

Michelle Shoresman:

Good afternoon, today is Monday, March 30th, 2020. And you're watching the daily media briefings for the San Luis Obispo County, COVID-19 emergency response. My name is Michelle Shoresman, and I'm the designated media contact for our public information team. We took the weekend off from these briefings. However, we did send out two media releases related to state park closures and the extension of deadlines related to submission of Transient Occupancy Tax. So please look for those on our website at ReadySLO.org. This afternoon we have three speakers for you. We will begin with Emergency Services Director and County Administrative Officer, Wade Horton. He will be followed by San Luis Obispo County, District 1 Supervisor, John Peschong. That's John Peschong, spelled J-O-H-N-P-E-S-C-H-O-N-G.

Michelle Shoresman:

County Health Officer, Dr. Penny Borenstein, will speak last before they all take questions. And once again, we'll request that the speakers remember to repeat their questions before answering them. Also, before we begin, thank you again to Robin Babb, our American Sign Language interpreter. And now, San Luis Obispo County Emergency Services Director and County Administrative Officer, Wade Horton.

Wade Horton:

Thank you, Michelle. Good afternoon, Wayne Horton, County CAO and Emergency Services Director. Have some good news today. We began standing up to Cal Poly, alternative care site, or the ACS. We should be done with improvements this week, and we are on schedule to open the site Wednesday, April 8th. If our local hospitals reach capacity, the ACS will allow us to care for patients as needed. We're configuring the ACS to accept patients in phases. Phase one will accommodate up to 165 patients, and our overall plan ultimately allows for 931 beds. We expect to have the medical supplies and the materials on hand to meet the ACS capacity. We've had over 200 individuals register for the Medical Reserve Corps. We appreciate those who are signing up, and we are processing applications to create the ACS staffing plan, but we still need your help.

Wade Horton:

If you are a trained medical or mental health professional, assistant or technician, or have American Sign Language experience, please sign up at the Medical Reserve Corps for the Medical Reserve Corps at ReadySLO.org. We are processing available PPE, or personal protective equipment, orders and getting the items to our first responders, our physicians, and hospitals as they come in, as that PPE comes in. I'd like to thank our county logistics team who are working around the clock sourcing these critical items from suppliers all around the world. Also, we have an estimated delivery date for the 25 ventilators on April 13th. These ventilators will be distributed among our four hospitals, so we can keep critical care patient...

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Wade Horton:

... among our four hospitals so we can keep critical care patients in the hospitals. The CAL Poly ACS site, that Alternative Care Site I was talking about, those will treat COVID-19 patients who require oxygen and fluids, but not intensive care.

Wade Horton:

If you would like to donate personal protective equipment, PPE, for first responders, please visit ReadySLO.Org for instructions. Our care and shelter response program is in full swing. We've opened two safe parking sites, one at Los Osos Library and one at the County Oceano Dunes park. Those are open 7:00 PM to 7:00 AM. These sites are monitored and provide bathroom and shower facilities. We're working on opening a third site in the city of San Luis Obispo this week.

Wade Horton:

Food delivery to seniors and health compromised individuals is also going well. To date, we've made over 400 food deliveries and have almost 300 scheduled for tomorrow. This service is available by signing up ReadySLO.org or calling our Phone Assistance Center at 805-543-2444. Over the weekend, as Michelle said, California State Parks added the Oceano Dunes Vehicular Recreational Area and Pismo State Beach to its list of temporary closures. These areas are closed to all vehicular traffic. Walkers are still able to access these two park areas and day use restrooms remain open as of now. However, please practice that six-foot physical distancing while using these areas so we can keep them open.

Wade Horton:

This public health crisis is causing many ripple effects. Our region's businesses and workforce are facing economic pain and hardship. It's a top priority to find paths for relief and recovery for our local economy. The county is partnering with REACH in collaboration with our cities, chambers and businesses to develop a plan of action for business relief, recovery and resiliency. This plan will be focused on how to recover from this crisis in the most effective way possible. More to come on that on.

Wade Horton:

I'll now turn it over to our first district supervisor, John Peschong.

John Peschong:

Thanks, Wade. One of the guiding principles here at the EOC is trying to find a balance between keeping the community safe and preserving some aspects of normal life. There's a challenging situation in our community and it's challenging everybody, from the northern part of the county to the southern part of the county. We're continuing to evaluate and adjust these decisions in real time as the situation evolves, and it does evolve, sometimes in half hour, hour, 10 minutes, a minute.

John Peschong:

There's a lot of work happening behind the scenes and I wanted to take this opportunity to help shed some light on what's going on here and how decisions are being made. As a county, we have a lot of difficult decisions to make. Those decisions are not being made in a vacuum. We're working with partners at every level and getting the best information possible out to everybody to inform those decisions. Locally, we're working with community groups, government agencies, business groups, we're also working directly with city liaisons, elected officials, sometimes asking city managers to join us in person out here at the Emergency Operations Center.

