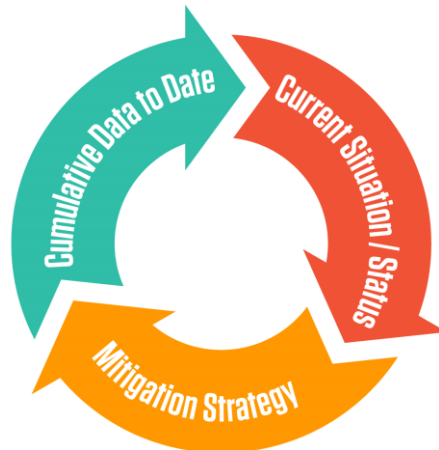




SOUTHERN NEVADA REGIONAL RECOVERY ORGANIZATION

**WEEKLY ACTION PLAN INITIAL REPORT
AUGUST 14, 2020**



Executive Summary:

Clark County, Nevada, is one of seventeen counties in the state, with a residential population of over 2 million persons living within 8,060 square miles bordering Arizona, California, and Utah. The incorporated cities and unincorporated towns and areas that make up Clark County are a major national and international tourist destination, and at any time prior to COVID-19 there were between 100,000 to 300,000 tourists from around the world visiting the area. The challenges presented with having such a diverse residential and international transient population located in the extreme climate of the high desert with limited transportation options requires optimal planning and efficient distribution of resources.

This weekly Action Plan is representative of a collaborative planning effort among the five municipalities, Southern Nevada Health District and unincorporated Clark County. Partners were identified through the Southern Nevada Regional Recovery Organization Steering Committee, reporting to and through the Regional Policy Group.

Cumulative Data to Date

Introduction

This plan takes a targeted approach to ensure that the southern region policy makers and the State of Nevada have the information needed to continue to move forward strategically during the COVID-19 Pandemic and identify potential threats, gaps and strategies to mitigate unresolved issues. The collective desire of all stakeholders in Southern Nevada is to prevent future community disruption that would result in returning to any level of the previously identified restrictions of Phase 1. This plan is broken down by metrics provided by the state. These Critical Statewide Metrics are:

1. Hospital Capacity
2. Access to Personal Protective Equipment
3. Testing Capacity
4. Case Investigation and Contact Tracing
5. Protection of Vulnerable Populations
6. Enforcement

This report will start with a history of what has already occurred to date, focusing on the Critical Statewide Metrics, and conclude with mitigation strategies. Moving forward the “history” portion of this report will be excluded, with the focus being on specific breakdowns of the metrics, coupled with the mitigation strategy and appendices.

Purpose

In the event of a public health emergency, the Southern Nevada Health District is the lead agency and serves as the authoritative source of information. The Clark County Multi-agency Coordination Center (MACC) serves as the single point of coordination and support for first responders, transitions to lead community recovery efforts. This plan has been tailored to the data and findings in the following assessment. The metrics provided by the state are intended to measure success and drive decisions. Also, intended to ensure that our region identifies any state and federal resources that are necessary for implementing this plan.

This plan engages the support and planning services of:

- City of Las Vegas
- City of North Las Vegas
- City of Henderson
- Boulder City
- City of Mesquite
- Clark County
- Southern Nevada Health District

There continues to be community-wide spread of COVID-19 in Clark County. During the time when businesses were shut down, cases began to level off and hospitals were seeing fewer COVID-19 cases being admitted. Staffing levels at hospitals were able to manage their entire census including COVID-positive patients. Obtaining Personal Protective Equipment (PPE) remained an issue but was becoming more readily available.

Once the state moved into Phase 2 of the Governor's reopening plan, we started to see a surge in COVID-positive individuals. By this time, we had also increased our specimen collection and testing capacity which partially contributed to the rise in the identification of cases. In addition, businesses and individuals not following public health recommendations were at the heart of this increase in cases.

