



Safe Start Washington

A Phased Approach to Recovery

ISSUED BY THE OFFICE OF THE GOVERNOR | MAY 4, 2020



Safe Start Washington Governor Jay Inslee

Governor Jay Inslee, in collaboration with the Washington State Department of Health, has established a data-driven approach to reopen Washington and modify physical distancing measures while minimizing the health impacts of COVID-19.

This approach reduces the risk of COVID-19 to Washington's most vulnerable populations and preserves capacity in our health care system, while safely opening up businesses and resuming gatherings, travel, shopping, and recreation. The plan involves assessing COVID-19 activity in the state along with health care system readiness, testing capacity and availability, case and contact investigations, and ability to protect high-risk populations.



COVID-19 DISEASE ACTIVITY

Before reopening Washington and modifying physical distancing measures, COVID-19 disease burden must be low and decreasing as measured by:

- Number and trend of [COVID-19 cases, hospitalizations and deaths in Washington State](#)
- Modeling data, including [Institute for Disease Modeling](#) on Puget Sound area rates of COVID-19 spread, University of Washington [Institute for Health Metrics and Evaluation](#) modeling, and [Youyang Gu](#) modeling
- Mobility trends in Washington State, including [WSDOT traffic data](#) and [Google Mobility Data](#)

READINESS AND CAPABILITIES NEEDED

The Department of Health and local public health officials will monitor data to assess our state's readiness for safely reopening and modifying physical distancing measures. In addition to a low and decreasing disease burden, readiness must be achieved in four key areas to proceed from where we are now in the "Stay Home, Stay Healthy" order (Phase I) to Phase II, III and IV of the plan. The four key areas include healthcare system readiness, testing capacity and availability, case and contact investigations, and ability to protect high-risk populations. The overall goals for each area, along with the pertinent data that will be considered, are detailed below.





1. Health Care System Readiness

Adequate bed capacity, staffing and supplies in the health care system to handle a surge in COVID-19 cases, measured by:

- Number and percentage of licensed beds and ICU beds available in hospitals
- Number of available ventilators
- Days of personal protective equipment (PPE) supply available at hospitals, long-term care facilities, and other health care settings
- Ability of the state to fill high priority PPE requests from local emergency management agencies
- Ability of hospitals and other health care facilities to surge and coordinate movement of patients



2. Testing Capacity and Availability

Ability for everyone with COVID-19 symptoms and those with high-risk exposures to be tested immediately using a polymerase chain reaction (PCR) test and rapidly receive test results as measured by:

- Geographic distribution of testing sites and ability to serve the entire population
- Number and capacity of laboratories in Washington performing COVID-19 testing
- Availability of sufficient swabs, viral transport media, lab reagents, and other materials required for COVID-19 testing
- Number of tests performed per day



3. Case and Contact Investigations

Ability to rapidly isolate those with COVID-19, identify and quarantine their contacts, and provide case management services as measured by:

- Number of investigators trained and working
- Plans for case management
- Availability of isolation and quarantine facilities in local jurisdictions
- Percent of cases investigated within 24 hours of receipt of positive test report
- Percent of contact investigations initiated within 48 hours of receipt of positive test report





4. Ability to Protect High-Risk Populations

Ability to immediately respond to outbreaks in congregate settings, such as long-term care facilities, behavioral health facilities, agricultural worker housing, homeless shelters and correctional facilities, and address the needs of other high-risk populations, including the elderly and the medically frail, measured by:

- Number of outbreaks in long-term care facilities
- Demographic data, including race/ethnicity data, on COVID-19 cases, hospitalizations and deaths
- Ability of local or state strike teams with adequate PPE to respond to an outbreak within 24 hours

ALL INDIVIDUALS AND BUSINESSES

Until there is an effective vaccine, effective treatment or herd immunity, it is crucial to maintain some level of community interventions to suppress the spread of COVID-19 throughout all phases of recovery. This includes heightened protections for the health and safety of workers in essential sectors, people living and working in high-risk facilities (e.g., senior care facilities) and all other workers.

