



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
COMMUNICABLE DISEASE EPIDEMIOLOGY
*1610 NE 150th Street * Shoreline, Washington 98155-9701*

4/6/2020

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Dear Karen,

Thank you for inviting the Department of Health (DOH) Healthcare Associated Infections group to work with you and your healthcare team at Western State Hospital on 4/2/2020 to help respond to the COVID-19 outbreak at the hospital. As you know, Tacoma Pierce County Health Department (TPCHD) suggested that the DOH lead this public health investigation because your facility is part of a sister agency in Washington, and because cases among staff have occurred in residents of counties outside of Pierce. We will keep TPCHD informed of all details of the investigation.

During our visit, we learned about the outbreak of COVID-19 in both staff and patients at Western State Hospital. The first case was identified on 3/18/20 in a patient who had become symptomatic on 3/14/20 while out of the hospital for surgery. This patient had one or more additional healthcare exposures outside of the facility about 8 days earlier so it is possible that he was infected outside of the hospital or from a staff person. As you described, there are a total of 6 patients with COVID-19, 5 who had illness onset on or about 3/20/20-3/30/20, and one who was asymptomatic but tested positive on 3/24/20. Wards with COVID-19 infected patients include C-8 where the first case was inpatient, S-3 with 4 cases, and S-7 with one case. In addition, there are a total of 17 infected staff who became symptomatic on or about 3/17/20-3/31/20. Wards with infected staff include C-8 with 1 case (who is partner with another ill staff person from S-8), S-8 with 8 cases (one of whom was infected outside of the US), C-7 with 2 cases, C-1 with 2 cases, and 4 other staff cases who work in multiple areas. Due to widespread community transmission of COVID-19 in Washington, it is very likely that some staff were infected in the community, worked while infectious, and were a source of infection to patients and other staff people.

We were impressed with your initiative, commitment, and creative solutions for preventing infection in this very challenging setting and population. We learned that your actions to prevent spread in the facility to keep patients safe included

- Educating staff about COVID-19, how to prevent it, appropriate PPE use, cleaning and disinfection, and hand hygiene
- Restricting visitors as of 3/16/20
- Restricting recreation time out doors to only one ward at a time on 3/16/20 to minimize contact between patients from different wards
- Screening all persons entering the campus for symptoms of COVID-19 starting on 3/20/20
- Screening patients for symptoms once a shift

- Increased environmental cleaning of patient areas
- Encouraging social distancing as much as possible
- Closing to new admissions as of 4/2/20
- Tracking all ill staff and patients
- Moving COVID-19 positive patients to an isolation ward (S-4) (for civil patients only; forensic patients are isolated on their home ward because they cannot be comingled).
- Isolating ill staff at home following DOH guidance
- Using transmission based precautions for COVID-19 patients who are isolated in their room
- Ensuring adequate PPE for staff caring for patients on isolation and facemasks for staff on wards with recent transmission

Our recommendations on 4/2/20 were:

1. Due to widespread infection among staff on S-8, test staff on S-8 from 3/16/20 until 4/6/20 for COVID-19. DOH will provide test kits and perform testing at the Public Health Lab free of charge. Staff may collect their own nasal swabs in the presence of another staff person. Follow the instructions on the DOH Public Health Lab (PHL) website for COVID-19 for how to collect, and submit to PHL
<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthLaboratories/MicrobiologyLabTestMenu>
 - a. As clarification for the recommendation given on 4/2/20, we advised to test staff with direct patient care or close contact to patients on S-8. We may follow up with a recommendation to test all staff who entered S-8 but intended that testing should be limited to those providing direct patient care.
2. Mask all staff on S-8 due to the large number of staff infected on this ward.
3. Mask all staff on wards with infected patients. At this time, these wards include S-3, S-7. (We are not including C-8 because there have been no known patients infected on C-8 for more than 1 incubation period since the first case was identified.)
4. Staff should continue to use masks and other PPE during direct patient care on isolation ward, S-4, and for care patients isolated on other wards.
5. Test all patients on S-7 using nasal swabs. Patients may collect their own specimens in presence of staff. (We believe this step has already been completed.)
6. Assign staff to a single ward in order to minimize potential of transmission between different ward cohorts.
7. A single new case in a patient on any ward should be considered a new “outbreak” and be attributed to staff transmitting to patients. At that time, all patients should on the affected ward be tested and mask all staff. Please be aware that this recommendation may change going forward.
8. If 2 or more cases occur among staff on a particular ward, recommend testing all staff on the affected ward. Please be aware that this recommendation may change going forward.
 - Any new positive patients should be transferred to the isolation ward (for civil patients only; forensic patients are isolated on their home ward because they cannot be comingled). Isolation can be discontinued based on DOH guidance for discontinuing isolation for nursing homes.
<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/InterimGuidanceLong-TermCareAdmittingResidentwithCOVID-19FromHospital.pdf>
9. Patients with new symptoms who are tested for COVID-19 should be placed in isolation until results known.

10. Based on the likelihood that infected asymptomatic staff are infecting patients, we agree with your allowing staff on other wards to wear face coverings as source control (preventing transmission from asymptomatic staff to patients). Universal masking may prevent asymptomatic transmission. Since current PPE supplies are not adequate to use medical facemasks on wards where there are currently not cases, allow staff to use homemade or store-bought non-medical face coverings on these wards. The following guidance provides information about homemade face coverings. https://lni.wa.gov/safety-health/safety-research/files/2020/103_01_2020_ConsiderationsForMakingFacemasks.pdf
11. Western State Hospital is in the highest priority tier for receiving additional PPE from DOH.
 - a. Please follow guidance at <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/PPEPrioritizationofAlllocation.pdf> for accessing more PPE.
 - b. Follow guidance at <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/PPEConservationStrategies.pdf> for conserving PPE.

Please contact me if you have questions or concerns. I will check in with you regularly for updates. Thanks again for your work to keep patients at Western State Hospital healthy.

With Appreciation,

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