

# **RICHLAND COUNTY**

## **CORONAVIRUS AD HOC COMMITTEE MEETING**



**Wednesday, JUNE 09, 2021**

**4:00 PM**

**ZOOM MEETING**

**The Honorable Gretchen Barron, Chair**

**County Council District 7**

**The Honorable Yvonne McBride**

**County Council District 3**

**The Honorable Paul Livingston**

**County Council District 4**

**The Honorable Joe Walker**

**County Council District 6**

**The Honorable Chakisse Newton**

**County Council District 11**

# RICHLAND COUNTY COUNCIL 2021



Bill Malinowski  
District 1  
2018-2022



Derrek Pugh  
District 2  
2020-2024



Yvonne McBride  
District 3  
2020-2024



Paul Livingston  
District 4  
2018-2022



Allison Terracio  
District 5  
2018-2022



Joe Walker III  
District 6  
2018-2022



Gretchen Barron  
District 7  
2020-2024



Overture Walker  
District 8  
2020-2024



Jessica Mackey  
District 9  
2020-2024



Cheryl English  
District 10  
2020-2024



Chakisse Newton  
District 11  
2018-2022





Coronavirus Ad Hoc Committee Meeting

June 09, 2021 - 4:00 PM

Zoom Meeting

1. **CALL TO ORDER**

The Honorable Gretchen Barron

2. **APPROVAL OF MINUTES**

- a. May 24, 2021 [UNDER SEPARATE COVER]

3. **APPROVAL OF AGENDA**

The Honorable Gretchen Barron

4. **ITEMS FOR ACTION**

- a. Essential Workers Pay
- b. Reopening Plan [PAGES 6-30]
  - a. In-Person Council Meetings [PAGE 31]
- c. Program Updates
  - a. Relief Fund
  - b. ERAP [PAGES 32-34]
  - c. FEMA

5. **ADJOURN**



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**TABLE OF CONTENTS**

**SECTION I: EMPLOYEE + PARTNER COMMUNICATIONS ..... 2**  
**:: See accompanying document :: ..... 2**  
**SECTION II: FACILITY UPFITS..... 3**  
*BACKGROUND ..... 3*  
*SAFETY MEASURES FOR SERVICE COUNTERS ..... 3*  
*SAFETY MEASURES FOR SHARED WORK SPACES..... 4*  
*WORK VEHICLES ..... 5*  
*OTHER UPFITS AS NECESSARY ..... 5*  
**SECTION III: PHASE-IN OF WORKFORCE + PUBLIC ..... 6**  
*PHASE I – Preopening ..... 6*  
*PHASE II – Silent Reopening..... 7*  
*PHASE III – Soft Public Reopening..... 8*  
*PHASE IV – Limited Public Reopening..... 9*  
*PHASE V – Full Public Reopening ..... 10*  
**SECTION IV: TESTING + SCREENING..... 11**  
*EXECUTIVE SUMMARY ..... 11*  
*AUTHORIZATION ..... 11*  
*INTRODUCTION ..... 11*  
*PURPOSE ..... 11*  
**SECTION V: INGRESS + EGRESS PROTOCOL + PROTECTIVE MEASURES ..... 15**  
**SECTION VI: EMPLOYEE WELLNESS ..... 17**  
*PRE-RETURN POLICY & PROCEDURE ..... 17*  
*PRE-RETURN TESTING AND/OR SCREENING ..... 17*  
*IDENTIFYING HIGH-RISK PERSONNEL ..... 18*  
*HIGH-RISK PERSONNEL POLICY & PROCEDURE ..... 18*  
*MENTAL WELLNESS..... 20*  
*EAP BENEFITS AND/OR OTHER MENTAL WELLNESS PROGRAMS ..... 20*  
**SECTION VII: EXPOSURE MITIGATION + RISK MANAGEMENT ..... 21**  
*BACKGROUND ..... 21*  
*RECOMMENDATIONS..... 24*  
**SECTION VIII: PLAN FUNDING ..... 25**  
- - ..... 25



**SECTION I: EMPLOYEE + PARTNER COMMUNICATIONS**

:: See accompanying document ::



## SECTION II: FACILITY UPFITS

### BACKGROUND

In considering the type of facility upfits that are warranted in protecting the health and safety of Richland County employees and the general public, it is useful to apply the Occupational Safety and Health Administration's (2020) four-tier classification system for worker exposure to SARS-CoV-2. The four tiers are "Very High," which includes healthcare workers, laboratory personnel workers, and morgue workers; "High," which includes healthcare delivery and support staff, medical transport workers, and mortuary workers; "Medium," which includes workers having frequent contact with the general public and/or close contact of less than six feet with other people who may be infected with SARS-CoV-2, but who are not known or suspected COVID-19 patients; and "Lower Risk (Caution)," which includes workers who do not require contact with people known to be, or suspected of being infected with SARS-CoV-2 nor frequent close contact that requires close of less than six feet with general public.

Based on the categories of risk exposure, Richland County Government has employees who are in all four tiers. For example, the Coroner's Office has employees who are classified as "Very High" as they perform autopsies and place corpses in a morgue. Therefore, it is essential that such employees are working in an environment that has the appropriate air-handling systems installed and maintained (OSHA, 2020). Moreover, it is recommended that postmortem activities involving aerosol-generating procedures on the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death should be performed in autopsy suites or other similar isolation rooms. The autopsy suites should be at negative pressure to surrounding areas and should have a minimum of six air changes per hour for existing structures and 12 air changes per hour for renovated or new structures (CDC, 2020).

Safety measures for protecting the health of employees who interface with the general public will be discussed below.

### SAFETY MEASURES FOR SERVICE COUNTERS

For those employees whose jobs are classified as "Medium" exposure, physical barriers consisting of clear plastic sneeze guards should be installed to separate the employees from the general public (OSHA, 2020). In addition to such barriers, it is recommended that if multiple employees are adjacent to each other while serving the public a barrier is installed between them to protect the employees. Moreover, employees interfacing with the public must be provided with respirators and gloves and be trained on the proper use and disposal of such personal protective equipment. Although these measures should reduce the employees' exposure to COVID-19, it is recommended that employees with customer-facing roles be placed on a rotating schedule to further reduce risk of exposure.

In addition to the service counters, it is recommended that Richland County adopts an appointment only system to limit the number of citizens visiting the service counters of the various departments that directly serve citizens (The State, 2020). This is the approach that the South Carolina Department of Motor Vehicle adopted as a response to the coronavirus. Citizens would have an opportunity to schedule their appointment online or by calling a number and appointments are made two weeks in advance. Should a department opt not to use the appointment only system, then it is essential that a staff member is posted at the entrance point to limit the number of citizens entering the building for service. The limit should be restricted to 25% of the maximum occupancy capacity of a facility. For example, the occupancy capacity at 2000 Hampton Street is 1,070 persons. A quarter of the total occupancy would be 270 persons who

would be allowed into the building at a given time. Moreover, it will be essential to include floor and ceiling signage to direct citizens to the desired department for service. Floor signage should also be used to ensure citizens are practicing social distancing.

#### **SAFETY MEASURES FOR SHARED WORK SPACES**

The Occupational Safety and Health Administration (2020) recommends that employees should use their own phones, desks, offices and other work tools and equipment when possible. Therefore, it is recommended that employees receive all-in-one printers with the capability of scanning, copying, and faxing documents. This approach could help to mitigate the amount of exposure that employees have with each other in the office supply room, which includes the office equipment used by all employees in a particular department. Should it not be feasible to purchase all-in-one printers, it is advised that a single person be responsible for using the large office equipment for copying, faxing, scanning, and printing for the entire department. At the end of the employee's shift, all office equipment in the common area that the employee touched should be cleaned and sanitized.

In addition to ensuring that employees use their own government-furnished office equipment, leadership and management who have staff members working in confined spaces that create a barrier for social distancing should continue to promote telecommuting and staggered work shifts as a means to increase the physical distance among employees and the public (OSHA, 2020). Employees working in confined areas should only report to the office when it is necessary to perform their duties that are not feasible at their telecommuting site. In other words, an employee must be on site to meet with citizens, file paper, review hard copies of files, printing, scanning and carrying out other business functions that cannot be performed at their residence or alternative work site.

For employees who work in open spaces and who are required to be on site to carry out County business, it is recommended that cubicles be placed in those work areas as a precautionary measure to protect the health and safety of each employee (Miami Herald, 2020). It is recommended that the cubicle is a material that offers easy cleaning and sanitizing.

In an effort to protect the health and safety of staff members physically working at a County facility, it is essential that office spaces are cleaned and sanitized on a regular basis. Employees should be equipped and trained on cleaning chemicals that Operational Services used within the County's facility. Moreover, employees working in shared work spaces are required to wear face masks while in the area.

## WORK VEHICLES

It is essential for some departments to carry out County business external to the office environment; therefore, it is recommended that there are no more than two staff members in a vehicle at any given time. Moreover, one of the employees must wear a face mask while in the vehicle. Lastly, employees should sit in the same seat while traveling to the destination and returning to the office. Once at the office, employees should properly clean and sanitize the interior of the vehicle.

