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TO: Board of Health
RE: Recommendation to move to Phase 2

I recommend that San Juan County request a variance from the State to move forward to Phase 2 of the Phased Approach to Reopening Washington Plan with the following modifications regarding recreational activities: (1) to provide that recreational camping is not allowed at the four ferry-served islands in San Juan County, specifically Lopez Island, Orcas Island, San Juan Island, and Shaw Island; and (2) to provide that overnight recreational moorage at any port or marina in San Juan County is not allowed.

Last week we were very close to moving forward with an application for Phase 2. We are now in a position to do just that. Over the past few days we have accomplished a great deal, including the following:

- Training of additional staff to do testing and contact tracing.
- Completion of an assessment of our ability to provide PPE supply, with the understanding that we can meet our surge and testing needs, and augment clinical care programs needs in the county for six months.
- Completion of an inventory of supplies to ensure that each clinic, hospital and service area has at least a two-month supply of PPE on hand.
- Completion of a testing plan that can handle a significant increase in demand for timely and accurate testing through staffing, training, and clear relationships with identified roles and responsibilities. Our completed plan and partnerships will allow us to test a large number of people through our clinical partners together with our own staff.
- Identified additional nursing staff that have the time and have been trained to assist in reaching testing goals.
- Developed a plan to support vulnerable populations in our county where an outbreak would be very difficult to control and pose the risk of severe outcomes.

Our team has been working very hard. The plans and resources we now have in place will allow us to move forward with confidence that we are prepared to control the cases that will occur with increased contacts between people.

In order to move forward to Phase 2, I considered the following criteria, which have now been met:

1. Capacity to provide advanced life support in our local and regional hospitals for those that become critically ill.
2. Ability to test people and identify new infections quickly and accurately.
3. Ability to continue to isolate the ill and to quarantine the exposed in a timely way. If we need assistance, have written agreements with those who will provide it.

4. A plan and resources to help people who need it with isolation, quarantine, and support services during isolation and quarantine.
5. Ability to rapidly respond to outbreaks of up to 50 people in our community, especially in places where many unrelated people live together such as long-term care facilities and in populations that are vulnerable and have special needs.
6. Ability to communicate with the public in an effective and timely way.
7. A facial covering mandate so that the outstanding community effort local citizens have made to date will continue as our activities and contact levels increase. This virus does not have wings or feet and only if we allow ourselves to get it on our hands and then touch our nose, eyes or mouth are we going to become infected. Face coverings go a long way toward reducing the risk of infected people depositing droplets in places that others will touch them and inoculate themselves with the virus. Outside of medical settings there are rarely airborne particles that carry the virus so that others become infected.

Our work is not over, despite our progress and the hope of a vaccine. In recent news it was reported that vaccine development took a significant step forward with apparent safety and efficacy in early trials. This a very promising development but even if this vaccine completes the clinical trials necessary to prove safety and efficacy, it would likely be deployed no sooner than Christmas time. Many barriers remain to that becoming a reality. We remain hopeful that sometime between the end of 2020 and mid-2022 a vaccine will be developed, proven safe, proven effective, and deployed to prevent outbreaks of this disease.

Until then, we must continue to hold the line against widespread infection and the deaths it would cause. We must continue our prevention strategies like wearing face coverings, handwashing, and social distancing together with case management interventions such as testing, isolation and quarantine. Until the deployment of a vaccine, those at increased risk must continue to remain distant from the majority of society and to learn to stay in touch, and get the resources they need with a minimum of exposure to others. This will be difficult, but my hope is that we can find ways to be content despite trying times.

The challenges will be significant and long lasting. Our efforts will need to continue to focus on prevention and mitigation efforts for our community. We will need to ensure those at risk are protected through common sense community interventions and rapid response medical efforts, and those efforts will need to be sustained not for weeks but possibly well into next year and beyond.

To reach our goals safely we will need to work together as a community with our common interests set firmly as our aim for the year ahead.



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