



## WASHOE COUNTY ASSESSMENT – August 19, 2020

### 1. Overall Assessment


COVID-19 is widespread in Washoe County and is mostly occurring through community transmission that is not tied to known cases of infection. Infection occurs throughout the locations that individuals visit in the course of commerce, employment, and recreation. We currently have sufficient testing capacity. To address issues that have occurred with lab turn-around times for test results we have contracted with Charles River Labs to utilize their newly developed local testing capacity to analyze a portion of the specimens collected at the Health District POST drive through testing site., Staff has been brought on to bolster disease investigations for contact tracing and the staff recruitment for expansion continues. The backlog of cases requiring disease investigation is being reduced and the contact tracers available through the State contract with Deloitte are being utilized for that purpose. The County is bringing on a marketing firm to improve messaging and community engagement to suppress the spread of disease. Private gatherings are identified as a type of event that is contributing to significant spread and where contacts with infected individuals can be identified. Outbreaks also continue to occur in households following one of the members becoming infected.

### 2. Hospital Capacity

#### **Status of staffed ICU beds, ventilators, staffing, medication treatments, and PPE.**

As of August 18, the relative burden on northern Nevada hospitals as a result of COVID-19 is 4% (hospitalized/ licensed bed count). Within the intensive care unit, the percentage of relative burden is 7% (hospitalized ICU/ licensed ICU beds). Staffed ICU beds in Washoe County hospital occupancy rates are 62% and 34% respectively for general hospital and intensive care units. If COVID-19 admissions increase, staffing will become limited. If this were to occur, hospitals within Washoe County are prepared to change staff models to continue to provide care for citizens and visitors. Ventilator usage is at 11% of capacity; 4% of those ventilators are required by COVID patients.

PPE is currently being purchased by healthcare facilities, as well as medication treatments.

 <b>Daily Hospital Stats</b> <b>18 August 2020</b>			On hand supply Ventilator Supplies	N95 mask	Other respirators such as PAPRs	surgical and procedure masks	eye protection	single use gowns	gloves
<b>PPE STATUS LEVELS</b>									
Northern Nevada Medical Center	1	Was hoe	>30 Days	>30 Days	7-14 Days	>30 Days	>30 Days	>30 Days	>30 Days
Renown South Meadows	1	Was hoe	>30 Days	>30 Days	>30 Days	>30 Days	>30 Days	>30 Days	>30 Days
Saint Mary's Regional Medical Center	1	Was hoe	>30 Days	>30 Days	>30 Days	>30 Days	>30 Days	>30 Days	>30 Days
VA Sierra Nevada Health Care System	1	Was hoe	>30 Days	>30 Days	>30 Days	>30 Days	>30 Days	>30 Days	>30 Days
Incline Village Community Hospital	1	Was hoe	NA	>30 Days	15-30 Days	>30 Days	>30 Days	15-30 Days	>30 Days
Renown Regional Medical Center	1	Was hoe	>30 Days	>30 Days	>30 Days	>30 Days	>30 Days	>30 Days	>30 Days

In Washoe County, Renown is allocated a set amount of Remdesivir. The regional hospitals (not just hospitals within Washoe County) have discussed the mechanism for Renown to sell them the medication if a patient qualifies so a hospital can keep a patient as long as they are able to provide the appropriate level of care. Renown may only sell to hospitals within Nevada and cannot sell across state lines.

**Status of Alternate Care Facility planning, staffing, and implementation.**

Renown Regional Medical center has converted the first and second floors of their Mill Street parking structure into a sophisticated, cross-functional Alternate Care Site. This location was equipped with waterproof flooring, electrical infrastructure, lighting, water, flushable toilets, technology and wall partitions in addition to beds and basic patient care support equipment. This increased their ability to cope with the spread of COVID-19 by about 173%.

**Assessment of overall hospital capacity and metrics that will determine expansion to Alternate Care Facilities.**

Washoe County Hospitals currently have good capacity and the Nevada Hospital Association reports the northern Nevada healthcare infrastructure remains in good condition. The Alternate Care site at Renown is already built and will remain in place until next year. If conditions significantly change, discussions for further expansion will take place. Washoe County has plans for establishment of an additional alternative care facility at the Reno-Sparks Convention Center that were prepared by the Army Corps of Engineers and has already purchased beds and equipment if the facility needs to be established.

