Coronavirus Ad Hoc Committee
May 12, 2020 – 2:00 PM
Zoom Meeting
2020 Hampton Street, Columbia, SC 29204

Yvonne McBride	Paul Livingston	Joe Walker	Dalhi Myers	Chakisse Newton
District 3	District 4	District 6	District 10	District 11

Committee Members Present: Paul Livingston, Chair; Yvonne McBride, Dalhi Myers and Chakisse Newton

Others Present: Jim Manning, Allison Terracio, Ashiya Myers, Ashley Powell, John Thompson, Leonardo Brown, Kimberly Williams-Roberts, Michelle Onley, Dale Welch, Clayton Voignier, Trina Walker, Larry Smith, Brittney Hoyle-Terry and Dwight Hanna

1. **Call to Order** – Mr. Livingston called the meeting to order at approximately 2:00 PM.

   Dr. Linda Bell, DHEC Chief Epidemiologist, emphasized that they are continuing to respond with their COVID-19 control efforts. As of May 11, they have received 7,792 reports of confirmed COVID-19 cases in South Carolina. In Richland County, there are 1,119 cases and 57 deaths. One of the main initiatives now, in addition to the ongoing investigative efforts to identify cases and their contacts, is to dramatically expand the availability of testing in communities statewide, and in a number of areas in the Midlands. They are working with their healthcare partners and systems, and making great efforts to ensure that providers have personal protective equipment, in order to be able to provide testing and care. As well as the laboratory collection samples that go along with that, to allow us to expand testing and to make that as widely available as possible. Then to follow up on the data, on the individual level (case reports from people who need our information about the measures they can take to prevent spread and protect their families and communities), but to also use the data to help identify potential gaps where there is a need for additional testing. They have a goal to test, per month, 2% of the population in South Carolina, which be approximately 110,000. Another area they are focusing on is addressing the health disparity to make sure they reach the most vulnerable populations, who are at highest risk of suffering from complications should they become infected. She reminded us that we all generally share the risk of being exposed, if we are not practicing the prevention measures, but the risk for complications of infection are affecting specific groups more severely (i.e. older individuals, chronic underlying health problems, African-Americans). They are working hard to reach out to those populations to make sure they are informed and protected. They are also moving to schedule pop-up clinics, in addition to those fixed clinical, ambulatory care settings.

   Ms. McBride stated she was concerned, in terms of the cases in Richland County, based on the newspaper article. The County has the highest number of COVID-19 cases in the State. She knows the County has not been directly involved, in terms of the process used to identify testing, and getting information out to the community. She inquired about how the County can get more data, based on zip codes, so that as we work with DHEC, and others, to do planning for addressing the COVID-19 issues.

Dr. Bell responded they are making their disease reports, by zip code, available. They want to help people interpret that zip code level data. For example, when she looks at the data, she notes that some of the areas where a larger number of cases are reported (i.e. 29223 and 29229) need to be further examined to determine if there more disease activity or does it mean the individuals in those zip codes have more access to being tested. They have also conducted a gap analysis to evaluate access to care. They are looking at the distance of travel from where individual reports have been tested, and where their home address is. They are also looking at the prevalence of co-morbid conditions in different areas. By doing the gap analysis they can identify and make decisions about where it is most beneficial to provide testing that does not already exist. The zip code data is available on the DHEC website (scdhec/covid-19). They are also reporting the available testing sites. They want to encourage the providers to make testing available through their routine primary healthcare setting, in addition to the mobile clinics and pop-up sites. Again, with the federally qualified healthcare centers they are working to do more to make sure that they have access to PPEs and testing supplies, so they can provide services in those medical homes.

Ms. McBride stated, from a policy level, she would like to see the County working closer with DHEC, given the number of cases we have in Richland County.

Dr. Bell stated if the County can give DHEC more information about what they have in mind, from a policy level, they would be happy to have that support from the County level.

Ms. McBride responded, from a policy level, what types of policies, programs and services can the County put in place to help address the COVID-19 cases, and help with the leveling off of the cases.

Dr. Bell responded the testing piece is important, but from a policy level, it is also emphasizing the recommendations that we have in the community as a whole. Everything that we can do to help businesses follow the recommended guidelines for social distancing, for providing services, and serving patrons in a safe environment, making sure employees and employers are practicing the protective measures with the use of masks and making hand sanitizer available.

Ms. Newton stated one of the matrix she has been looking at is the 14 days of sustained decrease of COVID cases. She requested Dr. Bell to clarify the matrix, where we stand in South Carolina, and in Richland County.

