

## Summit County Board of Health Meeting Minutes

Summit County Health Dept. Conference Room  
650 Round Valley Drive  
Park City, Utah 84060

**Monday, March 2, 2020 - DRAFT**

Topic	Discussion	Action or Summary
<b>Attendance</b>	<p><b>Board Members Present:</b> Ilyssa Golding - Chair, Chris Ure, Doug Evans, Marc Watterson, Kim Carson, Dorothy Adams, Chris Cherniak</p> <p><b>Staff Present:</b> Dr. Richard Bullough – Director, Dr. Phil Bondurant, Carolyn Rose, Nate Brooks, Derek Siddoway, Aaron Newman, Shelley Worley, Alyssa Mitchell, Chris Crowley, Tom Fisher – County Manager, Katy Staley</p>	
<b>Welcome and approval of minutes</b>	<p>The meeting was called to order at 4:00 p.m. <b>Board Member Ure made a motion to open the meeting. Board Member Cherniak seconded the motion.</b></p> <ul style="list-style-type: none"> <li>• Board Member Cherniak was introduced as a new Board Member.</li> <li>• <b>Board Member Cherniak made a motion to approve the minutes for the February 3, 2020 Board of Health Meeting as written. Board Member Evans seconded the motion. Motion passed 7-0.</b></li> </ul>	<p><i>Summary:</i></p> <ul style="list-style-type: none"> <li>• <i>The minutes for the February 3, 2020 Board of Health meeting were approved as written.</i></li> </ul>
<b>Public Comment</b>	<ul style="list-style-type: none"> <li>• No general public comment was made.</li> </ul>	<p><i>Summary:</i></p> <ul style="list-style-type: none"> <li>• <i>No general public comment was made.</i></li> </ul>
<b>COVID-19 (Coronavirus) Update</b>	<ul style="list-style-type: none"> <li>• Dr. Bullough shared a presentation about COVID-19. The intent of the presentation is to help the public engage in the discussion. There is a focus on gathering places such as ski resorts and community events. For more information about the coronavirus, go to <a href="http://www.summitcountyhealth.org/coronavirus">www.summitcountyhealth.org/coronavirus</a> or call 435-333-1500.</li> <li>• The facts of the coronavirus were shared, but there are a lot of unknown facts about COVID-19. Information is being gathered to discover incubation time, outcomes, and mortality rates. COVID-19 spreads like any virus, through droplets and coughing. The virus lives on hard surfaces for up to three weeks and is impacted by heat and humidity. Currently, there is no vaccine for the virus, but trials are being conducted for a vaccine outside the United States. It will probably be about a year before a mass-produced vaccine is available. It is uncertain if antivirals are effective in treating COVID-19. The symptoms of COVID-19 are similar to the flu and include fever, cough, and shortness of breath. The outcomes are more severe than the flu, with a current fatality rate of 1.4%. Because it is unknown how many cases there are, the fatality rate is expected to increase. People can carry the virus and be asymptomatic for up to 14 days. This is a rapidly evolving situation. Cases have been confirmed in at least 65 countries. There are currently no confirmed cases in Utah. Cases are tracked by where they are diagnosed or contracted.</li> <li>• Dan with Intermountain Medical stated that there is one patient with COVID-19 in isolation in an emergency preparedness unit in Salt Lake. Board Member Ure asked why the patient was brought back to the United States when he is still contagious. Dan answered that IMC (Intermountain Medical Center) has a high-level isolation unit and high-level training. Board Member Adams stated that the patient was stable when transferred and it is better to have them in a tested facility. Dan stated that the patient is isolated and the greater risk for spread is with unknown cases.</li> <li>• Dr. Bullough stated that testing for COVID-19 in Utah will start tomorrow (March 3, 2020) and test results will take two to four days. Influenza has a 0.1% mortality rate, but there are more cases of influenza than COVID-19. There is no vaccine nor antiviral for COVID-19. There needs to be preparation, not panic. There is the potential for significant spread. The</li> </ul>	<p><i>Summary:</i></p> <ul style="list-style-type: none"> <li>• <i>A presentation of the facts concerning COVID-19 was shared.</i></li> <li>• <i>The COVID-19 situation is evolving and the Health Department will have updates available on their website, along with links to other websites.</i></li> </ul>

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	<p>mortality rate is higher for those age 50 and older, those with immunodeficiencies, those with diabetes, and those with organ issues. The Health Department is convening with partners, working on communication, working with the CDC (Centers for Disease Control), working on preparedness (Chris Crowley is working on preparedness planning), and implementing the process.</p> <ul style="list-style-type: none"> <li>• There have been rumors that there is frustration that the Health Department did not share information sooner. The Health Department wants to be accurate and have plans in place. The process is not new and has been practiced with TB (tuberculosis) and H1N1. Confirmed cases by country were shown. There will be more cases through person to person spread. When the virus goes human to human it is more aggressive. There will be cases of COVID-19 in Utah, and there may be large numbers of people needing medical care at the same time. The health providers are competent. The Health Department is working on identifying resources. Public health has the authority to quarantine, but that puts a strain on law enforcement. The Health Department is coordinating with law enforcement.</li> <li>• To protect yourself and others, wash your hands correctly (scrub between fingers with warm water and soap and dry thoroughly), and avoid close contact with those who are sick. Wearing surgical face masks is intended to protect others if you are sick. Most people do not need face masks. Carolyn Rose stated that many people do not change gloves when they are supposed to, so it is better to use hand sanitizers, wipe down equipment constantly, and do not touch your face. Gloves and masks give a false sense of security.</li> <li>• Dr. Bullough stated that the Health Department will continue to work with the CDC and the Utah Department of Health. The public can check <a href="http://www.cdc.gov">www.cdc.gov</a> for more information. The Health Department is working to get information to the community and are preparing for a potential local outbreak. The hospital and clinical facilities will lead when illness is suspected or identified. Intermountain is currently inventorying respirators and other necessary equipment and they meet daily to go over preparedness. There are estimates that one million people at a time could benefit from respirators. Data is new and is changing daily. There are some hospital rooms that could be converted to isolated rooms if necessary. There are no current test kits available in Summit County, but they have been requested. Testing will only be done after other illnesses are ruled out. High risk criteria have been developed. If a person is sick enough, they will probably be hospitalized. People are encouraged to minimize exposure by using telehealth. No one will be turned away due to inability to pay. The biggest concern is that the incubation period for COVID-19 is two weeks. <a href="http://www.intermountain.net">www.intermountain.net</a> has information to let people know when it is best to stay home and when to go to the hospital. The first step is always to call your doctor and/or the hospital so they can be ready for you if you need to go to a medical facility. Respiratory issues and shortness of breath are the more critical symptoms. The County Health Department website will have updated information and links to other websites.</li> <li>• Influenza is seasonal, and COVID-19 will probably slow down in hot temperatures, but will probably have a big peak next season. The State has the authority to close schools, and the local health officer (Dr. Bullough) has the authority to quarantine and close schools. The authority can be delegated by the Local Health Officer. All quarantines and school closures will be done on a case by case basis, and the Health Department will work with the School Boards. All information will be available in English and Spanish. There will be printed information available, as well as campaigns</li> </ul>	