There are several activities occurring throughout the county that help us educate the public on social distancing, use of masks and facial covering, and other measures recommended to decrease the rate of COVID-19 transmission in Clark County. One of these activities is our community-based collection sites. We collected more than 110,000 specimens at the larger static sites being run by the MACC in partnership with University Medical Center (UMC). Both the MACC and the Southern Nevada Health District (SNHD) have devised our specimen collection strategy on targeting vulnerable populations, deploying strike teams to nursing homes, home health agencies, skilled nursing facilities and other long-term care facilities across the County, as well as offering testing to persons experiencing homelessness. We have also deployed strike teams, our mobile clinic, and set up community-based collection sites in medically underserved communities as well as "hot spots" in specific zip codes identified through our COVID-19 cases database, and GIS applications. These specimen collection events provide us the opportunity to test both symptomatic and asymptomatic individuals and provide an opportunity to educate participants about social distancing, the use of facial coverings, and other non-pharmaceutical interventions that can decrease the spread of the disease.

Additionally, SNHD has stepped up its capability to conduct case investigations and contact tracing, initially by diverting staff from other SNHD program areas, and more recently hiring new staff, volunteers, and exploring previously untapped community resources to assist in this endeavor as described further in Section 4 of this assessment.

The public information component has been a critical element of response, allowing us to enhance SNHD access to diverse segments of the Clark County population. The SNHD Coronavirus webpage is widely followed in our community and beyond, it provides guidance for both the public and businesses on how to prevent the spread of this disease at home, public places, and the workplace. SNHD developed an interactive dashboard available to the public that shows daily updated reports of cases, hospitalizations, and mortality numbers as well as trends up to the zip code level. The Health District has also developed near real time applications for electronic notifications to new positive cases and their contacts, a portal for

clients tested at SNHD events to access test results, a community calendar where residents and visitors can find available locations for testing, and most recently, a registration/appointment feature for SNHD community based testing events to shorten wait times at: Community fixed testing sites, Health District's main location, All Saints Episcopal Church, and other community events coordinated through the MACC and Medical Surge Area Command (MSAC).

Current Situation / Status as of August 11, 2020

1. Hospital Capacity

Southern Nevada hospitals complete a daily report to the Nevada Hospital Association (NHA) outlining their capacity. This includes, but not limited to percentages of licensed beds occupied, adult ICU beds occupied, percentage of ventilators in use, number of COVID-19 patients in ICU and on ventilators. This report from NHA can also be broken down into individual hospitals.

Plans are in place to surge once hospital capacity reaches 125%. Hospitals will surge internally first, beginning with canceling elective surgeries to address any needs from an increase in patients, to include both COVID and Non-COVID patients. Some hospitals have plans in place to lease buildings that have been identified to handle patient care. Once that capacity is met, SNHD will stand up their 30-bed facility, which is nearing completion. The trigger to operationalize the Las Vegas Convention Center Alternate Care Site (ACS) and 900-bed capacity is engaged upon exhaustion of all other efforts.

The Cashman ISO-Q was established in a coordinated effort between the City of Las Vegas and Clark County to conduct acute observation for persons experiencing homelessness who may have been exposed or presenting with symptoms of COVID-19. This facility provided the means for isolation or quarantine without impacting local hospitals or allowing additional exposure at normal places of refuge. Although this facility has been demobilized, plans are in place to re-establish as necessary.

2. Access to Personal Protective Equipment (PPE)

From the beginning of this incident, PPE has been an obstacle which many jurisdictions and businesses had to overcome. Clark County MACC has worked extremely closely with the State of Nevada Department of Emergency Management (NDEM), and together options for vetting and procurement have been shared. Hospitals, Clark County and City Jurisdictions have been actively sourcing and purchasing PPE, even while there was a lull. This will be a practice which will not cease anytime soon.

3. Testing Capacity

The Southern Nevada region has been aggressive when it comes to testing its residents and visitors. For the general public, Clark County has established fixed locations to produce large

numbers of results in all jurisdictions (Texas Station, UNLV, Fiesta, Cashman, Orleans). Testing at fixed locations is supported by the UMC Laboratory. Other approved COVID-19 testing locations are supported through commercial and private laboratories. The SNHD and Clark County Strike Teams pair up to set up “pop-up” sites to address specific areas of the community where SNHD has seen an increase in positive cases (this will be addressed in further detail under vulnerable populations). This too encompasses multiple jurisdictions. All testing in Southern Nevada contributes to identification of positive and negative results of population and visitors.

UMC has partnered with the MACC and the hotels to ensure the employees are tested and are applying CDC guidance for when an employee is no longer infectious prior to returning to work.

There are many clinics that are conducting tests, but they are not affiliated with the SNHD or Clark County so we do not name them, as they can stop testing without notice.

