



Meeting Minutes

COVID-19 Mitigation and Mangement Task Force

Attendance	DATE	January 28, 2021
	TIME	10:00 A.M.
	METHOD	Video-Teleconference
	RECORDER	Tanya Benitez/Meagan Werth Ranson
Task Force Voting Member Attendance		
Member Name		Present
Caleb Cage		X
Richard Whitley		X
Terry Reynolds		X
Jaime Black		X
David Fogerson		X
Felicia Gonzales		ABS
Brett Compston		X
Meagan Werth Ranson		X
Chris Lake		X
Dagny Stapleton		X
Wesley Harper		X
Mark Pandori		X
Task Force Non-Voting Member Attendance		
Kyra Morgan		X
Lisa Sherych		X
Julia Peek		X
Melissa Peek-Bullock		X
Malinda Southard		X
Lesley Mohlenkamp		X
Samantha Ladich		X

1. Call to Order and Roll Call

Chair Caleb Cage, Governor’s Office (GO), called the meeting to order. Roll call was performed by Meagan Werth Ranson, GO. Quorum was established for the meeting.

2. Public Comment

Chair Cage opened the discussion for public comment in all venues. Written public comment is attached.

Anmarie Feiler provided the following public comment, “Good morning Covid-19 Task Force Members and Chair Cage. For the record, Anmarie Feiler, of Las Vegas NV representing V&G Telecom LLC, a certified woman owned, and operated telecom services company based out of Clark County, NV; and also representing NATE: The Communications Infrastructure Contractors Association. I am the NATE Win State Liaison for The State of Nevada. I realize my commentary and request are not actionable today, however I would like it entered into the record for this meeting. Our request is for all the Telecom Infrastructure Workforce to be clearly identified as Tier One Workforce in the Covid-19 Playbook for the State of Nevada. The work we do is critical to the communications infrastructure of our state, as well as to national security. We work on maintaining and

installing telecom towers, technology on the towers, in-building distributed antenna systems, etc. Our work includes, in part, contracts for Customs and Border Patrol, U.S. Ranger Stations, the First Responders Network, The Public Safety Network, and carrier networks such as AT&T, T-Mobile and Verizon, etc. Our work is especially important in a State where the schools are being accessed remotely and over 300,00 students and 35,000 teachers rely daily on network performance; small businesses are often operating remotely, and the entire state's population is using the wireless communications infrastructure in more critical capacities than ever before. Our men and women in the field work in teams, there is no way to do our work and keep socially distant, and if one member of a crew gets COVID, the entire crew must quarantine for two weeks. This is interruptive and dangerous to our State and our Nations security many ways. In the current Playbook critical communications infrastructure is listed as Tier One, but "Telecommunications Workforce" is not clearly defined. Just yesterday I was denied a vaccine, even though I had an appointment through the SNHD at Western HS. The SNHD point of contact acknowledged that I "seem to be" Tier One, but he was not totally sure, and because we are contractors and not direct government employees with Government ID's, he refused my appointment and sent me away without administering the vaccine. My request is to please clarify the language so that all telecom infrastructure workforce, including Telecommunications Contractors, be defined clearly as Tier One status in the Vaccination Hierarchy for NV. Thank you."

Janice Flowery provided the following public comment, "I am Janice Flowery, and I would like to complement the quad county efforts because I live in that group. Their testing has been excellent, and I am sure that their vaccination program will be even better since we are going to be getting vaccines on a more regular basis. Since I am in the older group, we have a lot of time to read and watch TV and I noticed in reading the new guidelines from the Federal government from the Biden/Harris report, that on page nine of the executive summary and on page 40 of the complete document, they are suggesting, I believe, that the 65 and older group be considered more of a priority than it already is, and I would appreciate you having some consideration, because for many months, we all asked for the Federal government to be involved. That really did not happen and now it is, and they wrote a document and I just think it would be nice if everybody would be consistent. Thank you very much for the opportunity to speak with you all."

