Present:
Troy Wood, Chair
Brian Cook, Vice Chair
Dr. Gary Alexander
Ann Benson
Lorene Kamalu, Commissioner
Mayor Randy Lewis, Immediate Past Chair
Dr. Ryan Stewart
Dr. Colleen Taylor (Virtual Attendance)
Scott Zigich

Department Staff:
Brian Hatch, Director of Health
Kaylee Crossley, Assistant to the Director
Dave Spence, Deputy Director, Health
Rachelle Blackham, Division Director, EHS
Neal Geddes, ATTY

The meeting of the Davis County Board of Health (Board) was held Tuesday, November 10, 2020 at the Davis County Health Department, Multipurpose Room, 22 South State Street, Clearfield, Utah. The meeting was called to order at 7:32 a.m. by Mr. Troy Wood.

Welcome
Mr. Wood welcomed the Board and staff to the meeting.

Minutes (Action)
The minutes of August 11, 2020 were presented and reviewed.
Mayor Randy Lewis motioned to accept the minutes of August 11, 2020. Dr. Ryan Stewart seconded. The vote was unanimous.

Retain Current Board Chair and Co-Chair (Action)
Mr. Wood presented an executive committee recommendation to retain the current Board chair and co-chair to keep a continuity of operations, and to have chair expertise moving into 2021.
Mr. Brian Cook made a motion to retain the Board chair and co-chair for 2021. Mayor Lewis seconded. The vote was unanimous.

Public Hearing Report: Tanning Facilities Regulation (Information)
Ms. Rachelle Blackham presented the changes to the Tanning Facilities Regulation, including removing some sections that were procedural processes for obtaining permits, as well as items that were already in the state code. Additional fees were added to the regulation to make it consistent with other programs. Formatting was also updated to match Department standards.

A public hearing for the regulation was held on September 24, and Mr. Scott Zigich served as the hearing officer. No public comments were made on the day of the hearing. Public comment was open through October 2 and no comments were received.

Approve Findings of Fact and Conclusions of Law (Action)
Ms. Blackham requested that the Board approve findings of fact and conclusions of law.
Mr. Zigich motioned to approve the findings of fact and conclusions of law and Dr. Gary Alexander seconded the motion. The vote was unanimous.

Adopt Tanning Facilities Regulation (Action)
Ms. Blackham requested that the Board adopt the Tanning Facilities Regulation.
Mayor Lewis motioned to adopt the Tanning Facilities Regulation and Dr. Stewart seconded. The vote was unanimous.

Request for Public Hearing (Action)
Ms. Rachelle Blackham presented the Board with proposed changes to the Pool Regulation. Mr. Brian Hatch stated that regulations are routinely reviewed every five years as part of our policies. Ms. Blackham shared that there are currently 240 active permits for public swimming pools. A majority of the pools are seasonal and open mainly May through October. There are a variety of pools that are regulated, including swimming pools, spas, interactive water features, including splash pads, water slides, and hydrotherapy pools. It is a steadily increasing program, and the health department typically sees a 13% increase a year, which is about 10 new public pools a year. The top violations seen during inspections include: the flow indicator not properly functioning, improper water temperature, problems with disinfectant levels, and not having a fully supplied first aid kit.

The proposed changes to the regulation include:

- Removal of fencing around a private residential swimming pool.
    - The requirement of a six foot fence for a public swimming pool is still in place.
    - Cities review the construction of a private residence. All cities have an ordinance in place that has a requirement for fencing around a pool, and 75% of cities require a six foot fence. Only two cities require the minimum, which is a four foot fence.
    - House Bill 29 passed during this legislative session and it adopted the 2018 International Swimming Pool and Spa Code into Title 15-A, the Construction and Fire Act.

Mr. Hatch stated that this has been in our swimming pool regulation for a while. All residential pools have been required to have a fence for safety to help prevent drowning. Now all cities have fence requirements in their ordinances and it is also covered by state code. The health department feels that the enforcement should go back to the cities because individuals have to get a permit from the city for pools to be installed.

