



County Council Committee Minutes

Public Health and Human Services Committee April 1, 2020

The Public Health and Human Services Committee of Spartanburg County Council met on Wednesday, April 1, 2020, in Conference Room Two of the County Administrative Office Building. In compliance with the Freedom of Information Act, notice of this meeting was provided in advance to the local news media and other interested parties. The following were in attendance: Honorable Whitney Farr, Chairman; and Honorables Michael Brown and Bob Walker, Committee Members. Also attending were Cole Alverson, County Administrator; Earl Alexander, Deputy County Administrator; and Ginny Dupont, County Attorney.

I.

Honorable Whitney Farr called the meeting to order.

II.

Due to the Coronavirus (COVID-19) situation, updates on Coronavirus (COVID-19) response and readiness were presented via Conference Call. County Council Chambers was set up and available for any media and public to listen to the updates via phone.

The first update was presented by Spartanburg Regional Healthcare System (SRHS) attendees. The SRHS attendees were Bruce Holstien, SRHS President and CEO; Mark Aycok, SRHS COO and Executive VP; David Church, SRHS VP of Oncology, Support Services and Executive Leader of the COVID-19 Task Force; Phil Feisal, Spartanburg Medical Center President and Sr. VP; Maria Williamson, Sr. VP Marketing and Public Relations; and Chris Lombardozzi, MD, Chief Medical Officer-Quality.

CEO Bruce Holstien, Spartanburg Regional Healthcare System, gave an update on the Coronavirus situation. Spartanburg Regional Healthcare System Administration and Staff have been working hard on this. They are very proud of their frontline staff for all the work they are doing during this time, and they are proud of the community for what they are doing in social distancing and staying at home while trying to keep this at bay. Mr. Holstien has been doing a lot of work with the Upstate hospitals. They talk at least weekly if not more often. They are talking almost daily with all the hospitals across South Carolina to

coordinate activities. They are also working with Department of Health and Environmental Control (DHEC), the Governor's Office, and even at the national level through the American Hospital Association, to make sure they have all the best practices, guidelines and resources they can get here in South Carolina, particularly for the Counties and Communities they serve. They have met with the Delegation Members for the three-county area they serve about their preparation. The Delegations gave them some feedback and offered a lot of support. They have been in touch with County Council, Mr. Alverson in particular, about potential needs. At this time, they do not have any needs, but things are changing on a daily basis. Mr. Holstein introduced Dr. Chris Lombardozzi. He is an Emergency physician at SRHS, and he is also the Chief Medical Officer of SRHS.

Dr. Lombardozzi went through each of the areas by category. They have tested approximately 905 patients in Spartanburg, Cherokee and Union Counties. About 7% of their tested patients have turned out positive for COVID-19. Seven of their staff members have turned out positive. They clearly expect healthcare workers to come down with the virus either through their jobs or through community exposure. They think most of these early cases are travel and community exposures. With 45 plus positives in our Tri-County Area, it is fair to say that we have community spread at this point.

In regards to capacity, elective surgeries normally account for 30 to 40 percent of the beds in SRHS hospitals. By delaying elective surgeries, they have been able to free up capacity in their system. This capacity will be needed if we hit the peak we are seeing in some other cities. SRHS is in an excellent position to manage patient care.

In regards to things like social distancing and personal protective equipment (PPE) conservation, Dr. Lombardozzi stated it is important to thank community leaders, business leaders, and religious leaders who have emphasized how important it is for people to just stay home. Dr. Lombardozzi's wife is SRHS's Director of Surgical Critical Care. As a physician, the ability to care for a patient, knowing they have the resources to do it, makes an enormous difference. Dr. Lombardozzi thanked the Public Health and Judiciary Committee members for taking part in these difficult measures that will make it easier for our healthcare system to be successful. SRHS is in a good position to manage PPE. Healthcare workers have what they need.