All Washingtonians have a responsibility to protect themselves and others. Each phase, while allowing for additional services to open and return to full capacity, is grounded in the following required basic practices:

Guidance for Individuals

All phases – Individuals should continue to:

- Engage in physical distancing, staying at least six feet away from other people
- Wear cloth face coverings in public places when not eating or drinking (cloth face coverings should not be placed on children younger than 2 years of age, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the cover without assistance)
- Stay home if sick
- Avoid others who are sick
- Wash hands frequently with soap and water (use hand sanitizer if soap and water are not available)
- Cover coughs and sneezes
- Avoid touching eyes, nose and mouth with unwashed hands
- Disinfect surfaces and objects regularly



Requirements for All Employers

All phases – Employers are required to:

- Maintain the six-foot physical distancing requirements for employees and patrons. Adopt other prevention measures such as barriers to block sneezes and coughs when physical distancing is not possible for a particular job task.
- Provide services while limiting close interactions with patrons.
- Provide adequate sanitation and personal hygiene for workers, vendors and patrons. Ensure employees have access to hand washing facilities so they can wash their hands frequently with soap and running water.
- Ensure frequent cleaning and disinfection of the business, particularly of high-touch surfaces.
- Identify personal protective equipment (PPE) and cloth facial coverings in accordance with L&I requirements on facial coverings and industry specific COVID-19 standards. Provide the necessary PPE and supplies to employees.
- Identify strategies for addressing ill employees, which should include requiring COVID-19 positive employees to stay at home while infectious, and potentially restricting employees who were directly exposed to the COVID-19 positive employee. Follow CDC cleaning guidelines to deep clean after reports of an employee with suspected or confirmed COVID-19 illness. This may involve the closure of the business until the location can be properly disinfected.
- Educate employees about COVID-19 in a language they best understand. The education should include the signs, symptoms and risk factors associated with COVID-19 and how to prevent its spread.
- On a case-by-case basis, as directed by federal, state and local public health and workplace safety officials, implement other practices appropriate for specific types of businesses, such as screening of employees for illness and exposures upon work entry, requiring non-cash transactions, etc.
- Follow requirements in [Governor Inslee's Proclamation 20-46 High-Risk Employees – Workers' Rights](#).
- Keep a safe and healthy facility in accordance with state and federal law, and comply with COVID-19 worksite-specific safety practices, as outlined in Governor Inslee's "Stay Home, Stay Healthy" Proclamation 20-25, and in accordance with the Washington State Department of Labor & Industries [General Coronavirus Prevention Under Stay Home, Stay Healthy Order](#) and the Washington State Department of Health [Workplace and Employer Resources & Recommendations](#).
- Challenge Seattle and the Washington Roundtable have developed a [business checklist](#) which is a great starting point for businesses as they prepare for a Safe Start. Our shared goal is to establish clear requirements that everyone can understand and apply — employers, workers and customers.

Businesses are also expected to implement any additional requirements developed specifically for their industry, such as those that have been established for construction.



PHASED APPROACH TO REOPENING WASHINGTON AND MODIFYING PHYSICAL DISTANCING MEASURES

Phase I of reopening Washington begins on May 5, 2020. When COVID-19 disease burden is low and decreasing and the four above capabilities are met, the Governor will issue an order for the state to move into future phases. The state will stay in every phase for a **minimum of three weeks**. During that time, the Department of Health and the Governor will re-evaluate the above indicators and determine if the state should remain in the current phase, advance to the next phase or return to the previous phase. No phase will last less than three weeks before moving to the next phase, in order to allow one complete disease incubation period plus an additional week to compile complete data and confirm trends.

The following table shows the phased approach for reopening businesses and resuming activities not authorized under Proclamation 20-25. **This phased approach may be adjusted as the pandemic evolves.** The industries listed are not an exclusive or exhaustive list of industries. Businesses listed in each phase of the plan will have industry-specific guidance and safety criteria developed to ensure workplace safety and public health are maintained. Those business activities are not authorized to open until the industry-specific guidance and safety criteria are issued.

A number of different factors were considered when deciding which activities could be resumed and which businesses could be reopened in various phases. These factors included:

- Risk of disease spread during the individual or business activity
- Number of people who could potentially be infected during the individual or business activity
- Economic benefits to opening the business
- Individual benefits to opening the business

Additional plans for a phased approach to restarting health care and educational activities are under development.

Families are adjusting to a new way of life, and we understand the impacts this is having on them. The connection between education, childcare, youth sports, summer programs and extracurricular activities is critical and must be viewed from a holistic lens to ensure equity and high quality of life. As we prepare for what the reopening of school looks like, we will be working closely with the Department of Health, Office of the Superintendent for Public Instruction, Department of Children, Youth and Families, and parents to release plans in the future.

While childcare is currently an essential business activity and a key component to the reopening plan, we know there is more to do. The state will continue efforts to ensure adequate access and affordability for families.



WASHINGTON'S PHASED APPROACH

Modifying Physical Distancing Measures as we Reopen the State

INDIVIDUALS AND BUSINESSES SHOULD FOLLOW ALL REQUIREMENTS LISTED ABOVE DURING ALL PHASES



Phase 1



Phase 2



Phase 3



Phase 4

High-Risk Populations*

Continue to Stay Home, Stay Healthy

Continue to Stay Home, Stay Healthy

Continue to Stay Home, Stay Healthy

Resume public interactions, with physical distancing

Recreation

Some outdoor recreation (hunting, fishing, golf, boating, hiking)

Outdoor recreation involving 5 or fewer people outside your household (camping, beaches, etc.)

