable Disease Epidemiology
- Local health officials and tribal government officials
- Healthcare coalitions, hospitals, and emergency medical services authorities
- Local response authorities or officials of the jurisdiction where the individual originated
- Legal questions, concerns or advice will be addressed by the Office of the Attorney General.

Logistical Support: The IMT will continue to evaluate the logistical needs of the Isolation and Quarantine Task Force and will work to fill these needs while also completing other mission directives including ensuring a cohesive and effective response to all responsibilities of ESF 8 during the incident.

Medical Monitoring: Medical monitoring of the person under isolation or quarantine will be performed on a frequent and regular basis as recommended by the most up-to-date guidance from the CDC and scientific evidence for the specific disease of concern. Thresholds for transferring the person to a hospital from this facility will be developed by the State Health Officer and State Communicable Disease Epidemiologist and will be communicated to the Isolation and Quarantine Task Force. If an isolated or quarantined person meets the criteria for transfer to a hospital, the EMS transport plan for the designated facility will be activated and the person will be transported to an appropriate hospital facility in accordance with the EMS plans, protocols, and procedures.

Protecting Confidential Information: Conducting isolation or quarantine involves handling information that is considered protected and confidential information according to DOH policy and will be protected as such according to DOH policy. At no time will DOH, its employees, IMT members, or Isolation and Quarantine Task Force members release identifying or possibly identifying information about the person or persons in isolation or quarantine.

Assistive Technologies and Support: DOH will identify and utilize qualified professionals when needed to allow for effective communications with individuals with vision, hearing, or speech disability such that the individual can communicate effectively with, receive information from, and convey information to support staff. Additionally, DOH will provide auxiliary aids and services to communicate effectively with people who have communication disabilities. For people who are blind, have vision loss, or are deaf-blind this may include providing a reader, large print, braille, qualified language interpreters, speech interpreters, real time captioning, and/or assistive listening systems and devices and backup technologies on-site as needed.

Waste Management: Trash generated by a person in quarantine will be managed according to the specific CDC guidance for the disease of concern. In many cases, whereas the person is currently not ill or displaying signs or symptoms of illness, the waste may be bagged and set aside in a secure location until the person in quarantine is ruled either in or out based on symptoms, testing, or epidemiology. In this case, if the person completes their period of quarantine and monitoring and is deemed free from disease, the waste may be disposed of through the routine waste stream.

However, if the person does become symptomatic, the waste must be packaged according to the most up-to-date CDC guidance for the disease of concern and disposed of through the DOH biohazard waste disposal vendor if recommended by the CDC.

Wastewater Management:

If the illness may be spread or conveyed through human waste, precautions must be taken. Health workers and any other persons in contact with the quarantined person's urine or feces, other bodily fluids, or laundry should wear appropriate protective clothing, gloves, etc. In some cases, special handling may be necessary before disposal to a waste treatment system.

If the isolation or quarantine location is connected to a municipal sewer utility, the utility manager or other official in charge of the sewer collection system must be made aware of the situation. Sewage collection, treatment system, and septic system maintenance workers may be at risk, depending on the illness-causing agent, routes of transmission, survival time, and location of sewer connection.

If the quarantine location is connected to an on-site sewage treatment (septic) system, the local health agency and/or Washington Department of Health should be consulted to determine treatment and exposure risks and protocols. For example, while the wastewater is expected to remain underground during treatment and disposal, there is human risk when the plumbing is worked on or the septic system undergoes maintenance or pumping. The local health jurisdiction must be notified so that the service providers may be notified and workers can take any protective or precautionary actions deemed appropriate. Also, flushing waste with high amounts of chlorine disinfectant (which may be necessary) could harm the septic system.

Demobilization Planning

It is important to begin planning for demobilization at the very beginning of any operation. It is both an operational objective and legal requirement to release any person under isolation or quarantine as soon as they do not pose a significant threat to the public. Therefore, a timeline for release must be established early in the operation. This timeline will include a process for constant evaluation of the need for continued isolation or quarantine to ensure that the person is released as soon as they pose no significant risk to the public.

Furthermore, it is necessary to constantly evaluate the staffing level for the facility to determine when staff may be released. As operation of an isolation or quarantine facility is challenging to support in terms of staffing, if at any time the staffing level can be decreased without impacting the safety or efficacy of the facility or support services, this should be done.

Release from Quarantine

In accordance with WAC 246-100-45, isolation or quarantine must be accomplished by the least restrictive means necessary to prevent the spread of a communicable or possibly communicable disease. This may include but is not limited to confinement to private homes or other public or private premises.

- Isolated or quarantined individuals must be released as soon as practicable when the local health officer determines that they have been successfully decontaminated or that they pose no substantial risk of transmitting a communicable or possibly communicable disease that would constitute a serious or imminent threat to the health and safety of others
- A plan for release must be developed early, communicated to the person under isolation or quarantine, and implemented as soon as possible. This includes, at the earliest possible junction, identifying the need for and coordinating the provision of accessible transportation.
- Once the person is released from quarantine, the Isolation and Quarantine Task Force and IMT will support efforts to restore any public or private premises used and an isolation or quarantine facility to a safe environment including decontamination of the facility as needed.

Operational procedures for the State Isolation and Quarantine Facilities including Quarantine Task Force procedures are published under separate cover

From: [Wicker, Kelly \(GOV\)](#)

Required: [Postman, David \(GOV\)](#)
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[Voris, Molly \(GOV\)](#)
[Bono, Raquel \(GOV\)](#)
[Leaders, Amber \(GOV\)](#)

Optional: [Bergener, Terry \(DOH\)](#)
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[O Hare, Michael](#)
[Weaver, James \(WaTech\)](#)
[Hunter, Ross \(DCYF\)](#)
[Michelle McCormick \(PROCUREMENT\)](#)
[Halvorson, Clark R \(DOH\)](#)
[Marquiss, Jason \(MIL\)](#)
[Bayne, David M \(DOH\)](#)

Subject: Canceled: UCG daily check-in

Location: 1.800.245.9874, 42.56.420(4) 9475# (host)

When: 18-Mar-20 8:15:00 AM - 8:45:00 AM

Team,

As part of our new unified Command Structure, we are scheduling a daily call with you and others: our unified Coordination Group.

David P
elly
ohn W
athy Lofy
TAG
Robert Ezelle
Cheryl
Sue B
David S (or designee)

1. 00.245.9 4
42.56.420(4)
94 5 (Host)

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[Katims, Casey \(GOV\)](#)
Date: 31-Mar-20 7:02:25 AM
Subject: RE: UCG daily check-in
Attachments: Strategic Goals March 30v1.docx
Coordinated Testing v1.docx

For today's CG, here is an updated draft set of goals and a draft leaders intent for testing.

- ohn Wiesman
Secretary of Health

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Sent: Tuesday, March 10, 2020 11:23 AM

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Subject: CG daily check-in

When: Tuesday, March 31, 2020 8:15 AM- 9:45 AM (UTC-08:00) Pacific Time (US & Canada).

Where: 1. 00.245.9874, 42.56.420(4) 9475 (host)

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Cheryl

Sue B

David S (or designee)

1.800.245.9874

42.56.420(4)

9475# (Host)

Updated COVID-19 STRATEGIC GOALS

March 30, 2020

1. **Implement a public health and health care system response that decreases the peak of new COVID-19 infections and delays that peak to buy as much time as possible to prevent the health care system from becoming overwhelmed and avoids the need to triage life sustaining resources.**
 - Effectively employ non-pharmaceutical interventions to slow disease progression
 - Develop and employ medical surge capacity to accommodate dramatically increased patient loads through all phases of care
 - Establish isolation and quarantine facilities and recovery centers
 - Develop and deploy an extensive rapid testing capability statewide for anyone with symptoms suggestive of COVID-19 that quickly incorporates new point-of-care and home testing
 - Ensure medical supply chain integrity
 - Effectively synchronize public safety messaging across all levels of government
2. **Implement a public health response that prevents as many cases as possible in the most vulnerable populations including those 65 years of age or older, living with chronic underlying health conditions, who are pregnant, who are experiencing homelessness, and living in congregate settings (e.g., nursing homes, assisted living, correctional institutions, Western State Hospital, etc.).**
 - Implement policies and other measures to protect vulnerable populations
 - REPEAT: Establish isolation and quarantine facilities and recovery centers
 - REPEAT: Effectively synchronize public safety messaging across all levels of government
3. **Ensure the safety of our healthcare and other critical infrastructure workforce.**
 - Ensure personal protective equipment (PPE) supply chain integrity
4. **Ensure the development, maintenance, and use of data collection and analysis systems across the response that informs decision making processes and allows for evaluation of intervention efforts.**
 - Conduct serosurveillance (testing of sera for evidence of COVID-19 infection to get population estimates of infection rates)
 - Identify a model to predict hospital capacity needs and use that to inform decision making and evaluation of efforts
5. **When we have passed the initial peak and are ready to incrementally remove some of our non-pharmaceutical interventions, ensure a system that can quickly identify and isolate new infections and quarantine their close contacts to prevent a surge of new cases and to minimize new cases until an effective pharmaceutical intervention is available (e.g., medication or vaccine).**
 - Re-establish the capacity and means to conduct timely case and contact investigations for all reported cases
 - REPEAT: Develop and deploy an extensive rapid testing capability statewide for anyone with symptoms suggestive of COVID-19 that quickly incorporates new point-of-care and home testing
 - REPEAT: Establish isolation and quarantine facilities and recovery centers

6. **Minimize, to the extent possible, the economic impacts to individuals, families, communities, healthcare sector, and businesses of the non-pharmaceutical interventions and ensure the basic needs of food, shelter, physical and behavioral health for all Washingtonians.**
 - lessen impacts to workers and businesses through effective government interventions and programs
 - Activate philanthropy, business, community based and faith based organizations, and neighbor support mechanism.
7. **Maintain the critical infrastructure of society (e.g., food, energy, communications, transportation, etc.).**
 - Ensure continuity of critical infrastructure and supply chains
8. **Plan for economic, physical and behavioral health, and healthcare system recovery.**
 - Facilitate rapid economic recovery

DRAFT

Coordinated, Comprehensive COVID-19 Testing Strategy
Leader's Intent
March 30, 2020

Task:

Convene a small public health/health care system planning team to propose a coordinated, comprehensive COVID-19 testing operational plan that ensures access across the entire state, both for now and how we will expand/alter that as point-of-care and home testing tests come on board.

Have proposal back to Secretary Wiesman by Thursday, April 2nd at 0800.

Purpose for Now:

For now, while testing supplies are limited, the purpose is to make sure we have testing access across the entire state for the priority testing groups.

Endstate for Now:

DRAFT

1. We have a comprehensive listing of which healthcare systems are providing “drive up” or other testing and we understand who they are testing (e.g., members only or anyone?, which priority groups?), their general approach (e.g., limited time only vs ongoing, every day or other limited schedule), and their testing locations. Understanding this is not a static situation, this situational awareness must be regularly updated.
2. We have a comprehensive listing of any public “drive up” sites sponsored by FEMA or others and we understand who they are testing (e.g., which priority groups?) and their general approach (e.g., limited time only vs ongoing, everyday or other limited schedule). Understanding this is not a static situation, this situational awareness must be regularly updated.
3. For regions that don’t have a public “drive up” site to serve the prioritized testing groups, develop a plan to stand up a site (this could be contracting with an entity to do it or it could be something incident command establishes and runs). This plan requires ensuring access to testing supplies and appropriate PPE. Sample collection methods that reduce PPE needs (e.g., new guidance that allows patients to swab their own nose) should be prioritized.

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As point-of-care and home test kits become available, we need a coordinated, comprehensive COVID-19 testing strategy that quickly identifies persons with COVID-19 infection so they can be quickly isolated and all of their close contacts quarantined and tested if they have symptoms.

Endstate for when Point-of-Care and Home Test Kits are Available:

1. Phone number(s) and website(s) where people can go to if they have symptoms to be screened for testing. [The plural is in here because it needs to be determined if health plans/health systems will buy into a centralized screening or if they are going to stand up their own screening. If centralized, Providence may be able to serve this function.]
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 - i. If they do not meet minimal level of symptoms g no testing
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reported to public health electronically. Person should limit their movement to home while waiting for results.

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[Miller, Michaela](#)
[Baumgart, Jim \(GOV\)](#)
[Katims, Casey \(GOV\)](#)
Date: 31-Mar-20 7:02:25 AM
Subject: RE: UCG daily check-in
Attachments: Strategic Goals March 30v1.docx
Coordinated Testing v1.docx

For today's CG, here is an updated draft set of goals and a draft leaders intent for testing.

- ohn Wiesman
Secretary of Health

-----Original Appointment-----

From: Wicker, Kelly (GOV)

Sent: Tuesday, March 10, 2020 11:23 AM

To: Wicker, Kelly (GOV) Wiesman, John (DOH) Postman, David (GOV) Daugherty, Bret D. (MIL) Lofy, Kathy H (DOH) Schumacher, David (OFM) Strange, Cheryl (DSHS/OOS) Ezelle, Robert (MIL) Birch, Sue (HCA)

Cc: Bergener, Terry (DOH) Senn, Catherine (MIL) Aguirre-Rogers, Brenda (DSHS/OOS) Nowalski, Nicci (MIL) Jackson-Diaz, Sanura (MIL) Cleary, Michelle (HCA) Smart, John (DOHi) McClain, Stacey (MIL) Smith, Aime (GOV) Brown, Lisa (COM) Liu, Chris (DES) Sinclair, Stephen D. (DOC) Headley, Charlotte . (DOC) Miller, Greg . (DOC) Davis, Errod (DOH) DOH-IC3 (DOH) Chris Reykdal Thomas, Amila (OSPI) Miller, Michaela Baumgart, Jim (GOV) Atims, Casey (GOV)

Subject: CG daily check-in

When: Tuesday, March 31, 2020 8:15 AM- 9:45 AM (UTC-08:00) Pacific Time (US & Canada).

Where: 1. 00.245.9874, 42.56.420(4) 945 (host)

Team,

As part of our new Unified Command Structure, we are scheduling a daily call with you and others: our Unified Coordination Group.

David P

Kelly

John W

Kathy Lofy

TAG

Robert Ezelle

Cheryl

Sue B

David S (or designee)

1.800.245.9874

42.56.420(4)

9475# (Host)

Updated COVID-19 STRATEGIC GOALS

March 30, 2020

1. **Implement a public health and health care system response that decreases the peak of new COVID-19 infections and delays that peak to buy as much time as possible to prevent the health care system from becoming overwhelmed and avoids the need to triage life sustaining resources.**
 - Effectively employ non-pharmaceutical interventions to slow disease progression
 - Develop and employ medical surge capacity to accommodate dramatically increased patient loads through all phases of care
 - Establish isolation and quarantine facilities and recovery centers
 - Develop and deploy an extensive rapid testing capability statewide for anyone with symptoms suggestive of COVID-19 that quickly incorporates new point-of-care and home testing
 - Ensure medical supply chain integrity
 - Effectively synchronize public safety messaging across all levels of government
2. **Implement a public health response that prevents as many cases as possible in the most vulnerable populations including those 65 years of age or older, living with chronic underlying health conditions, who are pregnant, who are experiencing homelessness, and living in congregate settings (e.g., nursing homes, assisted living, correctional institutions, Western State Hospital, etc.).**
 - Implement policies and other measures to protect vulnerable populations
 - REPEAT: Establish isolation and quarantine facilities and recovery centers
 - REPEAT: Effectively synchronize public safety messaging across all levels of government
3. **Ensure the safety of our healthcare and other critical infrastructure workforce.**
 - Ensure personal protective equipment (PPE) supply chain integrity
4. **Ensure the development, maintenance, and use of data collection and analysis systems across the response that informs decision making processes and allows for evaluation of intervention efforts.**
 - Conduct serosurveillance (testing of sera for evidence of COVID-19 infection to get population estimates of infection rates)
 - Identify a model to predict hospital capacity needs and use that to inform decision making and evaluation of efforts
5. **When we have passed the initial peak and are ready to incrementally remove some of our non-pharmaceutical interventions, ensure a system that can quickly identify and isolate new infections and quarantine their close contacts to prevent a surge of new cases and to minimize new cases until an effective pharmaceutical intervention is available (e.g., medication or vaccine).**
 - Re-establish the capacity and means to conduct timely case and contact investigations for all reported cases
 - REPEAT: Develop and deploy an extensive rapid testing capability statewide for anyone with symptoms suggestive of COVID-19 that quickly incorporates new point-of-care and home testing
 - REPEAT: Establish isolation and quarantine facilities and recovery centers

6. **Minimize, to the extent possible, the economic impacts to individuals, families, communities, healthcare sector, and businesses of the non-pharmaceutical interventions and ensure the basic needs of food, shelter, physical and behavioral health for all Washingtonians.**
 - lessen impacts to workers and businesses through effective government interventions and programs
 - Activate philanthropy, business, community based and faith based organizations, and neighbor support mechanism.
7. **Maintain the critical infrastructure of society (e.g., food, energy, communications, transportation, etc.).**
 - Ensure continuity of critical infrastructure and supply chains
8. **Plan for economic, physical and behavioral health, and healthcare system recovery.**
 - Facilitate rapid economic recovery

DRAFT

Coordinated, Comprehensive COVID-19 Testing Strategy
Leader's Intent
March 30, 2020

Task:

Convene a small public health/health care system planning team to propose a coordinated, comprehensive COVID-19 testing operational plan that ensures access across the entire state, both for now and how we will expand/alter that as point-of-care and home testing tests come on board.

Have proposal back to Secretary Wiesman by Thursday, April 2nd at 0800.

Purpose for Now:

For now, while testing supplies are limited, the purpose is to make sure we have testing access across the entire state for the priority testing groups.

Endstate for Now:

DRAFT

1. We have a comprehensive listing of which healthcare systems are providing “drive up” or other testing and we understand who they are testing (e.g., members only or anyone?, which priority groups?), their general approach (e.g., limited time only vs ongoing, every day or other limited schedule), and their testing locations. Understanding this is not a static situation, this situational awareness must be regularly updated.
2. We have a comprehensive listing of any public “drive up” sites sponsored by FEMA or others and we understand who they are testing (e.g., which priority groups?) and their general approach (e.g., limited time only vs ongoing, everyday or other limited schedule). Understanding this is not a static situation, this situational awareness must be regularly updated.
3. For regions that don’t have a public “drive up” site to serve the prioritized testing groups, develop a plan to stand up a site (this could be contracting with an entity to do it or it could be something incident command establishes and runs). This plan requires ensuring access to testing supplies and appropriate PPE. Sample collection methods that reduce PPE needs (e.g., new guidance that allows patients to swab their own nose) should be prioritized.

