



Safe Start Washington

Phased Reopening County-By-County

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Safe Start Washington – Phased Reopening County-by-County

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. Washington will move through the phased reopening county-by-county allowing for flexibility and local control to address COVID-19 activity geographically.

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 along with health care system readiness, testing capacity and availability, case and contact investigations, and ability to protect high-risk populations. The plan allows counties and the secretary of Health to holistically review COVID-19 activity and the ability for the county to respond when determining if a county is ready to move into a new phase.

County Application Process

On June 1, each county began in their then current phase. Any county can apply to the secretary of Health to move to the next phase, unless a "freeze" is in place. The application process will require the county to report on key metrics set by the secretary of Health along with other quantitative and qualitative data. The application must be submitted by the county executive, in accordance with the instructions provided by the secretary of Health. If the county does not have a county executive, it must be submitted with the approval of the county council/ commission.

The secretary of Health will evaluate county applications based on how their data for the key metrics compare to the targets and their ability to respond to situations that may arise in their county, including outbreaks, increased hospitalizations or deaths, health system capacity and other factors. The metrics are intended to be applied as targets, not hardline measures. The targets each contribute to reducing risk of disease transmission, and are to be considered in whole. Where one target is not fully achieved, actions taken with a different target may offset the overall risk. A final decision on whether a county is ready to move to the next phase rests with the secretary of Health. The secretary may approve a county moving in whole to the next phase, or may only approve certain



activities in the next phase depending on a specific county's situation.

A county that remains in Phase 1 has the ability to apply for a modified Phase 1 (as described below) to allow additional activity. That application would be submitted to the secretary of Health. The secretary of Health has discretion to modify or change any part of the modified Phase 1 to address the needs of a specific county. All activities must follow the health and safety requirements for those activities.

Nothing in the Safe Start Proclamation or this Reopening Plan prevents the governor and secretary of Health from, based on analysis of the data and epidemiological modeling, delaying ("freezing") progress of any or all counties to a subsequent phase or returning any or all counties to a prior phase.

COVID-19 DISEASE ACTIVITY

COVID-19 disease burden is measured by the following key metrics:

COVID-19 Disease Activity	
Metric	Target
1. Incidence of new cases reported during prior two weeks	<25 cases / 100,000 / 14 days
2. Trends in hospitalizations for lab-confirmed COVID-19	Flat or decreasing
3. Reproductive rate (if available)	$R_e < 1$

READINESS AND CAPABILITIES NEEDED

The Department of Health and local public health officials will monitor data to assess a county's readiness for safely reopening and modifying physical distancing measures. In addition to disease burden, readiness will be evaluated in four key areas. The four key areas include health care system readiness, testing capacity and availability, case and contact investigations, and ability to protect high-risk populations. Key metrics and their targets for each area, along with other pertinent data that will be considered, are detailed below.



1. Health Care System Readiness

Adequate bed capacity, staffing and supplies in the healthcare system to handle a surge in COVID-19 cases, measured by the following key metrics:

Health Care System Readiness

Metric	Target
1. % licensed beds occupied by patients (i.e., hospital census relative to licensed beds)	<ul style="list-style-type: none">Green: <80%Yellow: 81-90%Red: >90%
2. % licensed beds occupied by suspected and confirmed COVID-19 cases	<ul style="list-style-type: none">Green: <10%Yellow: 11-20%Red: >20%

Other data that will be considered include availability of PPE in hospitals, long term care facilities and other healthcare settings and availability of ventilators in hospitals.

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 the following key metrics:

Testing

Metric	Target
1. Average number of tests performed per day during the past week (or average % tests positive for COVID-19 during the past week)	50 times the number of cases (or 2%)
2. Median time from symptom onset to specimen collection during the past week	Median <2 days

Other data that will be considered include the geographic distribution of testing sites in counties, the ability to test the entire population, and the availability of sufficient swabs, viral transport media, lab reagents and other materials required for COVID-19 testing.



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 the following key metrics:

Case & Contact Investigations

Metric	Target
1. Percent of cases reached by phone or in person within 24 hours of receipt of + lab test report	90%
2. Percent of contacts reached by phone or in person within 48 hours of receipt of + lab test report on a case	80%
3. Percent of cases being contacted daily (by phone or electronically) during their isolation period	80%
4. Percent of contacts being contacted daily (by phone or electronically) during their quarantine period	80%

Other data that will be considered include the number of investigators trained and working, the availability of isolation and quarantine facilities, and plans for case management.

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 the following key metric:

Protect High-Risk Populations

Metric	Target
1. Number of outbreaks reported by week (defined as 2 or more non-household cases epidemiologically linked within 14 days in a workplace, congregate living or institutional setting)	0 - small counties (<75,000) 1 - medium counties (75,000-300,000) 2 - large counties (>300,000) 3 - very large counties (>1 million)

Other data that will be considered include a county's ability to rapidly respond to an outbreak and address health disparities in their communities.



