



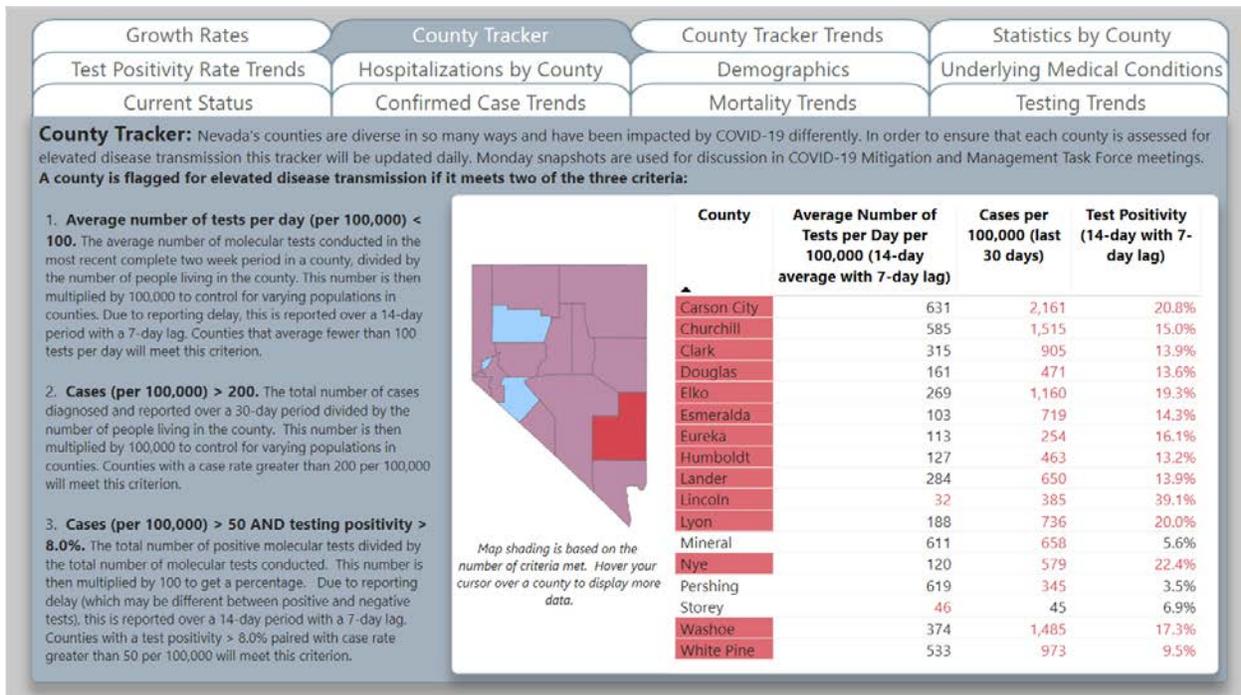
Douglas County COVID-19 Assessment & Action Plan

November 19, 2020

Prepared by Douglas County, East Fork Fire District, and CCHHS

Overall Assessment

Douglas County was notified by the State on Monday, November 16 that our jurisdiction has been flagged for elevated COVID-19 disease transmission under two of the three State criteria. While active cases remain low (32 active cases as of November 17), we have seen an increase in cases and positivity rates for the last few weeks.



Douglas County cases began to increase in October, coinciding with an overall increase in testing. The cases per 100,000 currently stand at 471. The test positivity rate has been rising for the last three weeks and currently stands at 13.6%. Based on reporting from CCHHS (CCHHS), the majority of the positive cases were associated with an existing COVID-19 case (58%), visiting a grocery or retail store (32%), and eating at a bar or restaurant (18%). 55% of cases stated they attended work while symptomatic, potentially leading to worksite spread. 69% of those cases had contact with a COVID-19 case in a family setting.

Douglas County has a significant portion of residents over the age of 65. We also have a large number of members of the Washoe Tribe of Nevada and California. There is heightened concern for the wellbeing of these and other vulnerable populations in our communities. Despite challenges with compliance fatigue among residents, compliance with State directives and CDC

guidelines for COVID-19 remain high. The county is actively engaged to spread awareness and promote compliance within our communities.

