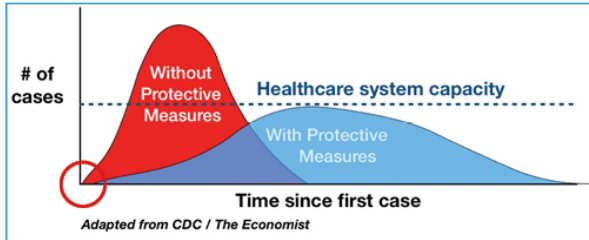
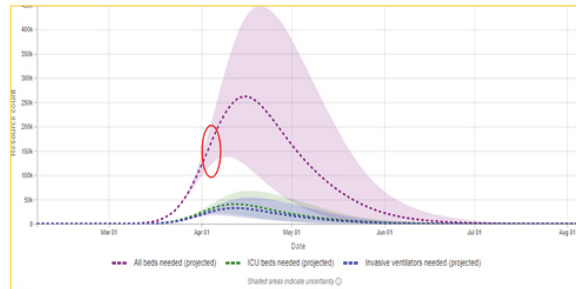


# COVID19 in Chelan County

## RISK PHASES



**Becoming Aware**  
March 9 - 13



**Where We Are Now:**  
**Social Distancing is Working**  
March 30 - April

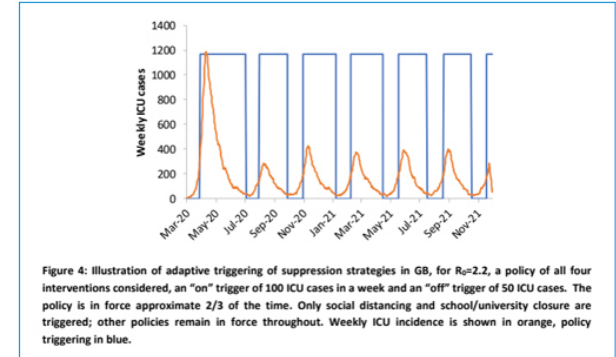


Figure 4: Illustration of adaptive triggering of suppression strategies in GB, for  $R_0=2.2$ , a policy of all four interventions considered, an "on" trigger of 100 ICU cases in a week and an "off" trigger of 50 ICU cases. The policy is in force approximately 2/3 of the time. Only social distancing and school/university closure are triggered; other policies remain in force throughout. Weekly ICU incidence is shown in orange, policy triggering in blue.

**Rebound**

**PHASE 1**

**PHASE 2**

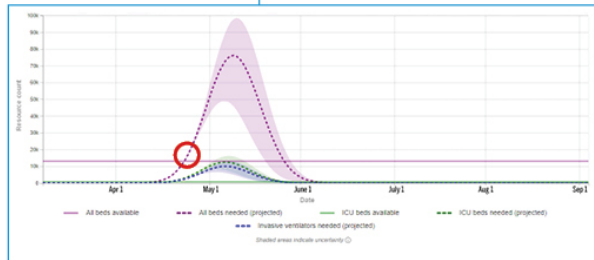
**PHASE 3**

**PHASE 4**

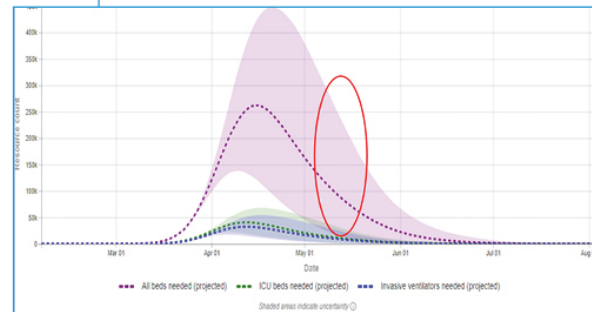
**PHASE 5**

**PHASE 6**

**Act Immediately**  
March 16 - 20



**On the Down Slope**



**The New Normal**

# COVID19 Phases

April 13, 2020



# Phase 1

## Trigger

Domestic awareness of COVID19  
likely headed to the US

- The risk of COVID19 seemed distant but heading our direction
- Decisions to curtail travel and have as many employees work remotely as possible
- Assignments for employees who could not work remotely were only modestly changed as the work was deemed essential
- We become aware of the risk of peak infection and associated goal to flatten the curve

# Phase 2

## Trigger

COVID19 infections on exponential growth curve in Washington

- Input from Chelan County health care leaders led to forecast that the risk in Chelan represented a clear and present danger and that the peak infection was likely to occur within the next 2 weeks
- We made the quick decision to stop all work that could not be performed remotely and with social distancing unless there was a risk of imminent failure
- That dramatically limited our productivity

# Phase 3

## Trigger

COVID19 infections in Washington appear to be on a flattened curve and Chelan is behind Washington state

- The peak has moved out and the timeframe for peak infection has been extended
- Our strategy is evolving as we are unable to sustain an extended period of low productivity and maintain reliable service
- Goal is to find new ways of getting work done with strict adherence to social distancing through use or protecting staff with PPE, technology and new work practices
- We expect this to last until late May/early June

## Trigger

To be determined.

American Enterprise Institute recommends days with reduced hospitalization, hospitals able to treat all patients, ability to test all with symptoms, acute monitoring of confirmed case and contacts.

- The rate of infection declines, but not to zero
- Seeking to quickly contain any future infection outbreak
- Social distancing requirements are reduced, but not eliminated
- Highly likely to rely heavily on working remotely where possible
- Opportunity to increase productivity hopefully close to normal
- Testing policies are established reflecting high priority for essential workers, and even priorities within essential workers
- PUD capability to perform high quality contact assessment

# Phase 5

## Trigger

Rate of infection is on the incline again

- The strategy assumes there is a risk infection rate increase leading to returning to more strict interpretation of social distancing (moving back toward Phase 3)
- Hopefully improved availability of infection and antibody testing
- Blue boxes represent timeframes when the PUD may need to deploy suppression strategies i.e. social distancing (Phase 5 is derived from the Imperial College modeling)

# Phase 6

## Trigger

Availability of vaccine or therapeutic alternatives that reduce the risk of mortality

- Strategies are designed to be able to respond more quickly to future virus outbreaks such as material (PPE) availability and work force preparedness (business continuity testing)