

COVID-19 RESPONSE

A RETROSPECTIVE LOOK AT THE PARTNERSHIP

OUTLINE

1. Before COVID
2. The COVID-19 Response
 - Challenges we faced together
 - Key statistics
 - Things that went well
 - Identified improvements
3. Q & A / Discussion
4. Next steps

BEFORE COVID

- Prior incidents
 - 2009 H1N1
 - 2014 SR-530 Slide
 - 2017 Opioid epidemic
- Prior exercises
 - 2016 Cascadia Rising
 - 2019 South Whidbey Island Fault
- Numerous shared training events
- Shared IT support via Snohomish County's Department of Information Technology (DoIT)



THE COVID-19 RESPONSE

“When that second case unfolded a month later and we could see the fires burning, all around the state, there’s a lot of anxiety. . .With most diseases – tuberculosis, measles, mumps, whooping cough – we have a playbook. There was no playbook for this.” – Dr. Chris Spitters

DISEASE ACTIVITY

Response began on January 20, 2020 –
Over 800 days ago

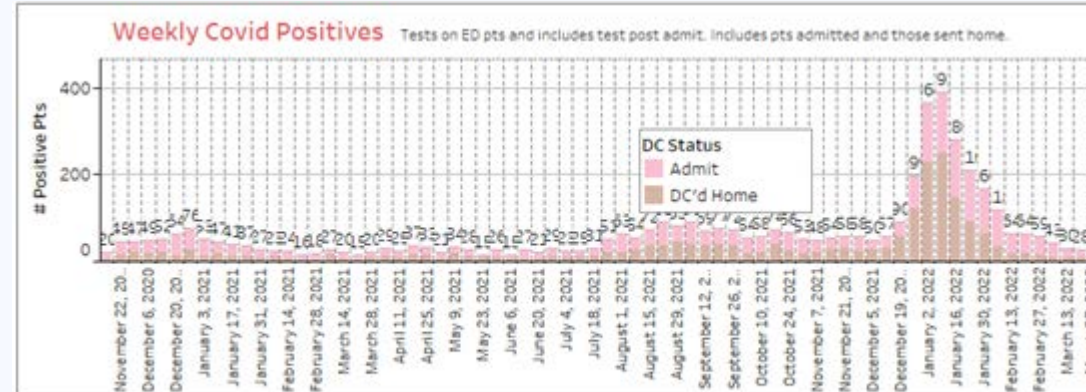
- Since then
 - 151,259 cases
 - 5,804 hospitalizations
 - 1,123 deaths

Source: WA DOH

SNOHOMISH COUNTY COVID-19 CASE RATE PER 100,000 FOR 2-WEEK ROLLING PERIOD (UPDATED MONDAYS)



Source: SHD



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Source: Providence

CHALLENGES WE FACED TOGETHER

- Planning for medical surge
 - Preparing to support the local health care system through alternate care facilities
 - Identifying sites and planning for federal medical assets
 - Mitigating staffing shortages throughout the system (EMS, hospital, clinic, long-term care facilities, etc.)
- Procuring and distributing personal protective equipment during global shortages
- Establishing test sites and planning for (and executing) the largest mass vaccination effort in history
- Providing timely and accurate information to partners and the public
- Navigating siloed state agency efforts to maintain a unified county effort

RESPONSE ACTIVITY

SHD and DEM established unified efforts on January 20, 2020

- Since then
 - Administered over 150,000 tests
 - Seven mass vaccination sites and dozens of mobile vaccine clinics delivered more than 1,000,000 doses of vaccine throughout Snohomish County
 - Established and operated an Isolation and Quarantine Facility (IQF) that provided a safe place for over 350 residents
 - Procured and distributed over 21,000,000 pieces of PPE to over 500 agencies
 - Joint communications team provided hundreds of updates and maintained social media platforms with over 10,000,000 reaches



THINGS WE DID WELL

Communicated

- Weekly media availabilities
- Held regularly scheduled conference calls with Mayors, school districts, businesses
- Provided hundreds of daily updates, maintained multiple social media platforms

Found novel solutions

- Established the I&Q site within a month
- Worked through planning efforts outside of our areas of responsibility (e.g., medical surge)
- Utilized multiple avenues to procure over 21,000,000 pieces of PPE

Remained proactive

- Established one of the first mass testing in the state
- Began planning for mass vaccination in August of 2020 and established the first mass vax site in the state on January 6, 2021
- Leaned into policy issues like allowing delivery of food at all hours of the day

AREAS OF IDENTIFIED IMPROVEMENT

Mitigating the bureaucracy

- Cumbersome for SHD to utilize federal funds (e.g. CARES Act) that came to the County
- Confusing reimbursement through FEMA Public Assistance because it was run through WA DOH

Refining plans, policies, and procedures

- Clarifying the responsibilities between Human Services and SHD
- Finding the resources to reclaim local responsibility for planning that got reassigned by WA DOH to the Northwest Healthcare Response Network

Addressing distinct authorities

- Our agencies are separately governed entities, which sometimes led to confusion at the staff level
- Ultimate decision making is poorly defined in state law, and we were extremely fortunate to have the right personalities in key positions



FREQUENTLY ASKED QUESTIONS



Next Steps

1. Complete the formal after-action review process and distribute the final report.
2. Continue to explore how to gain efficiencies and improve the delivery of public health during disasters.
3. Examine how the County can support expanded SHD services to enhance the county's resilience