John Peschong:

One example I'll share relates to something Wade just talked about, which is the Alternative Care Site, where we'll be able to provide additional care in need that exceeds the capacity if our local hospitals don't have that room. We're working with Cal Poly, Dignity Health, Tenet Health, plus RRM Design

Group, Thoma Electric, Trust Automation and many other private sector partners. We are working with local private sector partners to procure protective equipment for our healthcare workers. At the state level, we're working closely with Cal OES and the California Department of Public Health. We have a National Guard liaison here at the Emergency Operations Center. And of course, nationally, Dr. Borenstein is working regularly in close contact with the experts at the CDC, the Center for Disease Control.

John Peschong:

The Emergency Operations Center serves as the home base for responding to COVID-19. The EOC is the central command facility and structure responsible for exchanging information and making strategic decisions to protect our community. This follows national protocol. In short, the EOC takes information in, makes decision and then puts the information out into our community. Wade Horton is leading the EOC in his role as the emergency services director, Dr. Penny Borenstein, our county health officer, is serving as incident commander, and Mr. Horton and Dr. Borenstein, they bring expertise and years of experience and training to their roles here at the EOC.

John Peschong:

As our team is working on this response, I want to remind each of you that we have a role to play too. Please, stay at least six-feet away from others when conducting the essential activities, such as waiting in line at the grocery store, banks or even going outdoors. And I want to thank a lot of people who have actually at their stores, put markers down on the ground. I saw them at the bank, I've seen him at the grocery stores over the last days. Thank you for reminding us and keeping us six-feet away.

John Peschong:

As I talked about this in my community in the northern part of this district, tough times don't break us, and I've heard this many, many times. The tough times don't break us, they make us who we are, and that's going on right now in this community. And I wanted to thank a few people. Today is actually National Doctor's Day, so thank you and I thank all the doctors that are out there as well as the nurses and the hospital staff.

John Peschong:

I want to thank the truck drivers, the grocery store workers, the delivery drivers, the medical professionals, public safety workers, restaurant workers, the ag workers, sanitation workers, first responders, volunteers, the warehouse workers, especially the ones at the food bank that are out there working for us right now, meal and food delivery workers, energy workers, gas station workers, linemen and our friendly neighbors, because that's what's making a difference in this community.

John Peschong:

With that, I want to thank everybody for letting me be here today, but thank you for all you're doing in this community, and I'll turn it over to Dr. Borenstein.

Dr. Penny Borenstein:

Thank you, Supervisor Peschong. I'm Dr. Penny Borenstein, the county health officer. I will give you our daily update on numbers. We stand at 77 cases in the county. We have done 416 tests at the county level. We continue to work to get the total number of cases done on behalf of our residents from the

private laboratory. I know I've been saying for a couple of days that that's forthcoming. That is still forthcoming.

Dr. Penny Borenstein:

Amongst the cases, we now have 43 who are at home in isolation. 27 have fully recovered, eight are in the hospital. Of that eight, one is in the intensive care unit, and that is the same individual that is continuing to struggle with this disease. These case counts will continue to go up, but we are seeing modest day-over-day increases and we're thankful for that.

Dr. Penny Borenstein:

I did want to talk a little bit about physical distancing and particularly address our youth and teens in particular, that we have gotten to our Phone Assistance Center as well as our compliance line. Quite a few inquiries about, or not inquiries, concern-

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Dr. Penny Borenstein:

that our youth are having the hardest time in social distancing or physical distancing. They actually are very good at using apps and remaining in social communication. So I really want to implore our youth that they use that means of communication at this point in time, and not gather in groups. We are continuing to see youth that are out of school, gathering. I know I've talked the last time about pickup basketball games, but even beyond that, just friend-to-friend, going house to house. Gathering in small groups at the school or the playground or wherever teens are are gathering. I really want to implore teens to find other ways to communicate with their peers. There's all manner of opportunities out there, be it Zoom or WhatsApp or FaceTime, and probably many apps that I'm not even aware of.

Dr. Penny Borenstein:

But I also want to very much reach out to the parents of those teens, to communicate with their teens. Not just about how to communicate and and retain that physical distancing, but also to check in with your teens as to how they're doing. I know I last night had that conversation with my 14-year-old daughter. I hadn't actually seen her in a couple of days because of my involvement in this response. And it's really important for parents to check in with their teens. They need social connectivity. This is a prime time of life when teens very much rely on their peers.