Dr. Stewart asked if the enforcement has been on the health department. Mr. Hatch stated that early on it was, but that it is currently complaint-based enforcement. Ms. Blackham said that the health department has received three notices in the last six years. The health department has reached out to all of the cities and they can take on complaint-based enforcement.

Ms. Blackham discussed additional changes, including:

- Removal of some procedural requirements, such as how to obtain an application.
- Elimination of a licensed pool operator requirement and fee.
    - Any person who oversees a public swimming pool is still required to have a certified pool operator. The training has not changed and they must obtain a national license. The health department teaches the class and our regulation aligns with state code, so additional exams from us are no longer needed.
    - The health department still inspects the pool and gathers information on who the certified pool operator is and verifies certification, so they no longer need to register with us. The certified pool operator must be present for the inspection.

Mr. Hatch stated that early on, there was no training for pool operators, so we created our own permitting and training. Over time, national certification became the main training. We have a permitting process so that we can take action if needed. Keeping it at the national certification level helps to standardize the process. We no longer need additional training from the health department.

Mr. Wood stated that these types of action are better for the community and the health department. He encouraged more of these changes because they make the process better. It frees up time to focus on the things that matter and can make quite a bit of difference over time.

Mr. Cook asked if it is important for the health department to know who the certified pool operators are and if we have a way to know who they are. Mr. Hatch and Ms. Blackham said yes. Ms. Blackham stated that in order for them to get a permit, they have to list their certified pool operator on their application and the health department maintains an active list. The certified pool operators maintain the pools and the health department samples pools monthly and interacts with them often. We have good relationships with our pool operators.

Mr. Cook stated that there is no need for registration. Mr. Hatch shared that we are just not taking it through a formal process of having them come in and paying a fee and giving them a separate certificate. We are checking those upon inspection. Most public pools have multiple certified pool operators. We frequently talk to them and know who they are. Ms. Blackham stated that we still teach the class and see a lot of them every five years for a full course.

Mr. Zigich stated that with COVID-19 there are a number of apps where you can rent a private pool. There is an Association of Pool Owners and people make a lot of money on this. He asked how the health department would go about dealing with a complaint with a rented pool. Ms. Blackham stated that this is why we review regulations every five years and that they did a review for Davis County off the pool app and never saw more than four pools listed at a given time. Statewide, there is a committee that is discussing this and other areas have moved forward with regulation to address it. Right now, we do not have a need for a regulation change to address it, but we may have to address it in the future. Primarily with any complaint, we would call, provide education, and see if they fall under the regulation of being a public pool, which is defined in state code.

Mr. Hatch stated that we are always dealing with emerging issues. It would be treated similarly to someone having a pool in their own backyard. There are still safety concerns. Residential pools will most likely not meet the public pool standards. Other areas are experiencing it, such as Wasatch and Moab, and the state is looking at it and working on it. Davis County is not a destination or tourist area. If people are renting pools, they may need to obtain a business permit. We will continue to work on these issues.

Ms. Blackham discussed additional changes:

- Increased seasonal and annual permit fees.
    - Fees were compared to those of surrounding counties, and our annual and seasonal pool fees were low.
    - The executive committee of the Board recommended increasing the fees.
    - An annual permit will move up to $600 and a seasonal permit will move up to $400.
    - Our permitting includes sampling costs.
- Updated the regulation to match general department formatting.

Mr. Hatch stated that we do not raise fees to make money, but to stay standardized and to cover the cost of providing a service. Costs continue to go up for things such as lab sampling. We provide an amazing service to our pools. We sample and do the work. This is a minimal fee change and we are still lower than other places. The reason for the change is that the costs are starting to outweigh what we bring in. A regulated entity needs to bear some of the responsibility of paying for the service instead of the general taxpayers.