DRAFT

Purpose for when Point-of-Care and Home Test Kits are Available:

As point-of-care and home test kits become available, we need a coordinated, comprehensive COVID-19 testing strategy that quickly identifies persons with COVID-19 infection so they can be quickly isolated and all of their close contacts quarantined and tested if they have symptoms.

Endstate for when Point-of-Care and Home Test Kits are Available:

1. Phone number(s) and website(s) where people can go to if they have symptoms to be screened for testing. [The plural is in here because it needs to be determined if health plans/health systems will buy into a centralized screening or if they are going to stand up their own screening. If centralized, Providence may be able to serve this function.]
2. For people who are mildly ill:
 - i. If they do not meet minimal level of symptoms g no testing
 - ii. If they meet minimal level of symptoms and no medical evaluation is needed g home test kit is delivered and picked up g results delivered to patient and positive tests

DRAFT

reported to public health electronically. Person should limit their movement to home while waiting for results.

- iii. If they meet minimal level of symptoms and need a medical evaluation g telemedicine or in person visit at a respiratory clinic.
 - 1. If telemedicine does not indicate an in person visit is necessary g home test kit is delivered and picked up g results delivered to patient and reported to public health electronically. Person should limit their movement to home while waiting for results.
 - 2. If telemedicine indicates an in person visit is necessary or if patient is directly referred to a respiratory clinic g point-of-care test is done in clinic with results available in an hour or less. Positive test results reported to public health electronically within 8 hours.
- 3. For people sick enough to go to ER or be admitted g point-of-care test with positive results reported to public health electronically within 8 hours.

DRAFT

4. It will need to be determined if public drive through testing still serves a purpose, and if so, it needs to be maintained. It may serve a purpose until the supply chain for point-of-care and home test kits are adequate.

From: [Camille Greene](#)
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[Lisa Boardman Kohrs](#)

[Board JPH](#)

Subject: Business Leaders Zoom Meeting re: COVID-19

Location: <https://zoom.us/j/5247230190>

When: 01-Apr-20 10:00:00 AM - 11:00:00 AM

Attachments: 2020.04.01 Business Leaders Call - COVID - AGENDA.pdf

Camille Greene is inviting you to a scheduled Zoom meeting. Everyone will be muted upon entry to the meeting to reduce feedback noise. When you speak, you will be unmuted.

Join Zoom Meeting

<https://zoom.us/j/5247230190>

Meeting ID: 42.56.420(4)

One tap mobile

13462487799,,5247230190# US (Houston)

16699006833,,5247230190# US (San Jose)

Dial by your location

1 346 248 7799 US (Houston)

1 669 900 6833 US (San Jose)

1 312 626 6799 US (Chicago)

1 929 205 6099 US (New York)

1 253 215 8782 US

1 301 715 8592 US

Meeting ID: 42.56.420(4)

Find your local number: <https://zoom.us/u/anLeWxDy3>

Business Leaders Call

April 1, 2020

10am-11am

10:03am Welcome & Purpose – Alisha Benson

10:05am Invited Speakers – each of you will have up to 5-7 minutes

Goal: Provide current updates and information that is important for the Business stakeholder group to be aware of, plan for, and engage in, in regard to their business planning, managing their employees, accessing supports and services, and supporting the community response.

- FEMA Update –
 - Brett Holt, Private Sector Liaison, Region 10 Office of External Affairs
 - Taylor Hennessee, Private Sector - Infrastructure Program Manager, WA Emergency Management Division
- State Update –
 - Adam McDaniel, Eastern Washington Regional Representative, Office of Governor Inslee
 - Senator Andy Billig, Senate Majority Leader, 3rd Legislative District
- Federal Update –
 - Michael Taggart, Legislative Director, Rep. Cathy McMorris Rodgers

10:40am Open for Q&A Discussion – we will unmute attendees at this time and they can also submit a question in the chat box that we will then share and have you respond as comfortable.

10:55am Close/Next Steps/Needs etc.

11am Adjourn

From: [Granum, Nicolas](#)
To: [Austin, JT \(GOV\)](#)
Date: 01-Apr-20 4:44:00 PM
Subject: RE: Food Security Coordination Team conf call tomorrow
Attachments: CUSI-SL-Catalog_September-2019 (1).pdf

This document helps show the strategy (if you haven't seen it, apologies for any duplication). Given that, in this current environment there may be unique needs and unique solutions that need to be pursued as the pandemic unfolds.

<https://nationalmasscarestrategy.org>

Let me know if that's along the lines of what you're hoping for, or if there are specific things that have come up I can make sure to address.

Nicolas Granum
Individual Assistance Region 10 Recovery Division
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Federal Emergency Management Agency
fema.gov



FEMA

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From: Granum, Nicolas
Sent: Wednesday, April 1, 2020 16:35
To: Austin, T (GOV)
Subject: RE: Food Security Coordination Team conf call tomorrow

Hi T,

Sure thing, will gather some materials that might be relevant to share and give a quick overview. It will be good to be able to re-emphasize the roll of the state EOC in fielding and validating local requests, since we're supporting them.

I may need to defer some questions if I don't have the answer, but I will try to gauge the audience and can definitely commit to finding the correct answer for you or the group if I don't have it tomorrow.

Nicolas Granum
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FEMA

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From: Austin, T (GOV)
Sent: Wednesday, April 1, 2020 16:11
To: Granum, Nicolas
Subject: Food Security Coordination Team conf call tomorrow

Hi Nicolas,
Would you be able to speak to what FEMA is able to provide with regards to food security Procurement, funding, reimbursement... On the FSCT call tomorrow
And, I was able to listen in to the last 15 mins of the grocer call today and am super interested in listening in on as many of those calls.
Thanks,
T

JT Austin (*she/her/hers*)
COVID-19 Food Security Hunger Relief Response
Senior Policy Advisor – Natural Resources Office of Governor Jay Inslee
Policy Office Cell: 360-62 - 440
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Email communications with state employees are public records and may be subject to disclosure, pursuant to Ch. 42.56 RCW.

LATEST COVID-19 UPDATES & RESOURCES: <https://coronavirus.wa.gov/>



Commonly Used Sheltering Items & Services Listing (CUSI-SL) Catalog

September 2019



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Key Information

Process

- Items being requested from the CUSI-SL must follow standard operating procedures for ordering (e.g., Resource Request Form (RRF) from the State).
- Requested items will be annotated in the Logistics Supply Chain Management System (LSCMS) Customer Order form. Attach the RRF to the LSCMS Customer Order form.
- All kits (Infant/Toddler (I/T) items, Durable Medical Equipment (DME) and Consumable Medical Supplies (CMS) will be ordered through the Customer Order form.
- Items highlighted in orange (Items #HK-001 through #HK-0017 on Page 6, and Items #FD-001, #FD-002, and #GN-001 on Page 9) will automatically go to the Logistics Management Directorate (LMD) at FEMA National Headquarters for fulfillment due to existing agreements with other Federal agencies (OFA) for support.
- The Infant/Toddler kit contains both perishable and non-perishable items, all of which are highlighted in green. The kits are transported in perishable and non-perishable shipments.
- Items #I/T-001 through #I/T-007 on Page 10 make up the perishable portion of the kit. Items #I/T-008-I/T-026) on Pages 10-11 make up the non-perishable portion of the Infant/Toddler Kit.
- DME and CMS items are intended to be ordered and deployed as tandem kits to support sheltering operations.
- Regional Log Chiefs will be able to utilize existing Indefinite Delivery/Indefinite Quantity (IDIQs) for Mass Care support to include Shelter and Feeding Items and Related Services.

Notes

- FEMA has a goal of replacing all Standard Disaster Survivor (SDS) cots with Enhanced Disaster Survivor (EDS) cots through attrition over time.
- Local Business Transition Team (LBTT) and “Ability-One” program organizations will be utilized to the maximum extent possible in every category of the CUSI-SL.
- All personal liquid items must meet Transportation Security Administration standards (3.4 oz. [100 milliliters] or less) in case of aerial evacuation unless otherwise indicated.

Commonly Used Shelter Items & Services Listing (CUSI-SL)

General Notes

1. Planning estimates are based on a one hundred (100) person shelter population for one (1) week per order, or as requested.
2. Shelter items (SI) may be ordered at the LMC or JFO.

Sheltering Items				
Sheltering items include basic supplies needed to sustain shelter operations.				
ID #	Item	Description	Quantity	Location of Commodities
SI-001	Blanket, Cotton	White, 66" x 90"	400 each	Just In Time (J.I.T.)
SI-002	Cots, Enhanced Disaster Survivor (EDS)	H: 16" min w/mattress – 19" max w/mattress. Width: 30" min – 36" max Length: 80" min Unit Weight: 40 lbs. max Supports a minimum of 350 lbs.	100 each	J.I.T.
SI-003	Banquet Packs	Plastic Fork, Knife, Spoon and Napkin; 3-4 / per Person Daily	400 daily / 2,800 weekly	J.I.T.
SI-004	Beverage Commodities	Includes Concentrated Drink Mix for Punch & Lemonade, Juice (Individual Bottles), Tea, & Instant Hot Chocolate) 3-4 Servings of 6-8 oz / per Person Daily	300 liters daily / 2,800 liters daily	J.I.T.
CM-093	Paper Cups, 12 oz.	100 per sleeve (5 sleeves per case)	500 cases	J.I.T.
SI-005	Bottled Water	3 Liters per Person Daily (almost 1 Gallon per P/D)	300 liters / 2,100 liters daily	J.I.T.
SI-006	Beverage Dispenser Insulated	Beverage Dispenser: 5 gallon, insulated; capable of hot and cold beverages. Brand name or equivalent to Cambro #500LCD	4 per shelter / 4,000 per shelter	J.I.T.
SI-007	Food Carrier Insulated	Food carrier-insulated, capable of storing hot and cold dishes. Brand name or equivalent to Cambro model #'s: 100MPCHL-158; UPCS180-401; UPCS160-110	6 per shelter / 6,000 per shelter	J.I.T.
SI-008	Paper Towel Dispenser	Model HWAPR-110	2 per shelter	J.I.T.
SI-009	Shelf Stable Meals	2 per Person Daily	200 daily	J.I.T.

SI-010	Commercial Grade Packaged Food Commodities	Commercial Grade Packaging (e.g., #10 Cans) or individual quick frozen of Veggies, Fruit & Protein; Frozen Precooked Protein; Snack Foods (e.g.- Chips, Cookies) & other Items as Identified	Resource Request and Statement of Work will be validated by ESF # 6	J.I.T.
SI-10a	Retail-sized Food Commodities	Retail-sized packaging of non-perishable veggies, fruits and proteins; snack foods (e.g., chips, cookies, and other items as identified).	Resource Request and Statement of Work will be validated by ESF # 6	J.I.T.
SI-011	Clothing, Winter	Sweat suits: 90% Adult, 10% Child (Varying Sizes)	10,000 Child / 90,000 Adult	J.I.T.
SI-012	Clothing, Summer	Tops & pants: (e.g.-Doctor Scrubs): 90% Adults, 10% Childs (Varying Sizes)	10,000 Child / 90,000 Adult	J.I.T.
SI-014	Cots, Standard Disaster Survivor (SDS)	11 ½" H x 25" W x 76" L	100 each	J.I.T.

Hygiene Kit Items

1. Hygiene kits consisting of items #001-017 will replace hygiene kits currently in stock in FEMA Distribution Centers (DCs) as they are used.
2. Items #1-17 highlighted in orange below will be sent from GSA National Headquarters as a kit; items #18-26 may be ordered a la carte off the 100-person shelter kit IDIQ contract at the Logistics Management Center (LMC) or Joint Field Office (JFO).
3. The individual hygiene kit components (Items #1-16) shall be assembled into a small, water-resistant plastic bag with a re-closable zip lock mechanism.

Hygiene Kit Items

ID #	Item	Description	Quantity	Location of Commodities
HK-000	To order the entire Hygiene Kit (HK) of items #001-017, use #HK-000.			
HK-001	Antibacterial cleansing wipes	Travel pack of 15	100 each	J.I.T.
HK-002	Bar, Antibacterial Soap (i.e. - Dial)	1 oz. or less	100 each	J.I.T.
HK-003	Comb, Individual	Plastic, 5"	100 each	J.I.T.
HK-004	Deodorant, Unscented (No aloe)	1.5 oz. or less	100 each	J.I.T.
HK-005	Facial Tissue, 2 Ply	Travel Pack of 15	100 each	J.I.T.
HK-006	Hairbrush	Plastic with Medium Bristles	100 each	J.I.T.
HK-007	Hand & Body Lotion	2 oz. or Less	100 each	J.I.T.
HK-008	Hand Sanitizer	2 oz.	100 each	J.I.T.
HK-009	Razor, 3 Blade with Cover	Disposable	100 each	J.I.T.
HK-010	Shampoo	2 oz. or Less	100 each	J.I.T.
HK-011	Conditioner	2 oz. or Less	100 each	J.I.T.
HK-012	Shaving cream	2.5 oz. or Less	100 each	J.I.T.
HK-013	Toothbrushes, Adult	Soft Brush, in Wrapper	100 each	J.I.T.
HK-014	Toothpaste	.85 oz. or Less	100 each	J.I.T.
HK-015	Mouthwash (antiseptic)	1.5 oz. or Less	100 each	J.I.T.
HK-016	Washcloths	White, Cotton, 12" x 12"	100 each	J.I.T.
HK-017	Patch Handle Bag	Plastic, White, 15" x 18 x 4"	100 each	J.I.T.

Bulk Hygiene Items

To be ordered separately as needed.

ID #	Item	Description	Quantity (Min/Max)	Location
HK-018	Shower Caps	One Size Fits All	100 each	J.I.T.
HK-019	Shower Shoes, Adult	One Size Fits All	100 each	J.I.T.
HK-020	Shower Shoes, Child	One Size Fits all	100 each	J.I.T.
HK-021	Toothbrushes, Child	Individually Wrapped	25 each	J.I.T.
HK-022	Feminine Napkins	Travel Size Box of ten (10)	100 box	J.I.T.
HK-023	Feminine Product (e.g. - tampon)	Travel Size Box of ten (10)	100 box	J.I.T.
HK-024	Bathroom Tissue, (2) ply	1 Roll per Person	100 each	J.I.T.
HK-025	Bar Soap (e.g. - ivory)	1 oz. or Less	25 each	J.I.T.
HK-026	Bath Towels	White, Cotton, 27" x 52"	100 each	J.I.T.

Shelter Cleaning Items

Items #1-11 may be ordered a la carte off the 100-person shelter kit IDIQ contract at the LMC or JFO.

ID #	Item	Description	Quantity (Min/Max)	Location of Commodities
SC-001	All-purpose cleaner	Spray bottle, 32 oz./ 1 Quart	36 bottles	J.I.T.
CM-011	Bleach	32 oz. /1 Quart	20 bottles	J.I.T.
SC-003	Broom	Heavy Duty	6 each	J.I.T.
CM-012	Bucket, Plastic	Five (5) Gallon	6 each	J.I.T.
SC-005	Dust Pan	17"	6 each	J.I.T.
SC-006	Gloves, Rubber	75 Large; 25 Medium	100 per shelter	J.I.T.
SC-007	Mop	20 oz. Mid-Grade Industrial Cotton	6 each	J.I.T.
CM-013	Paper Towel, one (1) Ply (e.g. – Scott)	11" x 8 ¾", 120 sheets per roll	200 rolls	J.I.T.
SC-009	Sponge, Standard	4 ¼" x 6"	25 each	J.I.T.
CM-002	Tall Kitchen Bags, Plastic	13-Gallon	200 each	J.I.T.
SC-011	Trash Bags (Heavy Duty; Roll of 20)	Large (42-Gallon)	100 each	J.I.T.

	Miscellaneous Shelter Items (MSI)			
	Items #001-015 may be ordered a la carte off the 100-person shelter kit IDIQ contract at the LMC or JFO.			
ID #	Item	Description	Quantity (Min/Max)	Location Of Commodities
MI-001	Can openers, commercial	Manual for #10 cans	6 each	J.I.T.
MI-002	Caution Tape, Yellow	2" x 50 yards	2 rolls	J.I.T.
HK-005	Facial Tissue, 2 Ply	100 Tissues per Box	15 box	J.I.T.
MI-004	Gloves, Food Handling	100 per box (75% Medium & Large; 25% XL)	4 (M); 4(L); 3(XL) boxes	J.I.T.
CM-014	Hand Sanitizer, Large	8 oz. each with Pump	6 each	J.I.T.
CM-093	Insulated Paper cups, 12 oz.	100 per sleeve (5 sleeves per case)	500 cases	J.I.T.
CM-005	Lids with Holes for Straws	Plastic lid for 12 oz. Paper cups	1,000 each	J.I.T.
CM-035	Diapers, Adults	Extra-Large	60 each	J.I.T.
CM-036	Diapers, Adults	Large	60 each	J.I.T.
CM-037	Diapers, Adults	Medium (CM-037)	60 (M) each	J.I.T.
CM-038	Diapers, Adults	Small (CM-038)	60 (S) each	J.I.T.
CM-004	Magnifying Glass	Classic, 3" with 5X Magnification	2 each	J.I.T.
CM-006	Flexible Drinking Straws	100 each in Pack	25 packs	J.I.T.
CM-007	Duct Tape	2" x 60 Yards per Roll	12 rolls	J.I.T.
CM-008	CHUX Pads	Standard Size, 17" x 24"	1 box	J.I.T.
CM-009	Non-Latex Gloves	Non-Powder, Disposable, L	1 box (100 each)	J.I.T.
MI-016	Bio-Hazard Waste Bags	20 - 30 Gallon Waste Bags w/ "Infectious Waste" Print on pkg.	2 cases	J.I.T.
MI-017	Can Openers, Retail-Size	Manual for retail-size cans	3 each	J.I.T.

Leased Equipment and/or Contracted Services

1. For items marked Accessible (**), ramps must include 12' of ramp for every 1' in rise.
2. Items on the page may be ordered at the Logistics Management Center (LMC) or Joint Field Office (JFO) from existing IDIQs/contracts *except* items #FD-001, #FG-002, and #GN-001 (marked in yellow), which can be filled from the national level only.