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<b>Legislative Update, UALBOH Update</b>	<p>for TV, newspaper, and radio.</p> <ul style="list-style-type: none"> <li>• Board Member Watterson shared there are a lot of bills about food freedom and agritourism being considered. There are four tobacco-related bills (HB23, HB58, HB118, and SB37) to watch. HB23 would increase the penalties for underage sales, support Tobacco to 21 Federal laws, and allow for more inspections. The individual states need to update their tobacco policies to 21 years old. The Federal government will start doing compliance checks in the summer or fall.</li> <li>• HB58 would allow school administration to confiscate vaping devices and call for \$5 million for school intervention programs.</li> <li>• HB118 would restrict the sale of flavored e-cigarettes to tobacco specialty retailers and allow local authority to ban e-cigarettes and have receipt restrictions. This bill also identifies retailers by what they sell. All these bills have passed the House and are going to the Senate.</li> <li>• SB37 would allow greater penalties and enforcement for internet sales of tobacco products. More local Health Department inspections would be allowed, with more education opportunities. This bill has passed the Senate and is going to the House. The grandfathering restrictions for illegitimate stores will probably be put into one of the House bills.</li> <li>• Aaron Newman shared HB38 is a Medicaid bill and the Senate is still waiting for information about the budget. HB32 and HB35 are about Behavioral Health and the budget is still being considered.</li> <li>• Dr. Bullough shared there are a lot of carve out bills with environmental health implications, with some specific to certain counties.</li> <li>• Board Member Watterson stated there are current discussions about \$15 million for help with COVID-19, with \$12 million going to local Health Departments.</li> <li>• Board Member Carson stated that bills can be tracked and recordings of the hearings are available at <a href="http://www.le.utah.gov">www.le.utah.gov</a></li> </ul>	<p><i>Summary:</i></p> <ul style="list-style-type: none"> <li>• <i>Four tobacco-related bills were discussed.</i></li> <li>• <i>The Medicaid bill and the Behavioral Health bills are waiting for budget information.</i></li> <li>• <i>There are current discussions about \$15 million to help with COVID-19.</i></li> <li>• <i>Bills can be tracked online.</i></li> </ul>
<b>Board Retreat Discussion and final decision</b>	<ul style="list-style-type: none"> <li>• Dr. Bondurant stated that the Board should come up with high level priorities for Staff to create greater goals. The CHA (Community Health Assessment) is complete with the suggested revisions. Staff will be available to discuss the resources available to support the Board priorities. Future meetings will include discussion of detail-specific initiatives.</li> <li>• Board Member Ure stated the retreat would be a waste of time because Staff does not need to tell the Board of Health what they are going to do. Staff already presents their priorities clearly. Dr. Bullough stated that the Board of Health is a policy-making Board and it is important that the Health Department have a formal process to define the support from the Board of Health. This process would also give the Health Department the authority behind the priorities. Dr. Bondurant stated this process would also give direction of what the Board wants accomplished because Staff sees priorities at a different level than the Board.</li> <li>• Board Member Carson stated that it would be a good idea to review the results of the CHA and identify priorities as a Board. Board support would mean something to the County Council when it comes time to review the budget. Board Member Evans stated the retreat also helps new Board members to know what they are doing.</li> <li>• The Board Retreat will be held May 11, 2020 from 3 to 6 pm, with dinner being served. The CHA will be studied with priorities identified by the Board. Aaron Newman will get the new SHARPS data sent or presented to the Board in a closed session. Dr. Bondurant will bring a basic outline for the retreat to the next meeting.</li> </ul>	<p><i>Summary:</i></p> <ul style="list-style-type: none"> <li>• <i>The Board should use the CHA to identify initiatives that the strategic plan will support.</i></li> <li>• <i>The Board retreat will be May 11, 2020 from 3-6pm.</i></li> </ul>
<b>Adjourn</b>	<ul style="list-style-type: none"> <li>• The meeting adjourned at 6:05 p.m.</li> </ul>	<p><i>Summary:</i></p>

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	<ul style="list-style-type: none"><li>• <i>Board Members Ure and Cherniak made a motion to adjourn. Motion passed 7-0.</i></li></ul>	<ul style="list-style-type: none"><li>• <i>The next regular meeting is scheduled for Monday, April 6.</i></li></ul>