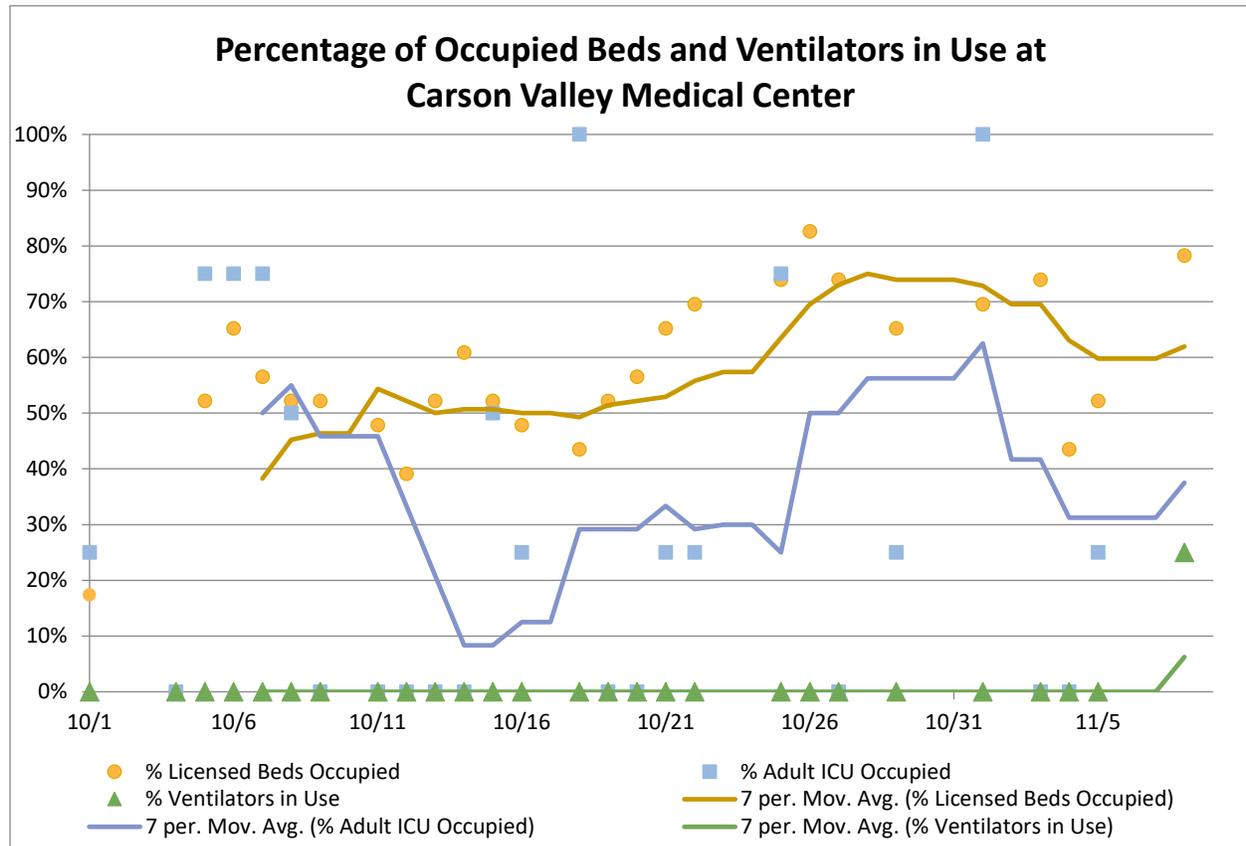
Hospital Status

Describe the state of hospital capacity within the county, including: Describe the status of staffed ICU beds, ventilators, staffing, medication treatments, and PPE.

Analysis of Occupied Beds and Ventilators in Use at CVMC

On average from October 1 to November 8, 2020, Carson Valley Medical Center (CVMC) has had 50% of its licensed medical beds occupied (13 census, 23 total licensed medical beds). Of the 4 adult Intensive Care Unit (ICU) beds available, 37% (1 bed) have been occupied on average. Of the 4 ventilators the hospital had, 0% (0 ventilators) have been in-use on average.¹

The graph below shows the percentage of licensed medical beds (gold), adult ICU beds (blue), and ventilators occupied/in-use (green) from October 1 to November 8, 2020. The trendlines in corresponding colors are 7-day moving averages, which illustrate an increase in the percentage of licensed beds occupied over the last 39 days.

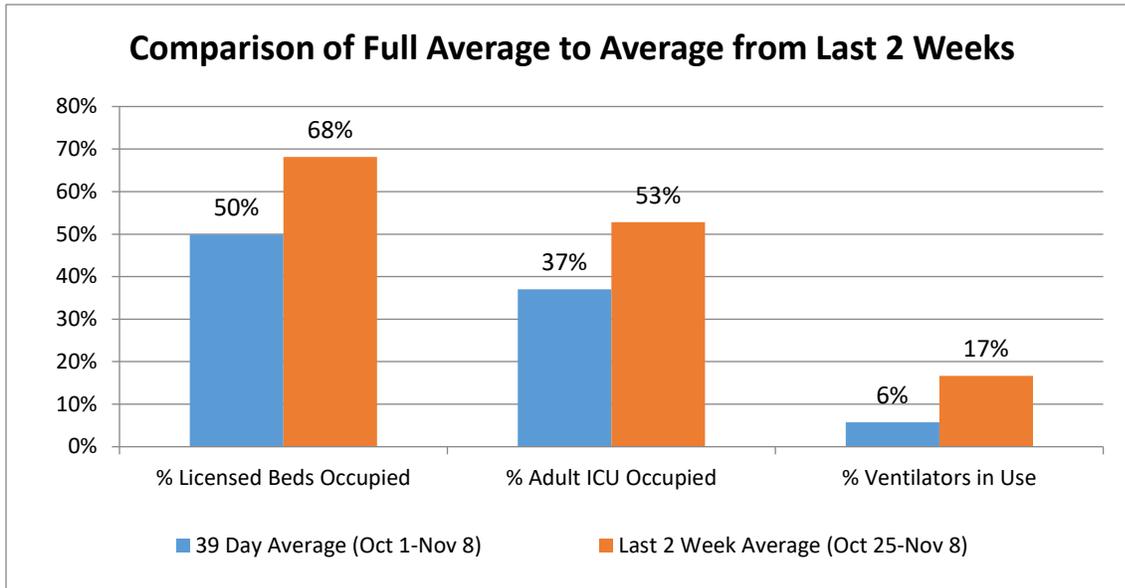


When analyzing the average metrics from only the last two weeks (October 25 – November 8), CVMC has had 68% of its licensed medical beds occupied (16 census, 23 total staffed medical

¹ All data is obtained from the Nevada Hospital Association Daily Hospital Reports.