## OTHER UPFITS AS NECESSARY

It is recommended that the County purchase office furniture that contains antimicrobial agents. The Centers for Disease Control and Prevention defines antimicrobial agents as any agent that kills or suppresses the growth of microorganisms. Manufacturers have marketed and have added antimicrobial agents to their products. Commonly used antimicrobials include metallic compounds such as silver and copper and chlorinated organic antimicrobials. In terms of furniture, manufacturers have incorporated copper antimicrobial into office chairs. According to research results from the National Institute of Health, bacteria, yeasts, and viruses are rapidly killed when they come into contact with metallic copper surfaces (Grass, Rensing, & Solioz, 2010). Therefore, it is recommended that the County begin procuring furniture that has contact killing features as a means to further reduce employees and the public's risk exposure to COVID-19. Such furniture should be placed in employee work spaces as well as in common sitting areas for the general public.

Another safety measure for consideration is the installation of portable hand washing stations at the entrance of County facilities for all employees and citizens to wash their hands based on CDC's guidance prior to entering the facility. Once people properly wash their hands, they should be given a mask if they do not have one prior to entering the facility.



## SECTION III: PHASE-IN OF WORKFORCE + PUBLIC

### PHASE I – Preopening

**TRIGGER:** *Continued or upward trend in the average # of confirmed cases in Richland County within a 14-day period*

1. Continue closure of facilities to the public and communication of the County’s preference for the public to use our online services, such as online legal residence applications, zoning and building permits, plans and applications, e-recording and tax payments.
2. Consider establishing or procuring a medical/isolation teams and stations for identifying and isolating employees that fall ill at a County facility and document employees that are experiencing COVID-19 symptoms prior to sending them home.
3. Consider establishing disinfection teams either by division, floor or other common area methodology for general disinfection of high-touch areas throughout the day as opposed to the daily cleaning or deep disinfection performed by custodial staff (CDC Guidelines: <https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>).
4. Establish or procure health and temperature screening team. Test health and temperature screening capabilities using standard/recommended practices located outside the building in the small parking area at the employee entrance at the rear of the building under the elevated walkway. All employees should enter the building through this entrance and submit to health and temperature screenings. Here is one solution that the City of Anna, TX is using: <https://welloinc.com/wellostationx-body-temperature-screening/>.
  - a. Set up a tent(s) outside the building for screening.
  - b. Recommend color-coded wristbands or badges with dates to indicate screening and eliminate the possibility of assuming staff inside the building were tested. Rotate the color or use badge dates to ensure completion of screening each day.
  - c. Employees screened from a distance with questions and sent home if they report any symptoms. If no symptoms, obtain temperature reading and issue the wristband (Wello Stations automatically generate badges).
  - d. Send employees who report to the department without wristband or badges immediately for screening.
5. Install temporary plexiglass partitions at our service counters.
6. Install floor markers indicating six (6) feet of spacing between counters and counter lines and within counter lines.
7. Install directional signage implementing one-way flow of movement through all County offices where practicable. Color code signage so it is clear what applies to employees and what applies to the general public.
8. Install sanitizing gel stations at every service counter.
9. Install up to 62 sanitizing gel stations for every elevator door.
  - a. Decker Center – 6
  - b. Judicial Center – 30
  - c. Sheriff’s Headquarters – 2
  - d. Administration/Health Buildings – 24
10. Provide pre-return to work training:
  - a. Overview of County’s Safe Workplace Playbook
  - b. Overview of Temporary Work From Home Policy

- c. Screening Team Leads
- d. Disinfection Team Training, if applicable
- e. Isolation Team Leads, if applicable

## PHASE II – *Silent Reopening*

**TRIGGER:** *Downward trend in the daily average # of confirmed cases in Richland County for 14 consecutive days (minimum 2-week implementation for gradual return to work)*

1. Allow employees whose positions are public- or front-facing to return to work first to make and adjust to preparations for re-opening to the public. These employees should be under 65 years of age who do not have the following self-reported, underlying health conditions established by the CDC:
  - a. Chronic lung disease
  - b. Moderate to severe asthma
  - c. Serious heart conditions
  - d. Diabetes
  - e. Chronic kidney disease undergoing dialysis
  - f. Liver disease
  - g. Immunocompromised
  - h. Severe obesity (BMI > 40))
11. Return to work for anyone who has tested positive must include the following components:
  - a. No fever for 72 hours without the use of fever-reducing medicines; AND,
  - b. Other symptoms are improving (for example, a cough); AND,
  - c. Minimum of 7 days since symptoms first appeared OR two consecutive negative tests 24 hours apart
1. Re-deploy/purchase remote hardware and institute temporary work-from-home policy for employees over 65, employees with underlying health conditions, or employees with young children as child care will continue to be an issue since schools and daycares remain closed.
2. Employees should have electronic as opposed to face to face meetings using Zoom or Webex.
3. Continue physical distancing and staggered schedules with split shifts to minimize grouping to 10 employees or less and control the flow of screening and testing.
4. Employees should follow PPE requirements:
  - a. Require face masks and gloves for a limited number of pandemic response and management personnel within each County facility, including medical/isolation team members, health screeners, disinfection team members, custodial staff, security staff, and cafeteria staff (*N95, FFP2(3), or equivalent protection*)
  - b. Require face shields or coverings for field inspections staff and employees working within six (6) feet of each other
5. All other precautionary measures to remain in place from Phase I:
  - a. Temperature screening for all employees through a single entrance
  - b. Floor markers indicating six feet of spacing between counters and counter lines and within counter lines.
  - c. Sanitizing gel stations at every service counter and elevator door.

### PHASE III – Soft Public Reopening

**TRIGGER:** Successful implementation of Phase II with no evidence of a rebound in Richland County’s Rate of Infection (ROI) for 14 consecutive days AND no evidence of a COVID-19 outbreak within the employee population

*Note: “outbreak” refers to a decrease in the number of days it takes for suspected COVID-19 cases as identified by the medical/isolation team to double (minimum two-week implementation for continued gradual return to work)*

1. Allow employees whose positions are non-public-facing, but who cannot feasibly work from home return to work.
2. Continue physical distancing and staggered schedules with split shifts to minimize grouping and control the flow of screening and testing.
3. Institute temporary work from home policy for all employees whose positions are non-public facing and can feasibly work from home.
4. Re-open County facilities to the public for limited services and limited times.
  - a. County facilities should open no earlier than 10:00 am to allow for screening of all employees from 8:30 am – 9:30 am.
  - b. Entrances to County facilities should close no later than 3:00 pm to ensure that access to the building is safeguarded after hours and employees in the facilities have adequate time to complete all customer service activities for those citizens already in the facilities and for daily cleaning and disinfection by disinfection team members and/or custodial staff with special attention to high-touch surfaces.
  - c. Services should be limited to those that either cannot be completed remotely, such as online or in the field, or where there is a considerable backlog of work.
  - d. Face-to-face meetings will occur by appointment only and all face-to-face meetings will be held in one area designated for such within each department or office.
    - i. Designated meeting areas must be cleaned at the conclusion of each meeting.
5. Employees should follow sanitation requirements:
  - a. Require employees whose positions are public-facing to sanitize hands after each customer interaction
6. Weekly monitoring of temporary plexiglass partitions to ensure they are working as intended according to the manufacturer’s specifications or other established protocols. This equipment should be included in the daily cleaning and disinfection schedule.
7. Install up to 18 hand-wash stations at public entrances.
  - a. Decker Center – 2
  - b. Judicial Center – 1
  - c. Sheriff’s Headquarters – 1
  - d. Administration Building – 4
  - e. DSS – 1
  - f. County Magistrate Offices – 9
8. All other precautionary measures to remain in place from Phase I and II:
  - a. Temperature screening for all employees through a single entrance
  - b. Floor markers indicating six (6) feet of spacing between counters and counter lines and within counter lines.
  - c. Sanitizing gel stations at every service counter and elevator door.

#### PHASE IV – Limited Public Reopening

**TRIGGER:** *Successful implementation of Phase III with no evidence of a rebound in Richland County’s ROI for 14 consecutive days, no evidence of a COVID-19 outbreak within the employee population AND robust testing available locally*

*Note: “outbreak” refers to an increase in the number of days it takes for suspected COVID-19 cases as identified by the medical/isolation team to double (minimum 4-week implementation for monitoring of ROI, outbreak and testing data)*

1. Re-open to the public on a full-service, delayed operating schedule with the following precautionary measures still in place:
  - a. County facilities should open no earlier than 10:00 am to allow for screening of all employees from 8:30 am – 9:30 am.
  - b. Entrances to County facilities should close no later than 3:00 pm to ensure that access to the building is safeguarded after hours and employees in the facilities have adequate time to complete all customer service activities for those citizens already in the facilities and for daily cleaning and disinfection by disinfection team members and custodial staff with special attention to high-touch surfaces.
  - c. Face-to-face meetings will occur by appointment only and all face-to-face meetings will be held in one area designated for such within each department or office.
    - i. Designated meeting areas must be cleaned at the conclusion of each meeting.
  - d. Temperature screening for all employees through a single entrance
  - e. Weekly monitoring of temporary plexiglass partitions to ensure they are working as intended. This equipment should be included in the daily cleaning and disinfection schedule.
  - f. PPE and sanitation requirements.
  - g. Hand-wash stations at public entrances.
  - h. Floor markers indicating six feet of spacing between counters and counter lines and within counter lines.
  - i. Sanitizing gel stations at every service counter and elevator door.