ID #	Item	Description	Quantity (Min/Max)	Location
FD-001	Fuel, diesel (FD)	Fuel	100 gallons per day for generators (100 gals / 100,000 gals). TBD at time of disaster.	Fuel Depot
FG-002	Fuel, gasoline (FG)	Fuel		Fuel Depot
LE-001	Propane	Cylindrical Tanks / Gallons	250gals.	J.I.T.
LE-002	Portable toilets, Accessible **	Service 3 x Per Week	8 per shelter	J.I.T.
LE-003	Hand-Washing Stations, Accessible **	Transportable Sink	4 each	J.I.T.
LE-004	Laundry Service	Service 3 x Per Week	Service for 100	J.I.T.
LE-005	Portable Shower Units, Accessible **	Transportable Shower Facility with Daily Service	25 each /50 each	J.I.T.
LE-006	Box Trucks, 24'	Cubed Storage Space on Truck; equipped (w/working lift-gates	25 each /50 each	J.I.T.
LE-007	Commercial Truck Drivers	To Assist in Delivery of Commodities	TBD at time of disaster	J.I.T.
LE-008	Dumpsters	40 Yard with Daily Service	2 per shelter	J.I.T.
LE-009	Fresh Water	2,000 Gallons / Per Day	2,000 gals.	J.I.T.
GN-001	Generators (GN)	30 KW	1 per shelter	J.I.T.
LE-010	Forklifts, All Terrain	6,000 lbs.	1 per shelter	J.I.T.
LE-011	Pallet Jacks (Hand)	Standard / 3,500 - 4,500	2 per shelter	J.I.T.
LE-012	Hand Trucks (Dollies)	1,500 - 2,000 lbs. Capacity	1 per shelter	J.I.T.
LE-013	Reefer Trailers, 53' & 48'	Refrigerated Container Truck	1 per shelter	J.I.T.
LE-014	Dry Box Trailers, 53' & 48'	Dry Freight Trailers	2 per shelter	J.I.T.
LE-015	Power Washers	Pressurized Washers	4 per shelter	J.I.T.
LE-016	Grey Water	2,000 Gallon Tank	1 per shelter	J.I.T.
LE-017	Bio-Hazard Collection Service	10-Gallon Regulated Medical Waste System	1 per shelter with service	J.I.T.

Infant and Toddler (I/T) Kit

1. Planning estimate for one week based on 10% of 100-person shelter population being ten (10) infants and toddlers.
2. Items #001-026 highlighted in green below will be pushed to the field as part of pre-staging activities. Items #027-033 are PULL items.
3. Items on this page may be ordered a la carte off the existing IDIQ at the Logistics Management Center (LMC) or Joint Field Office (JFO) to support only what is needed.
4. USDA will automatically assume provision of items #001-007 within 96 hours.
5. All baby formula must be “ready to use” or “ready to feed” pre-mixed bottles, not powder-based formula.
6. Items #006 and #007 should be dispensed by shelter health services staff.

ID #	Item	Description	Quantity (Min/Max)	Location of Commodities
I/T-000	To order a Pre-Staged Kit of Items #001-026, use I/T-000			
I/T-001	Baby Food—Stage 2 (includes vegetables, fruit, and meat)	16 oz. daily per infant/toddler for six (6) infants / toddlers	672 oz. / week Range in container sizes: 3.5-4 oz. each	Distribution Center (D.C.)
I/T-002	Baby Cereal (e.g.-Gerber rice, barley, or oatmeal)	Dry, single grain	894 ounces per week Range in container size: 2 – 8 ounces	D.C.
I/T-003	Formula, Milk-based, Ready to Feed (already mixed with water) in bottles or cans [e.g.- Similac Ready to Feed]	32 oz. daily per infant for four (4) infants	894 ounces per week Range in container size: 2 – 8 ounces	D.C.
I/T-004	Formula, Soy-based, Ready to Feed (already mixed with water) [e.g. – Similac Isomil Advance]	32 oz. daily per infant for two (2) infants	448 ounces per week Range in container size: 2 – 8 ounces	D.C.
I/T-005	Formula, Hypoallergenic-hydrolyzed Protein, Ready to Feed (already mixed with water) [e.g.-Similac Alimentum Hypoallergenic]	32 oz. daily per infant for two (2) infants	448 ounces per week Range in container size: 2 – 8 ounces	D.C.
I/T-006	Oral Electrolyte Solution, Ready to Use, Flavored or Unflavored (e.g.- Pedialyte, Enfalyte or generic)	32 oz. daily per infant for two (2) infants	448 ounces per week Range in container size: 2 – 8 ounces	D.C.
I/T-007	Nutritional Supplemental Drinks for Children over 12 months of age, Ready to Drink (e.g.-Pediasure, Boost Kids Essentials)	32 oz. daily per infant for two (2) infants	448 ounces per week Range in container size: 2 – 8 ounces	D.C.
I/T-008	Sip Cup - Soft Starter Spill Proof Cup with 2 Handles	6 oz. size	10 each	D.C.
I/T-009	Diapers (Up to 10 lbs.)	Newborn	40 each	D.C.
I/T-010	Diapers, Infants (up to 14 lbs.)	Size 1	160 each	D.C.
I/T-011	Diapers, Infants (12-18 lbs.)	Size 2	160 each	D.C.
I/T-012	Diapers, Infants (16-18 lbs.)	Size 3	160 each	D.C.
I/T-013	Diapers, Infants (22-37 lbs.)	Size 4	160 each	D.C.
I/T-014	Pull up Diapers (38+ lbs.)	Size 4T-5T	160 each	D.C.

I/T-015	Diaper (Baby) wipes [e.g.-Huggies Natural Care]	Fragrance free	1,400 each 14 boxes 100/bx	D.C.
I/T-016	Preventative Baby Ointment (e.g.- A&D Ointment)	Tube Sizes: 2 oz. – 4 oz. Maximum	10 each	D.C.
I/T-017	Diaper Rash Ointment with Zinc (e.g.-A&D Ointment w/Zinc)	Tube Sizes: 2 oz. – 4 oz. Maximum	10 each	D.C.
I/T-018	Burping Cloth	16" x 24"	10 each	D.C.
I/T-019	Infant Feeding Bottles (Plastic Only)	6 oz. Size Preferred	200 each	D.C.
I/T-020	Nipples for Baby Bottles	Standard, Non-latex, two (2) per Bottle	400 each	D.C.
I/T-021	Infant / Small Child Feeding Spoons	Small Width, Soft Tip (Individually Wrapped)	60 each	D.C.
I/T-022	Disposable Changing Pads	At Least 13" x 18" in Size	140 each	D.C.
I/T-023	Infant Wash, Hypoallergenic (e.g.- Johnson's Natural Baby Wash)	9 oz. Plastic Bottle	10 each	D.C.
I/T-024	Washcloths	Terrycloth or Cotton	15 each	D.C.
I/T-025	Towels	Terrycloth or cotton	15 each	D.C.
I/T-026	Washcloths Towels	Hypoallergenic (e.g.- Cotton, Cotton- flannel, or Polyester fleece)	15 each	D.C.
I/T-027	Coloring Books	Suitable for Small Children	18 each	J.I.T.
I/T-028	Crayons	24-Count	10 each	J.I.T.
I/T-029	Infant Bathing Basin	Thick Plastic, Non- Foldable Basin At least 12" x 10" x 4"	10 each	J.I.T.
I/T-030	Portable Cribs / Playpens	Lightweight, Portable (e.g., Graco Travel Lite Crib)	5 each	J.I.T.
I/T-031	Toddler Potty Seat	Fits on adult toilet seat w/Handles for Support	4 each (2 > men's & 2 > women's restrooms)	J.I.T.
I/T-032	Electrical Receptacle Covers	Plastic, Minimum 36	1 package of 36 each	J.I.T.
I/T-033	Diapers, Infant (Up to 6 lbs.)	Preemie	40 each	J.I.T.

Durable Medical Equipment (DME)

1. Items on this page may be ordered a la carte at the Logistics Management Center (LMC) or JFO off the existing IDIQ contract to support only what is needed.
2. Items #001-047 highlighted in green below will be pushed to the field as part of pre-staging activities.
3. Items #048-051 are PULL items.
4. To order entire kit of items #001-048, use DM-000.

ID #	Item	Description	Quantity (Min/Max)	Location of Commodities
DM-000	To order entire kit of items #001-047, use DM-000			
DM-001	Bed Wedge for Bariatric Cot	24" x 24' x 12"	3 each	Distribution Center (D.C.)
DM-002	Westcott 700 Cot, Bariatric with mattress	600 lbs. Capacity	3 each	D.C.
DM-003	Westcott 400 Cot with Mattress	with Half Side Rails	5 each	D.C.
DM-004	Bedside Commode	300 lbs. capacity	2 each	D.C.
DM-005	3 in 1 Commode for Over Toilet Use	300 lbs. Capacity	2 each	D.C.
DM-006	Independent Toilet Seat with Safety Bars	Contoured, w/Soft Foam Armrests; Height Adjustable Legs; Weight Capacity: 350 lbs. Adds 4" to Height. Width: 22 1/2"; Width between Arms: 19"; Depth: 15 1/4 "; Height: Floor to seat 20"	2 each	D.C.
DM-007	Egg Crate Padding	32"W x 72"L, 1.2 density foam, roller compressed pkg.	1 each	D.C.
DM-008	Walker, Dual Release	Standard w/out Wheels	1 each	D.C.
DM-009	Walker, Dual Release	Standard w/Wheels	1 each	D.C.
DM-010	Walker, Dual Release (Bariatric)	Heavy duty w/wheels; capacity up to 600lbs.	1 each	D.C.
DM-011	Wheelchair, Adult	1ea w/Foot Rest; 1ea w/Elevated Leg Rest	2 each	D.C.
DM-012	Wheelchair, Adult XL (Bariatric)	Overall width (open) 39"; capacity 700 lbs. with elevated Leg Rest	1 each	D.C.
DM-013	IV-Pole, 5 Caster	Heavy Gauge Steel, Slow-descending Pole, 3" Casters w/Dust Covers and Thread Guards; Base has Durable Black Powder Finish	2 each	D.C.
DM-014	Canes, White	Standard Cane for the Blind	2 each	D.C.
DM-015	Canes, Quad	Large Base	2 each	D.C.
DM-016	Crutches, Adult	Hardwood Armpit Crutch w/20" Length of 1" x 1": Padded Top (Adjustable)	2 pair	D.C.
DM-017	Crutches, Youth	Same Description as Adult Crutch but Size Adjusted for Children (Adjustable)	1 pair	D.C.
DM-018	Handheld Shower	With 84" Hose	2 each	D.C.
DM-019	Shower Chair (Bariatric)	700 lbs.; Bath Bench	2 each	D.C.

DM-020	Privacy Screen	3 Panel with Castors	10 each	D.C.
DM-021	Dressing Aid Stick	2 hooks: One "C" Hook; One Push-pull Hook; Both Hooks Plastic Coated	2 each	D.C.
DM-022	Transfer Boards	Standard for Wheelchair	2 each	D.C.
DM-023	Assorted Utensil Holders (Non-Latex)	Special Soft Holders, 3" L x 1"H	2 each	D.C.
DM-024	Wheelchair (Bariatric) Ramps	6' x 48"; supports up to 800 lbs.	1 each	D.C.
DM-025	Gait Belt	70" wipeable / antimicrobial	2 each	D.C.
DM-026	Gait Belt	96" wipeable / antimicrobial	1 each	D.C.
DM-027	Gravity Feeding Set	Gravity Feeding Set	2 each	D.C.
DM-028	I.V. Pole 2 Hook	4 leg; 2 hook	2 each	D.C.
DM-029	Assistive listening devices	Pocketalker Ultra: PKT D1 EH (plug mount microphone, microphone extension cord, lanyard, mini earbud and folding headphone)	2 each	D.C.
DM-030	Headset (listening devices) covers	Sanitary stretchable headphone covers; fits 3 inches in size headphones	500 each	D.C.
DM-031	Magnifying glass	7x LED illuminated magnifier round (needs AA batteries)	1 each	D.C.
DM-032	Communication Cards (picture boards)	Large with common shelter pictures	2 each	D.C.
		Adaptive eating devices		D.C.
DM-033	Adaptive eating devices	Food Bumper Translucent plastic (clip on)	2 each	D.C.
DM-034	Adaptive eating devices	Comfort grip angled fork-right hand	2 each	D.C.
DM-035	Adaptive eating devices	Comfort grip angled fork-left hand	2 each	D.C.
DM-036	Adaptive eating devices	Comfort grip angled spoon-right hand	2 each	D.C.
DM-037	Adaptive eating devices	Comfort grip angled spoon-left hand	2 each	D.C.
DM-038	Adaptive eating devices (Pediatric)	Comfort grip spoon-left hand	1 each	D.C.
DM-039	Adaptive eating devices (Pediatric)	Comfort grip spoon-right hand	1 each	D.C.
DM-040	Adaptive eating devices (Pediatric)	Comfort grip fork-right hand	1 each	D.C.
DM-041	Adaptive eating devices (Pediatric)	Comfort grip fork-left hand	1 each	D.C.
DM-042	Bedside Commode	Steel Bariatric Commode. Capacity 650 lbs. or greater	1 each	D.C.
DM-043	Elevated locking toilet seat	Locking elevated; capacity up to 350 lbs.	1 each	D.C.
DM-044	3-in-1 Commode	Capacity up to 650 lbs.	1 each	D.C.
DM-045	Shower Mat Non-Slip	16" x 34" Non-Slip Vinyl	4 each	D.C.
DM-046	Digital infrared thermometer (temporal)	Heat-seeker infrared, laser pointer, no touch	½ dozen	D.C.
DM-047	Seated (Bariatric) Walker	Dual release; heavy duty w/wheels up to 800 lbs.	1 each	D.C.

DM-048	Comfort Box	1ea Knit Pant, T-shirt, Pair Socks for Bariatric Resident	10 each	J.I.T.
DM-049	Transfer Lift with / two (2) Mesh Slings	450 lbs. Capacity (Hoyer Lift)	2 each	J.I.T.
DM-050	Wheelchair, Pediatric	1ea w/Foot Rest; 1ea w/Elevated Leg Rest	2 each	J.I.T.
DM-051	Refrigerator (No Freezer)	Counter Height; Used for Medications	2 each	J.I.T.

Consumable Medical Supplies (CMS)

1. Items #1-93 may be ordered at the Logistics Management Center (LMC) or JFO off the existing IDIQs; items may be ordered a la carte to support only what is needed.
2. Total of 33 perishable line items included.
3. Items CM-003/I/T-007, CM-024, and CM-025 should be dispensed by shelter health services staff.

ID #	Item	Description	Quantity (Min/Max)	Location of Commodities
CM-000	To order entire kit of items #1-93, use CM-000			
HK-001	Antibacterial Cleansing Wipes	Travel pack of 15	100 each	Distribution Center (D.C.)
CM-002	Tall Kitchen Bags, Plastic	13-gallon	100 each	D.C.
I/T-007	Nutritional Supplemental Drinks for children (over 12 months of age), ready to drink (e.g., Pediasure, Boost Kids Essentials)	32 oz. daily per infant for two (2) infants	448 ounces per week Range: 2 – 8 ounces	D.C.
CM-004	Magnifying Glass	Classic, 3" with 5X Magnification	2 each	D.C.
CM-005	Lids with Holes for Straws	Plastic for 12 oz. Paper Cups	2,500 each	D.C.
CM-006	Flexible drinking straws	100 per pack	25 packs	D.C.
CM-007	Duct tape	2" x 60 Yards per Roll	12 rolls	D.C.
CM-008	CHUX pads	Standard Size, 17" x 24 "	1 box of 25 each	D.C.
CM-009	Non-latex Gloves	Non-powder, Disposable, L	1 box of 100 each	D.C.
CM-010	Bio-Hazard Waste Bags	10 Gallon Regulated Medical Waste System	2 cases of 100 each	D.C.
CM-011	Bleach	1 Quart	20 bottles	D.C.
CM-012	Bucket, plastic	5 Gallon	10 each	D.C.
CM-013	Paper Towels, 1 Ply (e.g.-Scott)	11" x 8 3/4", 120 Sheets per Roll	10 cases with 20 rolls each	D.C.
CM-014	Hand Sanitizer, Large	8 oz. each with Pump	1 case of 6 each	D.C.
HK-008	Hand Sanitizer, Small	2 oz. each	100 each	D.C.
CM-016	Baggies, Clear Plastic, r Resealable	Quart and Gallon Size (Range in box size: 20-40 count)	100 each Quart 100 each Gallon	D.C.
CM-017	Instant Ice	Self-Contained, Break to Use	Package of 12	D.C.
CM-018	Instant Heat	Self-Contained, Break to Use	Package of 12	D.C.
CM-019	Emesis Basin	Shallow, Plastic, 8.5"	12 each	D.C.
CM-020	Bedpans	Disposable without Cover; 350 lbs.	2 each	D.C.
CM-021	Bedpans	Disposable without Cover; 250 lbs.	10 each	D.C.
CM-022	Urinals, Male	Plastic with Cover; 14"L x 11"W x 2.5"D	8 each	D.C.
CM-023	Distilled Water (for Humidifiers)	1 Gallon Size	10 each	D.C.
CM-024	Nutrition Drink for Diabetics (e.g.- Glucerna)	Plastic Bottles, 8 ounces	48 bottles	D.C.