Testing criteria is as follows: symptomatic, asymptomatic, all ages, vulnerable populations, correctional facilities, SNF’s, LTAC’s, and “hot spots”. Following the most recent CDC guidelines for testing will be adhered to.

Testing

To ensure testing is conducted, it is a Southern Nevada approach to meet the needs of the community:

- Cashman Center - 3200 test capacity a day, slotted until the end of the year
- T&M, UNLV - 1600 test capacity a day, slotted until the end of the year
- Strike Teams - “hot-spot” priorities based upon zip codes provided by the SNHD in coordination with MACC and MSAC
- Contract with UMC for various jurisdictions for the testing of their critical infrastructure and first responders
- Local Fire Departments continue weekly tests for their communities
- Local Fire Departments test their employees monthly

Limitations:

- Collection kits from SNHD
- Staffing
- Testing capability of UMC, SNPHL, NSPHL, Commercial and Private Labs
- Delays in testing reagents and laboratory consumables needed for testing
- Laboratory result reporting and infrastructure

4. Case Investigation and Contact Tracing

Description of current contact tracing work force.

Due to significant increases in the number of positive cases in recent weeks, SNHD needs a minimum of 700 staff dedicated to contact tracing and case investigations as identified in a National Association of County & City Health Officials Position Paper for COVID-19 contact tracing capacity during an emergency dated April 16, 2020, which recommends that there be 30 contact tracers for every 100,000 persons. To date, the SNHD has 150 contact tracers, with an additional 100 scheduled to be available for the following week.

Overview of contact tracing findings suggesting high-risk areas:

SNHD produces daily reports tracking total case counts per zip code, in addition to monitoring case, hospitalization, and death rates by demographic segments. As of August 6th, there are 17 zip codes with greater than 1,000 cases (cumulative) in Clark County. SNHD also produces ad-hoc reports to assess high-risk areas and testing efforts, as well as to support additional COVID-19 response and planning efforts. SNHD closely monitors case counts per reported place(s) of exposure through internal reports produced daily, reviewing newly identified locations while also continuing to track total case counts per previously identified locations.

5. Protection of Vulnerable Populations

Vulnerable populations can be broken down into multiple categories. Some of the areas Southern Nevada has focused on is skilled nursing facilities (SNF's), long term care facilities (LTAC's), zip codes which showed a higher positivity rate, and Hispanic communities. As requested by the Federal Government, a combined effort of SNHD, Clark County, and private agencies conducted a "blitz" approach to SNF's and LTAC's in May/June 2020. The zip code approach was recognized from data collected by the SNHD and "strike teams" would focus on those areas when developing where to test. For Hispanic communities, Chairwoman Kirkpatrick, along with other public and private partners, focused on messaging and ensuring there was dialogue between community leaders to confirm education and testing was occurring in the Hispanic areas as they have shown to have a high positivity rate as well.

Overview of efforts and interventions in skilled nursing facilities:

As mentioned previously, SNHD and the MSAC have conducted sample collection at more than 25 of these facilities. We also have provided testing for those facilities that have had outbreaks. However, SNFs are now conducting their own testing through a directive from the State DBPH, Bureau of Healthcare Quality and Compliance. The Southern Nevada Public Health Laboratory (SNPHL) supports other testing with senior facilities coordinated through the MSAC. Collection kits are provided to strike teams and directly to facilities identified by MSAC.

Overview of efforts and interventions in correctional facilities:

SNHD has conducted both targeted and ongoing specimen collection events at correctional facilities in Clark County. Testing instrumentation is currently being secured to allow some of these facilities to provide testing for their population instead of it being done at the SNPHL or commercial labs.

Overview of efforts and interventions in high-risk communities:

As mentioned previously, SNHD and the MSAC use zip code "heat maps" of positive COVID cases to identify areas in which to target specimen collection. They also use case data from daily reports to identify the demographic populations with the most disease burden to conduct outreach clinics in those areas.

6. Enforcement

Business License Compliance Officials, Code Enforcement Officers and Law Enforcement Agencies have been engaged in enforcement activities since the first business shutdowns attributed to the COVID-19 pandemic. The effort has been done through traditional business license enforcement activities as well as non-traditional such as information campaigns that included printed materials that assisted businesses in understanding the impact of the Governor's Directives and social media campaigns targeted at businesses and residents. Traditional business license enforcement tools include verbal warnings, written warnings, notices of violation, civil penalties and misdemeanor citations, the terminology is slightly different in each jurisdiction, but functionally the same.