## PHASE V – Full Public Reopening

**TRIGGER:** *Successful implementation of Phase IV with no evidence of a rebound in Richland County's ROI AND no evidence of a COVID-19 outbreak within the employee population through the duration of Phase IV*

1. Re-open to the public on a full-service, normal operating schedule with the following precautionary measures still in place:
  - a. Weekly monitoring of temporary plexiglass partitions to ensure they are working as intended. This equipment should be included in the daily cleaning and disinfection schedule.
  - b. PPE and sanitation requirements.
  - c. Sanitizing gel stations at every service counter and elevator door.

## SECTION IV: TESTING + SCREENING

### EXECUTIVE SUMMARY

Continuity of Operations for Richland County Government refers to the internal efforts to assure the capability exists to continue the functions of county government during emergencies. The planning is an ongoing process that is driven by the effects and environment of the emergency event. It is the intent of the plan to outline the steps necessary to return to normal operations through a series of “phased-in” actions that ultimately return Richland County to the same operational level as before the emergency event. The success of continuity of operations involves protecting our workforce and visitors by working to ensure the wellness of all employees.

### AUTHORIZATION

The Richland County Administrator is authorized by County Ordinance to issue directives, policies and procedures to all employees that directly report to the Administrator. Compliance with this plan will be contingent upon a directive issued by the County Administrator to follow these policies and procedures and will start at a date and time determined by the County Administrator. Changes to or termination of any policy or procedure will be at the discretion of the County Administrator.

### INTRODUCTION

As Richland County and the state of South Carolina move to return to a state of normalcy, it is important to identify those actions needed to achieve the goal. This section will address the testing and screening procedures needed to protect our employees and the visiting public once the process begins. The intent is to establish a baseline for each employee and to detect a change in the employee’s health status with a referral to the proper level of medical care or CDC protocol.

This document will focus on three areas:

1. Procurement of Necessary Resources
2. Policy and Procedures for Testing and/or Screening
3. Identification of Partners/Testing Sites and Assessment of Testing Capability

### PURPOSE

The purpose of this document is to describe how Richland County will protect employees and visitors as the County begins the process of reopening by identifying the following:

**WHO:** Departments and employees that “direct report” to the County Administrator.

**WHAT:** Testing and screening employees.

**WHEN:** Screen employees and visitors as they enter a building.

**WHERE:** Entrance doors to buildings and/or department entrances.

**WHY:** To identify the people that are sick, positive with COVID-19 or are a Person Under Investigation (PUI) for COVID-19. In addition, to identify those individuals that may have a pre-existing condition or potential concern for contracting COVID-19.

**HOW:** Checking individuals by using screening techniques such as verbal interviews thermometers and testing kits.

1. Procurement of Necessary Resources

- A. The identification of funding needed to provide PPE, testing kits or equipment and potential over-time for employees needed in the screening process.
  - Regular department accounts.
  - Funds identified by the Budget Office.
  - Supplemental appropriation from Council.
  - Grants.
  - Reimbursements form FEMA.
- B. PPE – Use existing Stock to start the process. Determine if reimbursements are allowed under FEMA guidelines.

Estimated costs of PPE	
N95 Masks:	\$5.00 each
Surgical Masks:	\$1.08 each
Wipes:	\$5.00 per 150

- C. Test Kits – DHEC has provided some test kits for EMS to use in a testing program for COVID-19. A few could be used to test employees. Prisma Health will be a source for test kits. Purchase test kits from a private source.

**Estimated cost of test kits:** \$50.00 per unit

- D. Equipment – A limited number of thermometers are available from EMS for use to test people at building entry locations.

**Estimated cost of digital touchless thermometers:** \$120.00 per unit

- E. Overtime – OT will be needed if the hours of the individuals doing screening and/or follow-up investigations exceed the allowable hours. Using EMS employees will reduce the potential for extra funding.

**Estimated cost of overtime** - \$50.00 per hour

2. Policy and Procedures for Testing and/or Screening

Testing Team

- A. EMS employees will be identified for assignment to the testing and screening team.
- B. Equipment will be assigned to the Team.
- C. Test Kits will be obtained through DHEC, Prisma or another source.
- D. After completion, the test kits will be returned to the appropriate lab for results.



## Employees

- A. Prior to the employee entering the work area, an EMS MIH Team member will obtain the temperature of the employee. The employee's temperature will be collected in a confidential manner and recorded in a confidential file. The record will include the day, date and time the temperature was taken. In addition, a note of any referral will be included.
- B. Employees with a temperature of 100 degrees or higher will be referred to the CIGNA nurse, telemedicine facility or a medical facility for further evaluation.
- C. Employees with a temperature of 100 or higher will not be allowed to work until cleared by a medical authority.
- D. If an employee enters the workplace with a temperature between 99 and 100 degrees, the employee should be screened again throughout the shift to insure the employee's temperature is not increasing.

## Employees with a 100-degree or higher fever will be interviewed

- A. If an employee has a fever of 100 degrees or higher, the employee will be interviewed in a private manner by the MIH team member. The following information will be obtained by the MIH Team member:
  - Have you traveled recently?
  - Have you had contact with anyone that has been sick or diagnosed with COVID-19?
  - Have you had contact with anyone that was exposed to someone with COVID-19?
  - Any history of elevated temperatures and for how long?
  - Do you have any symptoms of cough, sore throat, chest pain, shortness of breath, loss of taste, loss of smell or painful breathing?
  - Have you been tested previously for COVID-19?
- B. Employees with positive answers to any the above will need to self-isolate until cleared to return to work using DHEC and CDC guidelines.
  - A test will be offered to the employee at the time of screening.
  - All areas and surfaces the employee encountered will be thoroughly cleaned.
- C. Follow Up
  - A follow up with employees with symptoms is required to ensure the employees obtain the proper medical referral.
  - If the employee encountered other employees prior to leaving the workplace, those employees should be contacted and informed of a possible exposure.
  - If the employee receives testing or is released to return to work by a medical authority, that information should be presented to the employee's department head as soon as possible.

D. Employee Benefits

- All employee benefits will be available to the employee including COVID-19 payroll benefits if applicable, and the use of sick leave.

3. Identification of Partners/Testing Sites and Assessment of Testing Capability

- A. DHEC – Sites can be determined – the DHEC lab will validate Test.
- B. PRISMA – Sites can be determined – the DHEC lab may validate Tests.
- C. Other Third Party Lab - Sites can be determined – the DHEC lab may validate Tests.



## SECTION V: INGRESS + EGRESS PROTOCOL + PROTECTIVE MEASURES

As Richland County reopens facilities, it is imperative we limit ingress and egress points to as few as possible to enable execution of screening protocols, ensure policy compliance, and monitor building census. It is further imperative protective measures are implemented for common spaces to protect both employees and citizens. Site specific plans must be developed for each location. Plans should adhere to the following guidelines:

- Where possible, building ingress must be limited to one (1) public point and one (1) separate employee point.
- For high traffic facilities, temporary tents should be utilized at ingress points to protect entrants from the elements as they await screening and entrance.
- Screening stations must be setup at both public and employees points of ingress. The stations will follow the screening protocols set forth in the screening portion of the plan.
- A staff member must monitor each point of ingress and egress to track the number of citizens in the building. Clear communication between the ingress and egress assignees is imperative as real-time numbers must be maintained at all times. Building entrants must be limited to a predetermined number, and potential entrants shall remain outside the facility until a sufficient number of citizens exit. (For smaller locations where ingress and egress points are the same, only one staff member should maintain capacity counts).
- Temporary hand wash stations should be utilized at each ingress point. Where hand wash stations are not feasible, hand sanitizer stations must be made available.
- Signage shall be placed at ingress points to remind people to distance themselves from others, cover when coughing and sneezing, and to adhere to predetermined policies.
- Signage shall be placed throughout the facilities to indicate proper traffic flow (i.e. routing to the appropriate point of egress).
- At the main public facilities, video should be played on loop regarding COVID-19 safety procedures for those to be served.
- Free standing sanitizer stations should be provided throughout each facility as well as plenty of tissues and trash receptacles.
- A set date/time (pre-published) should be established across the county for access for those most at risk- the elderly. (Ex. every Tuesday and Thursday from 8:30 to 10:00 am County wide).
- If someone is to meet with staff in person, they must have an appointment, and that staff member must escort them to their space.
- Markers shall be placed on the floors to indicate appropriate spacing (i.e. 6 feet) and routing.
- Signage shall be placed at elevators indicating a limit of two people per elevator unless the entrants are all members of the same family unit.
- Each department's staff is responsible to keep its customers spaced and at the predetermined locations.
- Any transaction space/equipment must be sanitized by departmental staff after each transaction.

- All common areas will be sprayed/fogged with a disinfectant every evening after the building is closed and staff has left.
- Air filters should be changed more often and with a High flow HEPA filter. (every two weeks?)



## SECTION VI: EMPLOYEE WELLNESS

### PRE-RETURN POLICY & PROCEDURE

1. All employees shall report to their designated work area on June , 2020.
2. Prior to his/her return, an employee must successfully complete all screening requirements.
3. Employees that exhibit any symptoms of illness should not report to work and should seek medical attention. The employee must also report any absences to the appropriate supervisor. The employee will be allowed to return after being cleared by a medical professional.
4. Any employee who needs to provide childcare under the revised FMLA rules should contact Human Resources (HR).
5. Any employee with a serious health condition and/or any employee who cares for an individual with a serious health condition should notify Human Resources.

