

## Community Forum Questions

- 1. Dr. Rehwaldt we have received several questions about the corona virus and its danger to the public. Some are very concerned about contacting the virus and this risk of mortality. Could you talk about the virus in general based on the most current information you have.**

*Seems as though many citizens Believe they are in mortal danger from contacting corona virus. What are the statistics for recovery if you contract the virus and what percentage of deaths have been in the elderly population with preexisting medical conditions?*

Most people have recognized from the beginning that on an individual level, the risk is low, if you are young and healthy. It's not the risk to the individual, but the risk to the community as a whole. This is the first time ever the virus has been infecting people, so everyone is susceptible. Get away from the notion that this is the flu and that it can be compared to the flu, there is no comparison. It is similar to flu in how it transmits, but that is where the comparison ends. The universal susceptibility is what is dangerous, because everyone can become ill at almost the same time. The measures put in place are what were done to slow down the transmission of the virus. The older population and those with chronic medical conditions are the ones that will have the worst outcome from the virus, especially if you already have health conditions such as heart problems, lung issues, etc. The transmitting back and forth is what the danger is, as too many people become ill all at once, therefore, there is a need to have measures in place. A lot of people would die and that is why there is a nationwide effort to keep that from happening. The medical system needs to keep functioning; therefore the virus needs to be slowed down.

- 2. As a follow up, Dr. Rehwaldt could you address the belief that the virus hasn't been as deadly as the early models predicted, and what your thoughts are on how that affects us here in Del Norte County?**

*Considering that the Corona virus isn't nearly as deadly as models predicted and the fact that DNC has had very few cases will the BOS and health officials begin preparing and adopting standards for businesses to reopen? Independent of the Governor's unrealistic timeline.*

The measures put in place work, as they shut the virus down beyond expectations. It worked even better here in Del Norte than in larger counties because our county is isolated and spread out, the work environment is different, and on the average, that insulates us a bit from a lot of transmission of virus. It works to our advantage and works in our favor in the long run.

- 3. Dr. Rehwaldt we have also received some questions about masks, could you share with us your thoughts on the different kinds of masks, and where and when we should be wearing them. Do you see any dangers to wearing the masks? Breathing in CO2?**

*There are people around town not wearing masks, is this why we are getting more cases?*

*There are rumors that the current positive case has not been self-isolating and has been seen on job sites – is this true? How is self-isolation either enforced or monitored?*

*Can masks provide any real protection given micron size of virus particles? Is it true, in your opinion, that a mask can lower immune system by increasing amount of CO2 breathed in? How much longer is this going to go on?*

There are a couple of reasons why masks are important – 1. If you cough or sneeze, the mask will catch the majority of the cough or sneeze—it's another layer of protection. Coughs and sneezes are a key point in transmitting a respiratory virus. A mask works for most people most of the time but not 100% all of the time, especially if it's a loose-fitting mask, but if it catches the majority of sneezes and coughs, it's better than nothing at all. People are often asymptomatic and still spreading the virus with their breath, so the

mask cuts that down as well. 2. It doesn't matter what type of mask it is, some cloth masks work well, others work better. There is a lot of information on the internet on the masks. The cloth masks don't work as well as a medical grade mask, but something is better than nothing. An N95 cuts almost all transmission in and out. 3. It's a visual reminder that reminds people to step back and preserve the space around each person. Social distancing is working, and people are taking it seriously. If you cut down that range, the virus won't reach you. If you are breathing normally and using a mask, social distancing protects everyone. I encourage people to use it, and it will likely be a mandatory law in some circumstances. Regarding nylon to improve a mask; if you have mesh fabric around the mask it gives a better seal, improving the efficiency of the mask. Regarding CO2; for most people it is negligible; however for those who have lung diseases, it could be an issue for mask use. For the average person though, it's probably nothing to worry about.