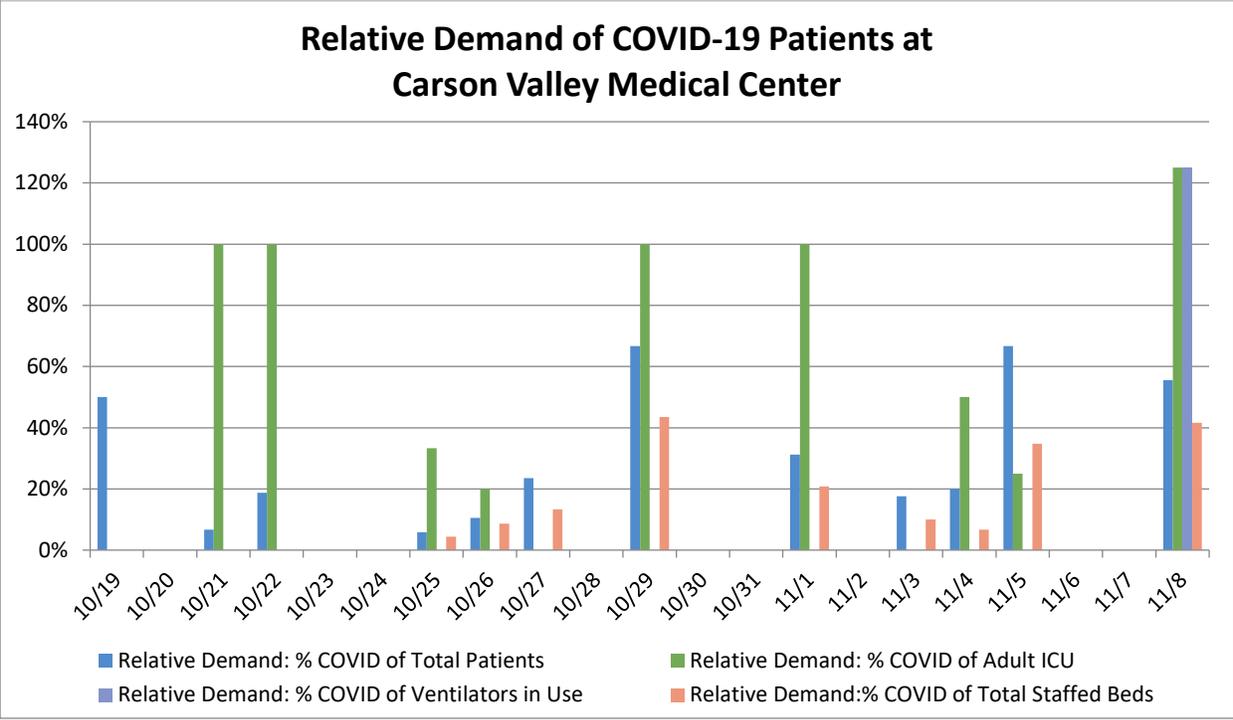
beds). Of the 4 adult Intensive Care Unit (ICU) beds available, 53% (2 beds) have been occupied on average. Of the 4 ventilators the hospital had, 17% (1 ventilator) has been in-use on average.

The graph below shows the percentage increase for licensed beds occupied and adult ICU beds occupied, for the last two week average (October 25-November 8) when compared to the average from the entire period of October 1-November 8. It also indicates a slight increase in ventilator use.



Relative Demand of COVID-19 on CVMC

While COVID-19 is not the sole cause of the surge in hospital activity, confirmed and suspected COVID-19 positive patients hospitalized at CVMC have increased in the last two weeks. The graph below shows the relative demand of COVID-19 patients on total hospital census, total licensed beds, total adult ICU beds, and total ventilators in use. This means the percentage of each category that are occupied or in use for confirmed or suspected COVID-19 positive patients. The percentage of COVID-19 patients relative to the CVMC’s total census has fluctuated but increased to over 50% in the last week. In addition, the percentage of COVID-19 patients relative to the total number of adult ICU patients has remained relatively high, with multiple days reaching 100%. This is largely due to the way the hospital maintains its COVID-19 unit in the ICU space. This means that ICU beds are utilized for COVID-19 patients, but not all COVID-19 patients require ICU level of care and many are lower acuity. Although the COVID-19 patients are not overwhelming CVMC’s ICU, the pandemic is impacting the hospital’s operations by deviating from their normal operations and usage of open beds.



Challenges related to Supplies, Staffing, and Medication

CVMC reports that there have been increases in staff absenteeism due to COVID-19 and other illness in general. At this time, the hospital is staffed at adequate levels, but is planning for staffing shortages. Due to high demand all over the country and higher pay rates in neighboring California for medical staff, CVMC has been unable to obtain longer-term traveler staff. The hospital does not have a short-term staffing service, and if the need became dire enough, would close their clinics and outpatient services and cross train their staff to work where needed. This would not occur until Phase 3 of their surge plan, which is described in the next section.

The hospital also reports they have a sufficient supply of remdesivir, metered dose inhalers (MDI), ventilator medications, and high flow nasal cannula (HFNC) and bilevel positive airway pressure (BiPAP) machines.

Like almost all other facilities, CVMC is faced with a limited allocation of personal protective equipment (PPE) from vendors. The hospital is able to operate with current levels of PPE, and reports have shown the hospital continues to have at least 30 days' worth of PPE on hand. CVMC has been receiving PPE orders fairly regularly, with the exception of N95 respirators. There is a sufficient supply, but they are not "healthcare rated" and the hospital has some on backorder. The PPE currently available will last anywhere from 75 days (gloves) to over 3612 days (surgical gowns), based on burn rates from November 6. Extended use and re-use measures have remained in place since the onset of the pandemic to help conserve PPE. For example, CVMC uses the State contract with the Battelle system to decontaminate and safely reuse N95 respirators.

Hospital Capacity, Surge Planning, and Alternate Care Sites

CVMC has a plan in place to be able to care for the community as the number of COVID-19 cases increase here and in the region. With each surge of patients, the Hospital Incident Command System will be enacted to make decisions on patient placement and operational changes needed to accommodate the unique circumstances. The Incident Command Team is made up of clinical, medical staff, and operational leaders with the goal of ensuring the best care for patients in the safest environment for staff. While each circumstance is unique and might require modifications, CVMC's basic phased plan involves the following:

- Phase 1: Standard Operations – Placement of patients determined per isolation precautions policy
- Phase 2: Contain COVID-19 positive patients in ICU hot zone and may include Med/Surg room 210
- Phase 3: Expand COVID-19 hot zone into part of the Med/Surg unit, putting physical barriers in place for proper infection control and containment
- Phase 4: Alternate care sites identified and used as needed. Emergency staffing measures in place

A higher phase surge activation should involve a regional call, as the hospital would transfer patients to an open hospital bed in the catchment area if there were any available, rather than opening an alternate care site (ACS). CVMC attends weekly calls with the newly redefined Northern Nevada region, which includes the quad counties (Carson City, Douglas, Lyon, and Storey counties) and Washoe County, to discuss surge plans and potential activation of crisis standards of care for all of Northern Nevada, rather than just Douglas County or the Quad-County region.

