

# OFFICIAL RECORD OF PROCEEDINGS

## **Boulder County Board of Health (BOH) Regular Meeting Online/Telephonic Meeting April 13, 2020**

**BOH Members:** Vice President Jorge DeSantiago and Board Members McKenzie Rieder; Morgan McMillan; and Landrey Fagan, M.D. Absent: President Gregg Thomas.

**BCPH Staff:** Public Health Director/Public Health (PH) Policy Group Jeff Zayach; Director of Administrative Services/PH Incident Commander (IC) Megan Hatten; Director of Strategic Initiatives/PH Policy Group Susan Motika; Environmental Health Division Manager/Deputy PH IC Joe Malinowski; Communicable Disease and Emergency Preparedness Division Manager/PH Operations Section Chief Indira Gujral; Family Health Division Manager/PH Hospital Surge Liaison Andrea Pruetz; Community Health Division Manager/PH Call Center Liaison Nadine Bridges; Communicable Disease Control Coordinator/PH Epidemiology & Investigations Branch Director Carol Helwig; Healthy Eating/Active Living & Built Environment Coordinator/PH Lead Liaison Rachel Arndt; Health Equity Coordinator/PH Testing Branch Director Sheila Davis, M.D.; and Business Operations Manager/PH Situation Unit Leader Tammy Golden.

**Boulder County:** Boulder Area Coordination & Management Center (BACMC) Incident Commander Mike Chard; BACMC Incident Commander Advisor Mike Smith; PH Planning Section Chief Kerry Webster; and Assistant County Attorney/BOH Legal Counsel Kate Haywood.

### **Meeting Called to Order.**

Vice President DeSantiago called the meeting to order at 5:33 p.m.

### **ITEM 1. Public Comments (on unscheduled agenda items).**

None.

**ITEM 2. Consent Agenda: Approval of March 23, 2020, Emergency BOH Meeting Minutes.**  
*Board Member McMillan made a motion, which was seconded by Board Member Rieder, to approve the March 23, 2020, emergency meeting minutes, as presented. With all members present voting in favor of the motion, Vice President DeSantiago declared the motion carried. Absent: President Thomas.*

### **ITEM 3. Update on COVID-19 Pandemic.**

Public Health Director Jeff Zayach said many Boulder County Public Health (BCPH) and Boulder County staff members had been working long, tireless hours on Boulder County's COVID-19 pandemic response effort during the past several weeks. They were making critical and often controversial decisions on the fly as they quickly responded to and implemented continually changing COVID-19 guidance and information. They were reviewing and digesting consistently changing guidance and direction from the Colorado Department of Public Health and Environment (CDPHE), State of Colorado, Governor Jared Polis, Metro Denver Partnership for Health (MDPH), Colorado Association of Local Public Health Officials (CALPHO), Centers for Disease Control and Prevention (CDC), and the White House.

Mr. Zayach said many BCPH staff members began working on the response in mid-January. When it became clear that the pandemic was escalating at an alarming rate, the Boulder County Office of Emergency Management (OEM) and Boulder Area Coordination & Management Center (BACMC) were activated, and staff from other county departments, including the Sheriff's Office, started participating in the response effort. Mr. Zayach expressed his deepest gratitude to them all.

Mr. Zayach provided the latest Boulder County COVID-19 statistics. As of April 13, there were 286 identified COVID-19 cases in Boulder County. The average age of those infected was 51 years, and 23 people were under 60 years. A total of 71 residents had been hospitalized to date; 116 residents had recovered; there were 49 pending investigations; and 11 residents had sadly died from the virus. He said it was concerning because the virus was especially dangerous for the elderly; 54 of the local cases were in long-term care facilities (LTCF). Mr. Zayach estimated that 80% of infected people would have mild symptoms, 20% would be more severe cases, and approximately 1-5% would die.

He said it was concerning because the virus was being spread asymptotically, and droplets were able to travel further and survive longer than originally thought. He said that was why the Centers for Disease Control and Prevention (CDC) and Colorado Governor Jared Polis were now recommending that people wear face coverings whenever out in public and unable to maintain social distancing. He emphasized the public they should wear cloth face coverings, not surgical and N95 masks, as those must be reserved for first responders and health care workers because personal protective equipment (PPE) supplies were at dangerously low levels worldwide.

When asked how long the current situation would last, Mr. Zayach said the best opportunity for returning to any realistic normalcy would be the introduction of a vaccine, but that likely wouldn't happen for at least a year. He said antibody testing and herd immunity was also unlikely anytime soon. The main focus now was ensuring that people were following the current statewide stay-at-home order (recently extended to April 26), increasing hospital surge capacity, and ensuring that health care workers and first responders had adequate levels of PPE.