**3. Access to Personal Protective Equipment**

**Status of Regional PPE on-hand:**

<b>Warehouse Inventory</b>	
Description	Count
Coveralls - Medical	86
Disinfectant - Hand Sanitizer - 12 oz	166
Disinfectant - Hand Sanitizer - 16 oz	27
Disinfectant - Hand Sanitizer - 128 oz	4
Faceshields	566
Gloves - Medical - XL	0
Gloves - Medical - L	1500
Gloves - Medical - M	600
Gloves - Medical - S	0
Gloves - Food Grade - S	3000
Gloves - Food Grade - M	0
Gloves - Food Grade - L	5000
Gloves - Food Grade - XL	6600
Gowns - Cloth - (GC)	150
Gowns - Medical	0
Gowns - Non-medical	100
Gowns - Plastic (LL)	13
Mask - Level 1/Surgical	1500
Masks - N95 Aura 3m 9211+	2140
Masks - KN95 3M 9541V	207
Masks - KN95 3M 9501+	50
Masks - Delta PFF2 Small	7
Masks - KN95 Washoe	38,750
Masks - Swedish Dish Cloth	3,500
Masks - Cotton - Haynes	3,500
Pads - Alcohol Prep	160

### Distribution Priorities:

Should multiple competing requests for PPE come through to the region the priority for distribution would be based on emergent need. For instance:

1. COVID Positive Facility
2. Hospitals and First Responders (LE/EMS/FIRE)
3. Urgent Care
4. Secondary medical facilities such as rehabilitation facilities

### Current PPE Assessment:

Our current assessment is that surgical gowns and PAPRs are still incredibly difficult to source on the open market.

Metrics for instituting emergency resource procedures in the future include the inability to source a critical safety item on the open market.

### Health District PPE:

Item	Unit	Number of		Total
		Units	Number/Unit	
Nitrile Gloves	BX	1,069	100	106,900
Vinyl Gloves	BX	274	100	27,400
Exam Gowns	EA	78	50	3,900
Cloth Gowns	EA			1,000
Face Shields	EA			4,253
Surgical Masks	EA	3,120	50	156,000
Tychem Suits	EA	206	12	2,472
PAPR Head Coverings and Hoses - assorted	EA	90	1	90
N95 Masks	EA	1,829	20	36,580
<b>Ordered</b>				
Nitrile Gloves	BX	300	100	30,000
N95 Masks	bx	8	240	1,920

## 4. Testing Capacity

### Testing Criteria:

Testing is currently open to individuals seeking testing whether they have symptoms or are asymptomatic. In order to ensure testing of priority populations there is a mechanism to close testing to asymptomatic individuals if capacity for testing all individuals is exceeded. In this case testing is prioritized for symptomatic individuals, case contacts, and priority populations of

first responders, healthcare workers, staff of long-term care and assisted living facilities, and RTC drivers. The Health District has contracted with REMSA for additional personnel to assist with specimen collection at the POST and hired additional nursing staff for this purpose. Testing is scheduled through a call center or online. Testing is provided at no charge. The 15 Call Center staff conduct the scheduling, provide the lab paperwork and labeling for the testing and provide the follow-up reporting of lab results. REMSA is on contract for an external 24/7 call center to assist people with the risk assessment process available on the website.

**Number of People tested in a day/week:**

As of August 18, an average of 839 test results per day were reported for Washoe County or 175.47 tests per 100,000 population. For the week ending on August 18, 5092 test results were reported for Washoe County, for an average of 727.43 tests per day or an average of 152.13 tests per day.

The Health District is aware of a problem occurring with reporting from one of the testing labs through the State NBS system and is working with the lab and the State on this issue. The lab has provided WCHD with positives detected over the past two weeks and the Health District is comparing these to positives already received through NBS today, August 19, 2020. So the number of test results reported from Washoe County are known to be undercounted.

In addition, the demand for testing from the public has declined. People that have sought testing and have been scheduled for testing through the POST has declined over the past several weeks.