Hospital visitation is another issue that has come up. SRHS made a very difficult choice a few weeks ago to limit visitation to their hospitals. It is enormously difficult for the patients, the families, as well as the staff. It was a clinical decision made by SRHS's medical staff leaders. They took into account what they needed to do in terms of taking care of patients, but also protecting the community from further spread. They appreciate support on this as they try to work with their families as best they can. They are employing all sorts of

technology to keep them informed and to keep them a part of their loved ones care on a daily basis. Dr. Lombardozzi turned the presentation over to Phil Feisal, Spartanburg Medical Center President and Sr. VP, to expand on what SRHS has done in terms of increasing the hospital capacity.

Phil Feisal, Spartanburg Medical Center President and Sr. VP, stated that he has been tasked with some of the responsibility of preparing from a capacity prospective systemwide. The impacts of some of the decisions they have made over the last three weeks have resulted for them. For some elective surgeries, in particular, just over three weeks ago, they were about 85% occupied as a system which includes all five acute care facilities. Presently, they are at about 56% occupied. They have 234 more empty beds than they did just three weeks and three days ago. To that end, they are preparing themselves for the surge that would be the scenario we all hope does not happen. Along those lines, they continue to work with their staff as they have expectations of redeploying some of those individuals to different units as they prepare for what might be to come going forward. They have made a lot of strides in that regard. Mr. Feisal turned it back over to Dr. Lombardozzi to talk a little more specifically about their preparations related to ventilators and other services.

Dr. Lombardozzi stated that one of the things the Public Health and Human Services Committee Members may have heard about is the flattening of the curve and preparing for peaks. All the things the community is doing in regards to staying at home and closing businesses is getting us ready for this possible surge. Based on projections from a number of different sites, including DHEC, the surge in patients who will require hospitalization and critical care for the Upstate will probably occur in the last week of April or perhaps the first week of May. These are projections, so certainly they are subject to change. The measures being taken now are in preparation for this surge. They are making sure they have enough critical care beds, an appropriate plan to extend coverage as needed, and the right equipment. The key equipment for this particular disease is the ventilator. They are fortunate that they planned ahead and have adequate ventilators. They have planned for the exigencies of what happens if they have double, triple or quadruple the number of patients they expect in the surge. Even if this were to occur, they still think they have enough equipment to manage it. They do not think this is going to happen, but even in the worse case event, they think they are well prepared for it.

Testing is another issue that comes up all the time. South Carolina, like a lot of other states, was woefully short in terms of its testing capabilities. Dr. Lombardozzi stated that he can understand why it was important that testing capabilities were sent to hot spots in Seattle, California, and now New York. Testing capabilities have ramped up and have now become more available to states like South Carolina. Most of the healthcare systems have a combination of testing through DHEC and testing through other vendors. The commercial vendors have been overloaded with work and have not been able to keep up.

This is completely expected when you have surges like this. Unfortunately, this means the delay to results has been anywhere from about four days up to eight or nine days. One scenario is you are waiting at home for a result. You are worried, but hopefully you are getting better. Another scenario is a patient in the hospital. If a rapid test can be done and answers received within hours, it can definitively change the management of what the doctors are going to do. Instead, many hospitals have been caught up with admitting a patient, observing that patient, managing the symptoms, doing the best they can, and waiting several days to get answers. This makes the management extraordinarily difficult, and ultimately, adds to the burden of trying to take care of everyone. Dr. Lombardozzi stated that he does know that rapid tests are coming, but they do not expect anything in the near future. They are not sure when the rapid tests will be available in the Upstate. Right now, all we can do is hope for it. The testing criteria have not changed a whole lot. They follow the CDC and DHEC guidelines closely. The only thing that has changed significantly is that where travel and contact used to be a significant portion of how they determined whether or not they were going to do tests, at this point with community spread and travel not being terribly important, it really comes down to symptoms and whether or not the person meets the symptomatic criteria for testing which is essentially fever, cough, and shortness of breath. There are a variety of ways to get screened. If you meet the criteria and testing is indicated, they are directing patients to their drive-through testing sites. Very ill patients are referred to the local emergency department. Dr. Lombardozzi commended the hospitals. They have been in constant contact with each other sharing issues and concerns.