One graph indicated Colorado might be slightly plateauing, but Mr. Zayach said it was imperative that the local health care system would be able to handle any medical surges. Mr. Zayach said Boulder County hospitals indicated they'd be able to support each other to control local medical surge until the two regional alternate care sites were stood up (i.e. at the Colorado Convention Center and The Ranch in Loveland; scheduled for completion at least another week out). Mr. Zayach said Boulder County currently had the lowest case rate per 100 than any other county in the Denver Metro Area.

Mr. Zayach said a great deal of work was being done throughout the county, the state, and the nation in advance of reopening businesses and eventually returning to any sense of normalcy. He said he was closely collaborating with public health directors in the seven-county Denver Metro Area (i.e. Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, and Jefferson Counties), the Colorado Department of Public Health and Environment (CDPHE), and the Governor's Office.

Mr. Zayach said a critical need was enhanced testing capacity. He said BCPH Health Equity Coordinator/Testing Branch Director Sheila Davis, M.D., was serving on a Denver Metro Area testing group working to expand testing for increased surveillance, which will be crucial before public health stay-at-home orders can be lifted. Mr. Zayach said increased containment was essential to help identify and contain new cases and their contacts to prevent further spread of the disease. He said Communicable Disease and Emergency Preparedness Division Manager/Public Health Operations Section Chief Indira Gujral and Communicable Disease Control Coordinator/Epidemiology & Investigations Branch Director Carol Helwig

served on a Denver Metro Area containment group addressing local containment of COVID-19. Mr. Zayach said public health officials were working with state researchers to review various testing models for the development of local testing plans.

Mr. Zayach said “R-naught (R0)” was a mathematical term that represented the basic reproduction number of an infection to indicate the level of a disease’s contagion. R0 indicates the number of people an average infected person will infect (e.g. R0 of 3 means an infected person will expose 3 others, and those 3 people will expose 3 more, and so on). The current estimated R0 value for COVID-19 was 2.5-4%.

Board Member McMillan asked if demographic information was being collected. She was told Tri-County Health Department was tracking race and ethnicity data, but that data wasn’t being collected consistently throughout the region. Epidemiology & Investigation Branch Director Carol Helwig said Boulder County was collecting race/ethnicity data for hospitalized and deceased but not widely distributing the information, although she said Governor Polis was asking for the information to be collected statewide.

Public Health Operations Section Chief Indira Gujral said the State of Colorado may be issuing an executive order that required the collection and recording of detailed data. Dr. Gujral said the current collection rate for information in electronic health records was about 30%.

Testing was a concern, especially since it wasn’t available for all populations. Ms. Helwig said more testing was being done in hospitals for health care workers and hospitalized patients, but current trends indicated there were more hospitalizations among people of color.

Dr. Davis said the governor of Michigan created a task force to evaluate health disparities with regard to COVID-19 and that she and Dr. Gujral both supported the collection and evaluation of that data in Colorado. Family Health Division Manager/Hospital Surge Liaison Andrea Pruet was working with the Boulder County Coroner’s Office to track trends and death by suicide in relation to race and ethnicity.

Mr. Zayach introduced Boulder Area Coordination & Management Center (BACMC) Incident Commander Mike Chard who outlined the role of the BACMC to help manage this event. The BACMC includes Boulder County; the cities of Boulder, Louisville, Lafayette, and Longmont; the towns of Erie, Superior, Nederland, Lyons, Jamestown, and Ward; the University of Colorado; Boulder Valley and St. Vrain Valley School Districts; the 20<sup>th</sup> Judicial District; the Boulder County District Attorney’s Office. Mr. Chard reviewed the BACMC organizational chart and said BACMC officially began supporting Boulder County’s COVID-19 response on March 16. He said BACMC would reevaluate the need to remain open in early May. Mr. Chard said this unprecedented event required centralized command and control across the entire county. He said the organizational structure and level of participation in the response effort would continue to evolve; there were currently 80-100 people participating in the response structure.

BACMC provided overall planning, situational awareness, and logistics, as well as mass care for vulnerable populations at a community COVID-19 recovery center stood up at East Boulder Recreation Center. BACMC Resource Management was accepting and distributing inventory from the Strategic National Stockpile (SNS) and ordering/distributing inventory for essential staff, long-term care facilities, etc. He said more requests had been accepted and distributed for this pandemic than any other event to date in Boulder County, including the 2013 flood. He said the mission of BACMC was to support health care while maintaining continuity of government. BACMC’s Agency Administrator Group included representation from 24 county agencies (e.g. municipalities, education institutions, etc.) collaborating to share information, resolve problems, build collaboration, and maintain continuity throughout Boulder County. Mr. Chard said the next challenge would be recovery.