The Washoe County Health District provides drive through testing at the Point of Screening and Testing located at the Reno-Sparks Livestock Events Center. The standard POST capacity is 525 tests per day however, actual testing conducted has exceeded 700 tests per day at that site.

**Targeted Testing Efforts for high-risk communities, outbreak intervention, and other efforts:**

WCHD continues to coordinate the distribution of test kits, provided by the Nevada State Public Health Lab (NSPHL), to skilled nursing facilities in addition to other senior living facilities. Once a medical director is identified for a facility, WCHD facilitates the establishment of a client account with NSPHL and subsequent Lab Requisition Form. WCHD then provides instruction for completion of the lab requisition form, specimen collection, and handling/delivery directly to NSPHL for analysis. Test kits, labels and collection bags are provided upon request. The test kit distribution numbers are provided on the daily ICS 209 Form.

To date, WCHD has distributed 2,424 kits to skilled nursing and assisted living facilities. A number of facilities have selected to receive a direct distribution of kits from NSPHL since they

now have client accounts established. As outbreaks are identified through contact tracing and disease investigations, contact is made with the facility to ensure they have access to testing and offer to set up a client account to ensure a sustainable supply of test kits.

WCHD has provided 450 test kits to Fire Departments for testing their personnel including Reno, Sparks, Truckee Meadows Fire Protection District, North Lake Tahoe Fire, Reno-Tahoe Airport Authority Fire. REMSA has been provided with 125 test kits and have also provided testing to Nevada Highway Patrol and Nevada State Parole and Probation. North Lake Tahoe Fire also used 400 kits for the Incline Village Community Testing and TMFPD received 100 kits for the Gerlach Community Testing event. Reno Police Department, Washoe County Sheriff's Office and Jan Evans Juvenile Detention Facility have received 1,300 test kits. In addition Sparks Police Department and Sparks Fire has conducted most of their testing through the drive through POST.

WCHD conducted a Mobile POST for the homeless population at the Reno Events Center on May 14 collecting 108 specimens. Mobile POST operations were also conducted for families placed at Our Place Family Shelter on May 19 and 20. On May 28 a Mobile POST was conducted at a senior living facility testing 239 individuals. Resources to conduct Mobile POST testing were critically reduced as the need for contact tracers and disease investigators increased as a result of the virus surging in the community. With the extension of the Title 32 Orders for the National Guard through December 31, WCHD may have the capacity to offer Mobile POST services again in the near future.

Washoe County also conducted mobile POST operations in June that provided testing in Gerlach through the Truckee Meadows Fire Protection District, and in Incline Village through the North Lake Tahoe Fire Protection District and Incline Village Community Hospital. The County also provided support to Health Plan of Nevada for a mobile POST they conducted at Miguel Ribera Park in the 89502 zip code area.

In addition, WCHD has a contract with REMSA for homebound testing of high-risk, vulnerable individuals identified through the risk assessment and scheduling process. Testing is conducted every Tuesday and Thursday collecting on average between 10 and 20 specimens.

In order to reduce throughput and potential backlogs for receiving test results from the Nevada State Public Health Lab the County has recently contracted with Charles River Labs (CRL) to be able to utilize their newly developed testing capacity. The agreement allows the County to utilize CRL's available throughput and manage the flow of tests to the lab to reduce backlogs. NSPHL has agreed to provide the test collection kits for the CRL analysis. Current CRL capacity is approximately 950 tests per week. The County will begin delivering specimens from the POST to CRL at a rate of approximately 600 per week for two weeks beginning the week of August 17

with plans to increase that capacity to 950 the following week. CRL intends to expand capacity to 1900 tests per week by the end of September which will be made available to the County as it is developed.

## **5. Case Investigation and Contract Tracing**

### **Current Contract Tracing Workforce:**

We currently have 67 disease investigators on staff, with approximately 30 working on any given day through a seven day week. Forty-two staff has been brought on board through the UNR Nevada Public Health Training Center. We are currently working with UNR to add 10 additional disease investigation staff by September 15 to reduce the backlog in case investigations currently experienced.

Calling of case contacts identified through investigations has been handed off to Deloitte contact tracers through the State contract. WCHD has not heard a report on the status of any contacts or contact tracing efforts since handing this off to Deloitte.