Mr. Walker asked Dr. Lombardozzi the approximate number of beds they would have when we reach the high curve. Dr. Lombardozzi stated they have planned on expanding their current intensive care unit beds. If projections are accurate, their current allotment of intensive care unit beds is fine. If they need to expand, they are extraordinarily fortunate to have a greater degree of flexibility than most healthcare systems.

Mr. Farr asked what number they would project for our peak. Dr. Lombardozzi stated they are looking at the end of April as when it will happen. Projections are that they will have just under 60 patients who will require critical care.

Mr. Farr asked why it will take a month for us to peak. Dr. Lombardozzi stated that when you look at cities like San Francisco, Seattle, and New York, and now you are seeing it in Chicago, it is a combination of international travel and a very dense population. People are in close proximity on a regular basis. In South Carolina, even in the denser cities like Greenville, Spartanburg, Columbia, or Charleston, in comparison to a place like New York, we are well spread out. So, the transmission of the virus is greatly lessened.

Mr. Brown stated asked if they are prepared in regards to personnel. Mr. Feisal stated they have an extraordinary Medical Staff, and they are working together.

So, they are ready regardless of what happens. In order to support an influx of patients related to COVID-19, a number of physicians have offered to step out of their current role to help. Over 100 physicians have volunteered to redeploy to different areas.

Mr. Walker asked if they have come up with a reliable medication or vaccine. Mr. Feisal stated a variety of companies are working on a vaccine. The first vaccine is being tested in Seattle on a small cohort of people. It is a classic clinical trial. They do not expect to see a vaccine available to the general public for at least a year if not two years.

David Church, SRHS VP of Oncology, Support Services and Executive Leader of the COVID-19 Task Force, stated that they have opened up testing at USC Upstate, Union Medical Center, and Cherokee Medical Center. Private physicians can screen and send their patients to them for testing. This includes Urgent Care Centers.

Mr. Farr asked how COVID-19 compares to the flu. Dr. Lombardozzi stated that both are respiratory viruses and both can be transmitted by droplets. Typically, they are transmitted by coughing or sneezing. Before all the social isolation and avoiding contact, the most common way to transmit any virus was shaking someone's hand followed by the person touching their face. This would allow the virus to enter the mucous membranes of the eyes, nose, or mouth. This is not a virus that enters your skin. It is similar to the flu in terms of how you would contract it. In terms of symptoms, there is not a lot of difference. One of the things they have noticed with COVID-19 is it almost always comes with a fever. Flu tends to have more body aches. Headaches are more common with the flu, but they can also occur with COVID-19. When you have virus illnesses that carry similar symptom patterns, it is really difficult to know which is which short of having a test. Also, a person could have both the flu and COVID-19. So, a positive flu test would not rule out COVID-19. Fortunately, we are virtually out of flu season. At this point, patients with characteristic symptoms of COVID-19 are much more likely to have COVID-19 than they are to have the flu.

Mr. Farr asked if COVID-19 is more dangerous than the flu. Dr. Lombardozzi stated there are two ways of looking at this. In terms of the number of people that have been infected, the latest numbers, at this point, are somewhere over 150,000 people in the United States. Typical flu numbers are somewhere in the 20 to 30 million range in the United States per year with around 20 to 40 thousand deaths. We are approaching that death number at this point. Certainly worldwide, we will have more deaths from COVID-19 than we will from the flu this year. It is a difficult comparison, and Dr. Lombardozzi stated he would caution people to make the comparison. It is different. It is different this year, because it is new to us. It may be different again next year, when it is not new to us. The numbers may approach flu a little bit more. The other thing that is a little bit unique about this in terms of its infectivity or its transmissibility is that it is a little

bit more infectious than the flu. If you have the flu, you will infect, on average, one more person. If you have COVID-19, you will infect two and a half people. The ability for this to run through a population more quickly than the flu is certainly there. This is the theory around the social distancing and having people stay at home. It is to slow that spread down for a virus that seems to be a little bit more transmissible than your typical flu.

Mr. Farr asked if there is any thought process as to when COVID-19 is going to run out. Dr. Lombardozzi stated there is definitely hope that in warmer climate, viruses like this one are less likely to be as transmissible. There is also another theory which is that as the temperature warms up, people tend to spend more time outdoors and more time social distancing. Time will tell. A lot of questions still remain in regards to this particular virus. What vaccines are out there? Will we be able to test for immunity? Will we be able to have rapid tests that will help us out in the very near future?