Dr. Stewart asked how many would have an annual permit but not an annual permit with sampling. Ms. Blackham stated that in our case it is combined. We do all the sampling for them, and do not separate the sampling. Some of our surrounding counties separate the samping. Mr. Hatch stated that by rule, pools are required to submit sampling. In Davis County, everyone gets sampling with their permit.

Mayor Lewis motioned to send the Pool Regulation to public hearing with the requested changes. Mr. Cook seconded. The vote was unanimous. Mayor Lewis volunteered to serve as the hearing officer.

Accreditation Report (Information)
Mr. Dave Spence gave an update on reaccreditation. The health department became accredited five years ago on November 10, 2015. The focus on accreditation was on capacity to provide the ten essential public health services. We were one of the first 100 health departments in the nation to become accredited. There are 260 accredited health departments now nationwide.

It was a lot of work to go through the accreditation process, but it made us a better health department. We created teams and staff worked together. It helped us to focus on what was most important and we were able to formalize processes and procedures. We also created some outstanding documents, including our Community Health Assessment (CHA), Community Health Improvement Plan (CHIP), and our Strategic Plan. We also increased collaborations with our citizens and other organizations.

For reaccreditation, the focus is on the use of the ten essential public health services and accountability, as well as continuous quality improvement. Only 28 health departments have become reaccredited. We submitted our application on November 2 and anticipate being done by Friday. It is thousands of pages long. PHAB will likely review it in January 2021, and we will have a four hour virtual site visit in May 2021. The final PHAB report should be sometime in the summer. We are hoping to receive reaccreditation status by November 2021.

Ms. Ann Benson asked how many districts in the state are accredited. Mr. Spence stated that there are three, Tooele, Salt Lake, and Davis, plus the state health department. Tooele is reaccredited and Salt Lake is in the process right now.

Mr. Spence recognized those who helped with the reaccreditation process. They started meeting in June 2017 to prepare for it. A lot of the same people are now involved with our COVID-19 response. We want to thank them somehow. Many people were willing to hit the ground running. Mayor Lewis stated that it is an impressive team. He wanted to point out Isa Perry and stated that she does a fabulous job with Davis4Health. He never wants to miss her meetings and always learns a lot. Mr. Spence stated that Isa has played a big role in our community collaborations. Some people have had bigger roles in the process, but everyone has done a fantastic job. Mr. Wood said to please express gratitude to the team from the Board. These processes are challenging and include a lot of details.

Commissioner Lorene Kamalu asked what was planned to thank everyone and if there was something that the Commission could do. Mr. Hatch shared that it has not been decided yet, but that it would be appropriate to do something to celebrate in the future. We are showing and maintaining capacity throughout the department. Everyone is part of continuous improvement and collaborations. We have highlighted our leaders, but all department members are making reaccreditation possible. We still have a lot of work to do, and we are continually improving and working to move public health forward. Our employees have embraced it and are doing wonderful work. Mr. Wood and Commissioner Kamalu said wonderful job.

COVID-19 Response Update (Information)
Mr. Hatch provided an update on COVID-19 in Davis County. He thanked the staff for their hard work every day. Many are working long, extra hours. They are stepping up the plate and protecting the residents. Most of the work that goes on here is unseen. These individuals are working from home protecting the public. We have a great team and are so appreciative of them.

Our response has been going on since February when we ramped up planning, and we had our first case and first death in the state in March, both in our county. It has been steady work since then. Mr. Zigich has taken on a huge load at the school district. We were able to secure county funds to transfer to the schools and hired contact tracers in schools. Our collaboration has been very effective.