Dr. Bell responded they are not looking at an absolute number. It is based on positive cases reported to DHEC. Most of what they are providing, and people are focusing on is the total number of positive cases over time. They are reporting that out by day. If you look at the shape of the epidemiologic curve, they want to see a sustained downward trend. When they are looking at the curve now, they are seeing a plateau of cases that we have been watching for approximately a week. What they would like to see is a significant downward trend, and to what level is unknown. What they do not know if what level of disease we are ultimately we are going to be living with. This is a novel infection. We only have the experience of a few months, even internationally. The first cases were identified in December in China. It is looking like this is not going to be one of these novel viruses that comes and goes like we previously saw with the severe acute respiratory syndrome and the Middle Eastern respiratory syndrome, which popped up and then went away. The current level of transmission suggests that this is something we will be living with like the seasonal flu. Whether or not this occurs seasonally, or whether we have a low level of transmission on a regular basis, those things are unknown, and to what level. If we have confidence that we adequately testing the population, and that level declines to some significantly lower level, and stays there for about 14 days, then that gives us reassurance that we adequately testing, and have adequate control measures in place because it is not going up.

Ms. Newton stated, for clarification, it does not sound like we are at that significant downward trend yet. She inquired if we are at the beginning of that, or just leveling off and waiting for a greater decrease in infection rate.

Dr. Bell responded what they are watching now, as they have been monitoring the curve, at a certain level of testing, and are rapidly increasing testing, we are saying that we are doing everything we can to ramp up testing, so we actually expect the number to go up. What they are going to monitor is the proposition of the total tests performed, and are positive over time. If the proposition of positives goes down, but the total volume of tests increases that is an indicator that we are doing an effective job at widely and finding fewer people in the population who are positive. It gets to be a paradox where we are not at a plateau anymore, we have gone up, but we have gone up with better indicators that the proportion of the positives in the population is a smaller number. When they get to that high level of testing, they want to see a drop down from that level that is sustained without increases, hotspots or outbreaks. She did not have the data specific to Richland County, but she can follow-up with the requested information.

Ms. D. Myers stated, for clarification, Dr. Bell said the statewide goal is for DHEC to test 2% of the population each month. To the extent that Richland County leads the State, does Dr. Bell consider that amount of testing would be sufficient for us, as policymakers, or should we be supplementing the testing.

Dr. Bell noted the reason Richland County is higher, compared to the rest of the State, is because it is one of the biggest metropolitan areas in the State. You have to look at the cases per 100,000 population, which gives you a better comparison with other communities. Therefore, Richland County's numbers are higher is because of population density. Another reason is because there far more physicians and hospitals than in the rural areas. The accessibility to testing exists. You are already testing more people because of the healthcare providers in the Midlands. The fact that there are so many more cases in Richland may be, in part, a function of the fact that good testing has been going on. We need to look at the percent positive in the Midlands (i.e. are we finding only the sickest people, or are we adequately sampling people that are less sick). When we look at that, we can better answer if testing in the Midlands is sufficient. They know there are zip codes adjacent to each other where there are marked difference in access to care.

Ms. D. Myers inquired, if we are bringing 100% of the people back to work, should our goal be testing of a larger percentage than 2%. She is requesting guidance on where the County should be setting a policy goal for testing, which would be separate and apart from what DHEC is doing. If you compare our numbers to Charleston and Greenville, Richland County's numbers are far outstripping them. She understands the geography is different, but given that we have to combat the fear, as well as the reality. Do we need to look at ways to get more than the 2%, per month, tested, so we get people back into the stream of commerce without the fear factor?

Dr. Bell responded you need to analysis how many people we should test. She is not necessarily recommending the 2% population. One of the reasons that measure was chosen is because that is being reported for all states. Therefore, it is a basis of comparison for us with other states. Whether we test 2% of the population is not the best way to assess whether or not we are reaching the right people. You can stand up a testing event, and reach some number. We do not want to pat ourselves on the back for having reached some number unless we understand we have actually provided the services where they were needed. Testing is not the measure by which we can assure any safety. We really want to focus on testing people who are sick, and their contacts, and testing those in congregant settings. If we begin testing everyone in the population, especially for the purpose of returning to work, you have to ask yourself well what happens if they then become exposed and are sick. How often are you going to retest

people who are not sick? We do not want people to get a false sense of security because they tested negative, and not practice personal protection measures. She noted, again, we need to assess the gaps in the communities to make sure we are doing an adequate sampling across geographic areas, racial and ethnic groups, socioeconomic status, and access to care.

Ms. D. Myers stated, for clarification, testing has to be a part of the mix. What she is asking is, do we have a different standard that we need to be looking at than, for example, York County, which has not experienced the level of virus infection. She wants to ensure that we are doing what we need to be doing to supplement and support what DHEC is doing. From a Richland County standpoint, her goal is to move the needle in a positive direction. She inquired if there is a continuum on which there is something more than 2% that a County that has experienced the level of impact like Richland County might want to look at more closely.