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:

Requirements for Individuals

All phases – Individuals must continue to:

- When not at work: Wear face coverings that cover the nose and mouth when in any indoor or outdoor public setting, subject to the requirements and exceptions in Order of the Secretary of Health 20-03; and
- While at work: Wear a face covering when working, in compliance with the requirements in the “Requirements for All Employers” section below.
- Cooperate with public health authorities in the investigation of cases, suspected cases, outbreaks, and suspected outbreaks of COVID-19 and with the implementation of infection control measures pursuant to [State Board of Health rule WAC 246-101-425](#).

Guidance for Individuals

All phases – Individuals should continue to:

- Engage in physical distancing, staying at least six feet away from other people
- 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:

- Provide (at no cost to employees) cloth facial coverings to employees, unless their exposure dictates a higher level of protection under the Department of Labor & Industries' safety and health rules and guidance. Since June 8, all employees have been required to wear a cloth facial covering, consistent with the Washington State Department of Labor & Industries' COVID-19 workplace safety and health rules and guidance. A cloth face covering should be worn as a minimum level of protection, with the following exceptions: when working alone in an office, vehicle, or at a job site; if the individual is deaf or hard of hearing, or is communicating with someone who relies on language cues such as facial markers and expression and mouth movements as a part of communication; if the individual has a medical condition or disability that makes wearing a facial covering inappropriate; or when the job has no in-person interaction. Employees may remove a face covering when any party to a communication is deaf or hard of hearing or relies on language cues such as facial markers and expression and mouth movements as part of the communication. Refer to [Coronavirus Facial Covering and Mask Requirements](#) for additional details. Employees may choose to wear their own facial coverings at work, provided it meets the minimum requirements.
- Cooperate with public health authorities in the investigation of cases, suspected cases, outbreaks, and suspected outbreaks of COVID-19; cooperate with the implementation of infection control measures, including but not limited to isolation and quarantine and environmental cleaning; and comply with all public health authority orders and directives. Cooperation and compliance includes, but is not limited to:
 - Returning phone calls within 4 hours;
 - Meeting with public health officials promptly and answering questions from public health officials to help determine if and where transmission might be occurring in the work place;
 - Sharing lists of employees with their contact information and other relevant documents, if requested;
 - Allowing immediate and unfettered access to any work place and facility, as well as to all employees without threatened or actual retaliation against those employees;
 - Following public health recommendations for testing and disease control measures; and
 - Engaging in respectful and productive conversations regarding public health interactions.
- Notify your local health jurisdiction within 24 hours if you suspect COVID-19 is spreading in your workplace, or if you are aware of 2 or more employees who develop confirmed or suspected COVID-19 within a 14-day period.
- 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 [Proclamation 20-25](#), and all amendments and extensions thereto, and in accordance with the Washington State Department of Labor & Industries'



interpretive guidance, regulations, and rules, including [WAC 296-800-14035](#) and [General Coronavirus Prevention](#) under the “Stay Home, Stay Healthy” order and the Washington State Department of Health’s [Workplace and Employer Resources and Recommendations](#).

- Educate workers in the language they understand best about coronavirus and how to prevent transmission, and the employer’s COVID-19 policies.
- Maintain minimum six-foot separation between all employees (and customers) in all interactions at all times. When strict physical distancing is not feasible for a specific task, other prevention measures are required, such as use of barriers, minimizing staff or customers in narrow or enclosed areas, and staggering breaks and work shift starts.
- Ensure frequent and adequate hand washing with adequate maintenance of supplies. Use disposable gloves where safe and applicable to prevent virus transmission on tools or other items that are shared.
- Establish a housekeeping schedule that includes frequent cleaning and sanitizing with a particular emphasis on commonly touched surfaces
- Screen employees for signs/symptoms of COVID-19 at the start of their shift. Make sure sick employees stay home or immediately go home if they feel or appear sick. Cordon off any areas where an employee with probable or confirmed COVID-19 illness worked, touched surfaces, etc. until the area and equipment is cleaned and sanitized. Follow the [cleaning guidelines](#) set by the Centers for Disease Control to deep clean and sanitize.
- [Post a sign](#) requiring customers to wear cloth facial coverings, and prominently display it at the entrance to the business so that it is immediately noticeable to all customers entering the store.
- Follow requirements in Governor Inslee’s [Proclamation 20-46 High-Risk Employees – Workers’ Rights](#).

Businesses are also required to implement any health and safety requirements developed specifically for their industry.