CM-025	Nutrition Drink, High Protein (e.g.-Ensure)	Plastic Bottles, 8 ounces	48 bottles	D.C.
CM-026	Tracheotomy Care Tray	Two Vinyl Gloves Water-resistant Drape Packet of 3% Hydrogen Peroxide Two Cotton-tipped Applicators Tracheotomy Brush Two Pipe Cleaners Four Gauze Pads, 4" x 4" Tracheotomy Dressing Twill Tape, 1/2" x 36"	2 each	D.C.
CM-027	Scissors	Blunt End, 5" - 6 1/2"	2 each	D.C.
CM-028	Scissors	Sharp and curved, 4 1/2" - 5 1/2"	2 each	D.C.
CM-029	Back Support	Universal size with lightweight belts worn around the lower back to provide support to the lumbar area	2 each	D.C.
CM-030	Cervical Collar, Universal	Supports cervical portion of spinal cord / head	4 each	D.C.
CM-031	Blood Pressure Cuff	Automatic with Batteries	2 each Standard Adult, 2 each XL Adult, 2 each Child's	D.C.
CM-032	Saline Solution	Sterile .9% Saline Solution to Wash Wounds, 7 oz. size	12 each of 7 oz. size	D.C.
CM-033	Pill Crusher	Standard	6 each	D.C.
CM-034	Pill Cutter	Standard	6 each	D.C.
CM-035	Diapers, Adult	XL	60 each	D.C.
CM-036	Diapers, Adult	Large	60 each	D.C.
CM-037	Diapers, Adult	Med	60 each	D.C.
CM-038	Diapers, Adult	Small	60 each	D.C.
CM-039	Pull-Up Adult Diapers (e.g.-Prevail adjustable underwear)	Small	20 each	D.C.
CM-040	Pre-moistened Wipes (e.g.-Wet-Nap)	Pre-moistened individually wrapped Towelettes; 100 wipes per bag	1 bag of 100	D.C.
CM-041	Sterile Gauze	4" x 4", 100% cotton	2 boxes of 100	D.C.
CM-042	Sterile Gauze Sponges	2" x 2", 100% cotton	2 boxes of 50	D.C.
CM-043	ABD Pads	Sterile Wound Pads, 8" x 10"	1 case (approx. 200)	D.C.
CM-044	Ace Bandages (2")	2" x 4.5 Yards per Box	2 boxes	D.C.
CM-045	Ace Bandages (3")	3" x 4.5 Yards per Box	2 boxes	D.C.
CM-046	Ace Bandages (4")	4" x 4.5 Yards per Box	2 boxes	D.C.
CM-047	Ace Bandages (6")	6" x 4.5 Yards per Box	2 boxes	D.C.
CM-048	Applicators, 6" (i.e.-Q-tip)	Cotton Tipped; 100 per Box	2 boxes	D.C.
CM-049	Bandage Gauze Roll (2")	2" x 10 Yard per Roll	6 dozen	D.C.
CM-050	Bandage Gauze Roll (4")	4" x 10 Yard per Roll	6 dozen	D.C.
CM-051	Cotton Balls	100% Cotton	4 bags of 50	D.C.
CM-052	Colostomy Appliance	Cut to Fit Stomahesive w/Tape Collar;	2 each	D.C.

		w/1-Sided Comfort Panel, 12"; Tail Clip by Convatec		
CM-053	Colostomy Wafers	Individually Wrapped, 4" x 4"	2 boxes of 10 each	D.C.
CM-054	Colostomy Paste	Ostomy Paste, 2 oz. Tubes	4 tubes	D.C.
CM-055	Colostomy Skin Preps	Protective Barrier Wipes	1 box of 50 wipes	D.C.
CM-056	Colostomy/Ileostomy Bags	11" Drainable Bag Cut to Fit	1 box of 10	D.C.
CM-057	Telfa Dressings, Sterile	3" x 4"	2 boxes/10 pads	D.C.
CM-058	General antiseptic cleansers (e.g.- BZK Towelettes)	Non-Alcohol, 5" x 7", Latex Free	2 boxes of 100	D.C.
CM-059	Alcohol Prep Pads, 2 ply	100 per Box	4 boxes of 100	D.C.
CM-060	K-Y Jelly	4 oz. Size (Size range: 2 oz. – 4 oz.)	4 tubes	D.C.
CM-061	Hydrogen Peroxide, Topical	16 oz. Size (Size range: 8 oz. – 16 oz.)	4 bottles	D.C.
CM-062	Betadine scrub solution	16 oz. Size (Size range: 8 oz. – 16 oz.)	4 bottles	D.C.
CM-063	Adhesive, non-allergic	1" Paper Tape x 11 Yards	6 each	D.C.
CM-064	Adhesive, non-allergic	2" Paper Tape x 11 Yards	6 each	D.C.
CM-065	Safety Pins, closed	Nickel Plated, 1.74" (Size 2)	1 box of 1,440	D.C.
CM-066	Medicine Cups	1 oz. Size	2 packages of 100 each	D.C.
CM-067	Hand Asepsis Towelettes	Antimicrobial Hand Wipe; 160 per Pack	4 packages of 160 each	D.C.
CM-068	Batteries - Assorted Sizes	AAA/AA/C/D/9 Volt	24 each - AA & AAA; 8 each - C & D & 9 volt	D.C.
CM-069	Spray Bottle, Plastic	6 ounce Size	4 each	D.C.
CM-070	Blood Glucose Meter Kit	Includes Meter, Carrying case, Lancing Device, 10 Lancets, Control Solution Normal & Alt Site Test Cap	4 each	D.C.
CM-071	Test Strips – Diabetic	50 Strips per Box	2 boxes	D.C.
CM-072	Velcro, Double Sided (Loop & Hook)	1", 2", and 4" x 50 Yards	2 rolls of each size	D.C.
CM-073	Nebulizer	350 ml Capacity; FIO (2) Settings adjustable from 35-100% with Ports for a Feed Set and Immersion Type Heater	2 each	D.C.
CM-074	Isolation Mask	Basic with Ear Loops; Fluid resistant with Polypropylene Outer facing	1 box of 50	D.C.
CM-075	Foley Catheter	All Silicone, 12Fr 5Cc	10 each	D.C.
CM-076	Intermittent Catheter, Male	Cath Intmt Rdrbr 8Fr 16In. With Funnel End & Round, Hollow Tip. Two Opposing Eyes. Sterile. SizeA~16"~SizeB~8 Fr^	25 each	D.C.
CM-077	Condom Catheters, Male	Cath Exterior Tex Ltx 2-Pc W-Fm. With 5(1/2)"L x 3/4"W Foam Strap	25 each	D.C.
CM-078	Intermittent Catheter, Female	Intmt Pvc Pls Cath F 14 Fr 6.5. Sterile. Clear Polyvinyl	25 each	D.C.

		Chloride w/Matte Finish, Smooth Rounded Tip, Funnel End. SizeA~6 1/2"SizeB~14 Fr^		
CM-079	External Catheter, Male	Cath Ext Tex Ltx 2-Pc W-Fm. With 5(1/2)"L x 3/4"W Foam Strap	25 each	D.C.
CM-080	Spray, Medical Adhesive	3.2 ounce	25 each	D.C.
CM-081	Adhesive Remover, Universal	Remover wipe	1 box = 5 cans of 50wipes	D.C.
CM-082	Leg Bags, Soft, Vinyl Bags with Flutter Valve and Velcro Strap (Assorted sizes - sm/med/lg)	500ml x 3 600ml x 3 950ml x 3	3 bags of each size	D.C.
CM-083	Cannulas Nasal Oxygen Tubes (Disposable)	Extra Soft, Curved Tip w/7' Crush Resistant Tubing	5 each	D.C.
CM-084	Regulators, Oxygen	Oxygen Regulator with Overall Length Less Than 4"; Weight 6.9 Ounces. Downward Facing Outlet Port	2 each	D.C.
CM-085	Bedside Drainage Collectors	2000 cc Bag with Drip Chamber, Sample Port and Universal Hanging Device	3 each	D.C.
CM-086	Power Strips	6' Length	5 each	D.C.
CM-087	Battery Chargers	For Wheelchair Batteries (Cirrus Plus EC Power)	2 each	D.C.
CM-088	Extension Cords	50' Length	3 each	D.C.
CM-089	T.E.D. Compression Stockings (Under Knee)	Medium, Large and Extra Large Sizes	1 of each size	D.C.
HK-010	Shampoo & Body Wash	Hypoallergenic, Chemical Free, No Alcohol, Contains Aloe	2 8 oz. bottles	D.C.
CM-091	Wound Cleanser, Spray	No Rinse, Non-Irritating, with Aceman Hydrogel	2 8 oz. bottles	D.C.
CM-092	Air Pump	Pump for Bicycle Tires	1 each	D.C.
CM-093	Paper Cups, 12 oz.	100 per sleeve (5 sleeves per case)	5 cases	D.C.
CM-094	Colostomy Bag [Pediatric]	1 box of 15	1 Box	D.C.

How to Access MC Contracts & Agreements

This document gives direction on how to access agreements and contracts developed by FEMA's Mass Care (MC) Section.

Once the Resource Request Form (RRF) has been approved by all appropriate personnel and the request has been verified and validated by the appropriate ESF #6 Mass Care personnel, utilize the contract information and contract officer information listed below to procure needed commodities.

Contract/Agreement Information	
Description	IDIQ
Infant/Toddler IDIQ as listed in the CUSI	HSFE70-12-D-0339
	HSFE70-16-J-0335
	HSFE70-16-D-0208
Shelter Kit IDIQ to support the CUSI list	HSFE70-12-D-0338
Consumable Medical Supplies (CMS) Kit IDIQ Durable Medical Equipment (DME) PUSH KIT IDIQ	HSFE70-17-D-0028
	HSFE70-17-D-0029 E
	HSFE70-17-D-0030
Durable Medical Equipment (DME) PUSH KIT IDIQ	

To place orders using the agreements/contracts listed above, please contact the contracting officer and specialist listed below first during disaster operations.

For any other information needed, please contact the additional POCs.

Position	Acquisitions Contact	Title	Phone	Email
Consumable Medical Supply Kit (CMS) POC	Isaac Chapple	Contracting Officer	(202) 212-3924	Isaac.Chapple@fema.dhs.gov
Durable Medical Equipment POC	Isaac Chapple	Contracting Officer	(202) 212-3924	Isaac.Chapple@fema.dhs.gov
Infant/Toddler Kit POC	Isaac Chapple	Contracting Officer	(202) 212-3924	Isaac.Chapple@fema.dhs.gov
Additional POC	Carolyn Ward	Deputy Contracting Officer	(202) 646-4654	Carolyn.Ward@fema.dhs.gov
Additional POC	Samuel Asani	Chief Contracting Officer	(202) 646-4277	Samuel.Asani@fema.dhs.gov

Requests for Individuals Assistance Support Contract (IASC) should be directed immediately to the IA Branch Director in the field. This person will make the official request through the Individual Assistance (IA) Division Director at FEMA HQ.

Federal Resource Support during a Disaster Response

Incident

Local Support

County/Parish/Tribal* entities work with Non-Governmental Organizations (NGOs) and others to provide sheltering and feeding services.

Requests additional support from State when resources are depleted.



State Support

State EOC supports Local/Tribal* operations and coordinates additional State resource support to NGOs/others providing sheltering and feeding services.

Initiates and submits RRF/s to RRCC or JFO** when State resources are depleted.



RRFs received/reviewed by Ops Chief, Log Chief and ESF 6 Mass care Liaison prior to approval; info entered into Logistic Supply Chain Management System (LSCMS).

NRCC supports RRCC/JFO activities and includes NLC and Federal logistical support partners (GSA, DLA, USACE, USDA) who fill RRFs not filled at RRCC/JFO through MAs, IAA taskers, distribution from DCs or other means.

* Tribes can elect to deal directly with the Federal government.
** JFOs are unified, joint co-located operations between Federal and State agencies.

Acronyms:

DC—Distribution Center
DLA—Defense Logistics Agency
EOC—Emergency Operations Center
ESF #6—Emergency Support Function #6
GSA—General Service Administration
IAA—Interagency Agreement
JFO—Joint Field Office
MA—Mission Assignment
NGO—Non-Governmental Organization
NLC—National Logistics Coordinator
NRCC—National Response Coordination Center
RRF—Resource Request Form
RRCC—Regional Response Coordination Center
USACE—US Corps of Engineers
USDA—US Department of Agriculture

From: [Tichenor, Stacey \(GOV\)](#)
To: [Loconsolo, Michael E LTC USARMY HQDA OCLL \(USA\)](#)
Date: 01-Apr-20 8:39:29 AM
Subject: RE: Phone Call with GEN McConville

Hi Mike,

It was a pleasure to speak with you. I will confirm 4:30 p.m. on the Governor's schedule for a call with General McConville and General George.

Call in number: 888-283-5223

Pin: 42.56.420(4)

Moderator Pin (Stacey Tichenor): 8532#

Feel free to call me with any further questions.

Thanks much.
Stacey

STACEY TICHENOR

Executive Assistant to the Governor Office of Governor Jay Inslee

Desk: 360.902.4109 Cell: 360.890.5681

www.governor.wa.gov stacey.tichenor@gov.wa.gov

Email communications with state employees are public records and may be subject to disclosure, pursuant to Ch. 42.56 RCW.

-----Original Message-----

From: Loconsolo, Michael E LTC USARMY HQDA OCLL (USA) michael.e.loconsolo.mil@mail.mil

Sent: Wednesday, April 1, 2020 8:17 AM

To: Tichenor, Stacey (GOV) Stacey.Tichenor@GOV.WA.GOV

Subject: Phone Call with GEN McConville

Hi Stacey,

I was wondering if you could give me a call on my cell phone below once you have a chance. I wanted to confirm the time/dialing instructions for General McConville's phone call with the Governor today.

Thank you
v/r,
Mike

Michael Loconsolo
Lieutenant Colonel, Special Forces
Legislative Assistant to
The 40th Chief of Staff of the Army

Office: 703-695-9190

Mobile: 571-482-0225

Pentagon 3D654

SIPR: Michael.e.Loconsolo.mil@mail.smil.mil

AMERICAN
OVERSIGHT

WA-GOV-20-0742-A-000706

From: [Loconsolo, Michael E LTC USARMY HQDA OCLL \(USA\)](#)
To: [Hoss, Schuyler \(GOV\)](#)
CC: [Daugherty, Bret D. \(MIL\)](#)
[Tichenor, Stacey \(GOV\)](#)
[Baumgart, Jim \(GOV\)](#)
Date: 01-Apr-20 9:30:14 AM
Subject: RE: [Non-DoD Source] RE: General McConville visit to Seattle

Thanks Schuyler, confirming 4:30pm phone call.

No worries on our end if the TAG and Mr. Baumgart join in (I don't speak for the CSA but I personally always see a reason for Special Forces in the room!). I see Mr. Baumgart cc'd; if possible please provide a good number for me to call him and discuss a bit about the call.

Stacey and I spoke earlier and she provided the below dialing instructions. I shared with the command at JBLM and they confirmed they'll attempt dial in 10-minutes prior. Stacey, a Major Patrick Yun will call you if he has any issues.

Call in number: 888-283-5223

Pin: 42.56.420(4)

Moderator Pin (Stacey Tichenor): 8532#

Thanks again and let me know if you need anything from my end!

v/r,
Mike

Michael Loconsolo
Lieutenant Colonel, Special Forces
Legislative Assistant to
The 40th Chief of Staff of the Army

Office: 703-695-9190
Mobile: 571-482-0225
Pentagon 3D654
SIPR: Michael.e.Loconsolo.mil@mail.smil.mil

From: Hoss, Schuyler (GOV) Schuyler.Hoss GOV.WA.GOV
Sent: Wednesday, April 1, 2020 11:59 AM
To: Loconsolo, Michael E LTC SARM HQDA OCLL (SA) michael.e.loconsolo.mil mail.mil
Cc: Daugherty, Bret D. (MIL) Bret.Daugherty mil.wa.gov Tichenor, Stacey (GOV) Stacey.Tichenor GOV.WA.GOV Baumgart, im (GOV) im.baumgart gov.wa.gov
Subject: RE: Non-DoD Source RE: General McConville visit to Seattle

All active links contained in this email were disabled. Please verify the identity of the sender, and confirm the authenticity of all links contained within the message prior to copying and pasting the address to a Web browser.

Reconfirming 430 pm Pacific call time today for call between General McConville and Governor Inslee. As I mentioned MG Bret Daugherty of the Washington Guard will join and we would like to propose the addition of Mr. Jim Baumgart who is the Governor's Senior Policy Advisor. Coincidentally Jim is former Army having served in Special Forces. Would you like us to arrange a conference call number or would you prefer to provide us with one? The Governor will be calling while traveling in his vehicle. Let me know if there is any assistance we can provide to you or the General while in Washington State. Again, I appreciate all of your effort in making this important call possible.

SCHUYLER F. HOSS

Director of International Relations and Protocol

Office of Governor Jay Inslee

State of Washington, United States of America

Cell: 360.239.131

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mailto:schuyler.hoss@gov.wa.gov

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< Caution-<https://www.flickr.com/photos/govinslee/sets> >



< Caution-<http://instagram.com/govinslee> >

From: Loconsolo, Michael E LTC SARM HQDA OCLL (SA) michael.e.loconsolo.mil@mail.mil

Sent: Tuesday, March 31, 2020 6:06 PM

To: Hoss, Schuyler (GOV) Schuyler.Hoss@GOV.WA.GOV

Cc: Horan, William T MA SARM HQDA CSA (SA) william.t.horan.mil@mail.mil

Subject: Re: Non-DoD Source RE: General McConville visit to Seattle

Sorry Schuyler, before you respond I already spoke with the lead planner (cc'd). Two proposed times from our end:

Preferred - phone call at 1:20pm while GEN McConville is meeting with Major General Daugherty.

Alternate - phone call at 4:30pm while GEN McConville is meeting with Lieutenant General George.

Your thoughts?

Thanks again!

-Mike

From: "Hoss, Schuyler (GOV)" <Schuyler.Hoss@GOV.WA.GOV < Caution-mailto:Schuyler.Hoss@GOV.WA.GOV > >

Date: Tuesday, March 31, 2020 at 8:45:42 PM

To: "Loconsolo, Michael E LTC USARMY HQDA OCLL (USA)"

<michael.e.loconsolo.mil@mail.mil < Caution-mailto:michael.e.loconsolo.mil@mail.mil > >

Subject: RE: [Non-DoD Source] RE: General McConville visit to Seattle

All active links contained in this email were disabled. Please verify the identity of the sender, and confirm the authenticity of all links contained within the message prior to copying and pasting the address to a Web browser.

ust had an opportunity to connect with Stacey on this. We would like to propose that the Governor connect with the General by phone. With the General pressed for time on the front end and the Governor pressed for time on the

WA-GOV-20-0742-A-000709

back end, I am concerned that in an in person meeting the conversation might be rushed. If either has any delays or there are logistical issues, it could really limit this important conversation. Please let me know if this would be acceptable. I apologize for having to propose this change, but in my experience trying to bend schedules too much can create problems. Again, we are very appreciative of the General's interest in the state and the Governor looks forward to having a meaningful and productive conversation. Again really appreciate all your work on this

SCHUYLER F. HOSS

Director of International Relations and Protocol

Office of Governor Jay Inslee

State of Washington, United States of America

Cell: 360.239.131

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/ schuyler.hoss@gov.wa.gov Caution-mailto: schuyler.hoss@gov.wa.gov Caution-Caution-

mailto:schuyler.hoss@gov.wa.gov

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<http://instagram.com/govinslee> >

From: Loconsolo, Michael E LTC SARM HQDA OCLL (SA) michael.e.loconsolo.mil@mail.mil Caution-mailto:michael.e.loconsolo.mil@mail.mil

Sent: Tuesday, March 31, 2020 4:45 PM

To: Hoss, Schuyler (GOV) Schuyler.Hoss@GOV.WA.GOV Caution-mailto:Schuyler.Hoss@GOV.WA.GOV

Subject: Re: Non-DoD Source RE: General McConville visit to Seattle

Schuyler,

Sorry to bother again - do you have a phone number for Stacey? I'd like to give her a call to follow up on a contact who'll be traveling with the Governor tomorrow.