### PRE-RETURN TESTING AND/OR SCREENING

1. All employees must be screened prior to returning to their designated work area. Employees will complete a brief questionnaire. Access to designated work areas will only be granted to those who answer “no” to the following:
  - Do you have any of the following?
    - Fever
      - Employees who have symptoms of acute respiratory illness are recommended to notify their supervisor and stay home until they are free of fever (100.4° F [38.0° C] or greater using an oral thermometer), have signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants).
    - Shortness of breath (not severe)
    - Cough
    - Chills
    - Repeated shaking with chills
    - Muscle pain
    - Headache
    - Sore throat
    - New loss of taste or smell
    - Diarrhea
    - Vomiting
  - Are you ill, or caring for someone who is ill?
    - i. Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor.
  - In the two weeks before you felt sick, did you:
    - i. Have contact with someone diagnosed with COVID-19?
    - ii. Travel out of state?
2. An employee with a temperature of 100.4° will be referred to a MIH team member and/or other medical professional for additional screening and potential testing. He or she will not be allowed to return to work until cleared by the medical professional.

3. Employees should complete the following ADA compliant survey:

**ADA-COMPLIANT PRE-PANDEMIC EMPLOYEE SURVEY**

**Directions:** Answer "yes" to the whole question without specifying the factor that applies to you. Simply check "yes" or "no" at the bottom of the page.

In the event of a pandemic, would you be unable to come to work because of any one of the following reasons:

- If schools or day-care centers were closed, you would need to care for a child;
- If other services were unavailable, you would need to care for other dependents;
- If public transport were sporadic or unavailable, you would be unable to travel to work; and/or;
- If you or a member of your household fall into one of the categories identified by the CDC as being at high risk for serious complications from the pandemic influenza virus, you would be advised by public health authorities not to come to work (e.g., pregnant women; persons with compromised immune systems due to cancer, HIV, history of organ transplant or other medical conditions; persons less than 65 years of age with underlying chronic conditions; or persons over 65).

Answer:  Yes       No

**IDENTIFYING HIGH-RISK PERSONNEL**

CDC guidelines consider older adults and people of any age with serious underlying medical conditions as higher risk for severe illness from COVID-19. The following medical conditions and other risk factors have been identified:

- Asthma
- Chronic lung disease
- Diabetes
- Serious heart conditions
- Chronic kidney disease being treated with dialysis
- Severe obesity
- People aged 65 years and older
- Immunocompromised
- Liver disease

**HIGH-RISK PERSONNEL POLICY & PROCEDURE**

- Any employee considered high-risk as identified in the CDC Guidelines will be allowed to remain at home through June , 2020.
- Employees will be identified based upon their responses to the ADA compliant survey required of all employees.
- .
- Employees who can still function at a high capacity remotely should continue to do so for as long as it is practical.
- Upon their return to work, employees that work more than 1 to a private office area will utilize face coverings and/or other appropriate PPE as provided by the County upon their return.
- Supervisors may reassign high-risk employees from duties that require frequent public interaction.





## MENTAL WELLNESS

- Develop a Mental Wellness team. Duties may include:
  - Virtual manager meetings to support front-line leaders
  - Communicating tips-of-the-day via HR mobile platform
- Develop an “Employee Wellness Toolkit” as total body wellness promotes mental wellness. Toolkit may include:
  - Provide health education
  - Encourage physical activity
  - Promote a nutritious diet
  - Foster social connectivity while emphasizing safe social distancing practices
  - Promote mindfulness via guided meditation
- Employee Engagement Solutions
  - Wellness challenges
  - Webinars (content from wellness partners)
  - COVID-19 mental wellness content published via HR Newslines; HR mobile application

### *Identified Wellness Partners*

- Palmetto EAP
  - Telehealth and online counseling – 1-866-216-1996
- Cigna – Life Connected

## EAP BENEFITS AND/OR OTHER MENTAL WELLNESS PROGRAMS

- Palmetto EAP
  - Telehealth and online counseling – 1-866-216-1996
- Cigna – Life Connected
- [Cigna – Coronavirus \(COVID-19\) Resource Center](#)
- Self-Help Online; other crisis resources
  - [Alcoholics Anonymous](#)
  - [Narcotics Anonymous](#)
  - Substance Abuse and Mental Health Services Administration (SAMHSA)’s National Helpline: 1-800-662-4357
  - National Suicide Prevention Lifeline: 1-800-273-8255
  - Disaster Distress Hotline: 1-800-985-5990 or text TalkWithUs to 66746
  - [Suicide Prevention Lifeline Chat](#)

## SECTION VII: EXPOSURE MITIGATION + RISK MANAGEMENT

### BACKGROUND

At this point, the focus is on issue spotting and trying to frame as many questions and concerns as can be identified relative to a government's duties and responsibilities in the midst of a public health emergency. The specific emphasis here is on Richland County considering the resumption of normal operations, to include re-opening County facilities to the public, as nested within the broader context of the legal and risk management issues a governmental organization might face in response to a pandemic that has resulted in governmental shutdown orders and similar emergency measures.

In no particular order, the below are examples of the kinds of issues that policy makers and operational departments need to be thinking about, to the extent any of their decisions or activities touch upon the scenarios and circumstances discussed therein:

- 1) What liability might the County incur for not providing personal protective equipment (PPE) to its employees and citizens ("public invitees")?
- 2) What liability might the County incur for providing PPE to employees and citizens that might be considered insufficient, inadequate or defective?
- 3) Can the County condition entry into a public facility on wearing PPE (e.g., face mask or covering)?
- 4) What is the County's obligation to ensure the quality of PPE it may procure and distribute to employees and citizens?
- 5) Should the County competitively procure PPE, or procure it through a sole source method? Would there be emergency procurements in this situation?
- 6) Does the County intend to enforce social distancing? How? Who would enforce it?
- 7) Could there be liability for not requiring or enforcing social distancing?
- 8) Does the County's health insurance plan cover COVID-19 testing or treatment? If so, under what cost sharing arrangements? Would an employee have to pay part of all of the cost of his/her own test in order to be able to come back to work?
- 9) Can the County require employees to be tested?
- 10) Does Workers' Comp cover COVID-19 illnesses? Is an employee entitled to disability for consequences stemming from the virus?
- 11) What is the plan for employees who refuse to come to work based on concern for their safety?
- 12) Can the County force employees to stay home if they show symptoms or have traveled to affected areas?

- 13) What if employees were not in a high-risk area, but appear symptomatic?
- 14) Would employees who do not return to work be paid under sick leave? Leave of absence?
- 15) Is COVID-19 a disability under state or federal law that has to be accommodated (ADA, e.g.)?
- 16) Would there be any issues with compliance with wage/hour laws for exempt and non-exempt employees who do not return to work?
- 17) (I-9 Hiring Process) What is the impact of work from home and remote hiring policies on any in-person compliance requirements in the hiring process?
- 18) How will the County deal with employees who are immuno-compromised or have conditions that make them higher risk for complications?
- 19) Can the County be held liable if an employee infects others with COVID-19?
- 20) What information can the County require its employees to disclose about their health status and symptoms, travel plans and history, exposure of family members, non-work activities and possible risk of exposure?
- 21) What employee information can be shared in compliance with the Health Insurance Portability and Accountability Act (HIPAA), other federal law and state privacy laws?
- 22) Can the County take employees' temperatures or collect other health-related data directly or indirectly?
- 23) What confidentiality or other privacy considerations bear upon identifying the names of the infected or exposed to other employees, third parties, the public or others?
- 24) To the extent employees who do not ordinarily work remotely must do so in light of COVID-19, are proper information security measures and monitoring in place to ensure information is appropriately secured?
- 25) What is the County's plan to prevent any misuse of funds, fraud, or other misconduct potentially arising under relief programs the County may participate in or act as a "pass through" for such funds (e.g., relief obtained through the Coronavirus Aid Relief and Economic Security Act, the "CARES Act")?
- 26) Will the County's ability to issue bonds or its credit rating be impacted by the virus?
- 27) Are there any financial disclosures required relative to the County's ability to operate, collect taxes, etc., due to the virus?
- 28) Does the County's emergency succession plan identify who can step in immediately as acting Administrator in the event the Administrator contracts COVID-19? Are plans in place for other

key persons? [Could impact who has the legal authority to execute contracts, approve personnel actions, etc.]

- 29) Does the County have appropriate waste receptacles on-site for personnel and citizens to dispose of gloves, disinfecting wipes, masks or other PPE that has been in contact with the virus?
- 30) Do County healthcare providers have an obligation to communicate information to state or federal authorities regarding patients known or suspected to have COVID-19? What about regarding the County's employees?
- 31) What obligations do healthcare providers have to seek information from state and local health authorities regarding employees who are suspected of having been exposed?
- 32) Can healthcare providers post or publicize information regarding whether they have treated patients diagnosed with COVID-19? Do providers have an obligation to do so? If they do not publicize this information, do they increase their risk if other patients later acquire COVID-19 after receiving treatment from them?
- 33) Can County healthcare providers refuse to treat patients suspected of being exposed to COVID-19?
- 34) What potential legal risks do healthcare providers assume when they quarantine a patient or employee?
- 35) Can healthcare providers require that employees report temperatures, testing results and diagnosis information?
- 36) What additional privacy and compliance concerns are associated with employees performing work at off-site locations or at home?
- 37) Does the County have a duty to warn citizens, vendors or any other third parties, such as professional or personal contacts of its employees, if it becomes aware that an employee tests positive for COVID-19, is experiencing symptoms or may have come into close contact with someone who tested positive for COVID-19?
- 38) Could the County face product liability suits if it distributes or delivers products that may have been contaminated by employees who test positive for COVID-19?
- 39) While the Elections Commission is responsible for conducting elections, does the County have any responsibility for access to the polls that are on County property?
- 40) Are there any ticket refund or similar issues associated with events at The Township?
- 41) Could there be any alleged breach of contract issues for any activities not held due to virus?
- 42) What provisions are in place to protect ASGDC employees and detainees?