Throughout the COVID-19 response the jurisdictions have been working closely together and have conducted a conference call each week with the Nevada Attorney General's Office to clarify issues that arise each time there are new directives from the Governor's Office. Wherever possible, the jurisdictions in Southern Nevada and the Metropolitan Police Department have tried to have a similar approach to how compliance is being done in the community. The jurisdictions have also shared complaint information about particular businesses or issues that may be impacting an entire industry.

The information sharing among entities has risen to new levels because of unprecedented communication with staff from the State of Nevada. On a weekly basis local jurisdiction staff are communicating with State employees from the Division of Industrial Relations, Nevada OSHA, Attorney General's Office and Gaming Control. These types of communications were typically done for specific incidents, however, in the past few weeks this has become routine and will help build a coordinated enforcement response from each entity in Southern Nevada.

Specific criteria for ongoing assessment:

Criteria	Last Updated 8/10/2020	Criterion Met	Criterion Not Met
Average Number of tests per day per 100,000 (14-day avg with 7-day lag) <150	265.3		X
Case Rate per 100,000 last 30 days >200	1,122.4	X	
Case Rate (Per 100,000) > 50 AND testing positivity > 7.0%	15.5%	X	

** A county is flagged for elevated disease transmission if it meets two of the three criteria in consecutive weeks.*

Legend: Critical Statewide Metrics

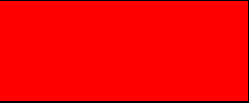
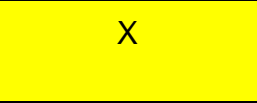
Hospital Capacity	<85%	86% - 95%	>96%
Access to Personal Protective Equipment	> 3-month supply	1 - 3-month supply	< 1-month supply
Testing Capacity	>535/day	480-534/day	<480/day
Case Investigation and Contact Tracing	>90% of contacts, contacted within 48 hours	>80-89% of contacts, contacted within 48 hours	<79% of contacts, contacted within 48 hours
Protection of Vulnerable Populations	Minimal impact	Moderate impact	Significant impact
Enforcement	95% Compliance of businesses	85%-94% Compliance of businesses	<84% Compliance or did not meet min. # of inspections

Hospital Capacity	X		
<ul style="list-style-type: none"> • ICU beds are at 71%, well within operational range. • Ventilators reported at 49% in use. • Staffing - case by case (hospitals are all different). • Medication treatments - Remdesivir (Fed supplied based upon ICU count). • PPE - at least a 15-day supply is green, 7-14 yellow, < 6 red. • Overall hospital capacity is holding steady. Additional information is supported by the attached Nevada Hospital Association report (Appendix A). 			
<p>Mitigation Action:</p> <ul style="list-style-type: none"> • Reached out to FEMA, traveling nurses for staffing. • Continue to monitor the surgical procedures daily. • Hospitals reduce the number of visitors to patients. 			
Access to Personal Protective Equipment	X		
<ul style="list-style-type: none"> • PPE is holding steady throughout the county. • The Battelle system is being utilized for N95 masks. • Distribution priorities are as follows: 1. Acute Care Hospitals 2. First Responders 3. Skilled nursing, assisted living and other vulnerable populations • Refer to PPE report (Appendix B). 			
<p>Mitigation Action:</p> <ul style="list-style-type: none"> • Clark County MACC will continue to work with its community partners to ensure they are operating at a level equal to or greater than yellow. • Jurisdictions are building PPE capacity for future resurgence of the disease. 			
Testing Capacity	X		
<ul style="list-style-type: none"> • Testing criteria is as follows: symptomatic, asymptomatic, all ages, vulnerable populations, correctional facilities, SNF's, LTAC's, and "hot spots". Following the most recent CDC guidelines for testing will be adhered to. • Targeted testing efforts---- As numbers are reported from the State of Nevada DHHS about vulnerable population facilities, the county and cities will contact those facilities and inquire about needs and determine if a strike team needs to be deployed or PPE needs to be provided. • During the week of July 28 through August 3, an average of approximately 5,615 tests were completed per day, a grand total of 39,307 tests were completed that week. 			
<p>Mitigation Action:</p> <ul style="list-style-type: none"> • Use zip code "heat maps" of positive COVID cases to identify areas in which to target specimen collection. • Use case data from daily reports to identify the demographic populations with the most disease burden to conduct outreach clinics. Continue targeted testing 			

in LTC, SNF, Senior Centers, elder care facilities and group homes to conduct specimen collection for this vulnerable population.