**4. Dr. Rehwaldt we received some questions about the cases we have had here in Del Norte County, could you give us an update on those cases; also, there has been questions asked about what "self-isolation" means, and how it is monitored or enforced.**

*For the individual who has tested positive, will their self-isolation be enforced?*

*Is the person a resident of Del Norte County, or someone who visited and is recovering here?*

The main way we monitor is by phone contact, not in person, as well as follow up phone calls to see what's happening with the patient and to ensure the provider is being kept aware. During those check-ins, we answer questions and send handouts to the affected person. For isolation, for example, if you have the virus and live in a three-bedroom home, there should be one room that becomes your world for as long as you need to recover. Those folks need to lock themselves in and keep to themselves with no contact. Wipe down all common surfaces especially if there is someone at risk in the household. A lot of household contacts don't have symptoms and don't contract the virus, if people are careful. Isolate yourself to prevent others from getting infected.

Additionally, all of our cases have been residents of Del Norte County. The last case information came from outside the county, but the person is a resident of our county.

**5. Mitch Hanna, CEO of Sutter Coast Hospital is joining us, Mr. Hanna we have received questions about testing, and specifically the testing of hospital employees. Could you tell us what the current protocols are at the hospital?**

*Regarding testing in town, why can't we do testing on the hospital employees? It seems to be the general consensus oh, that if we do testing on a group that is potentially exposed to the virus, then we would get results of who has been exposed and who has the antibodies. Seems to me that it would be a definite controlled study that would be traceable and trackable. with the variety of areas that they work, from non patient contact to Patient contact, it would open up a lot of information of the Transmission and life virus.*

Our staff members do a temperature check, they are masked and are asked to answer six or seven symptomatic questions. If they answer some questions that will lead to a test, they will be tested, but not tested simply because they are hospital staff. There are limited supply of reagent supplies and testing. We are testing as needed.

**6. As a follow up could you share with us about testing in general at the hospital and how that is coordinated with the Public Health Department and local medical providers.**

*If someone is local, but is tested in Humboldt, is the case counted as a positive or negative here or in Humboldt?*

Dr. Rehwaldt – regarding DNSO logs, when a first responder is on a call, they want to know if they need to put on all PPE – there are different ways to do this; one is to have a list with those who are known to have the disease. I don't have much confidence in that method because it needs to be kept up to date, and needs to be current when you need it the most. What we have come up with in this county is to have dispatch ask a series of COVID symptom questions such as do you have symptoms, anyone in your home have symptoms? If they screen negative, the heat is taken off the first responders, gives them more freedom to go about the call. It's the best tool and it keeps the first responders safer on the job.

As far as testing goes – one is PCR test – it amplifies genetic material from the virus, amplifies it a million-fold. It is usually done from deep within the nose. The other tests are antibody tests; these are blood tests looking for markers in the blood that you've already had the virus. We have testing capability through the hospital which has access to a shared Sutter Health lab in Sacramento, with results that come back in about a day or two. Tests are sometimes sent to Humboldt Public Health lab with results also coming back in a couple of days. Other tests are sent to commercial labs such as Qwest and Labcorp. There is a testing site set up by CDPH in Humboldt County they are capable of running over 100 tests a day by appointment, people can get a prescription from your doctor and make an appointment with Humboldt Public Health to go get tested. The test is a commercial processed test so the turnaround time is unknown. It's a huge asset though, as it increases our capacity to do PCR testing. That will be available either this week or next week for Del Norte County. I have signed a blanket order to Humboldt Public Health to allow for authorization for someone from Del Norte without a prescription to get a test done in Humboldt.

Serology testing doesn't help with diagnosis because by the time you make antibodies you are well into the course of the virus or over it already. Some of the tests are very unreliable. We got word this weekend that Redwood Medical Urgent Care out of Eureka will be offering a test, available now, for serology. The test will be looking for antibodies. We know the company they are using and it is one of the better ones. Getting this test done might help an employee get back to work, as they can tell their employer, the cold I had a few weeks ago was really COVID 19. This testing is useful for the public health industry because it tells us how much of the virus has already been out there. Figuring out who has immunity helps with knowing about the built-in protection. We don't know if it protects them for life, or for ever getting an infection again, but we are pretty certain it will help in fighting off a repeat infection faster. If you get it next year, it could be much like a cold, and it's what we are hoping for with "herd immunity."