Earlier during the COVID-19 response, CVMC requested the Quad-County Mobile Medical Facility (MMF) tent system. This tent system was staged awaiting a surge in patients presenting to the Emergency Department (ED), but in the end was not used and demobilized. The Quad-County MMF will likely be staged again, as opening the MMF inside the CVMC warehouse is phase 4 of their medical surge plan.

Access to Personal Protective Equipment

Describe the status of PPE within the county, including: Describe the status of PPE on-hand (in local reserve) and on order. Describe the county's distribution priorities. Describe your current assessment of overall PPE and metrics that will be used to determine additional emergency measures.

Douglas County, East Fork Fire Protection District and Tahoe Douglas Fire Protection District has stored significant PPE for employee use. All employees are required to wear masks/face coverings while working with the public, in public areas, or anytime employees are unable to maintain adequate social distancing. Customer counters have been retrofitted with Plexiglas screening throughout County offices and related special assessment districts. The County and others distribute PPE and sanitation equipment to those classifications that have the greatest risk

of coming in contact with the public. Douglas County maintains an inventory on PPE and has had success with ordering and receiving supplies from Vendors.

Our overall consumption of PPE is up significantly (over 100%) as a result of the recent COVID-19 pandemic, East Fork Fire Protection District and Tahoe Douglas Fire Protection District continue to have good access to and availability of Personal Protective Equipment (PPE) for our first responders.

Each agency has a different burn rate due to call volumes, with East Fork's rate being the highest. Some concerns about PPE availability and projected burn rates have had us diversifying our acquisitions from several suppliers. The Douglas County Sheriff's Office reports an adequate supply of PPE and has noted the increase use as well and to coincide with the increases of cases.

Distribution priorities are based on each agency policy and use. However, PPE exchanges and supply needs are supported by each of the agencies and across jurisdictional lines and responsibilities due to the positive working relationships that exist between fire/EMS and law enforcement. This also includes those relationships with the Washoe Tribe of California and Nevada. Agencies are currently assessing daily PPE use and comparing use to inventories determine real time burn rate assessment and needs. Efforts are made to maintain 30 to 45 day perpetual supplies.

Testing Capacity

Describe the status of your local testing efforts, including: Description of your testing criteria. Overview of the number of people tested in a day/week. Overview of targeted testing efforts for high-risk communities, outbreak intervention, and other efforts.

CCHHS provides COVID-19 testing to residents of the Quad Counties. For residents showing symptoms, we ask that they call the COVID-19 Hotline Monday through Friday, 8:30am-4:30pm to be scheduled for testing (775-283-4789). Residents without symptoms but still wanting a COVID-19 test can also call the COVID-19 Hotline for testing. At this time, all tests administered by CCHHS are offered at no cost.

Inquiries for testing are prioritized internally. Individuals experiences symptoms are the top testing priority and are often scheduled the same day for a COVID-19 test at CCHHS. Afterwards, inquiries are then prioritized by exposure to confirmed positive (within 6 ft. of a known case for 15 minutes cumulative, within a 24-hour period) followed by house hold contacts.

Symptoms could range from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. People with the following symptoms will be prioritized for same day testing at CCHHS:

- Fever or chills
- Cough

- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list is not all inclusive and there could be more symptoms not listed here. Symptoms differ with severity of disease.

CCHHS Overview of people being tested and efforts:

The average number of tests administered at CCHHS from October 1-31, was 33.8/day. These data are based on the number of people calling the call center or being referred to the call center for testing.

November 1st through 7th, CCHHS tested 279 individuals total, 41 of them were residents of Douglas County.

Community Based Testing in the Quad County Region

In order to cast a wider net into the community, CCHHS offers Community Based Testing events which are rotated between the four counties and are held at 14-day intervals.

During October, there were 15 events held within the Quad County region. Of these events, 5 were held in Douglas County (see table below).

Date	Location	Total Tests Administered	Total Douglas County Residents
October 3, 2020	Douglas High School	349	263
October 7, 2020	Pau Wa Lu Middle School	176	85
October 15, 2020	Douglas High School	236	205
October 19, 2020	George Whittell High School	57	46
October 28, 2020	Carson Valley Middle School	271	175
	TOTAL	1,089	774

November 2020

For the month of November, there are eight scheduled CBT events which rotate across the Quad County Region. Of these events two of them are scheduled for Douglas County: November 10 and November 24.

Date	Location	Total Tests Administered	Total Douglas County Residents
November 10, 2020	Douglas Community Center	392	N/A
November 24, 2020	Douglas Community Center	N/A	N/A
	TOTAL	N/A	N/A

Case Investigation and Contact Tracing

Describe the status of your contact tracing efforts, including: Description of your current contact tracing workforce. Percent of positive cases contacted within 24 hours, and percent of positive case contacts contacted within 48 hours.

Overview of case investigation and contact tracing workforce

Upon receipt of a positive laboratory result through Nevada NBS, Nevada State fax notification, or hospital records, the lead epidemiologist collects and verifies contact information. The ordering facility is contacted to gather missing patient contact information. The laboratory results are sent to the disease investigation department. Contact tracers and disease investigators receive these results and attempt to contact the case through phone calls or text messages. When the patient is successfully contacted, the case's positive results is reviews, and a full case investigation is conducted. The contact tracer or disease investigator then creates a case file, and sends the case their Quarantine Rights and Responsibilities, a legal documentation consent form generated by CCHHS. All cases identified as out of jurisdiction and out of state are sent to their residing jurisdiction health department. Facilities are responsible for notifying their patients of their COVID-19 laboratory results. If patients test positive for COVID-19, it is the facility's responsibility to inform the patient that they must quarantine, and their local health department will be in contact with them. CCHHS prioritizes patients that have tested at their facility and any facility events when notifying patients of their positive results. Case reports are sent to the Quad-County Epidemiologist, Quad-County Statistician, Information Officer, and Quad-County Public Health Preparedness Manager. Table 1 shows the amount of contact tracers and disease investigators that are staffed during weekdays and weekends.