Dr. Penny Borenstein:

But they also very much look to their parents for guidance and support and calming instructions. And so I ask that all parents really do have that kind of communication with their teens. Not just about finger wagging. "No, you may not go to Sally's house." But also so what does this mean for you in terms of not necessarily having school for the rest of the year. Not being able to get together with your friends. Not see your boyfriend. Those kinds of conversations are important to our youth and will help us all get through this together.

Dr. Penny Borenstein:

I did want to just circle back for a moment on this ACS site. You heard from Mr. Horton talk about what it is in terms of an alternate care site and a place that should we need to, have patient care that exceeds

the hospital's maximum capacity. So I want to talk a little bit more about what that would look like. We do, as you know, plan to use Cal Poly's gymnasium. We plan to have available cots and bedside tables and hydration and people spending time with those patients, tending to their needs. But it is not a field hospital. So I want to be clear because folks are beginning to hear of other places in the country, New York City. I just saw in the media today that they are planning on setting up a field hospital in Central Park, New York City. That is not what we are looking at. We are looking at providing a level of care that is somewhere between home isolation and acute care hospitalization.

Dr. Penny Borenstein:

So we will be providing hydration, primarily by mouth. So making sure that our patients are drinking adequately to maintain their hydration. Should they need the next step up, there is the opportunity to provide hydration by intravenous route or IV. With this disease, one of the things that is predominant is difficulty in maintaining oxygenation because of the impact to the lungs. And so oxygen support is one of the main things that we plan on having at the alternate care site, but not by ventilation. So what that means is we do not plan on having people with intubation tubes down their throat and mechanical ventilation, but rather support of oxygen either through a nasal cannula, little prongs in the nose, or mask. And those will be the primary services that we envision at this facility.

Dr. Penny Borenstein:

I think it's also important to think about what the turnover might look like in such a facility. We are seeing somewhere between seven to nine days locally and across the nation as the length of time that someone needs this added support. If someone after that first week, which has proven to be an issue for many people, needs to step up the level of care, they will absolutely be immediate transport from our ACS to the hospital as necessary. And in the other direction is possible too. If someone needs to get discharged from the hospital because they no longer need that hospital level support, but they are not quite ready to go home and go on their own, we will have transport from hospital to ACS. So with that I will open it up for questions.

Speaker 2:

Dr. Borenstein real quick, the number of patients that have been recovered, 27 or ... what was the exact number on that? Just to clarify.

Dr. Penny Borenstein:

Yeah. It was, sorry, 27.

Speaker 2:

It is 27, okay. And then a question for you. Maybe not happening here locally, but there's been some speculation that in some trials that the plasma of people that have recovered had been infused. Is that something the county is looking at? What can you talk about? Because I know there's been some news in social media about it.

Dr. Penny Borenstein:

Right. Yeah. So there's a number of avenues that are being looked at globally and in the United States regarding options for treatment. We've talked previously about medication options. All of those are still in clinical trials. There is no FDA approved medication. The FDA though has actually approved the

opportunity for what's called convalescent plasma infusion whereby getting the antibodies through plasma of recovered patients and delivering that to patients who are now struggling with the disease. I don't know if our hospital care systems have fully vetted that yet, but I know it's in their wheelhouse to be thinking about it and looking toward the possibility of using that. But, we don't have any concrete plans at this time in our county.

Speaker 3:

Dr Borenstein, can you share the demographics of the hospitalized patients or their age range?

Dr. Penny Borenstein:

I have it for all of the cases. I don't have that compartmentalized by those who were in the hospital. I can anecdotally tell you, because I look at the board basically every day, that the majority of the patients who have needed hospital-based care are in the senior population. And the balance of them, perhaps with rare exception, are individuals who have underlying medical conditions. To my knowledge we have not seen a young, perfectly healthy individual needing hospital-based care.

Speaker 4:

Doctor, I think you answered this. But, the average hospital stay is seven to nine days-

Dr. Penny Borenstein:

Yes.

Speaker 4:

... and that's kind of a limiting factor of the hospital beds. If somebody goes in, they're going to be in for a week plus.

Dr. Penny Borenstein:

Right. And that is why all of the protective measures that we're putting into place, as we've repeatedly said, is about trying to spread out the onset of illness over a course of weeks to months so that not everyone gets sick at the same time and needs that one week hospital stay. If it was a day-

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Dr. Penny Borenstein:

a day in and day out, people needing a day in the hospital, we would have a very different situation than people needing a week in the hospital. I'm sorry, I have not been repeating the question. The question was given that the average length of stay being more on the seven to nine days, how does that impact our surge and meeting the maximum capacity of the hospitals. Basically my answer was yes, because of the length of stay that puts a higher burden on our hospitals.