**7. Staying with the theme of testing, Dr. Rehwaldt do we have any idea when we will have access to antibody testing? Is there anything we can do to get those tests sooner for the general public?**

*Any idea when we will get the antibody testing?*

*How soon can we expect antibody screening to be available to public? Who is responsible for acquiring those and/or coronavirus tests? City, county, public health, etc. Are we just relying on the state or federal government to give us what they can when they can?*

Can't say today, would love to have the ability now, but knowing what I know about the testing and their capabilities it's difficult to do sampling now. If your disease activity in the community is low, it's difficult to interpret the results. There is a task force at CDPH to determine what test brands we should use, and they should have some advice within the month. However, no matter how many people have been infected and recovered right now, we won't be anywhere close to 70% immune by summer.

**8. Gerry Hemmingsen Chair of the Board of Supervisors is with us, Chair the public has seen that the County is now partnering with a non-profit to provide showers to the homeless, could you get us an update on what the County has done to address the needs of the homeless during this crisis? And is there funding being made available to help for the long-term?**

*What is the plan for vulnerable population of homeless? Is there funding for getting them in better living*

situation to keep from being exposed along with the elements of the weather? The county has made funding available for showers in the local motels. Is there funding that could be used for retaining motels which will also help our local motels financially?

Chair Hemmingsen: Del Norte Mission Possible and Seven Angels Last Stop Services with funding from Wild Rivers Foundation are providing showers at a local hotel for our unhoused community. The Del Norte County Health and Human Services are also available for services to assist those in need. Additionally, the DNHHS, with OES and Del Norte Public Health, as a precursor to the implementation of Project Room Key, has solicited local hotels to see if there was an interest to shelter the unhoused population during this local emergency.

**9. We have received a question regarding transients, and RV's with out of state plates parked on our streets. (Mayor will address this)**

*I have observed many transients congregating in groups and Wandering our community and seen RVs with out of state plates parked on our streets for weeks at a time. Why have you closed hotels if people are still allowed to enter our community unchecked?*

Mayor Inscore: We have put parking ordinances in place, DNCo has done the same thing, we are doing the best we can to enforce them. We have not closed our borders. If someone leaves the vehicle in place for an extended period of time, they are being notified of what is in the municipal code. We can't tell someone with out of state plates that they are not allowed to be here. We are enforcing the municipal codes the same as we were before the pandemic. Chair Hemmingsen: with the travel restrictions to only essential travel and no places to stay, it's pretty difficult to control that activity. The Sheriff or Chief of Police will be the enforcers of those laws.

**10. Dr. Rehwaldt one of the biggest questions on everyone's mind is when do business get to re-open. Let's begin with short-term rentals, hotels, motels, vacation rentals. What are your thoughts about when those will re-open, and do you see specific protocols that will have to be put in place by the businesses when they do re-open?**

*I run an airbnb and my listings are for multiple private rooms within a house. This set-up doesn't allow for social distancing. I am currently closed for business but trying to reorganize my business in order to prepare for the future reopening. Do you have any tips for someone that relies on short-term-rentals for their income in this manner? How should/can we prepare? Will private room rentals be allowed again in the nearfuture?*

*Del Norte County and State-wide Stay-at-Home orders are in effect. Motels and vacation rentals are considered nonessential businesses, so why do we daily see cars at vacation rentals from Gasquet to Crescent City? The vacation rentals are being utilized for less than the required 30-day stay*

*Considering stay home order, will there be any action taken by the officials to limit the movement of those deciding not to stay home and come to our area from out of state and/or out of town for non-essential stay?*

*The Governor released his multi-phase plan to reopen California. Where would short-term-rentals fall in the phases of reopening?*

In general, for health departments and health officers with regard to reopening, we have been focusing on risk. There are definitely kinds of situations that people find themselves in that make the risk of getting a virus higher; a lot of people in a closed space spending a lot of time together and also a small amount of people in a closed space face to face for a long time.

