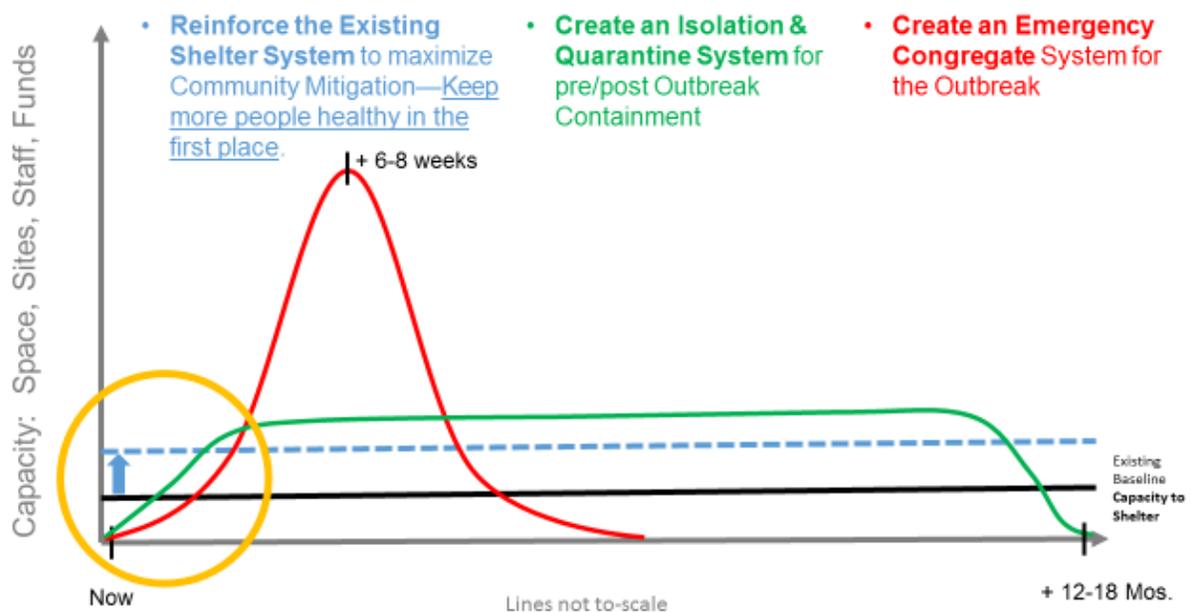


Our Goal: All strategies, facilities and operations described within this document contribute to the County-wide effort **slow the spread** of COVID-19 and preserve hospital system capacity for people who need it.

Who? A team of Public Health—Seattle & King County (PHSKC), Department of Community and Human Services (DCHS), Facilities Management Division (FMD), Office of Emergency Management (OEM), and METRO employees is working together alongside our colleagues from the City of Seattle and our network of partner providers. This team is operating seven days per week to create a new network of facilities and services to slow the spread of COVID-19. Nearly every new facility, team, or system described within this document did not exist four weeks ago.

We have three simultaneous strategies to slow the spread



This document updates progress in each of three strategies to slow the spread:

Reinforcing the Existing Shelter Network

The purpose of this set of actions is to support existing institutions to implement Public Health guidance to prevent transmission of COVID-19. This strategy focuses on preventing people from contracting COVID-19 in the first place.

Creating a new Isolation and Quarantine (I/Q) System to operate for the next 18 months

Isolation and Quarantine are Public Health-directed strategies to slow the spread. The purpose of this set of actions is to provide safe I/Q locations for County residents who cannot safely I/Q in their home, either because they do not have one or because they share their home with a vulnerable person.

Creating an Emergency Congregate System of Assessment & Recover Centers (AC/RC) for the peaks of the outbreak

The purpose of this set of actions is to provide “surge” capacity for hospital diversion during the projected peak of an outbreak. This emergency strategy will provide congregate settings for larger groups of people to be assessed for COVID-19 and to receive nurse-level Public Health supervision for people who do not need—or who no longer need—hospital-level care.