- Outdoor group rec. sports activities (50 or fewer people)
- Recreational facilities at <50% capacity (gyms, public pools, etc.)
- Professional sports without audience participation (horseracing, baseball, etc.)

Resume all recreational activity

Gatherings (social, spiritual)

- None
- Drive-in spiritual service with one household per vehicle

Gather with no more than 5 people outside your household per week

Allow gatherings with no more than 50 people

Allow gatherings with >50 people

Travel

Essential travel and limited non-essential travel for Phase I permissible activities

Essential travel and limited non-essential travel for Phase I & II permissible activities

Resume non-essential travel

Continue non-essential travel

Business/Employers

- Essential businesses open
- Existing construction that meets agreed upon criteria
- Landscaping
- Auto/RV/boat/ORV sales
- Retail (curb-side pick-up orders only)
- Car washes
- Pet walkers

- Remaining manufacturing
- Additional construction phases
- In-home/domestic services (nannies, housecleaning, etc.)
- Retail (in-store purchases allowed with restrictions)
- Real estate
- Professional services/office-based businesses (telework remains strongly encouraged)
- Hair and nail salons/barbers
- Pet grooming
- Restaurants/taverns <50% capacity table size no larger than 5 (no bar-area seating)

- Restaurants/taverns <75% capacity/ table size no larger than 10
- Bar areas in restaurant/taverns at <25% capacity
- Movie theaters at <50% capacity
- Customer-facing government services (telework remains strongly encouraged)
- Libraries
- Museums
- All other business activities not yet listed except for nightclubs and events with greater than 50 people

- Nightclubs
- Concert venues
- Large sporting events
- Resume unrestricted staffing of worksites, but continue to practice physical distancing and good hygiene

* High-risk populations are currently defined by CDC as: persons 65 years of age and older; people of all ages with underlying medical conditions (particularly not well controlled), including people with chronic lung disease or moderate to severe asthma, people who have serious heart conditions, people who are immunocompromised, people with severe obesity, people with diabetes, people with chronic kidney disease undergoing dialysis, and people with liver disease; people who live in a nursing home or long-term care facility.

COUNTY VARIANCE REQUESTS

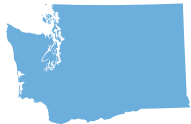
The Department of Health recognizes that there are currently some small counties with a population of less than 75,000 that have not identified a resident with COVID-19 for the past three weeks. These counties have the opportunity to apply for a variance to move to Phase II of this plan before the rest of the state. To apply for a variance, the local jurisdiction must follow the below process and submit the following materials to the Department of Health. County variance applications will be approved or denied by the Secretary of Health.

1. The process must adhere to the following steps:

- a. The local public health officer must submit a signed recommendation to the local board of health with one of the following recommendations: not request a variance and stay in Phase I, request a variance to include all of the Phase II modifications above, or request a variance to include a subset of Phase II modifications.
- b. The local board of health, if they choose to move forward with a variance request, must vote on such a request.
- c. The local hospital(s) must submit a letter certifying that they have adequate bed capacity to serve their community and adequate PPE supplies to keep their workers safe.
- d. The county commission/council must request to move to Phase II (or a subset of Phase II) of the plan.

2. The county commissioner must submit a letter requesting a variance, the letter from the local hospital certifying they have adequate bed capacity to serve their community and adequate PPE supplies to keep their workers safe, and a document that includes the following information to the Department of Health:

- a. Plans to make COVID-19 testing available and accessible to everyone in the county with symptoms consistent with COVID-19.
- b. The number of tests performed by week over the past three weeks.
- c. The number of people trained and ready to perform case investigations and contact tracing.
- d. Plans to house people in isolation or quarantine who do not have a home or wish to isolate or quarantine themselves outside of their home.
- e. Plans to provide case management services to cases and contacts in isolation and quarantine.
- f. Plans to rapidly respond to outbreaks in congregate settings.



3. Included with this application are documents demonstrating approvals and endorsements for all of the following:

- a. The local public health officers' recommendation to the Board of Health.
- b. Documentation of the vote of the Board of Health, including the motion and the vote totals.
- c. Letters from all hospitals used by the county certifying their bed capacity for COVID-19 patients and PPE supplies.
- d. Documentation of the vote of the county commission, including the vote totals.

In the next two weeks, the Department of Health and Governor Inslee will consider additional criteria which could include cases per capita for allowing other counties to apply for a variance. Local jurisdictions will be allowed to partially implement a phase.