Examples of this last category are persons such as a hairdresser, barber, tattoo artist; this kind of close up encounter has a higher chance of infection. If you are up close with someone and spend more than 10 minutes with that person you are running a higher risk of getting or giving the virus if either of you have it. This is how we stratify certain businesses. Churches included; they are an example of the first high risk type – sitting shoulder to shoulder, everyone sharing the space for a long time, this is an example of somewhere people will spend a good amount of time up close, which makes for high risk.

A furniture store is an example of a low risk business-only one or two customers at a time, usually spread out in a big space. Another example is a construction crew as they tend to be scattered away from one another. For the strategy for reopening, we can't afford to front load all of the high-risk business environments. Opening those up has to be spread out. Otherwise, we would create a higher likelihood of virus transmission and that will create a lot of infections all at once. We want to start with low risk and mix in medium and high risk businesses and then go from there.

Vacation rentals with rooms for rent that are on their own end of a building, or are a whole house, these are sequestered, isolated by themselves; these are low risk. Those staying there are probably family members or traveling together and have already exposed each other and the risk of exposure to those around them is low. In general the hotels are low risk. The problem with reactivating rentals is two-fold, it brings in tourism, but it may bring more people with the coronavirus. I don't have a big fear over bringing in more cases here, if we are careful here about our personal behaviors and if we demand that other people visiting be careful about their personal behavior and social distancing. We need to impart that those are the rules for coming here. Doing this can make the risk of travelers bringing virus into the county more manageable. For these rentals the question will be, can a professional cleaner come in, can you leave them vacant for awhile so the virus can die down? We are trying to craft some documents that will help with that and there is a task force in the community working on this as we speak. I don't have a timetable yet, we just can't bunch together all high-risk businesses to open all at once, and some will have to wait. It will involve a lot of people and will be a challenge.

**11. Dr. Rehwaldt could you also address how RV Parks and campgrounds fit into this plan; should we expect them to be open this summer?**

*Will campgrounds be reopened by summer?*

Yes at some point in the summer they will. I am less concerned about the RV parks as by nature they are socially distanced. Most of the campgrounds and parks are pretty much spaced out. If you are in an RV you are isolating yourself and if you follow the rules being asked of you and as well as everyone else we are preventing the virus from jumping from person to person.

**12. Dr. Rehwaldt lets talk about other businesses; what will determine when a business can re-open? We received questions about retail businesses, hair salons, tattoo shops, chiropractors, massage, acupuncture. What guidance can you give us about what to expect regarding these other similar businesses that haven't been designated as "essential"?**

*(Barbershops/hair salons/Chiropractors/tattoo shops/massage/acupuncture/nail salons) What are your specific guidelines for our businesses? If we follow your recommendations/guidance can we be assured of your support in dealing with potential lawsuits? How can you help me from closing my business?*

*What protocols should employers use when an employee has been exposed to the virus? Should other employees be sent home as well, for how long, and what is the process to return to work?*

We will have some guidance to help people plan, and reopening will likely be sometime within the next couple of months. Whenever we start opening things there is a waiting period that we absolutely have to follow. Whatever change you make today the full effect won't be felt for a month. It's hard to envision start everything all at once and not to get ourselves in trouble.

ng

- 13. Dr. Rehwaldt we received questions from DNACA about public events they have rescheduled. What are your thoughts about when mass gathering can resume? Many groups including churches are asking the same question. DNACA specifically inquired whether if an event is housed at a venue such as Crescent Elk auditorium, and if six foot social distancing could be employed, would that be sufficient provision for the gathering to be held?**

*From DNACA: would like to know if public events that can accommodate social distancing will be allowed in the near future. We had rescheduled our April concert to June 5<sup>th</sup>. Is there any way we can still hold that concert or should it be cancelled or postponed further? We envision having the concert at Crescent Elk and limiting the ticket sales to what can be handled while maintaining social distancing. We would appreciate any guidance Dr Rehwaldt and others can give us.*

*Also from DNACA: My question involves advance planning for group events. Specifically, I am on the Board of Directors for DNACA and we would love some guidance about the future of our concert program. We are planning a concert series to be held in the Crescent Elk theater starting in October 2020 and running until May of 2021. Should we continue with our plans? Are there any restrictions expected in that time frame? How do we as an arts organization prepare and plan with this virus creating chaos at every turn?*