Table 1. Case Investigation / Contact Tracing Schedule

		Case Investigator and Contact Tracers				
		Oct. 11- Oct. 17	Oct. 18- Oct. 24	Oct. 25- Oct. 31	Nov. 1- Nov. 7	Nov. 8- Nov. 14
Monday- Friday	Supervisors	1	1	1	1	1
	Contact tracers	4	5	5	5	5
Saturday-Sunday						
	Supervisors	1	1	1	1	1
	Contact tracers	3	4	4	4	4

Quad-County reported cases are monitored daily by the National Guard, contact tracers or volunteers. Data including the case’s signs and symptoms, medical history, location of isolation, hospitalization admissions and/or discharge information, and any household needs is collected and documented. Cases meeting the Center for Disease Control and Prevention (CDC) guidelines are submitted to be reviewed by a contact tracer supervisor. If all CDC COVID-19 release from isolation criteria are met, the supervisor releases the case from isolation. Difficult cases are reviewed and released by the epidemiologist. Recovered cases are reported to Quad-County Epidemiologist, Quad-County Statistician, Information Officer, and Quad-County Public Health Preparedness Manager. Monitoring of cases from October 17 through November 14, 2020, was conducted by the National Guard each day of the week (Table 2). Upon completion of monitoring cases, National Guard members assist with case investigations.

Table 2. Case Monitoring Schedule

		Case Investigator and Contact Tracers				
		Oct. 11- Oct. 17	Oct. 18- Oct. 24	Oct. 25- Oct. 31	Nov. 1- Nov. 7	Nov. 8- Nov. 14
Monday- Friday	National Guard	2	2	2	2	2
Saturday-Sunday						
	National Guard	1	1	1	1	1

Direct contacts named by cases are documented and reported to Deloitte twice daily. It is Deloitte’s standard operational procedures to contact people named as direct contacts within 24 hours of receiving the report.

CCHHS has hired a Contact Tracing Supervisor who started November 9, 2020 to help with process development and implementation to ensure efficiency in disease investigations and contact tracing. CCHHS hired three new disease investigators in October and one new disease investigator in November to help with the increase of cases experienced across the health jurisdiction. Additionally, interviews are set up for the week of November 16, 2020 to hire two additional part-time disease investigators.

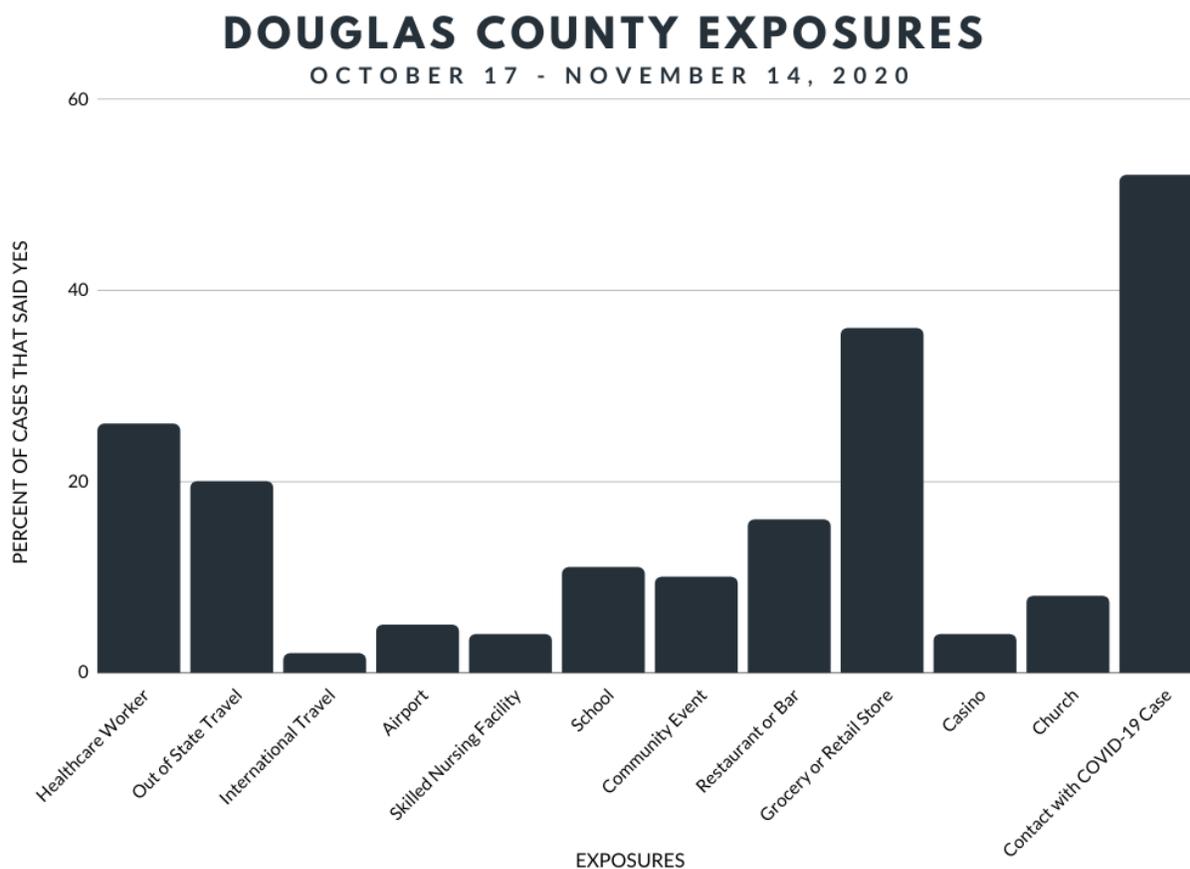
Percent Positive Cases

Upon receipt of a positive laboratory result, the disease investigator begins collecting and validating contact information. Many of the laboratory results arrive without the information necessary to begin the case investigation. When data is missing, the ordering facility is