Sorry to be a pain and thank you in advance!

-Mike

From: "Hoss, Schuyler (GOV)" <Schuyler.Hoss@GOV.WA.GOV < Caution-Caution-mailto:Schuyler.Hoss@GOV.WA.GOV < Caution-mailto:Schuyler.Hoss@GOV.WA.GOV %3c Caution-Caution-mailto:Schuyler.Hoss@GOV.WA.GOV > >

Date: Tuesday, March 31, 2020 at 2:32:20 PM

To: "Loconsolo, Michael E LTC USARMY HQDA OCLL (USA)"

<michael.e.loconsolo.mil@mail.mil < Caution-Caution-mailto:michael.e.loconsolo.mil@mail.mil < Caution-mailto:michael.e.loconsolo.mil@mail.mil %3c Caution-Caution-mailto:michael.e.loconsolo.mil@mail.mil > > >

Cc: "Tichenor, Stacey (GOV)" <Stacey.Tichenor@GOV.WA.GOV < Caution-Caution-mailto:Stacey.Tichenor@GOV.WA.GOV < Caution-mailto:Stacey.Tichenor@GOV.WA.GOV %3c Caution-Caution-mailto:Stacey.Tichenor@GOV.WA.GOV > > >

Subject: RE: [Non-DoD Source] RE: General McConville visit to Seattle

All active links contained in this email were disabled. Please verify the identity of the sender, and confirm the authenticity of all links contained within the message prior to copying and pasting the address to a Web browser.

Thank you for all your work on this. It is my understanding that General McConville will be at Madigan Hospital late afternoon tomorrow. Coincidentally, Governor Inslee may be at JBLM at Washington Guard facilities in the afternoon as well. Might be possible to have a face to face at JBLM or at Camp Murray which is adjacent to JBLM and approximately 4 miles from Madigan. Camp Murray is also the site of our Emergency Operation Center for the State. The Governor does have a commitment in Seattle at 6:00 pm and would need to leave the area by approximately 5:00 pm. Other option might be a phone call at about 1:30. I have included in this email string Stacey Tichenor Governor's Executive Assistant who is responsible for scheduling.

SCHUYLER F. HOSS

Director of International Relations and Protocol

Office of Governor Jay Inslee

State of Washington, United States of America

Cell: 360.239.1317

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-----Original Message-----

From: Loconsolo, Michael E LTC USARMY HQDA OCLL (USA) <michael.e.loconsolo.mil@mail.mil < Caution-Caution-mailto:michael.e.loconsolo.mil@mail.mil < Caution-mailto:michael.e.loconsolo.mil@mail.mil %3c Caution-Caution-mailto:michael.e.loconsolo.mil@mail.mil > > >

Sent: Tuesday, March 31, 2020 8:42 AM

To: Hoss, Schuyler (GOV) <Schuyler.Hoss@GOV.WA.GOV < Caution-Caution-mailto:Schuyler.Hoss@GOV.WA.GOV < Caution-mailto:Schuyler.Hoss@GOV.WA.GOV %3c Caution-Caution-mailto:Schuyler.Hoss@GOV.WA.GOV > > >

Subject: RE: [Non-DoD Source] RE: General McConville visit to Seattle

Schuyler,

He'll be at Centurylink Field for just under three hours. If amenable with the Governor's schedule, we were hopeful to set up a face-to-face or phone call sometime in the window of 1:30-2:15pm. Please let me know if that's in the realm of possible.

Thanks

v/r,

Mike

Michael Loconsolo

Lieutenant Colonel, Special Forces

Legislative Assistant to

The 40th Chief of Staff of the Army

Office: 703-695-9190

Mobile: 571-482-0225

Pentagon 3D654

SIPR: Michael.e.Loconsolo.mil@mail.smil.mil < Caution-mailto:Michael.e.Loconsolo.mil@mail.smil.mil > < Caution-Caution-mailto:Michael.e.Loconsolo.mil@mail.smil.mil >

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Sent: Tuesday, March 31, 2020 11:39 AM

To: Loconsolo, Michael E LTC USARMY HQDA OCLL (USA) <michael.e.loconsolo.mil@mail.mil < Caution-Caution-mailto:michael.e.loconsolo.mil@mail.mil < Caution-mailto:michael.e.loconsolo.mil@mail.mil %3c Caution-Caution-mailto:michael.e.loconsolo.mil@mail.mil > > >

Subject: [Non-DoD Source] RE: General McConville visit to Seattle

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WA-GOV-20-0742-A-000711

Thanks for the email. Do you have any information on timing or schedule for the General? GOV will be in Olympia and we are looking at options on our side.

SCHUYLER F. HOSS

Director of International Relations and Protocol Office of Governor Jay Inslee State of Washington, United States of America
Cell: 360.239.1317

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From: Loconsolo, Michael E LTC USARMY HQDA OCLL (USA) <michael.e.loconsolo.mil@mail.mil < Caution-Caution-mailto:michael.e.loconsolo.mil@mail.mil < Caution-mailto:michael.e.loconsolo.mil@mail.mil %3c Caution-Caution-mailto:michael.e.loconsolo.mil@mail.mil > > >

Sent: Tuesday, March 31, 2020 7:24 AM

To: Hoss, Schuyler (GOV) <Schuyler.Hoss@GOV.WA.GOV < Caution-Caution-mailto:Schuyler.Hoss@GOV.WA.GOV < Caution-mailto:Schuyler.Hoss@GOV.WA.GOV %3c Caution-Caution-mailto:Schuyler.Hoss@GOV.WA.GOV > > >; Tichenor, Stacey (GOV) <Stacey.Tichenor@GOV.WA.GOV < Caution-Caution-mailto:Stacey.Tichenor@GOV.WA.GOV < Caution-mailto:Stacey.Tichenor@GOV.WA.GOV %3c Caution-Caution-mailto:Stacey.Tichenor@GOV.WA.GOV > > >

Subject: General McConville visit to Seattle

All,

I'm General McConville's Legislative Assistant and I'm emailing to coordinate a potential meeting (face-to-face or telephonically) with Governor Inslee during the General's visit to Seattle tomorrow. If you prefer to discuss via phone, please give me a call on the cell phone below.

Additionally, please let me know if you have any relevant points of contact at Mayor Durkan's office to discuss the same. Thanks much in advance and I look forward to hearing from you!

v/r,
Mike

Michael Loconsolo
Lieutenant Colonel, Special Forces
Legislative Assistant to
The 40th Chief of Staff of the Army

Office: 703-695-9190
Mobile: 571-482-0225
Pentagon 3D654

SIPR: Michael.e.Loconsolo.mil@mail.smil.mil < Caution-mailto:Michael.e.Loconsolo.mil@mail.smil.mil > < Caution-Caution-mailto:Michael.e.Loconsolo.mil@mail.smil.mil >

From: [Loconsolo, Michael E LTC USARMY HQDA OCLL \(USA\)](#)
To: [Tichenor, Stacey \(GOV\)](#)
Date: 01-Apr-20 8:45:36 AM
Subject: RE: [Non-DoD Source] RE: Phone Call with GEN McConville

Same here Stacey Thanks for all - I ll pass the information to the folks on the ground and I imagine they ll dial in a couple minutes before the 4:30pm start.

Thanks again and stay healthy
v/r,
Mike

Michael Loconsolo
Lieutenant Colonel, Special Forces
Legislative Assistant to
The 40th Chief of Staff of the Army

Office: 703-695-9190
Mobile: 571-482-0225
Pentagon 3D654
SIPR: Michael.e.Loconsolo.mil@mail.smil.mil

-----Original Message-----

From: Tichenor, Stacey (GOV) Stacey.Tichenor@GOV.WA.GOV
Sent: Wednesday, April 1, 2020 11:39 AM
To: Loconsolo, Michael E LTC USARMY HQDA OCLL (USA) michael.e.loconsolo.mil@mail.mil
Subject: [Non-DoD Source] RE: Phone Call with GEN McConville

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Hi Mike,

It was a pleasure to speak with you. I will confirm 4:30 p.m. on the Governor s schedule for a call with General McConville and General George.

Call in number: 888-283-5223
Pin: 42.56.420(4)
Moderator Pin (Stacey Tichenor): 8532#

Feel free to call me with any further questions.

Thanks much.
Stacey

STACEY TICHENOR

Executive Assistant to the Governor Office of Governor Jay Inslee

Desk: 360.902.4109 Cell: 360.890.5681

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-----Original Message-----

From: Loconsolo, Michael E LTC USARMY HQDA OCLL (USA) michael.e.loconsolo.mil@mail.mil

Sent: Wednesday, April 1, 2020 8:17 AM

To: Tichenor, Stacey (GOV) Stacey.Tichenor@GOV.WA.GOV

Subject: Phone Call with GEN McConville

Hi Stacey,

I was wondering if you could give me a call on my cell phone below once you have a chance. I wanted to confirm the time/dialing instructions for General McConville's phone call with the Governor today.

Thank you

v/r,

Mike

Michael Loconsolo

Lieutenant Colonel, Special Forces

Legislative Assistant to

The 40th Chief of Staff of the Army

Office: 703-695-9190

Mobile: 571-482-0225

Pentagon 3D654

SIPR: Michael.e.Loconsolo.mil@mail.smil.mil

From: [Austin, JT \(GOV\)](#)
To: [Baumgart, Jim \(GOV\)](#)
[Eads, Kim \(AGR\)](#)
[Connelly, Leslie \(OFM\)](#)
[Gregerson, Mia](#)
[Warnick, Judy](#)
[Yoshi Kumara](#)
[Voris, Molly \(GOV\)](#)
[leanne.eko@k12.wa.us](#)
[Roberts, Babette \(DSHS\)](#)
[Sheffels, Evan \(AGR\)](#)
[Wilson, Morgan \(GOV\)](#)
[Laxson, Joe D \(DOH\)](#)
[Barkley, Wendy](#)
[Emmans, Gene \(AGR\)](#)
[Sandison, Derek \(AGR\)](#)
[Fuller, Steve \(AGR\)](#)
[Thompson, Maddy \(GOV\)](#)
[Orr, Daisye \(DOH\)](#)
[Katims, Casey \(GOV\)](#)
[Hovis, Emily S \(DOH\)](#)
[Rains, Katie \(AGR\)](#)
[Butler, Laura \(AGR\)](#)
[Evans, Rayanna \(OFM\)](#)
[Bailey, Sami](#)
[Way, Bryan \(OFM\)](#)
[nicolas.granum@fema.dhs.gov](#)
[Salazar, Salvador \(GOV\)](#)
[McGann, Chris \(AGR\)](#)
[Andersen, Bryce \(OFM\)](#)
[Throne, Paul \(DOH\)](#)
[Thomas Reynolds](#)
[Biggins, Rosemary \(DSHS/ALTSA/HCS\)](#)
[Ellsworth, Michael L \(DOH\)](#)
[Cooper, Kelly \(DOH\)](#)
[Black, Ryan \(DOH\)](#)
[Tiffani Kaech](#)
[Jason Clark](#)
[Linda Nageotte](#)
[Tybo, Brittany M \(DOH\)](#)

[Phillips, Todd J \(DOH\)](#)

[Drew Meuer](#)

[Graham, Joe M \(DOH\)](#)

[Banuelos, Cynthia](#)

[Ellings, Amy \(DOH\)](#)

[Auvinen, Alyssa A \(DOH\)](#)

[Aaron Czyzewski](#)

[Richartz, Sandra](#)

[Jekel, Caitlyn \(GOV\)](#)

[Sanchez, Alejandro \(GOV\)](#)

[Davis, RaShelle \(GOV\)](#)

Date: 02-Apr-20 1:48:32 PM

Subject: Food Security Coordination Team April 2 Agenda 2:00 - 3:30 PM

Call In:

-2 - 315

Mtg ID: 42.56.420(4)

GOVERNOR'S FOOD SEC RIT COORDINATION TEAM AGENDA APRIL 2, 2020

- I. T: Welcome and Roll Call
- II. DERE SANDISON, WSDA, Report out
- III. LESLIE CONNELL , OFM, Fiscal pdates
- IV. ATIE RAINS, WSDA, Report Out and Next Steps on Gap Analysis
- V. T, GO, Situation Report
- VI. LO SCHMIT , American Indian Health Commission for Washington State: Status Report
- VII. CAITL N E EL, GO, AND ALE ANDRO SANCHE , GO: ESD Guidance on Farmworkers
- VIII. SALVADOR SALA AR, Central WA Regional Rep for Governor s Office, REPORT O T
- I . NICOLAS GRAN M, FEMA Region 10: FEMA role in food security
- . T, ATIE AND DERE : nderstanding Food Supply Chain: Concerns and Sources Discussion
- I. T: Sub-teams
- II. Agency Report Outs
- III. NGO Report Outs
- IV. Legislative Report Outs

V. OTHER

VI. Next Meeting

From: [Nugent, Jim](#)
Required: [Hudspeth, Peter D LTC USARMY NG WAARNG \(USA\)](#)
Optional: peter.hudspeth@gmail.com
[De Blaey, Gretchen](#)
[Nugent, Jim \(GOV\)](#)
meet@chime.aws
[pin 7987662775@chime.aws](https://chime.aws/join/7987662775)
Subject: CONOPS Concept Orientation: WA STATE COVID-19 Response Contingencies (WAARNG)
Location: <https://chime.aws/7987662775> or by Phone
When: 03-Apr-20 2:30:00 PM - 3:00:00 PM

<https://chime.aws/join/96625>

Meeting ID: 42.56.420(4)

You can use your computer's microphone and speakers however, a headset is recommended. Or, call in using your phone:

United States Toll-Free: 1 55-552-4463
Meeting ID: 42.56.420(4)

One-click Mobile Dial-in (United States Toll-Free): 1 55-552-4463,,, 9 662 5

From: Nugent, Jim
Sent: Friday, April 3, 2020 12:23 PM
To: Hudspeth, Peter D LTC SARM NG WAARNG (SA) peter.d.hudspeth.mil@mail.mil
Cc: peter.hudspeth@gmail.com De Blaey, Gretchen blaey@amazon.com im.nugent gov.wa.gov
im.nugent@gov.wa.gov
Subject: CONOPS Concept Orientation: WA STATE COVID-19 Response Contingencies (WAARNG)

Greatly appreciated LTC Hudspeth. More to follow at 2:30pm.

Jim Nugent
WA State Distribution Coordinator
COVID-19 Response Management
jn@amazon.com
www.linkedin.com/in/imnugent/
512.919.0063

-----Original Message-----

From: Hudspeth, Peter D LTC SARM NG WAARNG (SA) peter.d.hudspeth.mil@mail.mil
Sent: Friday, April 3, 2020 12:04 PM
To: Nugent, Jim jn@amazon.com
Cc: peter.hudspeth@gmail.com
Subject: ETERNAL introduction

Mr. Nugent,

Here is my contact info.

AMERICAN
OVERSIGHT

WA-GOV-20-0742-A-000718

I look forward to talking with you about 2:30.

ours,

Pete H

Peter D. Hudspeth
LTC, LG, WAARNG

(253) 512- 259

From: [Powers, Anne CIV SD](#)
To: [Katims, Casey \(GOV\)](#)
[Chumaceiro, Emily CIV SD](#)
[Shwedo, Eric P COL USARMY OSD OASD LA \(USA\)](#)
CC: [Wilson, Morgan \(GOV\)](#)
[Daugherty, Bret D. \(MIL\)](#)
[Tichenor, Stacey \(GOV\)](#)
Date: 04-Apr-20 11:44:32 AM
Subject: RE: Call with Sec. Esper and Gov. Inslee

Good Afternoon Casey,
I've added Colonel Eric Shwedo who is on our COVID-19 Task Force. He'll reach out to assist.

Thank you,
Anne
Anne F. Powers
Office of the Secretary of Defense
03-692- 100

From: [atims, Casey \(GOV\)](#)
Sent: Saturday, April 4, 2020 1:26 PM
To: [Chumaceiro, Emily CIV SD](#) [Powers, Anne CIV SD](#)
Cc: [Wilson, Morgan \(GOV\)](#) [Daugherty, Bret D. \(MIL\)](#) [Tichenor, Stacey \(GOV\)](#)
Subject: RE: Call with Sec. Esper and Gov. Inslee

Emily and Anne:

Thank you again for setting up this conversation yesterday. One of the topics discussed on the call was disease modeling, and the secretary committed to getting the team at DoD's infectious disease medical research facility (SAMRIID) connected with our folks who are doing COVID epidemiology modeling to possible help refine things like demographics and geography.

What is the best way to get our respective folks connected on that

Appreciate any guidance,

Casey

CASEY KATIMS
Director of Federal and Inter-State Affairs
Governor ay Inslee
Cell: 360.999.0155

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Sent: Friday, April 3, 2020 :13 AM
To: [Tichenor, Stacey \(GOV\)](#) [Stacey.Tichenor_GOV.WA.GOV](#) [atims, Casey \(GOV\)](#) [casey.katims_gov.wa.gov](#)
Cc: [Wilson, Morgan \(GOV\)](#) [Morgan.Wilson_gov.wa.gov](#) [Daugherty, Bret D. \(MIL\)](#) [Bret.Daugherty_mil.wa.gov](#)
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Subject: RE: Call with Sec. Esper and Gov. Inslee

I hope you're having a wonderful week Secretary Esper would like to have another call with Gov. Inslee today regarding COVID-19. By chance, can the Governor's schedule accommodate a call at 2:15 PM (EST)

Thanks
Emily

Emily C. Chumaceiro
Confidential Assistant
Office of the Secretary of Defense
03-692- 100

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Sent: Sunday, March 22, 2020 12:1 PM
To: Tichenor, Stacey (GOV) Stacey.Tichenor_GOV.WA.GOV atims, Casey (GOV) casey.katims_gov.wa.gov Tara.A.Butler4.civ_mail.mil SD - Cables Executive Support Officer CablesESO_sd.mil
Cc: Wilson, Morgan (GOV) Morgan.Wilson_gov.wa.gov Daugherty, Bret D. (MIL) Bret.Daugherty_mil.wa.gov Chumaceiro, Emily CIV SD Emily.Chumaceiro_sd.mil Gilliam, Erin LTC SD Erin.Gilliam_sd.mil Baker, Phillip COL SD Phillip.Baker_sd.mil Lewis, Oliver CAPT SD Oliver.Lewis_sd.mil ohnson, ustin SES SD ustin.ohnson_sd.mil
Subject: RE: Call with Sec. Esper and Gov. Inslee

Ma'am,
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Best wishes,
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Subject: RE: Call with Sec. Esper and Gov. Inslee

Hi Anne,

3:00 pm PT works for Governor Inslee.