### **Positive Cases Contacted within 24 hours:**

All positive cases are currently contacted within 24 hours of receipt of lab results to provide their results, instruct them to self- isolate and to provide them with an informational package of materials for them and to share with their employer and close contacts.

Washoe County is significantly improving the ability to conduct disease investigations to identify close contacts and establish ongoing contact in a timelier manner. However, most of the cases are not contacted within 48 hours. The additional staffing recruitment is intended to address this issue. Once close contacts are identified – we assume Deloitte is attempting to reach those contacts within 24 hours to provide notification for quarantine and monitoring after we send out a daily line list.

The status of completed and uncompleted disease investigations is illustrated in the table below, which was current as of the morning of August 19, 2020. The number of new positive cases reported each day varies significantly and delays result when a large number of cases are reported in a single day, as occurred on August 12th. Other delays that are beyond the control of the WCHD include lab results with out or with erroneous contact information, or cases that are contacted and do not return repeated phone calls or emails. Continued efforts by the public to prevent spread are necessary to be able to have the daily case count reduced to a level where testing and contact tracing is a viable strategy for control.

Date Reported	Total Reported	Completed	Remaining	% Investigated
JULY			6	
8/5/20	78	73	5	94%
8/10/20	91	90	1	99%
8/11/20	32	32	0	100%
8/12/20	158	89	69	56%
8/13/20	61	60	1	98%
8/14/20	48	35	13	73%
8/15/20	74	73	1	99%
8/16/20	22	18	4	82%
8/17/20	85	19	66	22%
8/18/20	99	24	75	24%
<b>Total</b>	<b>748</b>	<b>513</b>	<b>241</b>	<b>69%</b>

**Overview of Contact Tracing Findings:**

The disease investigations reveal that community spread is occurring and people become exposed and infected with COVID-19 by being out and interacting with others in a variety of settings including workplaces, retail and other service outlets, recreation/dining, and gatherings. Private gatherings in which people are coming into close contact and interaction with others (included extended family members) outside of their immediate household is an area that seems to be a common high-risk activity. The region is experiencing an increase in party house activity in which large gatherings are occurring at private residences without fire marshal capacity limitations, regulatory oversight, or requirements for social distancing. Whether contracting COVID-19 through private gatherings or from the other activities described above, the other common setting for outbreaks is within households. Once a household member is infected it is likely to spread within the household. Some workplace settings have experienced spread within a workplace, but the types of workplace settings in which this occurs are quite variable. Vulnerable populations in skilled nursing and memory care facilities and their staff have also been found to be sources of outbreaks.



## 6. Protection of Vulnerable Populations

- **Efforts and interventions in skilled nursing facilities**

See the information provided on testing, above. Skilled nursing facilities are licensed by the State and the State has the lead in working with the facility on outbreaks and for patients involved. The Health District is responsible for the disease investigation and contact tracing of staff that test positive for COVID-19. In addition to providing or facilitating access to test collection kits, the County has also provided PPE resources to these facilities.

- **Efforts and Interventions in Correctional Facilities**

The Washoe County Sheriff's Office in partnership with the State of Nevada Department of Health and Human Services, Washoe County Health District, and following CDC guidelines has implemented a number of precautionary procedures to include but not limit to:

- Single point access with disinfection and health screening for anyone coming into our facility
- Education and training for staff and inmates through CDC and Washoe County Health in regard to identification, disinfection and washing hands
- Established a quarantine/isolation unit to ensure inmates with ILI (influenza-like illness) or symptoms were immediately isolated along with others in close contact with them
- COVID-19 testing of staff and inmates
- Identification of our high-risk inmate population
- Round the clock disinfection of the facility by inmate work crews
- All housing units supplied with extra soap and hand sanitizer
- Discontinued all contact visitation
  
- Cancellation of all inmate transports outside of the Washoe County Jail
- Resurrection of video courts and arraignments at the Washoe County Jail
- Cancelled inmate fee for medical consults
- Approved/coordinated (with contractors) free email, phone and video conference calls with loved ones to reduce anxiety
- Reduced our population from an average daily population (ADP) of 1100 inmates to an average ADP of 780 inmates
- Developed a quarantine plan for all new arrestees who are booked into the Washoe County Jail
- Every new inmate is quarantined with other from the same 24-Hour booking period
- Every new inmate is tested for COVID-19 before being placed in general population housing.
- All inmates are now required to wear a facemask any time they leave their assigned housing unit
- Court, medical, programs, counseling, etc.