Strategy Overview | Reinforcing the Existing Shelter Network

The most effective strategy to slow the spread is to reinforce the ability of existing institutions like shelters to apply Public Health guidance in their own settings. This allows more people to remain healthy longer. King County and its partners are taking the actions below to reinforce the existing network. While these actions represent substantial effort over the last four weeks, more work and effort lay ahead. Long-term success will require continued emphasis and innovation to continue keeping existing institutions able to serve clients. In addition to the actions described below, King County is actively seeking local hotels that may be able to allow additional shelter residents to achieve separate rooms for vulnerable residents while also enabling shelters to increase staff efficiency.

A video describing select activities in this strategy is available at:

<https://www.youtube.com/watch?v=4i5tMICF-rU>.

A schedule of webinars, recordings of past webinars, and COVID-19 guidance for institutions is available here: <https://www.kingcounty.gov/depts/health/locations/homeless-health/healthcare-for-the-homeless/covid.aspx>.

Shelter “De-intensification”

Seattle and King County are creating space for shelter “de-intensification” that allows shelters to maintain the minimum six-foot distance between residents that Public Health recommends.

- King County opened additional space in the King County Administration Building and the King County 4th and Jefferson Building to help both onsite shelters achieve social distancing.
- King County dedicated space in the King County International Airport to offer to one of the county’s largest shelter operators to spread out their clients to achieve social distancing.
- As a preventative strategy, King County provided funding for 60 hotel vouchers for people in the largest shelters who are in the highest risk categories for age and underlying health issues.
- King County is working with the City of Bellevue to support one of the largest Eastside shelter operators to spread out concentrations of shelter guests to achieve social distancing with additional space and placement of pallet units.
- The City of Seattle opened the Seattle Center Exhibition Hall to move about 150 individuals from another of the largest Seattle shelter operators to achieve space between beds, and is implementing additional de-intensification steps in shelters city-wide. Seattle has since opened additional community centers.
- King County is working with congregate shelters in Seattle, South King County, and East King County to identify hotels into which shelters could transition their residents before the residents become sick. This approach differs from the use of motel vouchers in that it supports an entire congregate shelter and its staff to operate in a hotel instead of a congregate space, providing individual rooms that will slow the spread while supporting hotels during a difficult time. This is a newly developed strategy, and the County is exploring additional opportunities across King County for this approach.

Providing Information and Guidance the Regional Homeless Shelter and Services Provider Network

Up to 200+ shelter and homeless services providers, housing developers and owners, health care providers, city planners, coalitions, faith community members and more join a conference call at least once weekly hosted by King County, City of Seattle and PHSKC.

Homeless Shelter and Services Sanitation and Hygiene Training and Cleaning Support

Web-based training offered by PHSKC launched on 3/6/20 focused on approved sanitation and hygiene guides. Training, technical assistance, and Q&A opportunities have been offered multiple times to staff of homeless service agencies. Training is updated as needed to keep current with Centers for Disease Control (CDC) guidelines. High-traffic day centers are receiving County-funded cleaning services to allow day center staff to focus on clients.

Mobile Medicine/Mobile Outreach Maintained

Healthcare for the Homelessness Network is maintaining the Mobile Medical Van and the Street Medicine Outreach teams to reach and help those in shelters, and in sanctioned and unsanctioned encampments countywide.

Assessment of Program Capacity

A countywide assessment of encampments, shelters, day centers, and housing programs was completed to identify gaps in our ability to respond and to ensure providers receive the resources and supplies needed.

Supply “Store” Opens

King County, City of Seattle and United Way of King County pooled their resources of bleach, masks, wipes, gloves, hand sanitizer and other essential supplies in one warehouse. Homeless shelter and services providers received an order form and as requests for supplies come in, they are filled by this warehouse.