43) What happens if there is a relapse?

## RECOMMENDATIONS

Due to the uncertainty of legal claims, the theoretical nature of any number of problematic things that *could* happen, the inability to predict whether any of those things *will* happen, while at the same time the need to anticipate that each *might* happen, the recommendations here are to adopt a deliberate approach that places an emphasis on safety, legality and practicality. Here are some guiding principles:

- A. Keep the health care aspect of the operational environment first. All things otherwise being equal, err on the side of protecting lives, and the other issues have the best chance of falling into place as well.
- B. Is it legal? Ensure any course of action relative to COVID-19 policies, procedures and practices is consistent with the federal, state and local rules and restrictions in place at the time of the proposed action.
- C. Is it safe? The law allows unsafe activities. Just because something is permissible does not necessarily mean it is advisable. Understand that “safe” is a subjective term that may mean one thing to government officials, and something different to employees and citizens.
- D. Is it practical? Ensure whatever course of action is pursued that it can be achieved. There is little point in telling an employee to work from home if the County has not given that employee the technology, equipment, capability and access to work from home.
- E. Understand the nuances. Avoid a “one size fits all” approach to any issue in this area, as circumstances can change quickly and many issues may be ones the County is encountering for the first time.
- F. What is the timeline? Identify those matters that are “emergent,” those that are “urgent,” and those that are “routine,” prioritize and plan accordingly, and avoid being placed in a position where a critical decision is forced upon the County without having legal, operational and policy decision makers available to provide input prior to the action proposed.
- G. Be flexible. Be prepared to start or to refrain from one course of action, have to re-evaluate and reframe the situation, and potentially proceed in a different direction with little or no warning.
- H. Be understanding and compassionate. Are we asking anyone to do anything or refrain from doing anything that we would not do ourselves or refrain from doing ourselves?

**SECTION VIII: PLAN FUNDING**

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## DRAFT PLAN

**RICHLAND COUNTY IN-PERSON COUNCIL MEETINGS**

*In response to a request from the Coronavirus Task Force, following are options for holding in-person Council meetings in the Council Chamber.*

Date of 1<sup>st</sup> in-person Council meeting: Tuesday, July 13<sup>th</sup>

CDC Guidelines will be followed (flexibility required as guidance subject to change with short notice)

- Mask (Face Covering) required in Council Chambers:
  - CDC Factors to consider for meetings
    - Enclosed space
    - Number of attendees
    - Physical (Social) Distancing Limitations
    - Length of time of meeting
    - Mixture of vaccinated and unvaccinated attendees
- All attendees required to complete temperature screening check.
- All attendees who are not members of the same household or workgroup are asked to sit in the audience gallery and distance themselves from others.
- All surfaces will be sanitized before the Council meets with a cleaning and disinfectant product that is designed to protect for 24 hours after application.
- Protective, temporary, shields will be placed on the Council dais, presenter podiums, and staff work tables within the Chambers.
  - Provides a face covering for individuals who are speaking frequently
- Hand Sanitizer will also be available in the Chambers
- After all meeting have been concluded in the Council Chambers, the Chambers will be deep cleaned using an electro-static treatment application.

**DEPARTMENTAL ASSISTANCE**

- Operational Service – Cleaning and Sanitization
- Public Information Office – General publicity
- Clerk to Council – Include protocol information as part of public notice
- Administration – Provide resource support for all parties
- Others as needed

Richland County ERAP – RC SCP Approved Payments To Date 06/03/2021 AM		
<b>LANDLORD/UTILITIES</b>		
<b>Rental Arrears</b>	<b>Future Rent</b>	<b>Utility Arrears</b>
<b>\$1,713,416.45</b>	<b>\$1,249,508.24</b>	<b>\$340,402.74</b>
<b>TENANTS</b>		
<b>Rental Arrears</b>	<b>Future Rent</b>	<b>Utility Arrears</b>
<b>\$127,191.45</b>	<b>\$103,072.12</b>	<b>\$0.00</b>
<b>Applications Approved by SCP To Date: 606</b>		
<b>Total Funds Approved To Date:</b>		
<b>\$3,533,591.00</b>		

# Richland County Cases Breakdown by Category

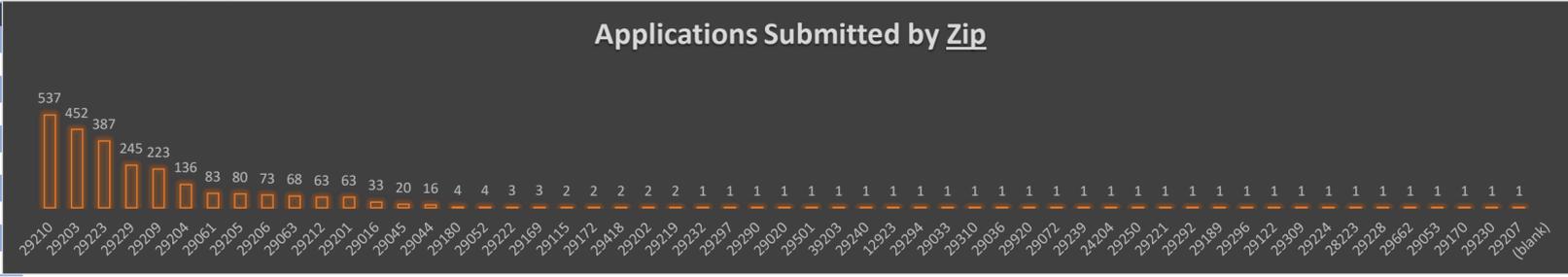
Current Date: 6/1/2021  
 Project Start Date: 4/5/2021  
 Total Case Count: 2533

Attachment 2



## Applications Breakdown by Zip

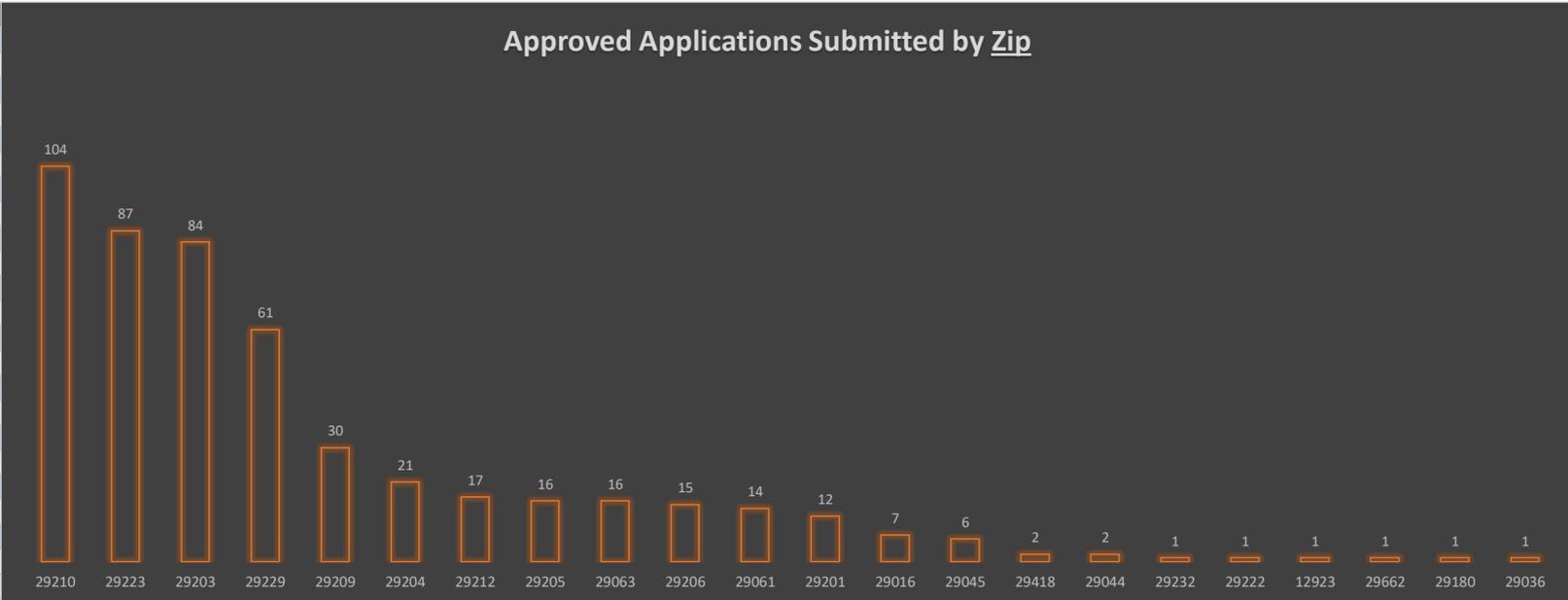
Top 10 Zips	Count
29210	538
29203	452
29223	387
29229	245
29209	223
29204	136
29061	83
29205	80
29206	73
29063	68