Dr. Bell responded that she does not have a number to give. She does not think there is anything different that you need to do strategically because the strategy is to assure that adequate testing sites are available to provide those, who need the services, testing. We want to focus on those who are sick, and are outside of a hospital setting. The strategy, and approach, we have is the same in every community. The challenge is finding out where to put the services. The magic number might be different from one community to the next, depending on where they have come, in terms of testing that has already been performed. What is the level of community transmission going on, if we have higher rates of disease that means we are going to be testing more sick people in one community than to the next. She does not want people to lose sight of the prevention measures. She is rather alarmed that only 10% of the people in businesses and stores had no masks. From a policy perspective, reinforcing what we can do to prevent disease is equally important as finding disease that is already present.

Ms. D. Myers inquired, from a policy perspective, if Dr. Bell views it as a responsibility of the policy maker to urge, and in some ways using coercive methods to get people to maintain those nose and mouth covers, while out in public.

Dr. Bell responded we do not want people to think if they have on a mask they can go into a large social gathering. It has to be the social distancing, in addition to the masks, because the masks are not 100% effective, especially those that are not medical quality.

Ms. D. Myers inquired, with regard to bringing people back into the workplace, in particular our building, would you suggest some form of staggered working hours and the continuation of working from home for those people who could. Even observing all of the good guidance, in regard to physical distancing, nose and mouth coverings, washing your hands, and using hand sanitizer, what should we be thinking through with regard to bringing people back into the building, and welcoming the public?

Dr. Bell responded the guidance has to be site specific, and has to be specific to the type of service or business. For the County Administration Building, controlling ingress and egress, so that you do not have people walking in and out of the same door. You can attempt to control the number of people coming into the building at one time. Then, when you have people waiting in line to get certain County services, making sure they are waiting in a safe area, and they are spaced away from other individuals. You could set up appointments, so you do not have a large number of people in one space, at one time. When possible, there is signage that recommends that people use masks, and potentially provide masks and hand sanitizer stations. Businesses should find a way to space people out to limit the contact time they are in close proximity. For those providing services, install shields to protect workers so they do not have to wear a mask for an 8 hour day.

Ms. Terracio stated, let's say we have a steady downward curve of new cases, we are testing at an appropriate level, and we see a recurrence. She keeps hearing that we may have an opening and closing situation. She inquired as to what that might look like, and how will we know when we should be concerned about a strong resurgence.

Dr. Bell responded it is our responsibility in public health to investigate individual cases and to also investigate clusters of cases to see if we can identify connections. If there are social networks or common settings they have shared, so we can attempt to take measures to prevent ongoing spread associated with a common exposure. Some of the things to watch for are, we may see some big jumps in testing in a community where the community may just see the jump in the number, but they may not be aware that we tested a nursing home that had 300 beds where all of the residents and employees were tested and 50% of the people were positive. We are aware that happened in a congregant setting and we can address that, even though those findings are concerning, it does not mean the community as a whole is at risk. We also know there is testing in correctional facilities, and there could be high numbers of positives. Those are the sort of things that make the numbers jump up artificially. What we need to be on top of is if we see community connections. If we interview cases and they say we all attended some particular function, then we would do an intensive contact investigation to identify the people that participated in that activity to let them know they are potential contacts and that they need to go into quarantine, monitor for symptoms, and seek testing. There are differences in what the data tell us depending on where the test results were performed. If we are doing a big community testing event, and we identify a lot of positives, those positives would not be associated with that testing event. Positives are reported by their address. It is by interviewing them, finding out where they have been and who they have been in contact with, will help us address potential outbreaks and red flags.

Ms. Terracio stated, for clarification, what Dr. Bell is describing is contact tracing. She inquired if we are taking steps now, and how can Richland County be a positive part of the process of ensuring that we have enough people to do timely contact tracing.

Dr. Bell stated they are getting a very positive response from community volunteers, healthcare providers, retired public health professionals, and students to assist with contact tracing. They are working now to get them trained with some just in time training, and already prepared learning initiatives that explain what contact tracing and interview process is. It is not difficult for people who are accustomed to working with people. In fact, they are recruiting teachers, community leaders, and those that are accustomed to working as a leader in the community. It is connecting the data to get access to who the positives are, so they can help with that. In Richland County, we are getting a good number of volunteers, and much of the contact tracing can be done by phone, so it does not have to be Midlands specific.

Ms. McBride noted Dr. Bell talked about when we get ready to bring employees back to work, and there have been national guidelines on the leveling off of the number of cases. She inquired how we determine at what point it is safe to bring employees back to work.