Homeless Health Field Assessment, Support and Technical (FAST) Teams

FAST teams are active now to provide onsite assessment, support and technical assistance to homeless and supportive housing programs responding to COVID-19, including meeting sanitation and infection control guidelines, supply needs, and procedures for handling suspected cases. Teams may include a nurse, behavioral health specialist, environmental health specialist and/or an outreach worker. The team is able to activate both proactively for prevention and reactively if needed for an outbreak to support both provider and residents.

Ensuring Behavioral Health Service Continuation

King County is working very closely with its behavioral health provider network, both to ensure continuation of services to people with mental health and substance use disorders, including those who are homeless, and ensure the provider network is supported to keep their programs operating (albeit in different forms) and working to ensure that they are paid to provide those services. These efforts include continuation of alternate forms of behavioral health counseling, including telemedicine, adjustments to dosing protocols for methadone and buprenorphine to support recovery, and other actions. Planning and staffing of isolation, quarantine and recovery sites include consideration of behavioral health needs.

Harborview Hall Repurposed for Harborview Medical Center

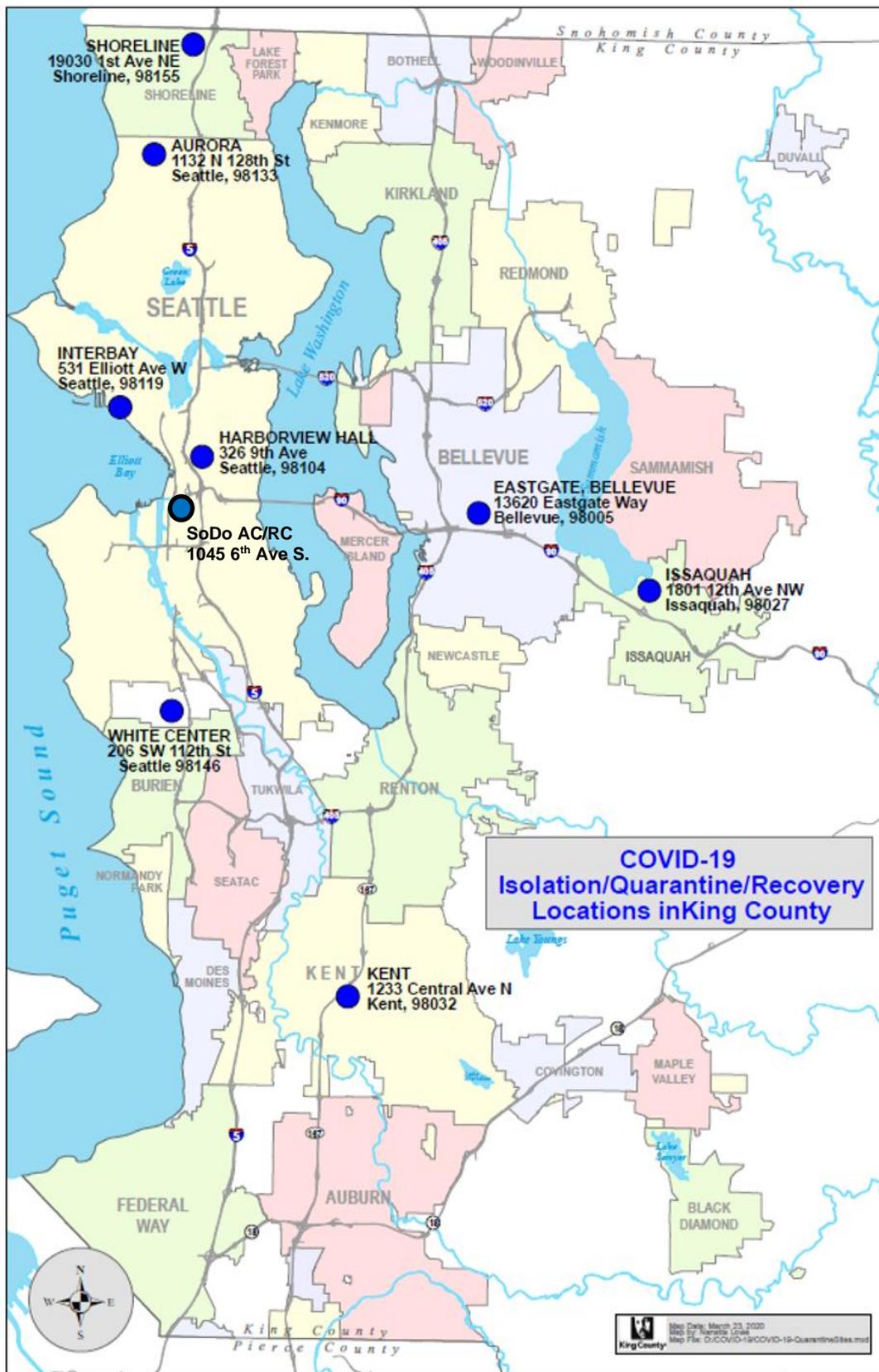
King County has joined with Harborview Medical Center to repurpose Harborview Hall, located at 326 Ninth Avenue, from a 24/7 shelter to an isolation and recovery center for people who do not have a home to rest and recover and who may have other health needs requiring a level of monitoring. This may include a person awaiting the result of their COVID-19 test result or a COVID-19 patient with symptoms that don't require hospitalization. Onsite clinical support will be provided by Harborview Medical Center, which is located directly across the street. King County moved the enhanced shelter operated by the Salvation Army to a temporary location nearby at 1215 E. Fir Street, Seattle.