\*\*Cases coming from 55 zip codes in total. 31 Zips only have 1 case  
 \*\*Zip record not in the right format/digits/blank considered "Invalid Zip", Zip in 9 digits take first 5 digits as Zip record

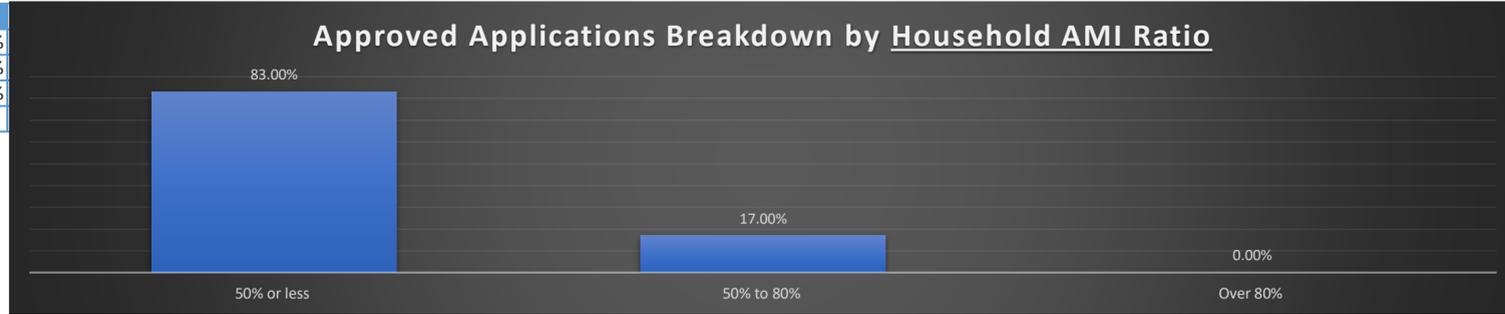
## Approved Applications Breakdown by Zip

Approved Applications Zips	Count
29210	105
29223	87
29203	84
29229	61
29209	30
29204	21
29212	17
29063	16
29205	16
29206	15
29061	14
29201	12
29016	7
29045	6
29044	2
29418	2
29232	1
29222	1
29662	1
29036	1
29180	1
Grand Total	500



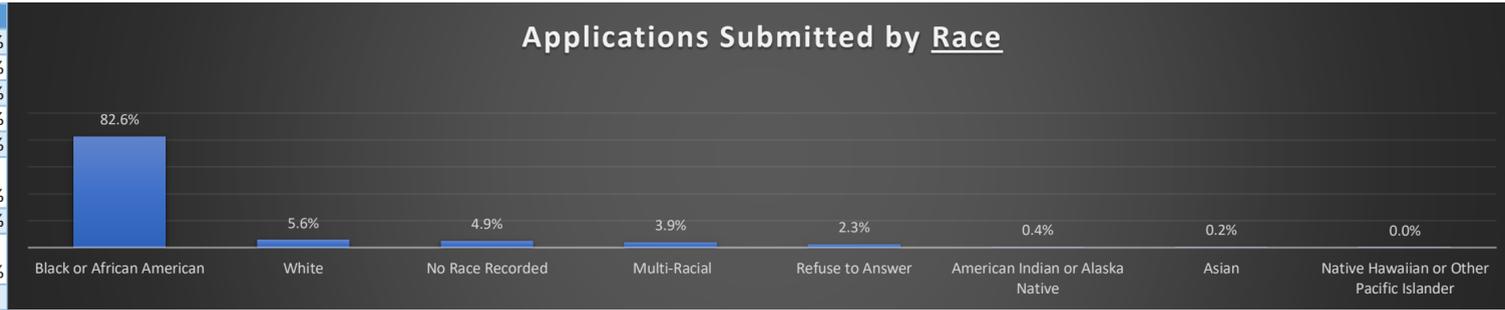
## Approved Applications Breakdown by Household AMI Ratio

Household AMI level	Count	%
50% or less	415	83.00%
50% to 80%	85	17.00%
Over 80%	0	0.00%
Grand Total	500	



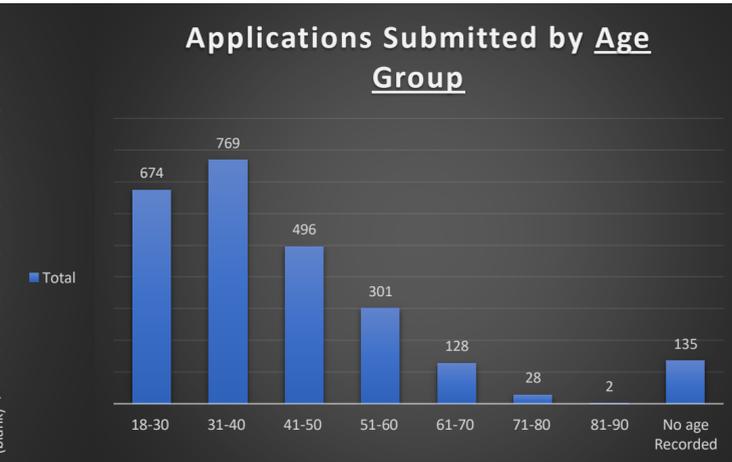
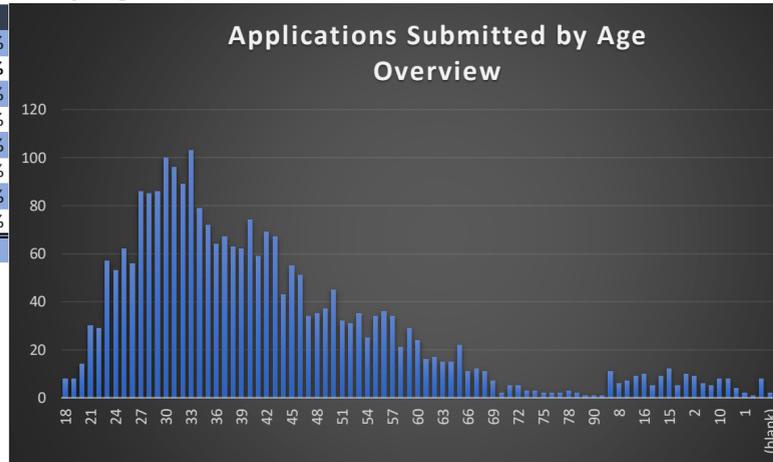
## Applications Breakdown by Race

Race	Count	%
Black or African American	2091	82.6%
White	142	5.6%
No Race Recorded	125	4.9%
Multi-Racial	100	3.9%
Refuse to Answer	59	2.3%
American Indian or Alaska Native	10	0.4%
Asian	5	0.2%
Native Hawaiian or Other Pacific Islander	1	0.0%
Total Case Count	2533	



## Applications Breakdown by Age

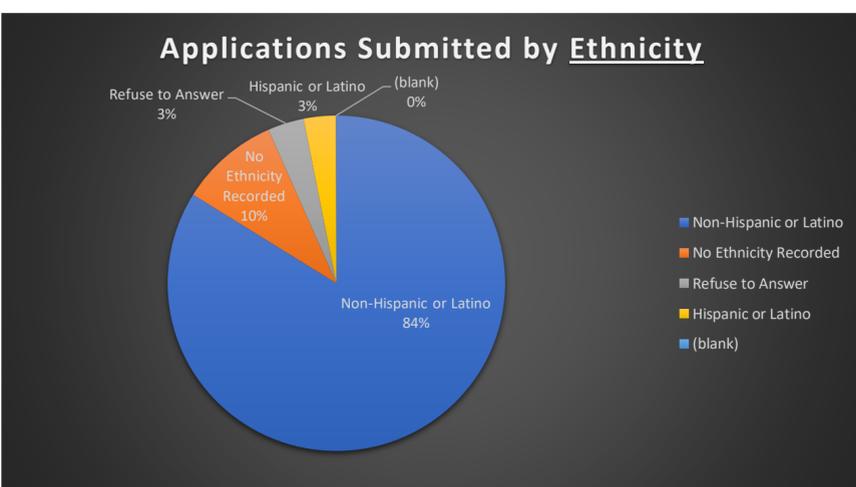
Age Group	Count	%
18-30	674	26.6%
31-40	769	30.4%
41-50	496	19.6%
51-60	301	11.9%
61-70	128	5.1%
71-80	28	1.1%
81-90	2	0.1%
No age Recorded	135	5.3%
Total Case Count	2533	



\*\*All ages under 18 years and cases with no age recorded old considered "No Age Recorded"

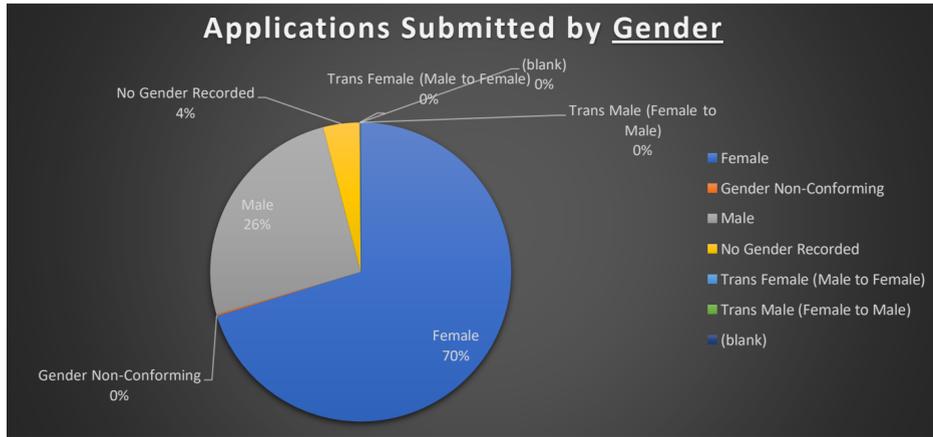
## Applications Breakdown by Ethnicity

Ethnicity	Count	%
Non-Hispanic or Latino	2125	83.9%
No Ethnicity Recorded	242	9.6%
Refuse to Answer	88	3.5%
Hispanic or Latino	78	3.1%
Total Case Count	2533	