The BACMC Joint Information System (JIS) included public information officers from Boulder County governmental agencies who collaborated to distribute consistent messaging throughout the county. A call center was stood up to field and answer questions from businesses and the community and to reduce the number of calls into 911 and dispatch.

Mr. Zayach thanked Mr. Chard for his update and again expressed his deep gratitude for the assistance provided by BACMC and Boulder County Office of Emergency Management (OEM).

Public Health Incident Commander Megan Hatten echoed Mr. Zayach's gratitude and said all involved with the response were doing an incredible job. She said it was a very complex situation that required difficult decisions made on short notice. Ms. Hatten said she was appointed as Public Health Incident Commander due to her previous experience as a U.S. Army commander. She expressed appreciation to Deputy Incident Commander Joe Malinowski, as well as the BACMC and OEM – in particular Kerry Webster and Mike Smith.

Ms. Hatten said the focus during the previous three weeks was minimizing the spread of COVID-19 in Boulder County. She said the focus was on education, surveillance, monitoring, and sharing accurate and timely information to the public and targeted populations to help control the spread of disease, especially to the county's most vulnerable residents. Staff was working with state and regional partners on testing, surveillance, and monitoring. Ms. Hatten stressed the importance of this collaboration to evaluate and predict medical surge capacity in Boulder County to support the local hospitals.

Dr. Gujral said she felt the incident command structure was working smoothly, and she especially appreciated the experience of Planning Section Chief Kerry Webster (a Boulder County Sheriff's Office senior firefighter). Dr. Gujral said the Operations Section currently included the following branches: Testing (Sheila Davis), Infection Prevention (Gina Bare), and Epidemiology/Investigation (Carol Helwig), although staffing and the response structure was frequently evolving.

Dr. Gujral said the Epidemiology/Investigation Branch was under the direction and guidance of Carol Helwig, Kaylan Stinson, Heather Marshall, and Emily Payne, who were managing case investigations and data. The Operations Branch was building out case investigation/testing capacity in collaboration with Denver Metro Area partners to develop containment strategies to identify future staffing needs. She said short-term epidemiology investigators were pulled from other public health programs, particularly the BCPH Environmental Health Division. Testing capability was being ramped up for more rapid identification of cases and earlier initiation of contact investigations. The Operations Section was working with community shelters, LTCF, and jails to ensure those vulnerable populations were adequately protected.

Ms. Hatten introduced Andrea Pruett, who originally served as Early Childhood Education Liaison but was recently reassigned as Hospital Surge Liaison. Ms. Hatten said Ms. Pruett was collaborating with local hospitals and community partners to gain their trust and determine potential surge capacity in Boulder County.

Ms. Pruett explained that the 4-tier classification system prioritized Tier 1 (intensive care) and Tier 2 (less severe but requiring closely monitored care) patients who had to be served in hospitals. Tier 3 patients had symptoms requiring treatment and monitoring and provided in temporary "field" hospitals (e.g. located in convention centers, sports arenas, etc.). Tier 4 patients had mild symptoms but needed basic supervision and quarantine space (e.g. hotels, dorm rooms, etc.) before they could return home. The U.S. Army Corps of Engineers was building temporary Tier 3 hospitals at the Colorado Convention

Center (Denver) and The Ranch (Loveland). Another site identified for a Tier 2.5 facility was the old St. Anthony's North Hospital, which Ms. Pruett said garnered the greatest interest from local hospitals. Ms. Pruett said the surge facilities had a combined capacity of 3,000+ beds.

Ms. Pruett said she's working with Flatiron Rehab to potentially use that facility as an alternate care site (ACS) for the transitional care for either negative or positive COVID-19 patients, although she said it was unlikely an ACS will be stood up in Boulder County due to low levels of available resources and staffing.

Testing Branch Director Sheila Davis gave a COVID-19 testing update. She said she's trying to locate testing supplies and was participating in discussions with community partners about the need for increased testing to identify "hot spots." Dr. Davis said she was researching successful countries that have conducted increased case and contact testing. She said the U.S. was experiencing significant testing issues due to a shortage of adequate testing supplies, and she highlighted the need to provide testing to vulnerable populations. She said data supported the need for quarantine; data also provided more accurate estimates about penetration of disease in the community, morbidity rates, and mortality rates.