- As of right now, we have just over 11,000 confirmed and probable cases in the county.
- For our seven day case average, we are on a steep incline. Earlier, the peak of the graph was in July, and now it looks small. That makes us nervous as a community because at that time, we had almost 100 cases as the highest daily case count, and now we are closer to 300 cases a day.
- Our capacity to surge has been reached. We have to continue hiring or reprioritize resources.
    - Our CARES funding runs out in December. The County has been proactive and we have funding to carry on the existing response through next year. However, the existing response is at capacity.
    - The state is bringing on 150 people, but it will not be enough. We are among a small number that have not had to utilize the state for surge.
    - We have 60 plus full time people doing investigations and contact tracing every day.
- For daily cases and percent increase by week, we had our highest peak in the outbreak last week at almost 1,500 cases, which was a 45% increase from the previous week. We are on track to have another week like last week.
- For confirmed cases by age group and hospitalizations, the 25-44 age group have had the most cases. When we compare by rate per 100,000, our highest rate is among the 15-24 age group. That is where policies are being driven to help us slow the spread.
    - Not long ago, our 25-64 age groups, our workforce, had our highest rates.
    - When school started back up, our rate in the 15-24 age group skyrocketed. When cases increased in the 15-24 age group, they also went up in all the other age groups, which is concerning. That age group is spreading it at a higher rate than the other age groups.
- There were 35 individuals who were hospitalized as of yesterday.

Mr. Wood stated that Lakeview Hospital has four COVID-19 cases right now. They also have patients under investigation that may have COVID-19 that they monitor. They take all the same precautions, such as wearing paupers when interacting with them, but usually those patients do not have COVID-19 and

do not need a high level of care. It takes a lot of extra time and money to address this. The ICU at Lakeview Hospital only has eight beds and it is full. They are constantly trying to figure out how to make room so that there are some beds available for the ER. If possible, they try to move patients to regular beds. Neighboring hospitals in Logan and Salt Lake have also called them to take patients because their ICU beds have been full.

Mr. Wood asked Mr. Hatch if the 35 patients were residents of Davis County that were hospitalized somewhere, not necessarily only in Davis County. Mr. Hatch said that was correct. Mr. Wood said that Davis Hospital is also full. He stated that Layton Hospital sends patients to IMC and the University of Utah Hospital transfers all patients to one hospital and they are on their third ICU. Every hospital system has a different strategy for handling this, but the system is definitely stressed.

Mr. Hatch said it is hard for the public to understand the complexity of the situation for the hospitals because the numbers seem small, but staffing is the problem and finding specialized teams to provide that care can be difficult. We have not gotten to flu season yet, which is what the system has been built for, and now we have COVID-19 on top of it. COVID-19 is exacerbating other conditions too because people are not seeking care as quickly and we are seeing other conditions that are rising too.

- Overall the hospitalization rate is misleading. It is dropping because more people are getting tested, so the rate changes.
    - As cases rise, hospitalizations increase. They lag behind cases reported.
    - Last week, we had our highest week ever for hospitations, and it was double where we were in July; our hospitalizations are going up.
- Utah is doing really well with our mortality rate.
    - We have a fabulous healthcare system and are a healthier state. We are seeing success.
    - If the healthcare system is stressed and cannot provide the same level of care, then we could see mortality rates increase. We do not want to see this.
    - We are still asking the public to take preventative measures, such as wearing masks, distancing, and avoiding gathering.
    - Deaths are becoming constant over time and we are averaging five deaths a week.

Mr. Hatch stated that we are seeing more and more of the community that knows someone who has had COVID-19. People believe it now because it has impacted them. Hopefully we do not have to get to the point where people have to have that experience before they change behavior.

- For exposures, 65% of cases are getting it from a known contact.
    - This rate is dropping a little, it used to be 70%.
    - People are getting it from the workplace, but the majority is getting it through household spread. Policies are driven by this data. This is why the governor requested that we not be with other households for two weeks.
    - For workplace exposures, we have almost had 1,400 cases. Workplaces have put into place good preventative measures and we are optimistic and impressed by businesses in Davis County. They are doing the best that they can.