Establishing a Temporary Sobering Center for Emergency Room Diversion

King County, Pioneer Human Services, and Recovery Café are collaborating to establish a temporary sobering center in Seattle's SoDo neighborhood. This 30-50 bed temporary shelter will allow the County's Emergency Services Patrol to reduce use of Emergency Room capacity for persons experiencing intoxication who can instead receive shelter-based sobering services.

This video provides an overview of our approach to isolation, quarantine & recovery:

<https://www.youtube.com/watch?v=lCvmqmnQh5Q>. The map below depicts locations at which King County and its partners are creating a network of I/Q and AC/RC facilities.



Strategy Overview | Create a New Isolation & Quarantine System

Isolation and quarantine (I&Q) are a proven Public Health practice, providing a place where individuals can wait out their exposure or recover and keep their family members safe. The vast majority of King County residents will have the ability—and the choice—to isolate or quarantine in their own home. They will do so without any public knowledge of who they are, without any monitoring or their activities, and without any formal or persistent supervision. How people comply with isolation or quarantine protocols will be left completely to the person. As the virus spreads throughout the community, it is foreseeable that people will privately isolate or quarantine in nearly every neighborhood and every community in King County.

Some King County residents, however, do not have a home in which they can isolate or quarantine. For some, this is because they do not have a home. Others who have a home will prefer not to isolate or quarantine at home because they live with people who are more vulnerable to COVID-19, such as older adults or persons with underlying health conditions. For King County residents who do not have a home in which they can isolate and quarantine, King County and its partners are building a County-wide network of isolation and quarantine sites that will allow them to do so. This is an essential part of the strategy to promote the region's public health, slow the spread of COVID-19.

- **Quarantine** is for people who are not currently showing symptoms, but are at increased risk for having been exposed to an infectious disease.
- **Isolation** is used for people who are currently ill and able to spread the disease and who need to stay away from others in order to avoid infecting them.