- Conduct test collection pop up events at businesses/facilities impacted by COVID-19 outbreaks, including the jails/detention centers, homeless encampments as necessary.

Case Investigation and Contact Tracing

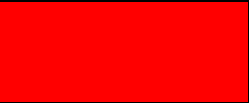
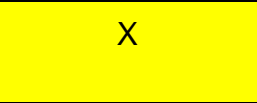


- Percent of positive cases contacted within 24 hours: 78.94 % (5183).
- Percent of positive cases contacted within 48 hours: 2.24 % (147).

Mitigation Action:

- The SNHD and the State of Nevada Health can provide local code enforcement offices with actionable trends data on repetitive contact tracing locations. Local Code Enforcement will follow up at those locations to ensure compliance and take necessary action. A heat map of those locations would be extremely helpful from any agency conducting contact tracing.
- Improve communication between SNHD and Local Jurisdictions.
- Improve communication between State, Local Health and EM.
- Solutions to ensure CBCS and testing locations are gathering correct information (*phone numbers) for contact tracing.
- Moving towards automated results being sent via text to improve timeframe on patient results.
- Percent of positive cases reported in the last 7 days will be contacted within 24 hours
- Address ways to track, gather and obtain critical information for contact tracing.
- Staffing needs to increase to the “30 contact tracers for every 100,000 persons”

Protection of Vulnerable Populations



- Skilled nursing facilities, correctional facilities, high-risk communities.
- Collaborative data and trends collected from various sources: SNHD, unincorporated and incorporated jurisdictions.

Mitigation Action:

- Need greater oversight and enforcement from the State Department of Health and Human Services on long term care facilities. Local jurisdictions will continue to follow-up with high risk facilities and aid as necessary.
- Standard protocol for testing in skilled nursing facilities. Frequency?
- Oversight with HHS to include items such as housing, testing social service needs to get patients back in correct facility.
- Continue to evaluate our Public Messaging Campaign, along with consistent education.
- Currently all inmates, CCDC or NVC are tested for COVID-19 prior to admission into the facilities.

- Inmates are placed into cohort groups from booking for a 5-day mandatory quarantine where all inmates are tested for COVID-19 prior to being moved into the general population.
- Currently all inmates are required to wear masks. CCDC and NVC staff as well as anyone coming into their facilities for any reason, are also required to wear a mask to prevent the spread of COVID-19.
- Staggered feeding inside inmate cells

Enforcement

X

- Ensure consistency with compliance across all the jurisdictions.
- Each jurisdiction responsible for conducting “2%” of inspections per their current physical address of business licenses.
- Minimum of 750 businesses inspected a day (combined with random visits and data driven decision making).
- Refer to the Consolidated Code Enforcement Report (Appendix C).
- Addressing recently open businesses/activities with guideline changes.
- Addressing specific zip codes with “hot spots”.
- Educate businesses and the general public of Directives and Safety regarding the requirement to wear a face mask in public, social distancing, and consistency with good hygiene practices.
- Review of business operational plans to ensure compliance and public safety.
- Respond to complaints in a timely manner.
- Courtesy visits to ensure compliance.

Mitigation Action:

- The county/cities are reallocating resources such as putting programs in place to tap into retired law enforcement and utilizing existing part time code enforcement officers to assist with the demand from the contact tracing data.
- Consistent policy from those decision makers to ensure there is consistency throughout Southern Nevada.
- Local jurisdictions need to move to closures and suspensions of those businesses who are not adhering to guidelines, with potential minimum of 36 hour closures (first offense), up to 14 days (second offense) and/or citations, with possible appearance in front of a court official.
- For public health, deployment of “strike teams” to enforce possible closures and suspensions of business, County Wide, if they do not adhere to the guidelines. Closures will depend on severity of violation.
- Inspections would need to occur 7 days a week, 24 hours a day. Not just the normal M-F, 0700-1700.