Here's a call in number:

Phone number: -2 3-5223
Participant Pin: 42.56.420(4)
Moderator Pin (Casey atims): 532

Thank you,
Stacey

Stacey Tichenor
Desk: 360.902.4109 Cell: 360. 90.56 1

From: Powers, Anne CIV SD Anne.Powers_sd.mil
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WA-GOV-20-0742-A-000721

AMERICAN
OVERSIGHT

Cc: Tichenor, Stacey (GOV) Stacey.Tichenor@gov.wa.gov Wilson, Morgan (GOV) Morgan.Wilson@gov.wa.gov Daugherty, Bret D. (MIL) Bret.Daugherty@mil.wa.gov Chumaceiro, Emily CIV SD Emily.Chumaceiro@sd.mil Gilliam, Erin LTC SD Erin.Gilliam@sd.mil Baker, Phillip COL SD Phillip.Baker@sd.mil Lewis, Oliver CAPT SD Oliver.Lewis@sd.mil
Subject: RE: Call with Sec. Esper and Gov. Inslee

Good Morning Casey and Stacey,

SECDEF would like to conduct the call with Governor Inslee today, March 22nd at 6:00pm(EDT)//3:00pm(PDT).

Please confirm that time works for the Governor.

We will have our SECDEF Cables reach out to connect the Secretary and the Governor. Please provide the best number for the Governor.

Thank you
Anne

From: atims, Casey (GOV) casey.katims@gov.wa.gov
Sent: Sunday, March 22, 2020 10:51 AM
To: Tara.A.Butler4.civ@mail.mil Powers, Anne CIV SD Anne.Powers@sd.mil
Cc: Tichenor, Stacey (GOV) Stacey.Tichenor@gov.wa.gov Wilson, Morgan (GOV) Morgan.Wilson@gov.wa.gov Daugherty, Bret D. (MIL) Bret.Daugherty@mil.wa.gov Chumaceiro, Emily CIV SD Emily.Chumaceiro@sd.mil Gilliam, Erin LTC SD Erin.Gilliam@sd.mil
Subject: Call with Sec. Esper and Gov. Inslee
Importance: High

Tara and Anne:

Enclosed are letters transmitted last night that Secretary Esper is copied on, laying out the urgent need for the SNS Mercy to be deployed to the Puget Sound area to address the deteriorating situation in Washington State.

With each day that passes, the number of available physicians and nurses in Washington decreases as illness and fatigue take their toll, and our already low number of available hospital beds continues to shrink, leaving us unable to meet current and projected patient needs from COVID-19 and other acute and subacute patients. With our rural hospitals facing increasing challenges and our medical system facing a growing shortage of health care personnel, it is clear that no state on the West Coast needs the capacity provided by the Mercy as soon and as greatly as Washington State.

Governor Inslee requests the opportunity to speak with Secretary Esper about this today. Our scheduler Stacey Tichenor (cc'd) can help find a time for the two to connect.

We appreciate your assistance with this matter. I can be reached at 360.999.0155 with any questions.

Casey

CASEY KATIMS
Director of Federal and Inter-State Affairs
Governor Jay Inslee
Cell: 360.999.0155

From: [Shwedo, Eric P COL USARMY OSD OASD LA \(USA\)](#)
To: [Katims, Casey \(GOV\)](#)
CC: [Wilson, Morgan \(GOV\)](#)
[Daugherty, Bret D. \(MIL\)](#)
[Tichenor, Stacey \(GOV\)](#)
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[Sims, Jon T CTR OSD OUSD POLICY \(USA\)](#)
[Swigert, Brett T Col USAF OSD OUSD POLICY \(USA\)](#)
[Viar, William T \(Todd\) COL USARMY OSD OUSD POLICY \(USA\)](#)
Date: 04-Apr-20 12:07:50 PM
Subject: RE: Call with Sec. Esper and Gov. Inslee

Good afternoon,

I can make the connection happen. Do you have a Point of Contact that I can make the connection with? My understanding was that this was with W. I will work with our Health Affairs folks to ensure this happens and can keep you in the loop.

v/r,

ERIC Tubby SHWEDO
Colonel, Special Forces
U.S. Army
DoD COVOD-19 Task Force
Legislative Affairs/ Governor Affairs

Phone- 03.695.549
Work Cell- 5 1.309.4335

Notes:

-- If you have a COVID specific question, please Cc the following which will help facilitate your request:
osd.pentagon.oasd-la.list.staff-action-users@mail.mil

-- I have been temporarily detailed to the DoD COVID-19 task force. If you have non-COVID related issues, please Contact DASD Matthew Haskins at: matthew.c.haskins2.civ@mail.mil

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Sent: Saturday, April 4, 2020 2:45 PM
To: atims, Casey (GOV) casey.katims gov.wa.gov Chumaceiro, Emily C CIV OSD OSD (SA) emily.chumaceiro sd.mil Shwedo, Eric P COL SARM OSD OASD LA (SA) eric.p.shwedo.mil mail.mil
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Participant Pin: 42.56.420(4)
Moderator Pin (Casey atims): 532

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Desk: 360.902.4109 Cell: 360. 90.56 1

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Officer CablesESO_sd.mil
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CASEY KATIMS

Director of Federal and Inter-State Affairs

Governor Jay Inslee

Cell: 360.999.0155

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[Swigert, Brett T Col USAF OSD OUSD POLICY \(USA\)](#)
[Viar, William T \(Todd\) COL USARMY OSD OUSD POLICY \(USA\)](#)
CC: [Lindquist, Scott W \(DOH\)](#)
[Lofy, Kathy H \(DOH\)](#)
[Sarah M. Castro](#)
Date: 04-Apr-20 5:58:17 PM
Subject: RE: Call with Sec. Esper and Gov. Inslee

Col. Shwedo:

I am adding our state epidemiologist Scott Lindquist and state health officer Kathy Lofy, as well as Sarah Castro at the W who can connect the right folks at IHME. I think we're hoping to make the connection not just with W's modeling but also our state team that is using the Institute for Disease Modeling (IDM) and other state protection models.

Thanks so much for your help,

Casey

360.999.0155

From: Shwedo, Eric P COL USARMY OSD OASD LA (USA)
Sent: Saturday, April 4, 2020 3:0 PM
To: Katims, Casey (GOV)
Cc: Wilson, Morgan (GOV) Daugherty, Bret D. (MIL) Tichenor, Stacey (GOV) Powers, Anne Francis (Annie) CIV (USA) Chumaceiro, Emily C CIV OSD OSD (USA) Beckham, Hilton S CIV OSD O SD POLIC (USA) Boltjes, Travis T Col USAF OSD O SD POLIC (USA) Coonan, Scott C CDR USN OSD O SD POLIC (USA) Driscoll, John J CAPT USCG OSD O SD POLIC (USA) Frazier, Scott T COL USARMY OSD O SD POLIC (USA) Hovatter, Ryan P MAJ USARMY OSD O SD POLIC (USA) Lacrosse, Thomas L CIV OSD O SD POLIC (USA) Ross, James C (Coach) CIV OSD O SD POLIC (USA) Salesses, Robert G SES OSD O SD POLIC (USA) Sims, Jon T CTR OSD O SD POLIC (USA) Swigert, Brett T Col USAF OSD O SD POLIC (USA) Viar, William T (Todd) COL USARMY OSD O SD POLIC (USA)
WA-GOV-20-0742-A-000727

Subject: RE: Call with Sec. Esper and Gov. Inslee

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Legislative Affairs/ Governor Affairs

Phone- 03.695.549
Work Cell- 5 1.309.4335

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CASEY KATIMS

Director of Federal and Inter-State Affairs

Governor Jay Inslee

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From: Chumaceiro, Emily CIV SD Emily.Chumaceiro_sd.mil

Sent: Friday, April 3, 2020 10:13 AM

To: Tichenor, Stacey (GOV) Stacey.Tichenor_GOV.WA.GOV Katims, Casey (GOV) casey.katims_gov.wa.gov

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Emily

Emily C. Chumaceiro

Confidential Assistant

Office of the Secretary of Defense

703-692-7100

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SD Phillip.Baker_sd.mil Lewis, Oliver CAPT SD Oliver.Lewis_sd.mil Johnson, Justin SES SD

Justin.Johnson_sd.mil

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From: Tichenor, Stacey (GOV) Stacey.Tichenor_GOV.WA.GOV

Sent: Sunday, March 22, 2020 12:11 PM

To: Powers, Anne CIV SD Anne.Powers_sd.mil Katims, Casey (GOV) casey.katims_gov.wa.gov

Tara.A.Butler4.civ_mail.mil SD - Cables Executive Support Officer CablesESO_sd.mil

Cc: Wilson, Morgan (GOV) Morgan.Wilson_gov.wa.gov Daugherty, Bret D. (MIL) Bret.Daugherty_mil.wa.gov

AMERICAN
OVERSIGHT

Chumaceiro, Emily CIV SD Emily.Chumaceiro_sd.mil Gilliam, Erin LTC SD Erin.Gilliam_sd.mil Baker, Phillip COL SD Phillip.Baker_sd.mil Lewis, Oliver CAPT SD Oliver.Lewis_sd.mil
Subject: RE: Call with Sec. Esper and Gov. Inslee

Hi Anne,

3:00 pm PT works for Governor Inslee.

Here s a call in number:

Phone number: -2 3-5223

Participant Pin: 42.56.420(4)

Moderator Pin (Casey atims): 532

Thank you,
Stacey

Stacey Tichenor

Desk: 360.902.4109 Cell: 360. 90.56 1

From: Powers, Anne CIV SD Anne.Powers_sd.mil
Sent: Sunday, March 22, 2020 10:54 AM
To: atims, Casey (GOV) casey.katims_gov.wa.gov Tara.A.Butler4.civ_mail.mil SD - Cables Executive Support Officer CablesESO_sd.mil
Cc: Tichenor, Stacey (GOV) Stacey.Tichenor_GOV.WA.GOV Wilson, Morgan (GOV) Morgan.Wilson_gov.wa.gov Daugherty, Bret D. (MIL) Bret.Daugherty_mil.wa.gov Chumaceiro, Emily CIV SD Emily.Chumaceiro_sd.mil Gilliam, Erin LTC SD Erin.Gilliam_sd.mil Baker, Phillip COL SD Phillip.Baker_sd.mil Lewis, Oliver CAPT SD Oliver.Lewis_sd.mil
Subject: RE: Call with Sec. Esper and Gov. Inslee

Good Morning Casey and Stacey,

SECDEF would like to conduct the call with Governor Inslee today, March 22nd at 6:00pm(EDT)/3:00pm(PDT).

Please confirm that time works for the Governor.

We will have our SECDEF Cables reach out to connect the Secretary and the Governor. Please provide the best number for the Governor.

Thank you!
Anne

From: atims, Casey (GOV) casey.katims_gov.wa.gov
Sent: Sunday, March 22, 2020 10:51 AM
To: Tara.A.Butler4.civ_mail.mil Powers, Anne CIV SD Anne.Powers_sd.mil
Cc: Tichenor, Stacey (GOV) Stacey.Tichenor_GOV.WA.GOV Wilson, Morgan (GOV) Morgan.Wilson_gov.wa.gov Daugherty, Bret D. (MIL) Bret.Daugherty_mil.wa.gov Chumaceiro, Emily CIV SD Emily.Chumaceiro_sd.mil Gilliam, Erin LTC SD Erin.Gilliam_sd.mil
Subject: Call with Sec. Esper and Gov. Inslee
Importance: High

Tara and Anne:

Enclosed are letters transmitted last night that Secretary Esper is copied on, laying out the urgent need for the SNS Mercy to be deployed to the Puget Sound area to address the deteriorating situation in Washington State.

With each day that passes, the number of available physicians and nurses in Washington decreases as illness and fatigue take their toll, and our already low number of available hospital beds continues to leave us unable to

meet current and projected patient needs from COVID-19 and other acute and subacute patients. With our rural hospitals facing increasing challenges and our medical system facing a growing shortage of health care personnel, it is clear that no state on the West Coast needs the capacity provided by the Mercy as soon and as greatly as Washington State.

Governor Inslee requests the opportunity to speak with Secretary Esper about this today. Our scheduler Stacey Tichenor (cc'd) can help find a time for the two to connect.

We appreciate your assistance with this matter. I can be reached at 360.999.0155 with any questions.

Casey

CASEY KATIMS
Director of Federal and Inter-State Affairs
Governor Jay Inslee
Cell: 360.999.0155

From: [Shwedo, Eric P COL USARMY OSD OASD LA \(USA\)](#)
To: [Katims, Casey \(GOV\)](#)
[Wilson, Morgan \(GOV\)](#)
[Daugherty, Bret D. \(MIL\)](#)
[Tichenor, Stacey \(GOV\)](#)
[Powers, Anne Francis \(Annie\) CIV \(USA\)](#)
[Chumaceiro, Emily C CIV OSD OSD \(USA\)](#)
[Beckham, Hilton S CIV OSD OUSD POLICY \(USA\)](#)
[Boltjes, Travis T Col USAF OSD OUSD POLICY \(USA\)](#)
[Coonan, Scott C CDR USN OSD OUSD POLICY \(USA\)](#)
[Driscoll, John J CAPT USCG OSD OUSD POLICY \(USA\)](#)
[Frazier, Scott T COL USARMY OSD OUSD POLICY \(USA\)](#)
[Hovatter, Ryan P MAJ USARMY OSD OUSD POLICY \(USA\)](#)
[Lacrosse, Thomas L CIV OSD OUSD POLICY \(USA\)](#)
[Ross, James C \(Coach\) CIV OSD OUSD POLICY \(USA\)](#)
[Salesses, Robert G SES OSD OUSD POLICY \(USA\)](#)
[Sims, Jon T CTR OSD OUSD POLICY \(USA\)](#)
[Swigert, Brett T Col USAF OSD OUSD POLICY \(USA\)](#)
[Viar, William T \(Todd\) COL USARMY OSD OUSD POLICY \(USA\)](#)
CC: [Lindquist, Scott W \(DOH\)](#)
[Lofy, Kathy H \(DOH\)](#)
[Sarah M. Castro](#)
Date: 04-Apr-20 8:19:31 PM
Subject: RE: [Non-DoD Source] RE: Call with Sec. Esper and Gov. Inslee

Casey,

I can set up a conference call this week so that we make sure we get everyone connected. Additionally, as discussed, we can match the capability with the correct agency.

v/r,

ERIC Tubby SHWEDO
Colonel, Special Forces
.S. Army
DoD COVOD-19 Task Force
Legislative Affairs/ Governor Affairs

Phone- 03.695.549
Work Cell- 5 1.309.4335

Notes:

-- If you have a COVID specific question, please Cc the following which will help facilitate your request:
osd.pentagon.oasd-la.list.staff-action-users mail.mil

From: atims, Casey (GOV) casey.katims@gov.wa.gov
Sent: Saturday, April 4, 2020 5:55 PM
To: Shwedo, Eric P COL SARM OSD OASD LA (SA) eric.p.shwedo@mail.mil Wilson, Morgan (GOV) Morgan.Wilson@gov.wa.gov Daugherty, Bret D. (MIL) Bret.Daugherty@mail.wa.gov Tichenor, Stacey (GOV) Stacey.Tichenor@GOV.WA.GOV Powers, Anne Francis (Annie) CIV (SA) anne.powers@sd.mil Chumaceiro, Emily C CIV OSD OSD (SA) emily.chumaceiro@sd.mil Beckham, Hilton S CIV OSD O SD POLIC (SA) hilton.s.beckham@civ@mail.mil Bolt es, Travis T Col SAF OSD O SD POLIC (SA) travis.t.bolt.es@mail.mil Coonan, Scott C CDR SN OSD O SD POLIC (SA) scott.c.coonan@mail.mil Driscoll, ohn CAPT SCG OSD O SD POLIC (SA) ohn.driscoll24@mail.mil Frazier, Scott T COL SARM OSD O SD POLIC (SA) scott.t.frazier@mail.mil Hovatter, Ryan P MA SARM OSD O SD POLIC (SA) ryan.p.hovatter@mail.mil Lacrosse, Thomas L CIV OSD O SD POLIC (SA) thomas.l.lacrosse@civ@mail.mil Ross, ames C (Coach) CIV OSD O SD POLIC (SA) ames.c.ross@civ@mail.mil Salesses, Robert G SES OSD O SD POLIC (SA) robert.g.salesses@civ@mail.mil Sims, on T CTR OSD O SD POLIC (SA) on.t.sims.ctr@mail.mil Swigert, Brett T Col SAF OSD O SD POLIC (SA) brett.t.swigert@mail.mil Viar, William T (Todd) COL SARM OSD O SD POLIC (SA) william.t.viar@mail.mil
Cc: Lindquist, Scott W (DOH) scott.lindquist@doh.wa.gov Lofy, athy H (DOH) athy.Lofy@DOH.WA.GOV Sarah M. Castro smcastro@uw.edu
Subject: Non-DoD Source RE: Call with Sec. Esper and Gov. Inslee

All active links contained in this email were disabled. Please verify the identity of the sender, and confirm the authenticity of all links contained within the message prior to copying and pasting the address to a Web browser.

Col. Shwedo:

I am adding our state epidemiologist Scott Lindquist and state health officer athy Lofy, as well as Sarah Castro at the W who can connect the right folks at IHME. I think we re hoping to make the connection not ust with W s modeling but also our state team that is using the Institute for Disease Modeling (IDM) and other state pro ection models.