- To date, we have tested more than 600 inmates and staff. 2 inmates test positive for COVID-19 however, both of these inmates were identified as COVID carriers from arrest and isolated until a release could be coordinated.
- Additionally, 5 Deputy Sheriff's from the Washoe County Detention Facility have tested positive; after each positive test, a full investigation was conducted, and measures were taken to protect inmates and staff who had close contact.

## **7. Efforts and Interventions in High-Risk Communities**

County has worked with regional partners to prevent outbreaks in the homeless population. The Reno Events Center has been utilized to provide social distancing and spacing that wasn't attainable in the CAC shelter. The new Our Place women's and family shelter facility has also been opened and is providing housing in socially distanced settings for this population.

Housing for homeless people that had COVID-19 symptoms or tested positive for COVID-19 has been provided through a contract with WellCare to provide beds and non-hospital care for this population. A contract with REMSA has been established for transport of these individuals and the WellCare housing has also been utilized for homeless individuals being discharged from hospitals that are not yet released from isolation. Over the past week utilization of the WellCare facility has increased dramatically with a total of five families totaling 14 individuals being housed there as a result of an outbreak which occurred at the Family Shelter on Record Street.

The community has worked together regarding encampments to attempt to avoid displacing this homeless population when possible in accordance with the CDC guidance. Handwashing stations, portable toilets, and clean-up has been provided around these encampments. Some encampments have had to be addressed due to other public safety threats they posed. This activity was coordinated with partners and outreach to provide services and offer testing and housing was conducted.

## **8. Enforcement**

TOTAL COMPLAINTS BY MONTH (Unincorporated County, City of Reno and City of Sparks):

March = 409

April = 506

May = 202

June = 248

July = 241

August = 24 (unincorporated County + City of Sparks)

Total Complaints March to Aug 12, 2020 = 1,630

## RANDOM CHECKS

Unincorporated County only:

July = 29

August = 48

Total Random Checks for July -Aug 12, 2020 = 77

\*City of Reno unmarked / undercover inspections visits inside of business: 62

### **9. County Action Plan**

Based on current contact tracing investigations and enforcement inspections, we believe that private gatherings are the primary identifiable source of the increase in cases and the positivity rate in our region. To address this, the Washoe County Incident Management Team (IMT) which includes the City of Reno, Sparks, Washoe County and the Washoe County Health District (WCHD) are collaborating to develop and implement a COVID-19 community engagement campaign to encourage Northern Nevadans to comply with CDC and WCHD guidance for social distancing, wearing a mask avoiding private parties and gatherings and other measures to stop the spread of COVID-19 in our community. Given the urgency of the situation, the IMT partners have agreed to jointly use up to \$300k in CARES Act funding and utilize the IMT emergency powers declaration to expedite this process. Outside advertising agency resources have been selected to provide a creative media and outreach campaign with a planned start by the end of August. The County has contracted with BVK and KPS3 for these services. Messaging will focus on community segments that appear to be driving the spread of the virus in Northern Nevada.

In addition, the jurisdictions will continue to work on COVID-19 mask and social distancing enforcement in our local businesses while escalating enforcement on resisting businesses to local law enforcement or OSHA if necessary.

Due to the concerns regarding the increase in private party activities, party houses, and outbreaks associated with private gatherings; the region is proposing that bars be allowed to reopen under strict standards to provide a controlled environment for individuals to gather that are regulated and can be overseen appropriately by businesses licensing, code enforcement, law enforcement, and occupational safety and health. Attached is a listing of calls for service for repeated large gatherings occurring at locations in the community.

The region is messaging on the potential of private gatherings to result in disease outbreaks, and is advising against private gatherings, planning carefully to avoid the spread of disease if they do occur, and to limit such gatherings to ten people or less.