Dr. Bell stated there is not a number. What we want is to create a safe environment. Regardless of disease transmission in the community, because we are continuing to see relatively high levels of disease transmission, but we are bringing people back to work. The focus has to be on the prevention measures, not the disease activity in the community. Since we are doing the relaxing in restrictions and re-openings, we need to focus on the safe workplaces regardless of disease activity in the community. We want to see a significant downward trend, and we want to see that persist for at least 14 days. In the meantime, people are coming back to work. While they are doing that, and there is a high level of disease activity, we want to make sure they recognize the importance of wearing masks. We want to people to

understand they can still become infected and spread the infection, even if you are not in the category of those most at risk. To the extent that we can be successful in getting everybody to be community-minded, the more rapidly we will get to the downward trend. As people continue to participate in behaviors that are not recommended, we are going to see high levels of disease activity. It is the prevention behaviors that we need to stress, regardless of disease activity in the community.

Dr. Carr, Midlands Technical College, noted the Spring Semester just ended. The college went completely online immediately after Spring Break. Almost all of the employees are working from home, with isolated people coming into the office and the custodial staff cleaning regularly. Almost all of the summer classes will be online, and they hope to be able to bring those students that use heavy equipment or have to be on site back to campus by June 26th. They are awaiting guidance from the clinical partners for the healthcare students. The Fall Semester will offer a combination of online and in-person classes. The sizes of the classes will be limited to a safe number, and schedules managed so there are not a large number of students in buildings at the same time. They also plan to have the custodial workers to know what the schedules are, where students are, and leaving enough time in between that they can come through and clean between students.

Ms. D. Myers inquired if they have done any in depth analysis of what the budgetary difference has been in having everyone online.

Dr. Carr responded they had some initial costs in moving online. They had to provide equipment to some of the instructors, and they purchased cameras to enable the instructors to videotape themselves doing demonstrations. She does not believe there has been any decrease in what they normally spend.

Mr. Livingston inquired about graduation for the students.

Dr. Carr responded, with the exception of two programs, all of the students who were supposed to graduate at the end of the Spring Semester were able to complete their necessary classes, and they have officially graduated. They are continuing to work with some students who needed to be on campus. The graduation has been rescheduled until December, in hopes that they can hold an in-person graduation. The ceremony will include students from the Summer and Fall.

Mr. Vince Ford, PRISMA Health, stated they are engaged in the middle of the COVID-19 crisis. They have stood up a few testing sites across their footprint (Richland County, Greenville, and Sumter). He stated that 171 tests were administered in Eastover, and 448 tests were administered at Lower Richland. They have been working with the local school districts to provide answers about graduations. Most of the school districts were challenged with whether they wanted to do a virtual or in-person graduation. They are continuing to work with homeless shelters. Having men and women who are in transition, and are moving about all day long throughout the County, could be problematic. Early in the process they worked with the City of Columbia to have them open up Finlay Park restrooms. Even though there was a curfew not all of the men and women were going into the shelters, so they need to have access to a restroom facility. There were a large number of prisoners and correctional personnel that tested positive. About two weeks ago, Mr. Brown contacted them to administer a test a juvenile at the Alvin S. Glenn Detention Center. Finally, they are in the process of standing up an additional childcare facility, in anticipation of things opening back up. The childcare facility would be staffed by Richland One and YMCA and would be available for PRISMA team members, Columbia Free Med, Hampton Street Dental Clinic, and First Responders employees. They are in the process in developing the MOA.

Ms. McBride stated zip code 29223 is one of the areas that has been identified as having the highest number of COVID-19 cases. She inquired if there are any plans to do testing in 29223.

Mr. Ford responded the goal is to determine where testing sites could be. PRISMA Health staff is in the process of analyzing "hotspots" and where there are higher risks, so they can provide testing. An additional plan is soon to come out. He does know that there are other healthcare providers that are assisting with testing. He stated that Mr. Brown has been in constant contact with them, and he has kept them informed.

Ms. Newton inquired if he knows the frequency of which these pop-up tests will be available, or is it purely in response to the data, in terms of where the hotspots are. Additionally, testing is very important. We have seen different amounts of turnaround, in terms of when people are getting their results back. She inquired about the anticipated turnaround for results in future testing.

Mr. Ford responded that it depends on the labs being used. In some cases, it will take a couple days, but obviously the sooner people know the better. The clinical staff is determining where the hotspots are, and they are trying to standup the testing sites. They want to spread it out across the County, and put it in place where they can maximize the opportunity to provide testing. The dates and times for future testing will be shared with Mr. Brown, so he can provide them to Council members.

Dr. Geter, Benedict College, stated they are like most institutions in the nation and caught behind the 8-ball of this pandemic, but are doing their best. Benedict has an Emergency Management and COVID-19 Task Force that has been on the ground running. They have been in contact with the Governor's Office and trying to adhere and follow the rules and policies, as we can. They went to virtual courses after Spring Break. Arrangements were made to provide many of the students with laptops and Internet. Summer session will be conducted online. In addition, they are going to offer a virtual cyber camp this Summer. The plan is to have in-person graduation in the Fall. It has not been decided how they will handle classes in the Fall.