Thanks so much for your help,

Casey

360.999.0155

From: Shwedo, Eric P COL SARM OSD OASD LA (SA) eric.p.shwedo@mail.mil
Sent: Saturday, April 4, 2020 3:00 PM
To: atims, Casey (GOV) casey.katims@gov.wa.gov
Cc: Wilson, Morgan (GOV) Morgan.Wilson@gov.wa.gov Daugherty, Bret D. (MIL) Bret.Daugherty@mail.wa.gov Tichenor, Stacey (GOV) Stacey.Tichenor@GOV.WA.GOV Powers, Anne Francis (Annie) CIV (SA) anne.powers@sd.mil Chumaceiro, Emily C CIV OSD OSD (SA) emily.chumaceiro@sd.mil Beckham, Hilton S CIV OSD O SD POLIC (SA) hilton.s.beckham@civ@mail.mil Bolt es, Travis T Col SAF OSD O SD POLIC (SA) travis.t.bolt.es@mail.mil Coonan, Scott C CDR SN OSD O SD POLIC (SA) scott.c.coonan@mail.mil Driscoll, ohn CAPT SCG OSD O SD POLIC (SA) ohn.driscoll24@mail.mil Frazier, Scott T COL SARM OSD O SD POLIC (SA) scott.t.frazier@mail.mil Hovatter, Ryan P MA SARM OSD O SD POLIC (SA) ryan.p.hovatter@mail.mil Lacrosse, Thomas L CIV OSD O SD POLIC (SA) thomas.l.lacrosse@civ@mail.mil Ross, ames C (Coach) CIV OSD O SD POLIC (SA) ames.c.ross@civ@mail.mil Salesses, Robert G SES OSD O SD POLIC (SA) robert.g.salesses@civ@mail.mil Sims, on T CTR OSD O SD POLIC (SA) on.t.sims.ctr@mail.mil Swigert, Brett T Col SAF OSD O SD POLIC (SA) brett.t.swigert@mail.mil Viar, William T (Todd) COL SARM OSD O SD POLIC (SA) william.t.viar@mail.mil
Subject: RE: Call with Sec. Esper and Gov. Inslee

WA-GOV-20-0742-A-000733

Good afternoon,

I can make the connection happen. Do you have a Point of Contact that I can make the connection with? My understanding was that this was with W. I will work with our Health Affairs folks to ensure this happens and can keep you in the loop.

v/r,

ERIC Tubby SHWEDO
Colonel, Special Forces
U.S. Army
DoD COVOD-19 Task Force
Legislative Affairs/ Governor Affairs

Phone- 03.695.549
Work Cell- 5 1.309.4335

Notes:

-- If you have a COVID specific question, please Cc the following which will help facilitate your request:osd.pentagon.oasd-la.list.staff-action-users mail.mil Caution-mailto:osd.pentagon.oasd-la.list.staff-action-users mail.mil

-- I have been temporarily detailed to the DoD COVID-19 task force. If you have non-COVID related issues, please Contact DASD Matthew Haskins at:matthew.c.haskins2.civ mail.mil Caution-mailto:matthew.c.haskins2.civ mail.mil

From: Powers, Anne CIV SD Anne.Powers sd.mil Caution-mailto:Anne.Powers sd.mil
Sent: Saturday, April 4, 2020 2:45 PM
To: atims, Casey (GOV) casey.katims gov.wa.gov Caution-mailto:casey.katims gov.wa.gov Chumaceiro, Emily C CIV OSD OSD (SA) emily.chumaceiro sd.mil Caution-mailto:emily.chumaceiro sd.mil Shwedo, Eric P COL SARM OSD OASD LA (SA) eric.p.shwedo.mil mail.mil Caution-mailto:eric.p.shwedo.mil mail.mil
Cc: Wilson, Morgan (GOV) Morgan.Wilson gov.wa.gov Caution-mailto:Morgan.Wilson gov.wa.gov Daugherty, Bret D. (MIL) Bret.Daugherty mil.wa.gov Caution-mailto:Bret.Daugherty mil.wa.gov Tichenor, Stacey (GOV) Stacey.Tichenor GOV.WA.GOV Caution-mailto:Stacey.Tichenor GOV.WA.GOV
Subject: RE: Call with Sec. Esper and Gov. Inslee

Good Afternoon Casey,
I've added Colonel Eric Shwedo who is on our COVID-19 Task Force. He'll reach out to assist.

Thank you,
Anne
Anne F. Powers
Office of the Secretary of Defense
703-692-7100

From: atims, Casey (GOV) casey.katims gov.wa.gov Caution-mailto:casey.katims gov.wa.gov
Sent: Saturday, April 4, 2020 1:26 PM
To: Chumaceiro, Emily CIV SD Emily.Chumaceiro sd.mil Caution-mailto:Emily.Chumaceiro sd.mil Powers, Anne CIV SD Anne.Powers sd.mil Caution-mailto:Anne.Powers sd.mil
Cc: Wilson, Morgan (GOV) Morgan.Wilson gov.wa.gov Caution-mailto:Morgan.Wilson gov.wa.gov Daugherty, Bret D. (MIL) Bret.Daugherty mil.wa.gov Caution-mailto:Bret.Daugherty mil.wa.gov Tichenor, Stacey (GOV) Stacey.Tichenor GOV.WA.GOV Caution-mailto:Stacey.Tichenor GOV.WA.GOV
WA-GOV-20-0742-A-000734

Subject: RE: Call with Sec. Esper and Gov. Inslee

Emily and Anne:

Thank you again for setting up this conversation yesterday. One of the topics discussed on the call was disease modeling, and the secretary committed to getting the team at DoD's infectious disease medical research facility (SAMRIID) connected with our folks who are doing COVID epidemiology modeling to possibly help refine things like demographics and geography.

What is the best way to get our respective folks connected on that

Appreciate any guidance,

Casey

CASEY KATIMS

Director of Federal and Inter-State Affairs

Governor Jay Inslee

Cell: 360.999.0155

From: Chumaceiro, Emily CIV SD Emily.Chumaceiro sd.mil Caution-mailto:Emily.Chumaceiro sd.mil
Sent: Friday, April 3, 2020 1:13 AM
To: Tichenor, Stacey (GOV) Stacey.Tichenor GOV.WA.GOV Caution-mailto:Stacey.Tichenor GOV.WA.GOV
Katims, Casey (GOV) casey.katims gov.wa.gov Caution-mailto:casey.katims gov.wa.gov
Cc: Wilson, Morgan (GOV) Morgan.Wilson gov.wa.gov Caution-mailto:Morgan.Wilson gov.wa.gov
Daugherty, Bret D. (MIL) Bret.Daugherty mil.wa.gov Caution-mailto:Bret.Daugherty mil.wa.gov Powers,
Anne CIV SD Anne.Powers sd.mil Caution-mailto:Anne.Powers sd.mil
Subject: RE: Call with Sec. Esper and Gov. Inslee

Good Morning,

I hope you're having a wonderful week! Secretary Esper would like to have another call with Gov. Inslee today regarding COVID-19. By chance, can the Governor's schedule accommodate a call at 2:15 PM (EST)?

Thanks!

Emily

Emily C. Chumaceiro

Confidential Assistant

Office of the Secretary of Defense

703-692-7100

From: Powers, Anne CIV SD Anne.Powers sd.mil Caution-mailto:Anne.Powers sd.mil
Sent: Sunday, March 22, 2020 12:11 PM
To: Tichenor, Stacey (GOV) Stacey.Tichenor GOV.WA.GOV Caution-mailto:Stacey.Tichenor GOV.WA.GOV
Katims, Casey (GOV) casey.katims gov.wa.gov Caution-mailto:casey.katims gov.wa.gov Tara.A.Butler4.civ mail.mil SD
- Cables Executive Support Officer CablesESO sd.mil Caution-mailto:CablesESO sd.mil
Cc: Wilson, Morgan (GOV) Morgan.Wilson gov.wa.gov Caution-mailto:Morgan.Wilson gov.wa.gov
Daugherty, Bret D. (MIL) Bret.Daugherty mil.wa.gov Caution-mailto:Bret.Daugherty mil.wa.gov
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Phillip.Baker sd.mil Caution-mailto:Phillip.Baker sd.mil Lewis, Oliver CAPT SD
Oliver.Lewis sd.mil Caution-mailto:Oliver.Lewis sd.mil ohnson, ustin SES SD
ustin.ohnson sd.mil Caution-mailto:ustin.ohnson sd.mil
Subject: RE: Call with Sec. Esper and Gov. Inslee

Thanks for the quick confirmation. We are all set on our end, but please don't hesitate to reach out should something change on your side.

Best wishes,
Anne

From: Tichenor, Stacey (GOV) Stacey.Tichenor GOV.WA.GOV Caution-mailto:Stacey.Tichenor GOV.WA.GOV
Sent: Sunday, March 22, 2020 12:11 PM
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Cc: Tichenor, Stacey (GOV) Stacey.Tichenor GOV.WA.GOV Caution-mailto:Stacey.Tichenor GOV.WA.GOV Wilson, Morgan (GOV) Morgan.Wilson gov.wa.gov Caution-mailto:Morgan.Wilson gov.wa.gov Daugherty, Bret D. (MIL) Bret.Daugherty mil.wa.gov Caution-mailto:Bret.Daugherty mil.wa.gov Chumaceiro, Emily CIV SD Emily.Chumaceiro sd.mil Caution-mailto:Emily.Chumaceiro sd.mil Gilliam, Erin LTC SD Erin.Gilliam sd.mil Caution-mailto:Erin.Gilliam sd.mil Baker, Phillip COL SD Phillip.Baker sd.mil Caution-mailto:Phillip.Baker sd.mil Lewis, Oliver CAPT SD Oliver.Lewis sd.mil Caution-mailto:Oliver.Lewis sd.mil
Subject: RE: Call with Sec. Esper and Gov. Inslee

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Thank you!
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Sent: Sunday, March 22, 2020 10:51 AM
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Anne.Powers sd.mil Caution-mailto:Anne.Powers sd.mil
Cc: Tichenor, Stacey (GOV) Stacey.Tichenor GOV.WA.GOV Caution-mailto:Stacey.Tichenor GOV.WA.GOV
Wilson, Morgan (GOV) Morgan.Wilson gov.wa.gov Caution-mailto:Morgan.Wilson gov.wa.gov Daugherty,
Bret D. (MIL) Bret.Daugherty mil.wa.gov Caution-mailto:Bret.Daugherty mil.wa.gov Chumaceiro, Emily CIV
SD Emily.Chumaceiro sd.mil Caution-mailto:Emily.Chumaceiro sd.mil Gilliam, Erin LTC SD
Erin.Gilliam sd.mil Caution-mailto:Erin.Gilliam sd.mil
Subject: Call with Sec. Esper and Gov. Inslee
Importance: High

Tara and Anne:

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Governor Inslee requests the opportunity to speak with Secretary Esper about this today. Our scheduler Stacey Tichenor (cc'd) can help find a time for the two to connect.

We appreciate your assistance with this matter. I can be reached at 360.999.0155 with any questions.

Casey

CASEY KATIMS
Director of Federal and Inter-State Affairs
Governor Jay Inslee
Cell: 360.999.0155

From: [Sarah M. Castro](#)

To: [Shwedo, Eric P COL USARMY OSD OASD LA \(USA\)](#)

[Katims, Casey \(GOV\)](#)

[Wilson, Morgan \(GOV\)](#)

[Daugherty, Bret D. \(MIL\)](#)

[Tichenor, Stacey \(GOV\)](#)

[Powers, Anne Francis \(Annie\) CIV \(USA\)](#)

[Chumaceiro, Emily C CIV OSD OSD \(USA\)](#)

[Beckham, Hilton S CIV OSD OUSD POLICY \(USA\)](#)

[Boltjes, Travis T Col USAF OSD OUSD POLICY \(USA\)](#)

[Coonan, Scott C CDR USN OSD OUSD POLICY \(USA\)](#)

[Driscoll, John J CAPT USCG OSD OUSD POLICY \(USA\)](#)

[Frazier, Scott T COL USARMY OSD OUSD POLICY \(USA\)](#)

[Hovatter, Ryan P MAJ USARMY OSD OUSD POLICY \(USA\)](#)

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[Ross, James C \(Coach\) CIV OSD OUSD POLICY \(USA\)](#)

[Salesses, Robert G SES OSD OUSD POLICY \(USA\)](#)

[Sims, Jon T CTR OSD OUSD POLICY \(USA\)](#)

[Swigert, Brett T Col USAF OSD OUSD POLICY \(USA\)](#)

[Viar, William T \(Todd\) COL USARMY OSD OUSD POLICY \(USA\)](#)

[Christopher Murray](#)

[Kelsey Pierce](#)

[Madeline Grant](#)

CC: [Lindquist, Scott W \(DOH\)](#)

[Lofy, Kathy H \(DOH\)](#)

Date: 05-Apr-20 10:16:38 AM

Subject: RE: [Non-DoD Source] RE: Call with Sec. Esper and Gov. Inslee

Hi All,
Looping in Chris Murray who runs IHME and Kelsey Pierce his Chief of Staff.

Thanks,
Sarah

SARAH CASTRO
Director of Federal Relations
University of Washington

(202) 624-1426 office
(202) 641-346 cell

From: Shwedo, Eric P COL USARMY OSD OASD LA (USA)

Sent: Saturday, April 4, 2020 11:20 PM

To: Katims, Casey (GOV) Wilson, Morgan (GOV) Daugherty, Bret D. (MIL) Tichenor, Stacey (GOV) Powers, Anne Francis (Annie) CIV (USA) Chumaceiro, Emily C CIV OSD OSD (USA) Beckham, Hilton S CIV OSD O USD POLIC (USA) Boltjes, Travis T Col USAF OSD O USD POLIC (USA) Coonan, Scott C CDR USN OSD O USD POLIC (USA) Driscoll, John J CAPT USCG OSD OUSD POLICY (USA) Frazier, Scott T COL USARMY OSD OUSD POLICY (USA) Hovatter, Ryan P MAJ USARMY OSD OUSD POLICY (USA) Lacrosse, Thomas L CIV OSD OUSD POLICY (USA) Ross, James C (Coach) CIV OSD OUSD POLICY (USA) Salesses, Robert G SES OSD OUSD POLICY (USA) Sims, Jon T CTR OSD OUSD POLICY (USA) Swigert, Brett T Col USAF OSD OUSD POLICY (USA) Viar, William T (Todd) COL USARMY OSD OUSD POLICY (USA) Christopher Murray
WA-GOV-20-0742-A-000738

CAPT SCG OSD O SD POLIC (SA) Frazier, Scott T COL SARM OSD O SD POLIC (SA) Hovatter, Ryan P MA
SARM OSD O SD POLIC (SA) Lacrosse, Thomas L CIV OSD O SD POLIC (SA) Ross, ames C (Coach) CIV OSD
O SD POLIC (SA) Saleses, Robert G SES OSD O SD POLIC (SA) Sims, on T CTR OSD O SD POLIC (SA)
Swigert, Brett T Col SAF OSD O SD POLIC (SA) Viar, William T (Todd) COL SARM OSD O SD POLIC (SA)
Cc: Lindquist, Scott W (DOH) Lofy, athy H (DOH) Sarah M. Castro
Subject: RE: Non-DoD Source RE: Call with Sec. Esper and Gov. Inslee

Casey,

I can set up a conference call this week so that we make sure we get everyone connected. Additionally, as discussed, we can match the capability with the correct agency.

v/r,

ERIC Tubby SHWEDO
Colonel, Special Forces
.S. Army
DoD COVID-19 Task Force
Legislative Affairs/ Governor Affairs

Phone- 03.695.549
Work Cell- 5 1.309.4335

Notes:

-- If you have a COVID specific question, please Cc the following which will help facilitate your request:
osd.pentagon.oasd-la.list.staff-action-users@mail.mil

-- I have been temporarily detailed to the DoD COVID-19 task force. If you have non-COVID related issues, please
Contact DASD Matthew Haskins at: matthew.c.haskins2.civ@mail.mil

From: atims, Casey (GOV) casey.katims@gov.wa.gov

Sent: Saturday, April 4, 2020 :5 PM

To: Shwedo, Eric P COL SARM OSD OASD LA (SA) eric.p.shwedo@mail.mil Wilson, Morgan (GOV)
Morgan.Wilson@gov.wa.gov Daugherty, Bret D. (MIL) Bret.Daugherty@mail.wa.gov Tichenor, Stacey (GOV)
Stacey.Tichenor@GOV.WA.GOV Powers, Anne Francis (Annie) CIV (SA) anne.powers@sd.mil Chumaceiro,
Emily C CIV OSD OSD (SA) emily.chumaceiro@sd.mil Beckham, Hilton S CIV OSD O SD POLIC (SA)
hilton.s.beckham.civ@mail.mil Bolt es, Travis T Col SAF OSD O SD POLIC (SA) travis.t.bolt.es@mail.mil
Coonan, Scott C CDR SN OSD O SD POLIC (SA) scott.c.coonan@mail.mil Driscoll, ohn CAPT SCG OSD
O SD POLIC (SA) ohn.driscoll24@mail.mil Frazier, Scott T COL SARM OSD O SD POLIC (SA)
scott.t.frazier@mail.mil Hovatter, Ryan P MA SARM OSD O SD POLIC (SA)
ryan.p.hovatter@mail.mil Lacrosse, Thomas L CIV OSD O SD POLIC (SA) thomas.l.lacrosse.civ@mail.mil
Ross, ames C (Coach) CIV OSD O SD POLIC (SA) ames.c.ross.civ@mail.mil Saleses, Robert G SES OSD O SD
POLIC (SA) robert.g.saleses.civ@mail.mil Sims, on T CTR OSD O SD POLIC (SA) on.t.sims.ctr@mail.mil
Swigert, Brett T Col SAF OSD O SD POLIC (SA) brett.t.swigert@mail.mil Viar, William T (Todd) COL
SARM OSD O SD POLIC (SA) william.t.viar@mail.mil
Cc: Lindquist, Scott W (DOH) scott.lindquist@doh.wa.gov Lofy, athy H (DOH) athy.Lofy@DOH.WA.GOV Sarah
M. Castro smcastro@uw.edu
Subject: Non-DoD Source RE: Call with Sec. Esper and Gov. Inslee

All active links contained in this email were disabled. Please verify the identity of the sender, and confirm the authenticity of all links contained within the message prior to copying and pasting the address to a Web browser.

Col. Shwedo:

I am adding our state epidemiologist Scott Lindquist and state health officer Cathy Lofy, as well as Sarah Castro at the W who can connect the right folks at IHME. I think we're hoping to make the connection not just with W's modeling but also our state team that is using the Institute for Disease Modeling (IDM) and other state protection models.