## Applications Breakdown by Gender

Gender	Count	%
Female	1780	70.3%
Male	4	0.2%
No Gender Recorded	648	25.6%
Gender Non-Conforming	99	3.9%
Trans Female (Male to Female)	1	0.0%
Trans Male (Female to Male)	1	0.0%
Total Case Count	2533	



\*\*Please note - data presented in this report has been exported directly from Neighborly for all submitted cases. Some cases have not yet been reviewed\*\*

**Calculations as of COB 5/27/21**

Attachment 3

**This is the running totals as of today and the key metrics (dollars awarded to the County, key target amounts, working days left before September 30th, etc.).**

Files Approved	550
Total Funds Approved	\$ 3,217,373.99
Average Award	\$ 5,849.77
Grantee Award Amount	\$ 12,573,547.40
90% Distribution	\$ 11,316,192.66
75% Target Amount	\$ 8,487,144.50
65% Target Amount	\$ 7,355,525.23
Work Days Remaining	86

**65% Target Goal by Sep 30**

**Based on the table above, this is how may files a day we have to average to reach our 65% target by Sept 30th**

Total Files Needed	707.40
Files Needed/Day	1.29

**75% Total Goal by Sep 30**

**Based on the first table, this is how may files a day we have to average to reach our 75% target by Sept 30th**

Total Files Needed	900.85
Files Needed/Day	1.64

**If Today is the Norm**

**This is the production we did today.**

Files Approved Today	23
Average Amount	\$ 6,060.40

**100% Target Amount**

**If the production we did today became our normal production, this is the date we expect to spend all of our ERAP money.**

Files Completed	1,336
Working Days to Finish	58.10
Date	8/23/2021

**% of Funds Spent on September 30th\***

**If the production we did today became our normal production, this is the amount of money we expect to spend by September 30th.**

Files Completed	2,528
Amount Distributed	\$ 15,204,843.47
% Spent	134.36%

\*= Assume we repeat today's performance for the remainder of the project

**\*Monthly Rolling Average Daily File Count**

**This is the monthly rolling average number of applications/files being approved on a daily basis**

Average Files Approved	21.35
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\* Since program initiation

CORONAVIRUS AD HOC COMMITTEE  
MEETING MINUTES

MAY 24, 2021

(UNDER SEPARATE COVER)



Richland County  
Coronavirus Ad Hoc Committee  
May 24, 2021 – 5:00 PM  
Zoom Meeting  
2020 Hampton Street, Columbia, SC 29204

Yvonne McBride	Paul Livingston	Joe Walker	Gretchen Barron	Chakisse Newton
District 3	District 4	District 6	District 10	District 10

Committee Members Present: Gretchen Barron, Chair; Paul Livingston and Chakisse Newton

Others Present: Allison Terracio, Cheryl English, Jesica Mackey, Derrek Pugh, Andrea Mathis, Michelle Onley, Kyle Holsclaw, Tamar Black, Ashiya Myers, John Thompson, Lori Thomas, Randy Pruitt, Stacey Hamm, Ronaldo Myers, Mike King, Bill Davis, James Hayes, Geo Price, Dante Roberts, Dwight Hanna, Leonardo Brown, Michael Byrd, Michael Maloney, Angela Weathersby, Dale Welch and Clayton Voignier

1. **Call to Order** – Ms. Barron called the meeting to order at approximately 5:00 PM.
2. **Approval of Minutes: April 28, 2021** – Mr. Livingston moved, seconded by Ms. Newton, to approve the minutes as distributed.

In Favor: Livingston, Barron and Newton

Not Present: McBride and J. Walker

The vote in favor was unanimous.

3. **Adoption of Agenda** – Mr. Brown requested Item 4(d) “FEMA Vaccine Site Update” be moved to Item #1 to accommodate the Deputy Incident Commander’s schedule.

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

In Favor: Livingston, Barron, and Newton

Not Present: McBride and J. Walker

The vote in favor was unanimous.

4. **ITEMS FOR ACTION**

- a. **FEMA Vaccine Site Update** – Mr. Brown introduced the Deputy Incident Commander, Randy Stewart.

Mr. Stewart stated they have been working at the CDC site at the Columbia Place. The site was scheduled to be open for 8 weeks, and they have been there for approximately 5 ½ weeks. He indicated for the first 6 weeks they would be utilizing the Pfizer vaccine. On Thursday, May 27<sup>th</sup>,

they will be switching to the Jansen vaccine for 2 weeks. He noted the flow of traffic, and the operations have worked well. When the program started, the participation numbers were lower than expected, but it has picked up. As of Sunday, May 23<sup>rd</sup>, approximately 12,368 have received their initial dose, 5,458 have received the second dose, and the number of Richland County residents is 14,772.

Ms. Newton inquired if people will still be able to get their 2<sup>nd</sup> dose of Pfizer at this location.

Mr. Stewart responded, the 2 weeks they are administering the Jansen vaccine, people will not be able to get the 2<sup>nd</sup> dose. After those 2 weeks, they will still be there on a smaller scale to provide the 2<sup>nd</sup> dose of the Pfizer vaccine.

Mr. Livingston inquired if they would continue to promote the site, and is there anything that Richland County can do to help.

Mr. Stewart responded they were working with Public Information Office. There are road signs, interstate and radio ads, and on the local news.

Ms. Newton inquired about the specific date the site will close.

Mr. Stewart responded the Jansen vaccine will end on June 9<sup>th</sup>, and the 2<sup>nd</sup> dose of Pfizer will end on June 26<sup>th</sup>.

Ms. Barron stated anything the County can do to assist with getting the message out will be critically important.

Ms. Mackey inquired about DHEC taking over the site.

Mr. Stewart responded the FEMA site, with the National Guard support, will end June 9<sup>th</sup>. After FEMA leaves, DHEC will take over the site for to administer the 2<sup>nd</sup> dose of Pfizer vaccines.

Mr. Brown inquired if a person needs their 2<sup>nd</sup> dose, do they need to have had their first shot at Columbia Place Mall, or would the appointments be open to anyone.

Ms. Campbell responded, after people receive their first shot, they are given an appointment for the 2<sup>nd</sup> dose. If someone is with them and needs their 2<sup>nd</sup> dose, they will not be turned away, but they are planning for the ones that have been given an appointment.

- b. **COVID-19 Memorial** – Mr. Brown stated, on p. 14, is an outline of the potential plan for the memorial. The plan is to have an outdoor event, with tents set up, in front of 2020 Hampton St. on Thursday, July 15<sup>th</sup> at 5:00 PM. During the time that attendees are gathering there will be a musical selection, followed by opening remarks by the Chair of Council/Coronavirus Chair. The remaining program would be, as follows:

1. Invocation – Local Faith Leader
2. Council Remarks – Councilmember(s)
3. Reading of Resolution – Councilmember (i.e. Council Chair)
4. Community Remarks (Invitations to all Mayors within Richland County)
5. Residents who had a family member pass from COVID-19
6. Residents who survived COVID-19
7. Reading of a Memorial Plaque – Councilmember(s)
8. Wreath Laying – Councilmembers/Musical Selection

9. Moment of Silence
10. Closing Remarks – Councilmember
11. Benediction – Local Faith Leader

Mr. Brown noted the proposed plan is open to modifications.

Ms. Mackey inquired if we could consider adding remarks to acknowledge healthcare professionals that continued to work on the frontlines, especially those in healthcare facilities.

Mr. Brown inquired if adding remarks on the memorial plaque would address Ms. Mackey's request.

Ms. Mackey responded she would like remarks added to the program, as well as the memorial plaque.

Ms. Barron suggested adding it in during the opening remarks or the Councilmembers' remarks.

**POINT OF PERSONAL PRIVILEGE:** Ms. Newton noted she voted in favor of the COVID Memorial at the previous meeting, but she was experiencing technical difficulties.

Ms. Newton noted, in the draft wording on the plaque, where it lists the essential workers, she would like to include teachers and those who prepared food. She noted she would like the list to be more inclusive and broader.

Ms. Barron inquired if just identifying essential workers would suffice, or should we be specific.

Ms. Newton responded she did not want to remove the "doctors, nurses, and emergency personnel", but like the list to be more inclusive.

Mr. Livingston noted we could probably cover everybody with 4 or 5 different groups.

Ms. Barron noted if they include broader groups we should be able to cover everyone.

Mr. Livingston moved, seconded by Ms. Newton, to support staff's recommendations, with the modifications proposed by committee members.

Ms. Mackey noted she wants to ensure this ceremony could be livestreamed and recorded.

In Favor: Livingston, Barron and Newton.

Not Present: McBride and J. Walker

The vote in favor was unanimous.