Dr. Gerard stated some tests could be received back the same day. It depends on what they are screening for and where the screening took place. The Strategic Task Force met this afternoon, and they are looking at the critical population and making sure we are covering all the areas and places that need to have testing. They are also going to people that do not have the ability to walk or drive to a test center. He stated right now they are focusing on the Eau Claire, Eastover, and Hopkins area. He was not a part of the afternoon meeting, to discuss further strategy for doing the antigen testing and serological testing. The serological testing will tell us who is positive, or was positive that did not know about it, and who may or may not have immunity.

Ms. McBride inquired if plans are underway for antibody testing.

Dr. Gerard responded right now the market has been flooded with those kind of tests. He stated there are approximately 70 of them, and only about 5 are approved. There are 3 phases: you find out if you have the antibody, if you were positive, and treating someone with the serum. Then, there is testing of antibody levels and antibody level reactivity, if you want to be a candidate. The biggest thing is for us, from a public health standpoint, is going to some of the higher risk places and testing people to find out how many people had it and did not know it. They are coming up with the serology plan that will wrap soon after we make sure we have covered the sufficient population in the State for the antigen testing, see who is currently infected, and do the appropriate contact tracing. He stated what he tells you now may not be true in 30 minutes because things are changing rapidly.

2. **Adoption of Agenda** – Ms. Newton requested to add an update on the COVID-19 relief grants, and an "Other Items" category for topics that may come up that we do not have a home for on our agenda.

Ms. Newton moved, seconded by Ms. McBride, to adopt the agenda as amended.

In Favor: McBride, Livingston, Myers and Newton

The vote in favor was unanimous.

3. **Approval of Minutes**

   a. April 16, 2020 – Ms. Newton moved, seconded by Ms. McBride, to approve the minutes as submitted.

      In Favor: McBride, Livingston, Myers and Newton

      The vote in favor was unanimous.

4. **Criteria/Standards for "Opening"**

   a. Data (Source, Type, Etc.)
   b. Phased-In Approach
   c. All or Nothing Approach

Mr. Brown stated the idea behind the criteria and standards for opening was to give the committee an opportunity to weigh in on what they would like to see opening under. We have heard from Dr. Bell, and may have seen the White House's guidance on opening. There are different people, who have different thoughts about what standards they want to see, which will allow them to decide how they want to open, and when they want to open. As you think about how you may want to open, and when you might want to open, what type of data do you believe you want to utilize, if any at all, to make your determinations as to when, and how you might open. Where would the data come from? What type of data would it be (i.e. percentage increase/decrease).

Ms. McBride stated she finds this somewhat confusing with how she sees the process working. She think it should be based on scientific research data. She would like to have the best practices and guidance present to her, and then look at it to make a determination. To have a non-scientist to come up with a criteria is not prudent. She is not comfortable with coming up with suggestions without having scientific or public health information provided.

Ms. D. Myers inquired if staff has asked for the CDC guidance. She has been reading that the White House got this guidance that went from "soup to nuts", but for politics reasons they held it. She also read the CDC has said it will provide individual guidance to municipalities and states that request it. She suggested that staff request the information, if they have not already. The CDC has a hotline available for municipalities to see guidance. It would give her a lot more comfort when looking at things to suggest. She would like the committee to consider if it would be helpful to have a neutral person, who is a medical professional, to assist Richland County walk through these questions. She thinks it is very dangerous for us to say that 2% is the right number, given the deadliness of this disease. She would like to have an expert, who is looking uniquely at Richland County, to be providing us guidance, and helping staff through this on a daily basis. Maybe we need a temporary epidemiologist.

Ms. McBride stated she is not comfortable with some of the responses we have received. Therefore, she supports Ms. D. Myers suggestion to have a neutral person provide expert guidance.

Ms. Newton stated, from her perspective, we do want a scientific standard, so the standard is objective, whether we are working with an outside epidemiologist or someone else. She is under the impression this is something that staff has been investigating for a while. While staff is coming to the committee for feedback, it would be helpful to her if they gave a thumbnail sketch of the different guidance they have been looking at, and if there was any guidance that seemed particularly appropriate for the context of Richland County.

Mr. Brown responded members of the team have looked at various standards. They have looked at the Federal Guidelines by the CDC, World Health Organization and DHEC. Much of the information talks about some level of reduction, but it does not necessarily give a must or shall. They can reach out to the Federal Government, and determine which resources may be available from a non-South Carolina standpoint, to help guide this body with additional information. A lot of what they have looked at, people are making decisions and are re-opening on some phased approach. Staff has some ideas of a phased approach, and some ideas of what data may look like, but that is based on the same information we heard reported by Dr. Bell. They will go back and look for some other data sources.