This is a high-risk environment, keeping a distance between attendees is mandatory, and I cannot see this happening anytime soon. Concertgoers will need to have face coverings. There will be a limit to how many people can attend and participate thus creating a financial hardship, more than likely resulting in higher ticket prices. Same thing for churches, I'm telling people to prepare to space out their pews unless they are family, and wear masks. Singing can't be done as it transmits the virus more. These things are doable as long as people take it seriously. This is going to be a lot of hard work, but it's to prevent people from dying needlessly. We need to protect the elderly and those with chronic illness; those are the ones who will be affected if we don't get this right.

- 14. Chair Hemmingsen, questions have been posed about whether the City and County would move forward with opening our community independent of the Governor's timeline. I'll let you weigh in on that first.**

*Considering the economic devastation of our community will City and County official begin reopening our community? Independent of the Governor's timeline . Will our leaders stand up for our community?*

Chair Hemmingsen: We have been continually advocating to open as long as it's well planned and a safe opening. We have been looking at doing things like that, to have County offices open to some degree, however, it's very difficult when we are an arm of the state and have obligations to follow the law. There are consequences, the state holds the purse strings, if we go out and decide we are going to make our own rules. The businesses that open up against the rules can put their business in jeopardy if they do so. We have been working hard to get a plan to open up slowly working alongside Dr. Rehwaldt. Some businesses to reopen are relatively easy and some are difficult. When you have close human contact, such as touching someone or being so close where each could potentially spread to each other, it's a difficult decision to open those places up too soon. There are other counties like us, such as Modoc, have opened up and haven't had any COVID positive cases come up. Regarding the beach closure the Governor suggested, the County pushed back hard on that. He ended up deciding to only close the beaches in

Orange County. In Del Norte County, our beaches are long and we have a few people on them and it is easy to social distance. We don't have the crowds on our beaches such as southern California. We had a request to close Walker Road, we closed Walker Road to be good neighbors. There wasn't much activity, but locals responded by saying we want to go out there to recreate with our family, so we reopened. That wasn't unsafe and not across the boundaries. We want our community to go out and enjoy as much as they can. Mayor Inscore agrees that a one size fits all is not a good fit for our area, we need to continue to follow the input from Dr. Rehwaldt, and if we are going to advocate at a state level it needs to be consistent with what the public health officer is saying.

**15. CEO Hanna we have heard that there is a possibility we will have a “surge” later on this year. Could you tell us what the hospital is doing in preparation for that potential surge?**

**And then Dr. Rehwaldt could you address the issue of a surge later in the year and what your plans are and how that might impact our community?**

*What is the Public Health Officer's proposed need for Surge Plan?*

*What is the Hospital's Surge Plan for Del Norte County? Is the State prepared to help accommodate the needs beyond our capability?*

*Health experts are warning that the coronavirus will experience a winter resurgence. How is the health department planning to deal with a second wave of cases? Does it include strategies to avoid the extreme measures we were forced to take during this first wave?*

*Why is an upcoming surge of cases being predicted locally? Is there supporting data? Or predictive models?*

CEO Mitch Hanna: System wide we had ramped up a month ago for supplies and equipment. We have been blessed with cooperation with the County, preparation has not been single-handedly done by Sutter Coast. There is a plan in place if we see a surge, we have general and acute beds we can convert to critical beds and equipment to support those needs, is confident if a surge happens, we will be able to meet the needs.

Dr. Rehwaldt: the pending surge depends on how we reopen. If we do too much too fast, we are more likely to see a surge. The models can be up or down based on how the data is put in. We should prepare to see a surge even as a small outbreak. A small outbreak will be different than in LA. We will most likely see a bunch of small surges or outbreaks. DNPH has really supported the hospital; we have a system in place to house people that need to recover from the virus but cannot go home. We have the supplies needed to help with their convalescence.