King County has identified the following sites (so far) for isolation and quarantine:

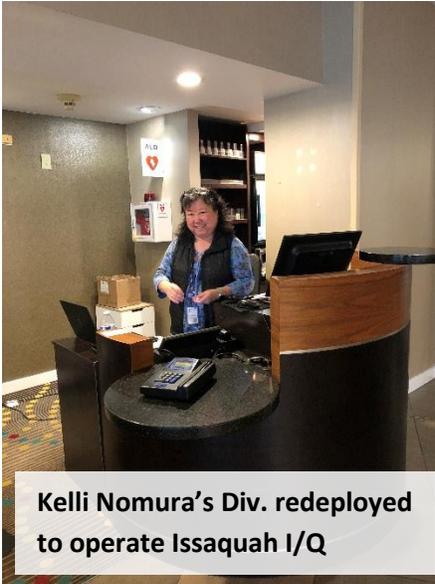
- Kent Central Avenue Motel: 1233 Central Avenue North, Kent (79) Open.
- Aurora: 1132 N. 128th Street, Seattle (23)
- White Center: 206 SW 112th St., Seattle (31)
- Issaquah Hotel: 1801 12th Avenue NW, Issaquah (99)
- Harborview Hall: 326 Ninth Avenue, Seattle (45) Operated by Harborview Medical Center

Issaquah I/Q

Up to 100 People

40 Rooms Online as of 3.31

Operating Now



Kelli Nomura's Div. redeployed to operate Issaquah I/Q



Front entrance to Hotel—all I/Q's now have off-duty WA State Patrol in addition to internal, contract security.



Typical guest room



A DCHS/FMD work party showed up on Saturday March 28th to ensure the Issaquah I/Q was operational before an expected increase in cases amongst shelter populations the next week.

Central Motel I/Q (Kent)

Up to 79 People

38 Rooms Online as of 3.31

Operating Now

See a **video** about the Kent I/Q facility: <https://www.youtube.com/watch?v=mleu9H6b-Ds>

Typical Room at Central Motel. Rooms are being refit with hard-surface flooring to aid in cleaning between uses.



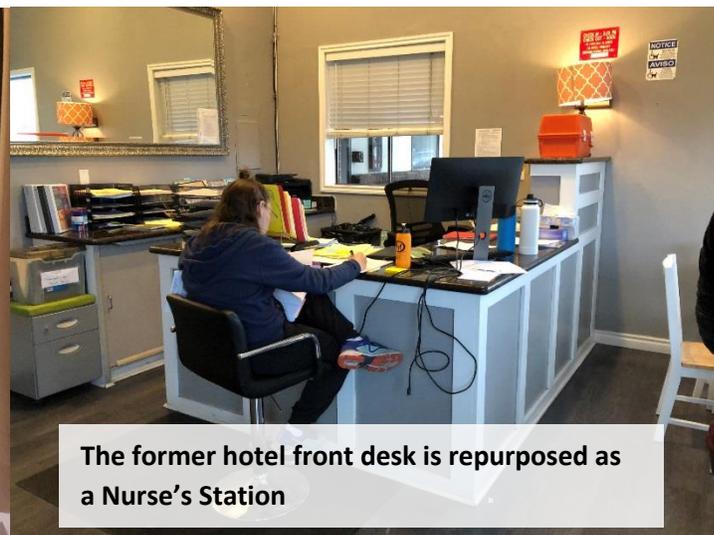
All I/Q's are primarily supplied by substantial donations from Amazon.



Sheila Capestany's Div. is re-deployed to operate Kent I/Q



FMD Director Tony Wright "fixes" a room's HVAC



The former hotel front desk is repurposed as a Nurse's Station

Aurora I/Q (Seattle)

Up to 24 People

22 Rooms Online as of 3.31

Operating Now

See **this video** on use of modulares from KCTV: https://www.youtube.com/watch?v=LmTr_syU_rg



Development Disabilities (DDECS) Asst. Director Holly Woo is the Aurora Site Director.



Modular Units are connected by site-built walkways.

Top Hat I/Q (White Center)

Up to 32 People

Under Construction

Planned Opening NET 4.6



The Top Hat I/Q remains under construction. The site is scheduled for completion in the first week of April.