Ms. D. Myers requested staff to ask the CDC about the guidance it wanted to put forward, and they said they would provide on a case by case basis. There are standards in there that tell us what to do in situations. Fortunately, they are non-partisan.

Ms. Newton inquired, as Mr. Brown has been investigating this and preparing an outline of a plan, has there been a particular set of standards he has deferred to that has informed his thinking now. While she wants staff to get the information from the CDC, at the same time she wants to acknowledge the work he has already done, and if there is other information that he would like to share that the committee can be thinking on.

Mr. Brown stated some of the information is listed out, as a part of the agenda. Those are the areas staff thought would be a good combination of best practices, and what we have seen from other areas across the country. We thought the information here would help guide you to have a conversation, which would help us better determine, based on what we have seen, how we would apply that locally to meet the County's version versus what it would look like in another county.

Ms. Newton stated there are a lot of questions behind each item. Even if you look at a phased in approach, what determinations has the county made about who they might recommend phasing in, following the specific health standards. The health standards are going to tell how, but they are not going to tell you who.

Mr. Livingston inquired if Mr. Brown's assumption was to have the committee provide their thoughts on a phased in approach.

Mr. Brown responded his idea was, for example, we believe a phased in approach would be a best approach; however, we did not want to assume Council felt as if a phased in approach was the best approach. Again, it was to have a dialogue to make sure we were on the right track, as we thought about what we believe should be happening, and marry that with what the policymakers want to see happen.

Ms. Newton stated, from her perspective, she feels like we are flipping this process on its head. While she thinks it is great, and necessary, for us to have a discussion as a body, in terms of what we would like to see about some of these things, there are things that staff would recommend, based on their previous research. Therefore, instead of pretending that you do not have thoughts about these things, it would be helpful if you said, these are specific standards we looked at. We thought this standard seems most

applicable to Richland County and/or we blended these standards together because that seemed like a best practice for a county our size. We think these are the key areas we need to look at. This is the approach we specifically recommend that you take. How do you, as a body, feel about our recommendations, as it relates to this criteria? Later, you can say, we made those recommendations based on "XYZ" standard, once we took a look at the CDC guidelines.

Ms. McBride inquired if Ms. D. Myers made a motion.

Ms. D. Myers stated she was specifically asking that we request staff to do those two things.

Mr. Manning stated he thinks it is important, and he agrees with Ms. D. Myers that there are two CDC recommendations. There is the public one, and then there is the second one that got pushed back. He stated it is the unpublished set that we would like to see. Secondly, he would suggest the committee not make a motion, but give direction to staff, because if it becomes a motion then we will have to wait for it to go Council. He is concerned that we hire a professional County Administrator to do the work, and guidance with things like, we want a phased in approach. At the same time, with nimbleness, and as quickly as this is moving, being guarded over how much we do not empower the Administrator to conduct the work of the County with getting an expert, and then nothing happens until it is brought back to committee, and ultimately is forwarded to Council for approval. He is concerned about us not handcuffing the County Administrator by a parliamentarian process.

Ms. D. Myers stated, unless Ms. McBride disagrees, she agrees with Mr. Manning's comments. We do not want to hamstring the process, but we want it to be clear that it is the sentiment of the committee that we need an expert helping us. There are CDC guidelines, and that guidance will tell us a lot of what you are trying to figure out to lead the County back to work. She would suggest we seek that particular guidance. If the committee thinks we do not need that she is willing to yield to the will of the committee, but in this context because there is so much at stake, and Richland County has been the leader in a bad way, she would like some guidance. In her personal opinion, she thinks a staged opening, where there is some staggering to it, seems to make a lot of sense, but she is not an expert.

Ms. McBride stated she has sent out emails, she has mentioned in Council, and this committee that you need an expert. This is a new area and we need expertise in helping us make our decisions. She does not think that is something that is different from many other counties and cities nationwide.

Mr. Brown stated, to Ms. McBride's point, that is one of the reasons why he tried to make sure that he reached out, at least for the purpose of this meeting, and had those medical and public health officials on the line. He also understands the request to go beyond that. One the things he wanted to share with the body is, as Richland County is going to have some kind of plan that it is going to roll out to its employees and the community, it was important that the body be given an opportunity to speak to what they believe that plan would entail, rather than him deciding what he thought the plan should entail, and giving it to body, without the body having the ability to be out in front and give guidance. If developing the plan, and presenting the plan, should come first he is okay with that, as well.