Mr. Wood shared that at Lakeview Hospital, they have not had a single patient to staff transmission. They have been working on this response for nine months and are in those rooms everyday. Not

everyone gets to wear a pauper. Most are wearing gloves and masks. If they are wearing their masks, they are staying healthy. Staff have had COVID-19, but they got it from family, not at work. They are wearing masks not just in the rooms, but at the nurses stations too. It is tough to wear a mask for a long time, but it is working. Mr. Cook asked if there is a difference in the quality of masks and how to know if what you are wearing is effective. Mr. Wood said yes and that most of the public are wearing level one masks. When staff are providing care to patients who have COVID-19, they wear a pauper, which is level three. They are definitely running out of PPE and are unable to get disposable shields, aprons, shoe coverings, and bonnets because they cannot get the materials to make them.

Mr. Cook asked if level one masks were okay for the general public. Mr. Wood stated that if you are wearing a level one around the general public that you are probably okay. Mr. Hatch stated that cloth masks do the same thing as a level one mask, which is a surgical mask. Mr. Hatch stated that the governor is getting ridiculed, but this is being driven by data. We are keeping things data informed. The direction we are heading is about individual responsibility in the household and between households. We have coupled masks with personal hygiene,distancing, and limited gatherings, in an effort to slow the spread. We hope the public sees how it all comes together and that success comes collectively. Mr. Cook stated that it is hard to not hug your grandkids. Mr. Hatch agreed that it is hard to lose that aspect of connection for a while. Mr. Wood stated that we can adjust how we greet each other. There may be a place for hugs, such as doing a side hug instead.

- We have done 116,000 plus tests, and that goes up every day.
    - We perform over 1,000 tests a day.
- Our seven day percent positivity rate has increased as transmission increased in the community.
    - We maintained the same positivity rate through September.
    - At the beginning of September, we saw a big change in the community. A lot of things happened at the same time; there was a movement to get closer to normal. We can see the effects as we have been less protective in our behaviors and we need to increase preventative measures.
- There has been a dramatic increase in positivity rate over the last month. We had an 18% positivity rate as of yesterday.
    - We have a cumulative rate of 9%, which is going up.
    - The state is a little bit higher than us. Our county is still doing a lot of good things. We are about 10% of the state's population.
- When we look at the risk status of those who have been hospitalized, we see that those who were high risk were more likely to be hospitalized. However, the number of those that were not high risk who have been hospitalized has been increasing. We are still learning about this. As it grows in our community, we are seeing others hospitalized.

Mr. Wood stated that those who are high risk are still the majority of who they are seeing at the hospital, but it is still a bit of a random draw. Two thirds of patients do not go to ICU for COVID-19. We are getting better at treatment and mortality rates are going down.

- For community spread, early on, we saw sporadic community spread in our cities. Now everyone is experiencing it at a high level. It is everywhere in our county and not just in hotspots.
- For our 14 day case average, we had some stability in mid-August and September, but have had dramatic increases over the last month and a half.

Mr. Hatch stated that the data supports the policies being put in place. Moving forward, we are preparing for mass vaccination. We are hearing a lot of positive things coming out of vaccination efforts. Pfizer announced a 90% effectiveness of the vaccine in their preliminary reports. The issue is the timing. Nothing has been approved. Some are on a fast track.

We are hearing that potentially by the end of the year, we will see vaccine going to the healthcare system. We will get the frontline workers first, then long-term care residents, and then move outward. It may not be open to the public as a whole for a while, likely late April or May. Before that time, we will keep hitting priority populations, such as essential workers and those at highest risk. Priorities and timing are still being determined and will be dependent on the supply of vaccine. We are preparing multiple ways to get it out to people.

For the short term, we will probably be filling gaps in the system and may have a more mobile response to long-term care. Federal level contracts are going out to some pharmacy chains, such as CVS and Walgreens. It is very complex. We may need to help vaccinate long-term care staff. We will then help with the larger response to vaccinate priority populations. We have discussed a drive through clinic or a walk-in clinic. We are in the beginning stages of recruiting for clinics. We experienced H1N1 and learned a lot and have good plans in place. What we do not know about is the vaccine. It is very methodical, and we do not know how much and when we will get it.