**16. Dr. Rehwaldt we have seen on the news that nursing homes have had some of the largest percentages of cases and fatalities. Could you talk briefly about what precautions have been taken for our care facilities here.**

*Have we begun precautions to protect local nursing home residents? If so, what?*

We have been talking with Crescent City Skilled Nursing and Addie Meedom almost from the beginning, it's hard to contain it in a nursing home, but ours are as prepared as they can be. If we had suspicion that there is going to be a surge there, we think we will have a handle on it.

**17. Dr. Rehwaldt, one final question regarding the mental health of our community. People are concerned that the stress and anxiety of all things related to COVID-19 will have a negative impact possibly even PTSD like symptoms. Could you address these concerns and also share what resources may be available to people in our community.**

*Is the health department prepared to treat people dealing with PTSD from all the anxiety and stress related to the COVID-19 shutdown? What services are available for those who are suffering from the mental health effects stemming from the pandemic, like the increased social isolation or stresses coming from economic hardship?*

We are doing telehealth for these issues, people need to be mindful that if they need help, they need to reach out to Health and Social Services, County Mental Health, and clinics such as Sutter and Open Door as they all have the capacity to help with mental health issues. A lot of mental health providers are still available, but are counseling online. Most people have been handling this pretty well, we've been blessed with little disease activity. It's reassuring that we have some protection in place, we are going to need some of those protections, and we need to prepare people who may need help dealing with the crisis.

Mayor Inscore asked the community members who were present if they had any questions:

Cindy Vosburg: the Governor said that he will allow some retail this Friday, how will that affect us here in Del Norte County. *Dr. Rehwaldt – his announcement is confusing; it says some will open on Friday but we have no details and then that the County Board of Supervisors will have to sign off on “attestation,” but we have not seen anything. We will need more details to know what the requirements are. Will be very busy this week digesting what the Governor’s guidelines entail. Don’t expect too much to change Friday. We believe that some retail shops may be able to do curb side delivery, but not 100% sure. It left a lot of people confused.*

Tony Barnes: the homeless don't practice cleanliness and social distancing, why isn't this running rampant in the homeless community? *Dr. Rehwaldt: There are a couple of reasons, and our cases so far probably represent small clusters and it may just not have reached the homeless yet. I expect it will hit the homeless community soon. Around the country where the virus hits homeless people, it is in the shelters where there are a lot of people in one place. Here they have the ability to spread out. Without good hand sanitizing and masks, it's harder for homeless people, but in our county we are at an advantage because of the physical space. We should expect this to change.*

Pamela Jensen: what is the determination of what quarantine really means for those staying in the RV park for 30 days or longer? We have some residents in quarantine, but they are going out without masks, what is the interpretation of quarantine? *Dr. Rehwaldt: The rules about parks doesn't apply to them for stays 30 days or longer, if they become symptomatic, they should quarantine themselves. If they are a long-term resident, from our perspective they are no higher risk from anyone else. It's the hotels and motels that will bring short termstays with lots more travelers who are more likely to bring the virus to us.*

Michele Adams: why was the choice made to not test in the first 30 days under 65. *Dr. Rehwaldt: In the early stages of this, we didn't have the testing to meet the need. The guidance came from the CDC and the California Department of Public Health, it was really driven by our testing capability. We didn't have enough. We advised local providers that if someone doesn't feel well, just to stay home because we didn't have the supplies. We had to reserve the tests for the very sick.*

Kevin Moerke: as a local childcare provider by not having masks, how are we not exposing everyone by operating? *Dr. Rehwaldt: It's almost impossible to imagine no exposure at a daycare. I don't foresee putting masks on all of the kids; for yourself, it's a good idea so you don't get infected or infect the children you care for.*

Erin Smith: will the DMV open soon? *Dr. Rehwaldt: not in his realm of expertise, does not have the answer for that question.*

Michele Adams: we should be testing more; *Dr. Rehwaldt: I agree, but the problem is that we haven't had the capacity to do it and we still don't. We are only 2 – 3 months into the pandemic and the resources are being consumed as soon as they can make them, as this is a worldwide pandemic. We would love for anyone who thinks they have it to get tested, however, resources are scarce and we aren't quite there yet.*

RP