contacted for each case to gather this information, included by not limited to phone number and zip code. This often delays the investigation process by approximately one day. Once contact information is received and added, the laboratory result is sent to the contact tracing supervisors. Case investigation data from October 17 through November 14, 2020 was analyzed to determine the length of time between receiving the positive laboratory result and attempted contact of the case. During this period, 33% of cases were successfully contacted within 24 hours, and 44% of cases were contacted within 48 hours.

Overview of contact tracing findings suggesting high risk areas

Case investigation data from October 17 through November 14, 2020 was analyzed in order to identify common exposures among Douglas County residents that tested positive for COVID-19 (Graph 1). There were 107 laboratory confirmed COVID-19 cases in Carson City County reported during this period. When possible, detailed exposure information was collected from cases. All exposure questions are independent, meaning cases can answer “Yes” to each exposure category. The graph below shows the percentage of respondents that said “yes” to each of the exposure categories.



Graph 1: Common Exposures Among COVID-19 Cases in Douglas County from October 17 – November 14, 2020

Investigators were able to collect exposure data for COVID-19 cases from October 17 through November 14, 2020. The most common exposures were contact with a COVID-19 case (52%), visiting a grocery or retail store (36%), working in the healthcare industry (26%), and traveling

to another state (20%). Overall exposure increased significantly in Douglas County over this period of time. More individuals ate at restaurants, attended church, went to community events, or were exposed at school than the previous reported period (October 10 – November 8, 2020).

School transmission has remained relatively low, though there has been a slight increase since October 17, 2020. CCHHS reports all school related cases to the Carson City School District to help elicit close contacts, determine whether or not the case was present at school while infectious, and to help mitigate further spread.

County Action Plan

COMMUNITY EDUCATION

The CCHHS Public Information Officer (PIO) is responsible for creating community education materials, monitoring social media, and ensuring messaging aligns with the Governor's directives and the needs of the community. Through social media analytics and reports, the PIO can determine how the community is responding to various topics, what questions they have, and what misinformation needs to be addressed. Using this information, the PIO develops messaging plans and content to educate the community. To ensure a cohesive, unified message between CCHHS and the state, the PIO participates in weekly Statewide PIO phone calls. These calls allow PIO partners across the state to share pertinent information, their messaging plans for the week, and any messaging or support needed by the state. Collaborating and sharing information with state partners ensures that the messaging aligns across the state and with the Governor's Directives.

Previously, CCHHS has focused on educating the community on contact tracing. Social media messaging and content was created to teach community members about what contact tracing is, what it involves, why it is done, and how it can slow the spread of infectious diseases such as COVID-19. The main aim of the contact tracing educational campaign was to encourage the community members to answer the call and follow the directions provided by the health authority. This would ultimately reduce the number of contacts lost to follow up. Other CCHHS community education highlighted cloth face coverings; how to wear them, how to create your own, how to remove and clean them, and how cloth face coverings work to slow the spread of COVID-19.

Currently, CCHHS is continuing to promote preventative actions such as wearing a cloth face covering, hand washing, covering coughs and sneezes, practicing social distancing, and staying home when sick. Based on exposure data, CCHHS will use community education to emphasize the importance of staying home when feeling to protect friends, family, coworkers, and communities. As the holidays approach, CCHHS will also provide community education related to the holidays, family gatherings, and actions that should be taken to prevent the spread of COVID-19 during these times.

The Douglas County Public Information Office has worked in partnership with CCHHS to amplify the Quad County community health messages related to COVID-19. The public information office is responsible for monitoring social media, providing accurate information to our website, and media relations. The public information office continues to also monitor and

collect metrics on public sentiment and response. The public information office communicates regularly with CCHHS and the state, participating in the state PIO calls to ensure cohesive and unified messages. The public information office also collaborates with our local chamber of commerce organizations at the valley and the lake as well as the Lake Tahoe basin regional public information officers to collaborate messaging and to align with the Governor's Directives.

Douglas County focused on wearing masks and asked our residents to help keep businesses open and tourism flowing by wearing masks. Douglas County Chamber of Commerce launched a mask campaign featuring local business owners and prominent community member asking everyone to mask up. Additionally, Lake Tahoe partnering agencies launched a 'Take Care Tahoe' campaign answering frequently asked questions around visiting and recreating in the Lake Tahoe basin. Both the Lake Tahoe and Carson Valley Visitor Authorities have launch 'Sierra Safely' a tourism focused message on how to responsibly visit the area, educating the public on state directives. The Douglas County Public Information Office collaborated and amplifies these community educational messages in order to target all segments in the Douglas County region. Additionally, the Douglas County Manager sends out a quarterly newsletter addressing the current state of the county as it relates to COVID-19 and asking the community to follow CDC guidelines and the governor's directives.

Douglas County shares the educational messages created by CCHHS and NV Health Response in regards to contact tracing and testing. We create messaging encouraging people to get tested, why it is important and sent out notifications about all testing locations and times.

Currently Douglas County is posting messaging asking the public to please consider the impact spreading COVID-19 and the flu has on our regional hospitals. We have also focused on encouraging the public to enjoy Thanksgiving activities but to take the appropriate steps to protect themselves from getting or spreading COVID-19. Messaging includes alternative ways to celebrate the holiday, wearing a mask, staying at least 6 feet away from others who do not live with you, and washing your hands.

Douglas County plans to stay abreast with the states immunization dashboard and will collaborate with any future messaging surrounding vaccinations.