Harborview Hall I/Q (OPERATED BY HARBORVIEW)

Up to 45 People

Under Construction

Planned Opening NET 4.4

Harborview will operate an I/Q for higher-intensity patients within Harborview Hall. The 24-7 Enhanced Shelter that the Salvation Army operated within Harborview Hall is now operating temporarily in a former records warehouse near Bailey Gatzert Elementary School in Seattle.

Strategy Overview | **Create and Operate an Emergency Congregate Care Network for the Peak of the Outbreak**

King County is also identifying sites and facilities across the county to offer Assessment Centers/Recovery Centers. AC/RC refers to a congregate care facility that will provide Public Health-supervised care to symptomatic or COVID positive adults who are not able to follow public health guidance for isolation, quarantine or recovery in their own home, or do not have a home. Examples could include symptomatic or COVID positive people who are unable to isolate from a medically fragile or high-risk individual (senior, immune-compromised child) in the home, or people who do not have a home. An AC/RC can also provide flex space for hospitals to discharge non-emergency COVID cases, freeing space in the hospital for the most acute patients. King County has identified the following sites (so far) for AC/RC assistance:

- Shoreline: 19030 – 1st Avenue NE, Shoreline (Up to 140)
- Eastgate: 13620 Eastgate Way, Bellevue (Up to 140)
- Sodo: 1045 6th Ave S, Seattle (Up to 240)
- Interbay: 601 Elliott Avenue West, Seattle (72)

This video highlights key elements of the AC/RC strategy:

https://www.youtube.com/watch?v=gHr9PsJq7_o

Concept

- **Population:** Adults who cannot isolate, quarantine, or recover in their own home. This could include travelers, symptomatic or COVID positive individual who have a medically fragile or high-risk person in their home (senior, immunocompromised child, etc), or people who are homeless.
- **Staffing:** Up to 80 staff per site, including clinical staff and non-medical professionals, depending on the size of the facility. Each site will have a director and a physician onsite. Each site will have about three security personnel at all times, monitoring both inside and outside the facility. Meals will be provided for all guests.
- **Transportation:** Transportation will be provided to and from the facility by the most appropriate means.
- **Level of Care:** Public Health-supervised care will support symptomatic and COVID-positive individuals in recovery. This will include basic nursing, monitoring of vital signs, etc. King County does not anticipate any procedures occurring at the AC/RC beyond basic care necessary to promote recovery. Anyone needing acute care or medically necessary procedures will be transported to a licensed medical facility.
- **Testing/Procedures:** AC/RCs are designed to help address the anticipated need for temporary recovery space for large numbers of COVID symptomatic individuals. No decision has been made as to COVID testing on site, but may be possible similar to how it is being administered at mobile and drive up facilities. All laboratory analysis will be done off site.

This video highlights an example of how local companies are stepping up to support County residents who will recover at AC/RC sites: <https://www.youtube.com/watch?v=MPO22-EDitw>.

Shoreline AC/RC

Up to 140 People

Under Construction

Planned Opening: NET 4.5



Two large structures are temporarily placed onto a soccer field with bathroom and shower trailers installed on their north side.



Exam rooms are built into the center of the structure.

Flooring is different colors because AC/RC construction has consumed all local stock.

Eastgate AC/RC (Bellevue)

Up to 140 People

Under Construction

Planned Opening: NET 4.13



SoDo AC/RC (Seattle | 1045 6th Ave S)

Up to 240 People

Under Construction

Planned Opening: 4.20



The SoDo AC/RC remains under construction. It will be the highest capacity AC/RC in the system.



Interbay Recovery Center (Seattle)

Up to 72 people

Under Construction

Planned Opening NET 4.24

The Interbay Recovery Center will be a pre-fabricated congregate structure placed on site. While congregate, its smaller size will allow it to be used only for recovery of persons with COVID-19 who do not need or no longer need hospital-level medical care.