- c. **Mask Ordinance/Safety Plan** – Ms. Barron noted this was a continuation of what was discussed during the Council meetings about either extending the mask ordinance or allowing it to expire. It is her understanding that Mr. Brown has plan, which takes into consideration the safety of everyone coming into the building.

Mr. Brown noted there was additional information in the packet he wanted to walk the committee through. The information will be used to modify the draft plan. Before the next Council meeting, a more up-to-date plan will be presented that can be utilized specifically for Richland County. The

information in the committee's packet specifically addresses workplaces, and was provided by OSHA. The CDC issued new guidance, which OSHA was reviewing to see how the workplace would be impacted by the CDC's guidelines. The categories in the plan are areas the County has used to put the County's initiative in place. He noted the County has, and will in the near future, comply with the CDC and OSHA guidelines.

Mr. Livingston inquired how the County informs employees of guidelines and expectations.

Mr. Brown responded, in terms of the protocols, the information comes from his office. In addition, Human Resource has sent emails and information in their newsletters.

Ms. Mackey inquired about a plan for when the public comes into the building to ensure the employees are safe. For instance, not letting too many people into the building.

Mr. Brown responded he plans on meeting with the Treasurer and Auditor to discuss capacity. The conversation will also include the Sheriff's Department, who will enforce the restrictions. There was a previous discussion, and a desire to limit capacity, but there was no comments on who would ensure the capacity levels and what those levels should be.

Ms. Mackey stated they should look at adding this to the plan as we look at opening back up to the public. She inquired if the plan would address monitoring of COVID numbers and making adjustments if the numbers start to rise. In addition, if a department has several people that contract COVID, how would that department be handled?

Mr. Brown responded those issues were dealt with throughout the course of the pandemic. His recommendation would be not to put in hard numbers since guidelines keep changing, and it could be hard to follow those guidelines.

Ms. Mackey inquired if the County would continue to provide PPE to staff, as well as continuing to provide online services to residents.

Mr. Brown responded they have purchased PPE, and will continue, as necessary, to provide cloth masks and shields. The online services will still be available. He noted he has received requests on how to make online services more accessible.

Ms. Newton inquired if anything was done to improve ventilation at 2020 Hampton Street.

Mr. Brown responded the systems have not had anything added to them. The system does have HEPA filters as a part of the circulation.

Mr. Pruitt responded the building does have HEPA filters and the system has been tested. There was no detection of any type of virus transference through the systems.

Ms. Newton inquired if Mr. Brown was going to submit the re-opening plan at the next Council meeting..

Mr. Brown responded in the affirmative.

Ms. Newton requested to see the draft ahead of the Council meeting. She inquired if Council will take action on the plan.

Mr. Brown responded he is not sure Council wants to weigh in and provide specific action, but he would welcome feedback from Councilmembers.

Ms. Barron inquired, when the building re-opens, will appointments continue.

Mr. Brown responded his idea would be that appointments would not be required. There may be departments, and citizens, that prefer appointments. He did not feel like the appointments should be taken away, but it would not restrict someone from just walking in.

Ms. Barron inquired if the County was interested in producing a video of what to expect, and the protocols, when citizens arrive at 2020 Hampton Street.

Mr. Brown responded this is a good point. There are some things that need to change due to the new guidance, but there is already a video just as Ms. Barron described.

Ms. Barron stated the County should not just make the video, but push it out to ensure everyone knows about it.

- d. **In-Person Council Meetings** – Ms. Barron stated as Mr. Brown is planning to re-open to the public on July 1<sup>st</sup>, Council should go back into Chambers on July 13<sup>th</sup>. She noted a discussion took place about putting up temporary shields on the dais.

Mr. Brown stated, if we were to go back into Chambers on July 13<sup>th</sup>, CDC guidelines would be followed. If the guidelines change prior to the meeting, any necessary modifications will be made.

The following factors need to be taken into consideration:

1. Face coverings will be required in Chambers;
2. Number of Attendees;
3. Physical (Social) Distancing Limitations;
4. Length of meeting;
5. Mixture of vaccinated and unvaccinated attendees;
6. All attendees will be required to complete temperature screening;
7. All attendees who are not members of the same house or workgroup will be asked to distance themselves from others;
8. All surfaces will be sanitized before Council meets with a 24-hour disinfectant application;
9. Temporary protective shields will be placed on the dais, podium and staff work tables in Chambers;
10. Provide face coverings for individuals who are frequently speaking;
11. Make hand sanitizer available in Chambers; and
12. After all meetings have been concluded, Chambers will be deep cleaned using an electrostatic application treatment.

Mr. Livingston inquired if there were any other meetings for Council on July 13<sup>th</sup> and if Councilmembers would be required to wear face coverings with the shields in place.

Mr. Brown responded the CDC would not require the masks because the shields would be around them, but they could wear a mask if they chose to.

Ms. Mathis responded there were no Council meetings before July 13<sup>th</sup>.

Ms. Newton inquired about the capacity of Chambers, and how capacity levels would be monitored.

Mr. Brown responded staff was looking at how to provide more space for citizens to enter the Chambers during the meetings. He noted he would suggest having staff work remotely during the meetings. The CDC guidelines do not address the percentage of capacity in an enclosed space.

Ms. Newton inquired how meetings would be streamed to those who did not attend in person.

Ms. Mackey inquired how committee meetings would be held.

Ms. Barron responded in-person would apply to all meetings.

Mr. Brown responded the sanitizing products used does not have to be reapplied in a 24-hour timespan. Chambers would be treated prior to the meetings. There would be sanitizing wipes in Chambers, as well.

Ms. Mackey inquired if attendees should enter and exit Chambers between meetings.

Mr. Brown responded they would not be required to leave. The product that will be used is a high touch product that does not require reapplying.

Ms. Newton noted most committee meetings are not held in Chambers. She inquired how those committee meetings will be handled.

Mr. Brown responded the same protocols could be used for the different locations and extra protection could be provided. He noted we would need to know how many extra Councilmembers might attend, in order to adequately prepare.

Mr. Livingston inquired about how Executive Session would be handled since the room used is small and enclosed. There have been times when Councilmembers did not leave Chambers, but the audience left Chambers.

Mr. Brown responded he was thinking about that issue, especially with staff potentially attending the meetings "virtually". He noted he was still working on a recommendation for Council's consideration.

- e. **ERAP Update/Community Engagement** – Mr. Brown stated as of May 21<sup>st</sup>, the County has approved \$2,256,000 in Emergency Rental Assistance Program funding. The County is still on target to meet their projection. On p. 30, there is a breakdown of applications by zip codes, which was requested at the previous meeting.

Ms. Barron stated she has had conversations with Mr. Brown about community engagement and some creative ways to get this information out into the community. Last week, there was a faith-based meeting with a few churches in attendance. However, she would have preferred to see a greater impact. She hopes staff will revisit engaging the faith-based community.

Ms. English noted, when she spoke with several of the associations, many of them have foundations in place that have been servicing the community for years.

- f. **Relief Funding Expense Plan Update** – Mr. Brown stated NACo has put out information on the American Rescue Plan, which is included in the agenda packet. In addition, the Government Financial Officers’ Association also put out some guidance. Right now there are multiple programs that potentially can be used. There is no specific guidance from the Treasury. One of the things he would like to consider is stipends for essential workers who worked on the frontlines.

Ms. Newton inquired about the amount of funding for the County

Mr. Brown responded the County has received approximately \$80M. The funds will be received in two tranches. The County will receive the first half, and then about 12 months later receive the second half.

Ms. Newton inquired if there were deadlines when the funds need to be expended, are we able to use the funds in advance of the allocation, or are we being told to wait until the funds are received.

Mr. Brown responded the funds must be obligated, not incurred, by December 31, 2024. Recovery funds must be spent, and all work performance must be completed by December 31, 2026. He stated he would prefer to receive the funds before any spending occurred. Other agencies are already spending their anticipated funding.

Mr. Livingston noted there were State funds for broadband. He inquired what the County is doing to make sure we get some of the funds the State has in regards to the recovery.

Mr. Brown responded the County has had one provider inquire if the funding is available. A member of the Senate had a conversation with staff about available funding coming down the pipe. He noted staff was planning to assign a staff member to lobby on behalf of the County

Mr. Livingston stated there are other counties lining up talking to legislators and other elected officials to try to get the State appropriations. He noted the County needs to have someone working on the County’s behalf. In addition, there are earmarks at the Federal level, as it related to recovery funds.

Mr. Brown responded he was not familiar with the earmarks, but he would have someone research this matter.

Ms. Barron inquired if Mr. Brown was aware of checks being dispersed to counties.

Mr. Brown responded, as of Friday, the County received an allocation of \$40M.

Ms. Thomas confirmed the County did receive \$40,375,000. A second allocation should be received in approximately 12 months.

Ms. Barron stated the County needs to move forward with putting things in place now that we have the funds available.

Ms. Thomas noted the Treasury is taking questions/comments to get final guidance. The final guidance should be available by July 16<sup>th</sup>. The employee stipend is relatively solid, but there are still lots of areas that are not quite as structured. As we get the information, staff will pass that along to Council.

Ms. Newton noted she would appreciate the County exploring sewer infrastructure.

Mr. Livingston requested Mr. Brown to begin providing Council preliminary recommendations for use of the funds.

5. **Adjournment** – The meeting adjourned at approximately 6:45 PM.