Ms. Newton stated she was not asking that Mr. Brown come to us with a complete plan that was signed, sealed, delivered, and ready for us to vote up or down. Nor was it a suggestion that we move forward in the absence of data. It was an acknowledgement that were probably some broad strokes of what your current thinking was that could be outlined and would be a bit more expansive than the list of words she sees on the agenda. For example, if you said "XYZ" Standard suggests that a phased in approach is best for businesses, we want to get your feedback. What that could include would be….staggering work schedules, etc.

Ms. D. Myers stated her comment was not to say Mr. Brown's approach was misguided. She liked his approach. She thinks what he is hearing is this is an area that is so unique, and the stakes are so high that we need the kind of expertise that we do not possess in Richland County. She is reluctant to offer her opinion. She has been following best practices, but she does not know if those practices have taken into the account the situation on the ground that is similar enough to Richland County to make it a best practice for us. In this context, it is a dangerous mistake to move forward without tailor made epidemiological guidance for the County. The expertise exists in the United States, and we can get it from the CDC, then find an epidemiologist that is qualified to assist the County with crafting something. She appreciates what Mr. Brown is trying to do because it is always more helpful to have some input on the front end.

Ms. McBride stated she appreciates Mr. Brown efforts to bring in the different public health officials, which was one of her requests. On this particular case, she thinks we need to look at the guidance from the experts, and then have a recommendation brought forward. We will respond and have input, but it will be input based on factual information.

5. **Facility Up Fits/Modifications**

    a. **Barriers (Screens, Cubicles, Etc.)**
    b. **Hand Sanitizer/Hand Washing Stations**

6. **Screening and Testing** –

7. **Employees**

    a. **Face Mask Covering**

    b. **COVID-19 Relief Fund Update** – Mr. Brown stated we are just past the first review phase of the program. We have some preliminary information, and once the information becomes final they will be able to give you a more robust and documented overview.

    Ms. A. Myers stated there were 819 applications started, but not submitted. Of those, 374 applications were completed. There have been 58 applications from community organizations or non-profits, and 317 applications from for profit entities, with a current Richland County business license. Both the non-profit committees and the small business committees have completed their first round of meetings, and they anticipate disbursements being mailed out on May 21st. This is will allow staff and the Accounts Payable Department the appropriate time to enter the data necessary to complete the payment process. There are a couple things we have to go back to get from applicants because we did have some applications missing the appropriate information/documentation. Awards notices will be mailed following verification of award amounts. For our non-profit grants, we received a total of $952,931.98 in requests. The average request was $33,436. The largest amount of populations to be served were categorized as "Other" but that included the combination of the categories on the applications of senior citizens, residents without health insurance or paid leave, part-time, seasonal workers, individuals experiencing homeless and healthcare workers. Relative to our small business grants, the data is a little more comprehensive. The largest amount of applicants were either 1 to 2 years in operation, or 3 to 5 years in operation, combined. But overall, the largest category was over 11 years, with 37% of applicants. The highest percentage for the type of business that we have gotten applications have been salon and beauty shops, followed closely by retail or service industries. Following that applicants by association, which are our minority groups, we

received were a minority, of some sort. Then it was broken down further into either non-minority woman, minority woman, or disabled veteran. We are seeing about a 1% change, in terms of employees, prior to and after COVID-19, with most of applicants saying they will be using funds to retain their employees and/or rehire.

Ms. D. Myers stated Ms. A. Myers gave an average number for the amount requested by the non-profits, but not those for profit. She inquired what that number is.

Ms. A. Myers responded she does not have that number readily available, but she can provide that number. Most of them requested the maximum. There were very few that requested a specific number.

Ms. D. Myers inquired what the maximum is.

Ms. A. Myers responded it is $10,000.

Ms. D. Myers stated, for clarification, there is no tailoring there. They did not say rental assistance for this month, or next month. Just requested $10,000.

Ms. A. Myers responded in the affirmative.

Ms. D. Myers inquired as to when all the approved applications will be brought back before the body.

Ms. A. Myers responded she will coordinate that with the Budget and Grants Department to see when the information will be available.

Mr. Livingston stated, for clarification, what body are we referring to.

Ms. D. Myers responded she meant Council.

Ms. Newton requested the update in writing.

Ms. McBride stated she did not understand the checks being cut, and then we are reviewing the applications.

Ms. A. Myers responded, pending the final review by the committee of the amounts to be disbursed, we will follow through with disbursement, with the anticipated date for disbursement being May 21st.

Ms. McBride inquired if we have met the cutoff date.

Ms. A. Myers responded Council approved a rolling deadline. The committee is reviewing the applications every 14 days, as they come in. The first deadline was last week.

Ms. McBride inquired, of the 317 applications for small businesses, how many are we anticipating to fund.

Ms. A. Myers responded that information has not been provided yet.