Audience member:

All right. Question for Wade. In terms of today's alternate care sites work there, what's going to happen? What started today? You said it'll be operational by next Wednesday. What needs to be done? That seems like a pretty big undertaking in a short period of time. Did you talk about what started today? What kind of needs to happen incrementally?

Wade Horton:

The question was, what's happening today with establishing the alternate care site? The first one thing we're doing is we're installing overhead trusses, so we can run oxygen lines and electricity in order to support the beds and the oxygen system that Dr. Borenstein talked about. There's also life support systems that need to be live. When I say life support, I mean making sure that there's a clear route, designated routes with partitions and such, to route people to restrooms, to shower facilities. Really what we're doing is anticipating having 165 people to start, and how we can lay out that facility to accommodate them.

Wade Horton:

When you think about setting something like this up, you have to have laundry contracts. You have to make sure you have food contracts set up. You have to make sure that there's security, and how are you going to control people coming in and coming out? There's a lot of steps that are required in order to establish a site like this.

Wade Horton:

The physical requirements, the building out and the partitioning of the open space, and we're using the rec center, not the gym, but the rec center. That will require about a week's worth of work. After we're complete with that, what's important is we'll have the physical site ready, but then we need the Medical Reserve Corps volunteers to staff it.

Wade Horton:

Right now at this point, we believe we have the required staffing to start that first 165 bed facility. However, if we need to expand it out, we need more people. If you're watching, please, and you have the skills that we're looking for, please go to ReadySLO.org and sign up so you can be part of helping out our community.

Audience member:

The county has all the necessary equipment, all the beds, partitioned. I mean that's all something that has been planned out, I guess, years in advance?

Wade Horton:

No. The question was what about the beds, the equipment, how are you getting that? Well, we've done it all over the last week. That's what are our logisticians, our supply folks that are working around the clock getting that, those equipment that we need here, so we can install it. Critical PPE, oxygenators so we can create the oxygen onsite. Again, I'd like to really express my gratitude to RRM Design Group, Trust Automation, and Thoma Electric. They are working around the clock as well. They're helping us source material so we can meet this critical deadline to be ready in case the hospital capacity is overwhelmed. We need to find beds to care for our sick.

Audience member:

The reason I ask is you can hopefully expand to four to 700. Are you sure that the necessary equipment will be there when you need it?

Wade Horton:

Yeah, so we're planning right now to have the physical improvements for the 700, but we're going to open the phases up and occupy the different areas of the rec center in phases. If we don't need to go to 931 people, we don't have to. We want to bring the workers in and the folks that are building the floor plan out once. We don't want to bring them in again once we have patients there. The physical requirements will be established, but we'll be operating it and opening it up in phases.

Speaker 5:

Oh. This is a question for you. Does the county plan on shutting down the road to Montana de Oro? From my understanding that road is still open.

Wade Horton:

The question is does the county plan to shut down the road to Montana de Oro? Not at this time.

Speaker 6:

I had one question that was emailed in from our reporter that couldn't be here. That question is, we are hearing that couples and even entire families are heading into grocery stores together, not allowing for much social distancing. Are there any protocols that are being discussed to encourage people to limit who goes to the store when [inaudible 00:29:16]?

Wade Horton:

The question was family units are going together to stores in order to purchase goods. Is there anything that we're doing to discourage people from going to stores as a family unit? We encourage social distancing as much as possible, or I should say, physical distancing.

Wade Horton:

If you can send one person out to the store, please do so. We also realize that because of childcare situations that might not be possible. To the extent that we can stay home, comply, or work with each other to physically distant, to get through the surge of this disease that's coming, and allow capacity for our healthcare system, that's what we're trying to do right now.

Wade Horton:

It's painful. I know if you're out of work, it's very challenging time. The challenges that we are taking up upon ourselves right now, it'll help us get back to normal as quickly as possible.

Speaker 6:

Any additional questions?

Wade Horton:

Thank you.

Dr. Penny Borenstein:

Thank you again all for coming today and tuning in online and on TV. A few final reminders: all the information and resources that we've discussed here today and that we've released previously, are of course on ReadySLO.org.

This transcript was exported on Mar 31, 2020 - view latest version [here](#).

Dr. Penny Borenstein:

You can find our virtual local assistance center there, which is a one stop shop, so to speak, for people looking for assistance of all types, as well as volunteer opportunities including the medical reserve corps. We also continue to maintain our public health information line that's available 24 hours a day for recorded message, as well as the phone assistance center, seven days a week between 8:00 and 5:00.

Dr. Penny Borenstein:

Lastly, our next briefing will be tomorrow afternoon, again at 3:15. Please remember to tune in on our San Luis Obispo County public health Facebook page, or our county homepage, as well as on KSBY and KCOY. Thank you. Be well and we'll see you tomorrow.

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