The following are examples of content created or amplified to educate Douglas County residents and visitors:

Press Release - Douglas County Flagged for Elevated COVID-19 Cases-
https://www.douglascountynv.gov/news/what_s_new/county_flagged_for_elevated_c_o_v_i_d-19_cases

Mask Up Carson Valley
<https://www.facebook.com/carsonvalleychamber/videos/291013785539276/>

Take Care Tahoe Campaign - <https://takecaretahoe.org/COVID-19/>

Social media content created by CCHHS and the State of Nevada have been shared on Douglas County/ Sheriff social media pages.

COLLABORATIONS

Douglas County is a partner with the Quad County Health Care Coalition and is utilizing the services provided by CCHHS.

The Quad-County Healthcare Coalition is made up of various healthcare and health care related agencies, including: hospitals, long-term care facilities, skilled nursing facilities, home healthcare and hospice, dialysis centers, behavior health entities, provide providers, community health clinics, fire and EMS agencies, emergency management and public health, the school district, and the Washoe Tribe of Nevada and California.

The purpose of the coalition is to:

- Build relationships between agencies that represent the healthcare system in Carson City, Douglas, Lyon and Storey Counties.
- Address issues that impact the community's ability to access quality healthcare services.
□
- Collaborate and coordinate the efforts of healthcare facilities and community stakeholders to mitigate against, prepare for, respond to, and recover from hazards impacting the Quad-County region's healthcare community and patients.
- Share information, best practices, and lessons learned between healthcare organizations, as well as healthcare system partners.
- Assist healthcare partners with meeting CMS preparedness rule requirements.

Activities include attending Coalition meetings/calls, submitting weekly PPE burn rates (if applicable), and submitting weekly COVID-19 testing numbers (if applicable) and discussions of State directives and guidelines. Several participating agencies are not located in Douglas County but still serve Douglas County residents, such as home healthcare and hospice agencies and dialysis centers.

Douglas County works closely with our chambers of commerce and the Douglas County Business Counsel to inform businesses of COVID-19 protocols and resources to help them stay open. Douglas County is currently processing applications for Small Business Grants totaling over \$500,000 to support businesses with working capital and PPE reimbursements.

Douglas County actively collaborates with other counties, NACO and state regulatory agencies such as Business and Industry, Health and Human Services, and the Office of the Governor on our public health response to COVID-19.

INTERNAL OPERATIONS

Douglas County implemented a robust COVID-19 Preparedness and Response Plan in May regarding operation of public facilities. This includes implementation of PPE, facility modifications, services via email or phone, and use of queuing and appointment systems for in person meetings. Our County Commission and other public bodies went to an online only format for public meetings and personnel quickly adopted Zoom for informal meetings. Those procedures have been adjusted with every new State directive. Currently, all but the most

medically necessary in person senior services continue to be suspended. Use of recreational facilities continue to be limited consistent with State directives.

Based on the Governor's 2.0 plan, the County has increased telecommuting and use of rotating teams to minimize potential for spread within county facilities. All Directors and Elected Officials have re-evaluated scheduling and work environments to minimize risks of exposure. All employees were asked to participate in community testing events and reminded to stay home if they feel ill.

The Douglas County Sheriff recently mandated all personnel, including peace officers, to wear masks at all times when interacting with the public and other employees, and to minimize entry into work areas of other divisions or units. All in person training and briefings have been canceled.

To date, there have been no impacts on county operations or continuity of services as a result of COVID-19 within the county workforce.

East Fork Fire Protection District has a very comprehensive set of policies with respect to COVID-19. Since March we have made no less than six revisions to the initial policy based on CDC recommendations. Most recently, East Fork is requiring full PPE on all calls. While this has increased the burn rate, it has also afforded a more consistent approach to protecting our personnel and the public. We are also now requiring mask/face cover use in station and with any public contacts of a non-emergency situation. We have contracted with CYNTAS to provide the appropriate sanitation products within the stations and with weekly and monthly servicing under contract. The district has also purchased automated/battery powered sanitation misters/sprayers to provide a more comprehensive sanitation effort within our stations and apparatus, including our ambulances. The district has gone to great effort to manage potential exposures, including containment of personnel in stations, providing hotel room accommodation, and immediate testing for symptomatic personnel, followed by isolation. The District has outfitted a volunteer station (Station 2) to accommodate a complete crew of five personnel and apparatus should a need arise to relocate personnel due to COVID-19 exposure concerns and in an effort to contain or limit exposures. Personnel were provided face covers for their families as well.

OVERVIEW OF EFFORTS AND INTERVENTIONS IN CORRECTIONAL FACILITIES

The Douglas County Sheriff's Office Detention Facility COVID-19 procedures are as follows:

Individuals are brought into the facility from a number of different agencies. Mask are available for all incoming individuals, staff, outside Law Enforcement and inmates.

The arresting officer has to get the inmate medically cleared before being booked into the jail. They take their temperature in an intake area before they reach the jail itself in an effort not to expose the jail, staff, or inmates. If an elevated temperature is recorded they are placed in a separate holding cell to be further evaluated by contracted medical personnel. If there is not an elevated temperature the arrestee is move forward in the booking process. Once the temperature check has been completed our contracted medical staff completes the COVID-19 screening questionnaire along with our standard medical screening questions. Depending on the answers

received the arrestee will either be moved forward in the booking process or referred out for additional medical.

If an individual is positive COVID-19 from our presumptive screening they will be taken to the local hospital for further evaluation.

Inmates who are cleared for booking, show no signs or symptoms and do not have a history are typically housed in a temporary holding cell for as long as possible before they are completely booked and moved to general housing. This is the period of time they can be directly observed by staff.

Holding areas and all cells in general housing are cleaned a minimum of at least once a day. Hand sanitizer and masks are made readily available to all staff.

Employees have been directed to stay home if they develop any signs or symptoms of being ill. They have also been directed to work very closely with Douglas County Human Resources if any COVID-19 concerns come up.