Dr. Davis was collaborating with partners across the Metro Denver Area to coordinate a statewide testing plan. She was working to create the infrastructure to support testing in Boulder County, including large-scale community testing. Dr. Davis was also working with Denver Health and Hospital Authority (DHHA) and National Jewish to access test kits and have those facilities conduct specimen analysis for Boulder County. She said more staffing was necessary to conduct testing, which was critical until a vaccine was available.

Dr. Davis said she's been conducting gap analysis at the jail and long-term care facilities to determine their testing and supply needs. She's studying the most advanced testing technologies, although that information was changing daily. She also said a CU-Anschutz group was working on antibody testing.

Dr. Davis said the long-term testing strategy would be for everyone in the community to complete a survey to determine if they're symptomatic. The surveys would help to guide people if and where they should get tested. After being tested, they would then need to follow up with their health care providers or a federally qualified health care (FQHC) facility.

Dr. Davis said she hoped Boulder County could serve as a community testing model pilot, which may happen as soon as early May. She said the State of Colorado expressed interest in having Boulder County serve as a pilot, so she'll work with a consortium of health systems, FQHC, and the Community Infectious Disease Emergency Response (CIDER) to present ideas and determine interest for participating in the pilot.

Rolando Marroquin, a member from the public, identified himself and said his company was providing COVID-19 testing for Peru. He expressed interest in providing tests in Boulder County and said he would be in contact with Testing Branch Director Sheila Davis.

Lead Liaison Rachel Arndt said she's coordinating community mitigation, which included businesses and events, schools, Boulder County's call center, and early childhood education (e.g. child care centers). She said a virtual call center was activated after Governor Polis issued the original statewide stay-at-home order. The call center was staffed to answer questions from businesses and the community, collect complaints, and respond to and educate violators. She said the call center was activated within 24 hours and was taking 250-300 calls daily. She said the call center was mainly staffed by employees from other Boulder County departments. When callers receive complaints about businesses, they forward the

information to the Business and Events Liaison Team for follow-up. Ms. Arndt expressed her appreciation to the County Attorney's Office for training call takers and providing guidance for answering calls.

Ms. Arndt said the Businesses & Events Liaison Team had responded to more than 640 complaints to date, and the team had the needed resources to start conducting proactive enforcement. She said many types of businesses remained open despite statewide restrictions, so the Businesses & Events Team was working to educate them about their required closure. The team was also tasked with issuing official closure orders from Public Health Director Jeff Zayach. Team staffing included Boulder County code enforcement officers employed by Boulder County's Land Use, PACE (Partners for a Clean Environment), and Consumer Protection Program.

Kelli Hintch and Heather Crate were working with schools and educators to address their questions and needs. They conducted weekly meetings to provide guidance since school buildings were closed. There was an immediate focus on providing meals and technology tools to students in need, as well as identifying best practices for the reopening of schools when that time came.

Andrea Pruettt and Sarah Scully coordinated new and continually changing guidance for child care facilities and participated in weekly calls with the State of Colorado and Early Childhood Council of Boulder County (ECCBC) so they could provide guidance to and answer questions of local child care providers regarding quarantine, closure, PPE, etc.


Luke Hayas was the Public Health OEM Liaison for first responders and provided guidance about PPE, quarantine, and proactive response for when the community transitioned out of the current stay-at-home order (scheduled for April 27).


Susan Motika was participating with the Policy Group and working with the County Attorney's Office and partners to provide guidance and direction. The group closely monitored how other states and communities were responding, and the Policy Group collaborated with partners (particularly other Metro Denver Area public health directors) on common criteria and standards to stand up or stand down public health orders. They were identifying and researching measured steps taken worldwide regarding the reopening of economies and schools to determine various phases and stages that should be implemented in Boulder County. It was important to take measured steps in order to prevent a resurgence of disease in the community once public health orders are reduced or lifted.

Mr. Zayach thanked the Board of Health for meeting on short notice and again acknowledged the incredible, sustained work of his staff and those working with BACMC and OEM. Vice President DeSantiago and the other board members echoed Mr. Zayach's accolades and thanked staff for their commitment and leadership to the residents of Boulder County during this unprecedented public health crisis.

**ITEM 6. Adjournment.**

There being nothing further to discuss, Vice President DeSantiago declared the meeting adjourned at 7:02 p.m.

  
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Jorge DeSantiago, Vice President

  
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Jeffrey J. Zayach, Public Health Director