Mr. Farr asked if the best thing everybody can do right now is practice very good hygiene, be careful of what you touch, and try not to do any unnecessary trips to public places. Dr. Lombardozzi stated that is a fabulous summation and expressed appreciation for what the community is doing. They very much understand how difficult this is for the local businesses and families, and they appreciate everyone's sacrifice.

Mr. Rodney McAbee, Operations Manager, Emergency Medical Services, presented an update on Emergency Medical Services (EMS). Mr. McAbee stated they have seen a decrease in their call volume over the last week to ten days. Generally, their call volume is in the area of 180 calls for service a day. In the last 24 hours, they were down to around 95 calls for service. They credit this to the guidance that has been given at the local, state and federal level of folks staying home. Additionally, many people that feel sick and many that may already have been tested for the virus are staying home and treating themselves. Nonetheless, there are the normal calls for service as it relates to motor vehicle accidents and traumatic injuries.

For staff, they are mimicking the hospital as they follow their guidance for things of this nature. When awareness heightened and EMS started seeing cases in our area, they started following guidance in cooperation with 9-1-1 Communications. The 9-1-1 Communications Department offered to help EMS by screening calls for service by asking questions regarding recent travel. Now, they are also asking individuals if they have had contact with a COVID-19 positive person; if they think they have COVID-19; and if they are displaying COVID-19 symptoms. This helps EMS immensely. As awareness continues to heighten, they have found that they have a lot of the citizens that dial 9-1-1 requesting an ambulance have done their research on COVID-19. They let EMS know if there is a suspicion in the residence, if someone has been tested, or if someone has tested positive. Our community is seeing more paramedics and

emergency medical technicians coming into the residence already donned with PPE. EMS staff is maintaining an excellent attitude. Our hospital has been able to support them with the appropriate PPE. Additionally, Emergency Management has secured a large number of PPE, some of which came from the strategic national stockpile, and they were kind enough to offer EMS a portion of it to even further protect EMS staff. They are also receiving support from our Administrative Staff for the County. They are included in the things the Fire Advisory Committee does. They are also assisting at the USC testing site.

Chief Warren Ashmore presented an update for the Spartanburg County Fire Departments. As this became more relevant to South Carolina, a lot of concerns came through the various Spartanburg County Fire Departments as to running medical calls and if more responders were being put in a dangerous situation to where it may affect fire response, as a whole, to the County. They met with the Spartanburg County Fire Chiefs Association and the Fire Advisory Board and came back with the decision to cut back on the calls that are run by the fire departments to only get the Echo calls, not breathing, or on-scene EMS Assist calls for the time being, but each Chief has the option to offer that response. This helped a lot of departments as far as not having as many responders on the scene. Those who are responding have put in a lot of protocols that limit exposure. They are now putting out a living document that lets all the Chiefs know as things progress and concerns they have as far as how fire departments are being dispatched. They keep adding to this document as information is made available as things change. The International Fire Chiefs Association, the International Firefighters Association, and Ginny Dupont, County Attorney, have been great help for them to make sure what they are doing is not outside of their scope. They follow DHEC and CDC requests as well. Everyone has been very vigilant about limiting the number of responders and limiting the opportunity for the exposure.

Mr. Brown asked Chief Ashmore if there is a need for equipment or if everything is in place for all the fire service areas. Chief Ashmore stated that he has not spoke to anyone that has a need for equipment, and he does not know that we have any departments in Spartanburg County that has any known exposure or potential exposure. Mr. Brown asked if there was any overlapping from one department to the next or if there is a different process with this. Chief Ashmore stated as far as call response, when they made the decision to drop back to Echo calls, not breathing, or on-scene EMS Assist calls, they have changed the way they approach the calls. They are trying to keep anyone with a fever or cough from coming into the fire departments. Mr. Farr asked if DHEC is working with the fire departments as to whether or not once they know there has been a confirmed exposure are they getting back in contact with the fire departments. Chief Ashmore stated that currently, they are not getting the information. DHEC is not giving out much more than a zip code.