Ms. Newton stated she is curious, now that we have gone through the first round of this process, are there lessons learned about the process that we have using, questions that we have been asking, or different ways we might administer this, so that we can improve upon the process for our constituents.

Ms. A. Myers responded that is not a question she can answer with any level of certainty. She can reach out to the Budget and Grants Office for any feedback they have received.

Mr. Hayes stated one of the things they have found is the initial time to review, which was estimated to be 4 days, was not enough due to the volume of applications we received. Going forward, we are trying to build in a couple of extra days so the reviewers have accurate amount of time to review the applications, so the scoring is not only fair, but consistent and follows all the guidelines. The GCS and OSBO offices have assisted with reviewing the applications before the committee.

Ms. McBride inquired if there has been any input, in terms of the questions, or the problems the individuals had in trying to complete the application.

Mr. Hayes responded, if there is a question, there is an email set up that is monitored, and members of his staff reaching out to the applicant.

Ms. McBride stated she has heard about some concerns that the process was complicated, and particularly in one area.

Mr. Hayes responded, when Administration did the application, they did simply it, but obviously this is trial and error, so if there is something that we can change going forward, they would be willing to take a look at it.

Mr. Livingston inquired if those applicants applying for the maximum $10,000, will get the $10,000, or is the committee reviewing the applications and making suggestions on an award.

Ms. A. Myers responded, to her understanding, they will award a percentage. Even if they are not going to get the $10,000, if they are eligible for an award, and they get approval, they will get a percentage of that.

Ms. D. Myers stated she received several queries as to the need to demonstrate a loss for 6 months related to COVID-19. She inquired if that was actually a question.

Ms. A. Myers responded there is not a question that asks them to provide 6 months' worth of losses. The application requests average weekly revenue prior to COVID, the average monthly revenue prior to COVID, and the current weekly and monthly revenue. We do request them to provide a brief description of how COVID-19 has adversely impacted their operations, but there is not a request for 6 months' worth of data.

Ms. D. Myers stated something in the application is making them think they have to show some level of loss for a period of 6 months. It may not be phrased exactly that way, but that is the sentiment of the applicants she has heard from.

Ms. A. Myers noted some of the questions are required to be included on the application, in order for us to receive any form of Federal reimbursement. She will look through the guidelines

to see if they are getting any of the miscommunication about a 6 month window for loss, and make changes so we are much clearer.

c. **Other Items** – Ms. Newton stated the health experts addressed testing quite a bit, in terms of what PRISMA Health, DHEC, etc. are doing. She inquired if there is anything in addition we, as Richland County, are doing as it relates to testing. Whether that is testing for citizens, or staff.

Mr. Livingston responded he is not aware of anything specifically that we are doing. He thinks it is important for us to figure out a way to interact with DHEC, and others, and figure out what role we could play to enhance the probability of testing in our community. Whether it means we have to provide some additional resources. We need to look at a means of how we can address the issue for Richland County.

Mr. Brown stated employee-related testing would fall under the overall plan for how we would look at re-opening. He has had some conversations with Mr. Vince Ford about their plans for potentially bringing additional testing resources to the community. Mr. Ford has not provided any additional details related to how, and when, they might put those testing sites out. At this time, we have not identified available funding to immediately provide an additional level of testing beyond what is being provided by the outside resources. As we are looking at what testing possibilities may exist, and who we can partner with. He did have a conversation a while ago, with the Mayor related to an IGA they had, if Richland County decided to go in and purchase testing, and utilizing the provider the City had identified. As we go through this process of understanding how we want to test, where we want to test, and what additional support we want to provide to the community are additional considerations to take into account, if we partner with other agencies. Employee-wise has not been decided. There are certainly different thoughts on that, but he does not know what the updated CDC guidance is. From the community standpoint, he has heard Council talk about wanting to be able to do that. There is still a limited supply of testing right now, but we are working with other partners to make them aware that we want to be involved in that process.

Mr. Livingston stated, when we talk about the possible resource person to help, this is something that resource person can help us with too.

Ms. D. Myers requested to set some dates for the committee to meet, and some targets for us to have updates, so we can begin to move in a more systemic way to figure out how we are going to reopen the County, and what that means for the broader citizenry.

Mr. Livingston stated he would get some dates and times out to the committee members, so a fixed schedule can be established.

Ms. McBride stated Dr. Bell and others mentioned the health disparities. She inquired about how we get the message out to those communities that are having the health disparities. Dr. Bell mentioned a special message that we could use for various communities.

Mr. Livingston responded we had discussed sending postcards.

Mr. Brown stated, in reference to those health disparities, and those zip codes referenced, we can get the information about available resources to those individuals.

Ms. McBride stated her issue was getting a message to the communities that they can listen to about social distancing, hand cleanliness, etc.

8. **Adjournment** – The meeting adjourned at approximately 4:31 PM.