Increased testing is another push right now, especially for asymptomatic testing. The state met with members of the federal response and they committed more rapid tests. We already have some rapid tests and have shared some with our schools, the jail, and our behavioral system. The push is to target the populations that are spreading it, so our higher education system and high school testing.

Mr. Cook asked if we would inoculate the younger age groups first because they are spreading it. Mr. Hatch stated that that is one train of thought. Right now, the argument is that getting it to the person that will have the highest risk of severity, that could overwhelm healthcare, would be a better place to start. Our healthy population will not experience severe reactions usually and many are asymptomatic. We are trying to weigh it out. The federal government is putting a lot of restrictions and policymaking on how to distribute it. Priorities are being set at different levels and we have to follow them. Mr. Hatch stated that right now, all extracurricular activities are suspended for schools. The plan is to get them back for winter sports through a test to play model where we will test weekly.

Director's Report (Information)

Mr. Hatch mentioned that the legislative session is coming up and that public health is under the microscope, as well as the governor's emergency powers. It is a little concerning because we are seeing proposed bills being introduced to change how we operate. We are hoping it only affects how we operate in a pandemic, but may cross-cut and go further and may affect the Board's authority to create public health regulations. We are watching it closely and working with many groups. We need to protect public health. One of the big concerns is health officers. The governor is elected, but health officers and the Board of Health are not elected. They want to make some connections back to elected officials. Health officers do not represent the community. If we issue an order, what is the recourse. We do not know the answer, but it may be to take it back to court. Davis County has modeled the process. Our county orders have all been countersigned by the Commission, our elected officials. We can put something into effect in an emergency and then it has to be ratified by elected officials.

We are doing well. Our staff are tired but are standing tall. The employees here are fabulous. The residents need to know that. We need to do a better job at letting the community know how well they are doing to protect them. They are doing the right thing for the right reasons.

Budget Report (Information)
Mr. Hatch shared that things are fine with the budget and we should end in the black. County CARES funding and federal funding have helped with the response. We are a little low on some of our services, such as home visitations and immunizations, but our response funds have helped to balance that out.

UALBH (Information)
Ms. Benson shared that the symposium has been canceled. The executive officers will continue to serve another year. As a mental health worker, she is concerned with mental health decreases. She stated that we have all struggled with COVID-15, gaining 15 pounds this year.

Ms. Benson asked how to best respond to people who think that everyone has been exposed because many are asymptomatic. Mr. Hatch stated that there are studies underway to describe that. The HERO Project looked at a few census tracts in the county and found that for every one case that we are finding, there have been three others. They are doing this study again, and the numbers are not changing. We may have been exposed, but hopefully because of preventative behaviors, the exposure may not have been to the level of showing symptoms. People have stayed out of community gatherings and may not have been exposed. Some people are getting exposed daily. It can be a difficult question to answer.

Chair's Report (Information)
Mr. Wood stated that he would like to find a way to bolster staff for the next two months, same as healthcare workers. This is the pandemic and people are not remembering the workers anymore. Everyone is exhausted and it would be good to think about a two month plan to address it.

Some people are rushing to get to a triage committee and crisis standards of care. We are not there and we do not need to rush to get there. There are some things that we will put into place in our system, such as moving to a three to one ratio instead of a two to one ratio in the ICU. We may adjust and do other things before we get to a crisis standard of care. New York never got to a crisis standard of care. Let us share and push to other hospitals. Thank you for your efforts.

Commissioner's Report (Information)
Commissioner Kamalu wanted to know what it is like right now in the hospital system. She thanked Mr. Wood and the rest of the Board for their support and the information. She thanked Mr. Hatch and his team. We have led the way and have had complete alignment with elected officials and health officers. We are ready and looking forward to having the vaccine. The Emergency Operation Committee meetings are held every other week, please reach out if needed. She said that they are proud of the way that we have set ourselves up for the long-haul. Mr. Wood thanked Commissioner Kamalu for her support.

Adjournment
The meeting was adjourned at 9:12 a.m.

NEXT MEETING: **February 9, 2021**
7:30 a.m