Thanks so much for your help,

Casey

360.999.0155

From: Shwedo, Eric P COL SARM OSD OASD LA (SA) eric.p.shwedo.mil_mail.mil
Sent: Saturday, April 4, 2020 3:0 PM
To: atims, Casey (GOV) casey.katims_gov.wa.gov
Cc: Wilson, Morgan (GOV) Morgan.Wilson_gov.wa.gov Daugherty, Bret D. (MIL) Bret.Daugherty_mil.wa.gov
Tichenor, Stacey (GOV) Stacey.Tichenor_GOV.WA.GOV Powers, Anne Francis (Annie) CIV (SA) anne.powers_sd.mil
Chumaceiro, Emily C CIV OSD OSD (SA) emily.chumaceiro_sd.mil Beckham, Hilton S CIV OSD O SD POLIC (SA) hilton.s.beckham.civ_mail.mil
Bolt es, Travis T Col SAF OSD O SD POLIC (SA) travis.t.bolt_es.mil_mail.mil Coonan, Scott C CDR SN OSD O SD POLIC (SA) scott.c.coonan.mil_mail.mil
Driscoll, ohn CAPT SCG OSD O SD POLIC (SA) ohn..driscoll24.mil_mail.mil Frazier, Scott T COL SARM OSD O SD POLIC (SA) scott.t.frazier.mil_mail.mil
Hovatter, Ryan P MA SARM OSD O SD POLIC (SA) ryan.p.hovatter.mil_mail.mil Lacrosse, Thomas L CIV OSD O SD POLIC (SA) thomas.l.lacrosse.civ_mail.mil
Ross, ames C (Coach) CIV OSD O SD POLIC (SA) ames.c.ross.civ_mail.mil Salesses, Robert G SES OSD O SD POLIC (SA) robert.g.salesses.civ_mail.mil
Sims, on T CTR OSD O SD POLIC (SA) on.t.sims.ctr_mail.mil Swigert, Brett T Col SAF OSD O SD POLIC (SA) brett.t.swigert.mil_mail.mil Viar, William T (Todd) COL SARM OSD O SD POLIC (SA) william.t.viar.mil_mail.mil
Subject: RE: Call with Sec. Esper and Gov. Inslee

Good afternoon,

I can make the connection happen. Do you have a Point of Contact that I can make the connection with My understanding was that this was with W. I will work with our Health Affairs folks to ensure this happens and can keep you in the loop.

v/r,

ERIC Tubby SHWEDO
Colonel, Special Forces
.S. Army
DoD COVID-19 Task Force
Legislative Affairs/ Governor Affairs

Phone- 03.695.549
Work Cell- 5 1.309.4335

Notes:

-- If you have a COVID specific question, please Cc the following which will help facilitate your request:osd.pentagon.oasd-la.list.staff-action-users_mail.mil Caution-mailto:osd.pentagon.oasd-la.list.staff-action-users_mail.mil

-- I have been temporarily detailed to the DoD COVID-19 task force. If you have non-COVID related issues, please Contact DASD Matthew Haskins at:matthew.c.haskins2.civ_mail.mil Caution-mailto:matthew.c.haskins2.civ_mail.mil

From: Powers, Anne CIV SD Anne.Powers_sd.mil [Caution-mailto:Anne.Powers_sd.mil](mailto:Anne.Powers_sd.mil)
Sent: Saturday, April 4, 2020 2:45 PM
To: atims, Casey (GOV) casey.katims_gov.wa.gov [Caution-mailto:casey.katims_gov.wa.gov](mailto:casey.katims_gov.wa.gov) Chumaceiro,
Emily C CIV OSD OSD (SA) emily.chumaceiro_sd.mil [Caution-mailto:emily.chumaceiro_sd.mil](mailto:emily.chumaceiro_sd.mil) Shwedo, Eric
P COL SARM OSD OASD LA (SA) eric.p.shwedo.mil_mail.mil [Caution-mailto:eric.p.shwedo.mil_mail.mil](mailto:eric.p.shwedo.mil_mail.mil)
Cc: Wilson, Morgan (GOV) Morgan.Wilson_gov.wa.gov [Caution-mailto:Morgan.Wilson_gov.wa.gov](mailto:Morgan.Wilson_gov.wa.gov)
Daugherty, Bret D. (MIL) Bret.Daugherty_mil.wa.gov [Caution-mailto:Bret.Daugherty_mil.wa.gov](mailto:Bret.Daugherty_mil.wa.gov) Tichenor,
Stacey (GOV) Stacey.Tichenor_GOV.WA.GOV [Caution-mailto:Stacey.Tichenor_GOV.WA.GOV](mailto:Stacey.Tichenor_GOV.WA.GOV)
Subject: RE: Call with Sec. Esper and Gov. Inslee

Good Afternoon Casey,
I've added Colonel Eric Shwedo who is on our COVID-19 Task Force. He'll reach out to assist.

Thank you,
Anne
Anne F. Powers
Office of the Secretary of Defense
03-692- 100

From: atims, Casey (GOV) casey.katims_gov.wa.gov [Caution-mailto:casey.katims_gov.wa.gov](mailto:casey.katims_gov.wa.gov)
Sent: Saturday, April 4, 2020 1:26 PM
To: Chumaceiro, Emily CIV SD Emily.Chumaceiro_sd.mil [Caution-mailto:Emily.Chumaceiro_sd.mil](mailto:Emily.Chumaceiro_sd.mil) Powers,
Anne CIV SD Anne.Powers_sd.mil [Caution-mailto:Anne.Powers_sd.mil](mailto:Anne.Powers_sd.mil)
Cc: Wilson, Morgan (GOV) Morgan.Wilson_gov.wa.gov [Caution-mailto:Morgan.Wilson_gov.wa.gov](mailto:Morgan.Wilson_gov.wa.gov)
Daugherty, Bret D. (MIL) Bret.Daugherty_mil.wa.gov [Caution-mailto:Bret.Daugherty_mil.wa.gov](mailto:Bret.Daugherty_mil.wa.gov) Tichenor,
Stacey (GOV) Stacey.Tichenor_GOV.WA.GOV [Caution-mailto:Stacey.Tichenor_GOV.WA.GOV](mailto:Stacey.Tichenor_GOV.WA.GOV)
Subject: RE: Call with Sec. Esper and Gov. Inslee

Emily and Anne:

Thank you again for setting up this conversation yesterday. One of the topics discussed on the call was disease modeling, and the secretary committed to getting the team at DoD's infectious disease medical research facility (SAMRIID) connected with our folks who are doing COVID epidemiology modeling to possible help refine things like demographics and geography.

What is the best way to get our respective folks connected on that

Appreciate any guidance,

Casey

CASEY KATIMS
Director of Federal and Inter-State Affairs
Governor ay Inslee
Cell: 360.999.0155

From: Chumaceiro, Emily CIV SD Emily.Chumaceiro_sd.mil [Caution-mailto:Emily.Chumaceiro_sd.mil](mailto:Emily.Chumaceiro_sd.mil)
Sent: Friday, April 3, 2020 :13 AM
To: Tichenor, Stacey (GOV) Stacey.Tichenor_GOV.WA.GOV [Caution-mailto:Stacey.Tichenor_GOV.WA.GOV](mailto:Stacey.Tichenor_GOV.WA.GOV)
atims, Casey (GOV) casey.katims_gov.wa.gov [Caution-mailto:casey.katims_gov.wa.gov](mailto:casey.katims_gov.wa.gov)
Cc: Wilson, Morgan (GOV) Morgan.Wilson_gov.wa.gov [Caution-mailto:Morgan.Wilson_gov.wa.gov](mailto:Morgan.Wilson_gov.wa.gov)
Daugherty, Bret D. (MIL) Bret.Daugherty_mil.wa.gov [Caution-mailto:Bret.Daugherty_mil.wa.gov](mailto:Bret.Daugherty_mil.wa.gov) Powers,
Anne CIV SD Anne.Powers_sd.mil [Caution-mailto:Anne.Powers_sd.mil](mailto:Anne.Powers_sd.mil)
Subject: RE: Call with Sec. Esper and Gov. Inslee

Good Morning,

I hope you're having a wonderful week Secretary Esper would like to have another call with Gov. Inslee today regarding COVID-19. By chance, can the Governor's schedule accommodate a call at 2:15 PM (EST)

Thanks
Emily

Emily C. Chumaceiro
Confidential Assistant
Office of the Secretary of Defense
03-692- 100

From: Powers, Anne CIV SD Anne.Powers_sd.mil [Caution-mailto:Anne.Powers_sd.mil](mailto:Anne.Powers_sd.mil)
Sent: Sunday, March 22, 2020 12:1 PM
To: Tichenor, Stacey (GOV) Stacey.Tichenor_GOV.WA.GOV [Caution-mailto:Stacey.Tichenor_GOV.WA.GOV](mailto:Stacey.Tichenor_GOV.WA.GOV)
atims, Casey (GOV) casey.katims_gov.wa.gov [Caution-mailto:casey.katims_gov.wa.gov](mailto:casey.katims_gov.wa.gov)
Tara.A.Butler4.civ mail.mil [Caution-mailto:Tara.A.Butler4.civ_mail.mil](mailto:Tara.A.Butler4.civ_mail.mil) SD - Cables Executive Support Officer
CablesESO_sd.mil [Caution-mailto:CablesESO_sd.mil](mailto:CablesESO_sd.mil)
Cc: Wilson, Morgan (GOV) Morgan.Wilson_gov.wa.gov [Caution-mailto:Morgan.Wilson_gov.wa.gov](mailto:Morgan.Wilson_gov.wa.gov)
Daugherty, Bret D. (MIL) Bret.Daugherty_mil.wa.gov [Caution-mailto:Bret.Daugherty_mil.wa.gov](mailto:Bret.Daugherty_mil.wa.gov)
Chumaceiro, Emily CIV SD Emily.Chumaceiro_sd.mil [Caution-mailto:Emily.Chumaceiro_sd.mil](mailto:Emily.Chumaceiro_sd.mil) Gilliam, Erin
LTC SD Erin.Gilliam_sd.mil [Caution-mailto:Erin.Gilliam_sd.mil](mailto:Erin.Gilliam_sd.mil) Baker, Phillip COL SD Phillip.Baker_sd.mil
[Caution-mailto:Phillip.Baker_sd.mil](mailto:Phillip.Baker_sd.mil) Lewis, Oliver CAPT SD Oliver.Lewis_sd.mil [Caution-](mailto:Oliver.Lewis_sd.mil)
mailto:Oliver.Lewis_sd.mil ohnson, ustin SES SD ustin.ohnson_sd.mil [Caution-](mailto:ustin.ohnson_sd.mil)
[mailto: ustin.ohnson_sd.mil](mailto:ustin.ohnson_sd.mil)
Subject: RE: Call with Sec. Esper and Gov. Inslee

Ma'am,
Thanks for the quick confirmation. We are all set on our end, but please don't hesitate to reach out should something change on your side.

Best wishes,
Anne

From: Tichenor, Stacey (GOV) Stacey.Tichenor_GOV.WA.GOV [Caution-mailto:Stacey.Tichenor_GOV.WA.GOV](mailto:Stacey.Tichenor_GOV.WA.GOV)
Sent: Sunday, March 22, 2020 12:11 PM
To: Powers, Anne CIV SD Anne.Powers_sd.mil [Caution-mailto:Anne.Powers_sd.mil](mailto:Anne.Powers_sd.mil) atims, Casey (GOV)
casey.katims_gov.wa.gov [Caution-mailto:casey.katims_gov.wa.gov](mailto:casey.katims_gov.wa.gov) Tara.A.Butler4.civ mail.mil [Caution-](mailto:Tara.A.Butler4.civ_mail.mil)
mailto:Tara.A.Butler4.civ_mail.mil SD - Cables Executive Support Officer CablesESO_sd.mil [Caution-](mailto:CablesESO_sd.mil)
mailto:CablesESO_sd.mil
Cc: Wilson, Morgan (GOV) Morgan.Wilson_gov.wa.gov [Caution-mailto:Morgan.Wilson_gov.wa.gov](mailto:Morgan.Wilson_gov.wa.gov)
Daugherty, Bret D. (MIL) Bret.Daugherty_mil.wa.gov [Caution-mailto:Bret.Daugherty_mil.wa.gov](mailto:Bret.Daugherty_mil.wa.gov)
Chumaceiro, Emily CIV SD Emily.Chumaceiro_sd.mil [Caution-mailto:Emily.Chumaceiro_sd.mil](mailto:Emily.Chumaceiro_sd.mil) Gilliam, Erin
LTC SD Erin.Gilliam_sd.mil [Caution-mailto:Erin.Gilliam_sd.mil](mailto:Erin.Gilliam_sd.mil) Baker, Phillip COL SD Phillip.Baker_sd.mil
[Caution-mailto:Phillip.Baker_sd.mil](mailto:Phillip.Baker_sd.mil) Lewis, Oliver CAPT SD Oliver.Lewis_sd.mil [Caution-](mailto:Oliver.Lewis_sd.mil)
mailto:Oliver.Lewis_sd.mil
Subject: RE: Call with Sec. Esper and Gov. Inslee

Hi Anne,

3:00 pm PT works for Governor Inslee.

Here's a call in number:

Phone number: -2 3-5223
Participant Pin: 42.56.420(4)
Moderator Pin (Casey atims): 532

WA-GOV-20-0742-A-000742

Thank you,
Stacey

Stacey Tichenor
Desk: 360.902.4109 Cell: 360. 90.56 1

From: Powers, Anne CIV SD Anne.Powers_sd.mil [Caution-mailto:Anne.Powers_sd.mil](mailto:Anne.Powers_sd.mil)
Sent: Sunday, March 22, 2020 10:54 AM
To: atims, Casey (GOV) casey.katims_gov.wa.gov [Caution-mailto:casey.katims_gov.wa.gov](mailto:casey.katims_gov.wa.gov)
Tara.A.Butler4.civ mail.mil [Caution-mailto:Tara.A.Butler4.civ_mail.mil](mailto:Tara.A.Butler4.civ_mail.mil) SD - Cables Executive Support Officer
CablesESO_sd.mil [Caution-mailto:CablesESO_sd.mil](mailto:CablesESO_sd.mil)
Cc: Tichenor, Stacey (GOV) Stacey.Tichenor_GOV.WA.GOV [Caution-mailto:Stacey.Tichenor_GOV.WA.GOV](mailto:Stacey.Tichenor_GOV.WA.GOV)
Wilson, Morgan (GOV) Morgan.Wilson_gov.wa.gov [Caution-mailto:Morgan.Wilson_gov.wa.gov](mailto:Morgan.Wilson_gov.wa.gov) Daugherty,
Bret D. (MIL) Bret.Daugherty_mil.wa.gov [Caution-mailto:Bret.Daugherty_mil.wa.gov](mailto:Bret.Daugherty_mil.wa.gov) Chumaceiro, Emily CIV
SD Emily.Chumaceiro_sd.mil [Caution-mailto:Emily.Chumaceiro_sd.mil](mailto:Emily.Chumaceiro_sd.mil) Gilliam, Erin LTC SD
Erin.Gilliam_sd.mil [Caution-mailto:Erin.Gilliam_sd.mil](mailto:Erin.Gilliam_sd.mil) Baker, Phillip COL SD Phillip.Baker_sd.mil [Caution-mailto:Phillip.Baker_sd.mil](mailto:Phillip.Baker_sd.mil)
Lewis, Oliver CAPT SD Oliver.Lewis_sd.mil [Caution-mailto:Oliver.Lewis_sd.mil](mailto:Oliver.Lewis_sd.mil)
Subject: RE: Call with Sec. Esper and Gov. Inslee

Good Morning Casey and Stacey,

SECDEF would like to conduct the call with Governor Inslee today, March 22nd at 6:00pm(EDT)//3:00pm(PDT).

Please confirm that time works for the Governor.

We will have our SECDEF Cables reach out to connect the Secretary and the Governor. Please provide the best number for the Governor.

Thank you
Anne

From: atims, Casey (GOV) casey.katims_gov.wa.gov [Caution-mailto:casey.katims_gov.wa.gov](mailto:casey.katims_gov.wa.gov)
Sent: Sunday, March 22, 2020 10:51 AM
To: Tara.A.Butler4.civ_mail.mil [Caution-mailto:Tara.A.Butler4.civ_mail.mil](mailto:Tara.A.Butler4.civ_mail.mil) Powers, Anne CIV SD
Anne.Powers_sd.mil [Caution-mailto:Anne.Powers_sd.mil](mailto:Anne.Powers_sd.mil)
Cc: Tichenor, Stacey (GOV) Stacey.Tichenor_GOV.WA.GOV [Caution-mailto:Stacey.Tichenor_GOV.WA.GOV](mailto:Stacey.Tichenor_GOV.WA.GOV)
Wilson, Morgan (GOV) Morgan.Wilson_gov.wa.gov [Caution-mailto:Morgan.Wilson_gov.wa.gov](mailto:Morgan.Wilson_gov.wa.gov) Daugherty,
Bret D. (MIL) Bret.Daugherty_mil.wa.gov [Caution-mailto:Bret.Daugherty_mil.wa.gov](mailto:Bret.Daugherty_mil.wa.gov) Chumaceiro, Emily CIV
SD Emily.Chumaceiro_sd.mil [Caution-mailto:Emily.Chumaceiro_sd.mil](mailto:Emily.Chumaceiro_sd.mil) Gilliam, Erin LTC SD
Erin.Gilliam_sd.mil [Caution-mailto:Erin.Gilliam_sd.mil](mailto:Erin.Gilliam_sd.mil)
Subject: Call with Sec. Esper and Gov. Inslee
Importance: High

Tara and Anne:

Enclosed are letters transmitted last night that Secretary Esper is copied on, laying out the urgent need for the SNS Mercy to be deployed to the Puget Sound area to address the deteriorating situation in Washington State.

With each day that passes, the number of available physicians and nurses in Washington decreases as illness and fatigue take their toll, and our already low number of available hospital beds continues to shrink, leaving us unable to meet current and projected patient needs from COVID-19 and other acute and subacute patients. With our rural hospitals facing increasing challenges and our medical system facing a growing shortage of health care personnel, it is clear that no state on the West Coast needs the capacity provided by the Mercy as soon and as greatly as Washington State.

Governor Inslee requests the opportunity to speak with Secretary Esper about this today. Our scheduler Stacey Tichenor (cc'd) can help find a time for the two to connect.

WA-GOV-20-0742-A-000743

We appreciate your assistance with this matter. I can be reached at 360.999.0155 with any questions.

Casey

CASEY KATIMS

Director of Federal and Inter-State Affairs

Governor ay Inslee

Cell: 360.999.0155