To date we have not had any confirmed cases inside the detention facility either with staff or inmates.

ENFORCEMENT

The Quad-County COVID-19 Hotline functions not only to assist callers with scheduling COVID-19 tests and answering questions, but also takes complaints from callers about establishments they feel are not complying with Governor's directives for COVID-19. These calls include anything from establishments that seem too crowded, not enforcing face coverings, not cleaning or disinfecting appropriately, allowing employees to come into work sick, etc. In addition, a small number of complaints have been submitted through the CCHHS Facebook page. All complaints for establishments in the quad counties are documented, and addressed using the process described below.

Information collected from the caller includes:

- Caller name and phone number (if not anonymous)
- Establishment name
- Establishment address and county
- Date of caller's visit to the establishment
- Complaint details

If the complaint fits the criteria for an OSHA investigation (hazard to employees by non-compliance in the workplace by employees or by the public), then the Call Center sends the complaint to the State OSHA Office. If the complaint involves environmental health concerns for establishments that are regulated by CCHHS, the complaint is also sent to the Environmental Health Division. Lastly, if the complaint involves any healthcare or medical facility, the complaint is also submitted to the Bureau for Healthcare Quality and Compliance.

From October 1 to November 7, there were no complaints filed for establishments in Douglas County.

Douglas County has limited opportunities for enforcement of State directives on COVID-19. We have two code enforcement officers for the entire county. Douglas County is one of the few counties without a business licenses and therefore little regulatory framework to perform enforcement activities regarding businesses. As an alternative, we have been active working with the business community and using public information to inform the public on compliance with COVID-19 protocols.

CCHHS provides Environmental Health for Douglas County through a contract. When CCHHS receives COVID-19 complaints concerning regulated facilities including food establishments and public schools, these complaints are investigated. Complaints are received via phone, email or in person. The Environmental Health staff typically responds to the complaint within 24 to 48 hours, depending on the type and severity.

The COVID-19 complaint procedure starts with interviewing the complainant. Several questions are asked pertaining to the issues witnessed and what date/time the incident occurred. The Environmental Health staff visits the facility and immediately starts to observe any COVID-19 precautions in place (hand sanitizer, signage related to wearing masks in the establishment, employees wearing masks, etc.) within the establishment. Environmental Health staff speak with the onsite manager and notifies them of the reason for the visit and explains what is observed to be out of compliance.

Normal Environmental Health duties do not include citation authority so the corrective action is to notify the establishment of OSHA's regulatory ability. Environmental Health staff approach the situation as a consultation and education opportunity with local businesses on what could potentially happen if OSHA observes the same violations related to COVID-19. In addition to communicating with the business owners, Environmental Health staff give education materials and resources from the CDC and State of Nevada COVID-19 website to help aide with precautions necessary to protect their business, employees and customers.

The Community Development Department provides information on COVID-19 protocols to the public when issuing building permits. They also instituted strong guidelines this summer and engaged in a public media campaign requiring Vacation Home Rental operators to adhere to COVID-19 protocols and to post COVID-19 information to renters.

The Douglas County Sheriff's Office continues to provide education to business owners and the public regarding COVID-19 protocols and State directives based on complaints received.

Large gatherings on county property have been cancelled. Events are reviewed by Emergency Management and our Public Health Officer for appropriate protocols. Additionally, any events that meet the State criteria are referred to the appropriate State agency for review and approval. We are currently reviewing event checklists developed by Carson City to assist in evaluating events for compliance.

The towns of Minden and Gardnerville have both scheduled public outdoor holiday events for early December. These events are outdoors and have been modified significantly for compliance with current COVID-19 directives and guidelines, Anticipated to draw less than 250 people in

an outdoor setting with substantial social distancing, these events are currently under review by the County for potential further modification or cancellation in light of the most recent COVID-19 data in the county.

OBSERVATIONS and COMPLIANCE RATES

Douglas County personnel continue to report compliance with social distancing and face covering protocols being followed in businesses, including active enforcement by many businesses.

Douglas County has utilized social media to continue compliance information sharing. The concern that Douglas County has is that of private gatherings in homes and private properties. Residents are becoming COVID-19 complacent. Douglas County has experienced 2 deaths since March. The public at large does not see the death rate or the positivity rate as a significant factor to change behavior. The public is struggling to work and educate their youth and are frustrated with the many restrictions on their lives. The number of active cases in Douglas County appears to be the metric that is most referenced by the public as the defining concern over COVID-19.

RESOURCE NEEDS

Douglas County has and will continue to address PPE and other applicable resource requests following the protocol established by NDEM and CCHHS. Currently we are not asking for any resources or assistance from the State of Nevada or the federal government.

The State could provide assistance with two issues. The first is to work with Congress and the Federal Administration on extension of CARES Act funding to allow expenditures beyond December 30, 2020. While these funds have been crucial to the county's response, it has been a challenge to put them to their highest valued uses in such a limited time period. We will need these funds for activities beyond the end of the year.

The second is extension of assistance from the National Guard beyond the end of the year. National Guard personnel have been invaluable to CCHHS in particular with community testing, which is critical to our COVID-19 response.

CONCLUSION

Douglas County recognizes the increase in cases, while still relatively small, are an ongoing concern that threatens to expand and strain the healthcare system going into the winter months. Douglas County has seen an increase of families testing positive and we believe that will continue due to family and small group gatherings, as has been noted statewide. Compliance fatigue continues to be a significant concern, but overall compliance in public places and in businesses appears to high. More people seem aware and taking those concerns seriously based on the changes in our data.

Douglas County will continue to support the Governor's Directives through public education and consultation with local community organizations and adherence to directives in county facilities. Douglas County will continue to support CCHHS with testing and public information. Douglas County stands with the Quad County Coalition, the State and other Nevada counties in the fight against the COVID-19 pandemic. We look forward to input from the Taskforce on our efforts.