Mr. Doug Bryson, Emergency Preparedness, presented an update on his department. Their primary responsibility in this is the point of distribution. They have been distributing PPE and other items to all our First Responder Agencies, Nursing Homes, Assisted Living, Long-Term Care Facilities, and Healthcare. They have filled approximately 100 orders so far. They are coordinating with the South Carolina Emergency Management Division and DHEC. This is still a public health emergency, and DHEC is the lead state agency. They have daily conference calls every morning with all the state partners. Every evening, they put out a situation report that goes to a large group of people in the County. They are also coordinating with a lot of their private partners through their local Emergency Planning Committee. They are trying to ration everything out and prepare for the long haul on this. Mr. Brown asked if there are any provisions from DHEC when it comes to providing service for people that would utilize soup kitchens. Mr. Bryson stated that they have not been made aware of anything. There a lot of state agencies handling this between DHEC, DSS, and some of the other agencies, but it has not been brought to the County level as of yet. It is all being handled at the state level.

Mr. Cole Alverson, County Administrator, presented an update on what is being done operationally at the County level. Our cleaning levels have been enhanced internally. We have an established cleaning protocol if we were to have an employee or member of the public that was thought to be potentially COVID-19 positive or actually determined to be positive. Supplies have been distributed for departments to increase their internal cleaning protocols.

Our main push has been to limit public access to our facilities and encouraging the public to use our remote services. From a facilities standpoint, we have closed off Convenience Centers, cancelled all rentals, closed playgrounds, athletic fields, and other amenities. At this point, we basically just have passive areas and walking trails open to the public. Parks personnel have been shifted from our Parks Department to other areas. Some of them are delivering meals to some of our seniors. Others have been shifted to other services to make sure we can foster our services where they are most needed.

All public meetings have been cancelled. Options for digital meetings are being prepared to include video for County Council and the Planning Commission. All other meetings have been postponed or delayed as of current. The Court functions are shutdown by Order of the Chief Justice. There are some limited Court functions that are continuing to make sure the minimum functions continue there. Our Veterans Affairs Office has just recently finished installing a software changeover that will allow our veterans to access their benefits and sign their documents in a more remote fashion from home thus limiting touch points there. All these steps seem to have worked. We have severely limited the number of public we see. We do have our Environmental Enforcement Officers visiting our Collection Centers to make sure that as people come and drop off their waste they do not come into close proximity or accumulate or gather just to make sure

we are maintaining the recommendations of CDC and DHEC for social distancing. A few changes have been made to our animal pickup protocols to match Greenville's operational status.

In terms of internally personnel wise, policies have been put in place to deal with our employees who feel like they are particularly vulnerable, employees who are caregivers of the vulnerable, employees who could have potential third party contact with someone, as well as employees who have childcare related issues due to school closure. Our classified fulltime and part-time employees are continuing to receive pay. From a preparedness standpoint, all of our departments have refreshed their continuity of operations plans. All essential employees have been identified. All remote work employees are setup and ready to go. Internally, we have gone through increasing our internet connectivity speeds and network speeds to make sure we can handle all the traffic coming in and at the same time be able to preserve our law enforcement access. At this point, we are making sure we are prepared for any future order that would come down from the Governor or other legal authority to close facilities or to adjust services. Administration is watching the situation and in daily discussions with the Emergency Preparedness Team and others to see where we may need to adjust our services to make sure we are keeping our employees safe and keeping the public safe. Mr. Brown asked if there is any information as it relates to the Coronavirus Aid, Relief, and Economic Security (CARES) Act that the County is putting out there on our website or anything. The Chamber and our community partners are going to address this in some manner. Mr. Alverson stated there is no information to date that we have shared there. There are a number of community partners who have taken the lead on this. The Chamber has announced that they are hosting a webinar to help a lot of people. This is something we are actively working towards.

Mr. Farr thanked everyone for joining the Public Health and Human Services Committee and Mr. Alverson and his staff for putting the meeting together on short notice.

Meeting adjourned.