Challenge Seattle and the Washington Roundtable have developed a [business checklist](#) which is a great starting point for businesses as they prepare for “Safe Start Washington”. Our shared goal is to establish clear requirements that everyone can understand and apply – employers, workers and customers.

PHASED APPROACH TO REOPENING WASHINGTON COUNTY-BY-COUNTY AND MODIFYING PHYSICAL DISTANCING MEASURES

A county will stay in every phase for a **minimum of three weeks**. During that time, the Department of Health, County Elected Leadership, Local Health Jurisdictions, and the governor will re-evaluate the above targets. No phase will last less than three weeks before moving to the next phase, unless moving to a previous phase, in order



to allow one complete disease incubation period plus an additional week to compile complete data and confirm trends. After three weeks, a county may apply to move to the next phase through the application provided by the secretary of Health.

If a county experiences an increase in COVID-19 disease activity and they need to return to an earlier phase, they must notify the secretary of Health and include their rationale but they do not need prior approval. Alternatively, the secretary has the authority to return a county to an earlier phase if the county chooses not to do so on its own, and the secretary has identified a need to do so. The secretary must notify a county in writing and provide a rationale for it being moved to an earlier phase.

The following table shows the phased approach for reopening businesses and resuming activities. **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.

If a county is not ready to move from Phase 1 to Phase 2, they have the ability apply for a modified Phase 1. The secretary of Health has discretion to modify or change any part of the modified Phase 1 to address the needs of a specific county. All activities must follow the health and safety requirements for those activities. The modified Phase 1 could include the following Phase 2 activities with the specific modifications to the previously issued health and safety requirements listed below.

- **High-risk populations**
 - Strongly encouraged, but not required, to stay home unless engaging in modified Phase I permissible activities.
- **Recreation and fitness**
 - Only allowed outdoor with five (not including the instructor) or fewer people outside of household.
- **Gatherings**
 - Only allowed outdoor of five or fewer people outside the household.
- **Additional construction**
 - As outlined in Phase 2 guidance.
- **Manufacturing operations**
 - As outlined in Phase 2 guidance.
- **Real estate**
 - 25% of building occupancy.
 - Indoor services limited to 30 minutes.



- **In-store retail**
 - 15% of building occupancy. (This does not apply to currently operating essential retail such as grocery stores. Currently operating essential retail should continue to follow the Phase 2 requirements.)
 - Indoor services limited to 30 minutes.
- **Personal services**
 - 25% of building occupancy.
- **Professional services**
 - 25% of building occupancy.
 - Indoor services limited to 30 minutes for customers.
- **Photography**
 - As outlined in Phase 2 guidance.
- **In-home/domestic services**
 - As outlined in Phase 2 guidance.
- **Pet grooming**
 - 25% of building occupancy.
- **Restaurants**
 - No indoor dining allowed.
 - Outdoor dining is permitted but seating at 50% of existing outdoor capacity.

Additional plans for a phased approach to restarting health care, spiritual gatherings, professional sports, and educational activities are under development and will be released separately.

Families are adjusting to a new way of life, and we understand the impacts this is having on them. The connection between education, child care, 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 child care 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 (Modifications to July 20, 2020 Plan are effective July 30, 2020)

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

	 Phase 1	 Phase 2	 Phase 3	 Phase 4
High-Risk Populations*	Stay home unless engaging in Phase 1 permissible activities.	Strongly encouraged, but not required, to stay home unless engaging in Phase 1 or Phase 2 permissible activities.	Strongly encouraged, but not required, to stay home unless engaging in Phase 1, 2, or 3 permissible activities.	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.)	<ul style="list-style-type: none"> - Outdoor group rec. sports activities (50 or fewer people) - Recreational facilities at <25% capacity (gyms, public pools, etc.) 	Resume all recreational activity
Gatherings (non religious)	No gatherings	Gather with no more than 5 people outside your household per week	Allow gatherings with no more than 10 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 (All businesses will be required to follow safety plans written by the state)	<ul style="list-style-type: none"> - Essential businesses open - Existing construction that meets agreed upon criteria - Landscaping - Auto/RV/boat/ORV sales - Retail (curbside pick-up orders only) - Car washes - Pet walkers 	<ul style="list-style-type: none"> - 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) - Personal services (hair and nail salons/barbers, tattoo, etc.) - Pet grooming - Restaurants/taverns <50% capacity, table size no larger than 5 (no bar-area seating) - Limited small group fitness - Drive-in Movie Theaters - Library (curbside pick-up) 	<ul style="list-style-type: none"> - Restaurants/taverns <50% capacity/ table size no larger than 5 - Movie theaters at <25% 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 10 people 	<ul style="list-style-type: none"> - Nightclubs - Concert venues - Large sporting events - Resume unrestricted staffing of worksites, but continue to practice physical distancing and good hygiene - Live entertainment

* 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.