Anthony provided the following public comment, "My name is Anthony, I am a 76-year-old senior from Henderson. First, I want to basically applaud the team effort for the great job at Cashman. We had our first vaccination on Sunday, the 17th. We had friends go on Monday and we had other friends earlier than that, but the first five days were phenomenally done. It was amazing and I just have to say you guys did a great job. We were so impressed. Of course, all accountabilities were off and that is just what happened the next few days, everybody got wind of wait, oh you just go down there is no accountability, so it goes to a point where people were just walking in, so that is what happened. You guys did a great job on that one. I know you are going to be worked when I saw media about these QR codes, that is going to work great. Let the applicant do the heavy lifting, enter all their comments, all their information, their data, what we do is scan it in on an iPad and boom we are in. So, I am looking forward to it. I have a quick comment about the second shot. I am a second shot candidate. I need it on the 14th. I spoke to my doctor yesterday. He said they are looking at a four-day grace period, two days before, two days after, but your target should be on your day. That is the ideal efficacy of the Moderna, which is a four-week 28 day one so hopefully you guys can get us in on our day that we need. I will be looking forward to making that scheduling very soon. Last thing is the registration process. I diligently work on that every time. Right now, it has a glitch. Today and yesterday, I worked on it and today was showing the three days, the 30th, you open it up, it has about 100 appointments there across the day, but when you select an appointment and go to the next, it is grayed out, you cannot choose next. So, I am assuming there are no appointments, that is the reason, but it looks like there are appointments so that was an issue that I think needs to be addressed."

3. Approval of Minutes

Chair Cage called for a motion to amend or approve the draft minutes from the January 21, 2021, Task Force meeting. A motion to approve the draft minutes as presented was provided by Lieutenant Colonel (LTC) Brett Compston, Nevada National Guard (NVNG), and a second was provided by Terry Reynolds, Business and Industry (B&I). Motion passed unanimously.

4. Appointed Department Updates

a. Department of Business and Industry – Enforcement – Director, Terry Reynolds

Terry Reynolds spoke to work being done by B&I and the Division of Industrial Relations (DIR), which oversees the state's Occupational Safety and Health Administration (OSHA) program. Mr. Reynolds was pleased to announce that in the first three weeks of the year, there has been 100% compliance on first visits. Mr. Reynolds appreciates the fact that most businesses are complying and working with OSHA. Mr. Reynolds noted OSHA is happy to help and answer questions through our Safety Consultation and Training Section (SCATS) team.

b. Division of Emergency Management (DEM) – PPE Status – Chief, David Fogerson

Chief David Fogerson provided an overview of the Personal Protective Equipment (PPE) status per the Disease Outbreak Management Plan. DEM is still working on the \$138 million for grants to local jurisdictions for COVID-19 assistance with testing and vaccination efforts. Chief Fogerson noted there is now a 100% FEMA reimbursement for vaccination efforts. This reimbursement can be used for the NVNG starting in August of 2020. This should help in clearing up funds that have been previously allocated. DEM is still working on a large PPE push to local governments. A lot of equipment is being moved to Nye County per their request. In a week's period, DEM has distributed 100,000 gowns, 24,000 face shields, 84,000 BinaxNow kits, and 33,000 gloves. DEM is working with Federal Emergency Management Agency (FEMA) and the Division of Public and Behavioral Health (DPBH) on getting vaccinators and data entry personnel out to the Counties, based on the requests from local emergency managers and local health authorities.

c. Fiscal Update – COVID related Funding Coordination –Executive Budget Officer, Lesley Mohlenkamp

Lesley Mohlenkamp, Governor's Finance Office (GFO), provided an update on COVID related funding coordination efforts. The GFO continues to work with State agencies to identify the amount of Coronavirus Relief Funds (CRF) that remains for the State to use through calendar year 2021. The GFO is also continuing to work through any additional needs that may be outstanding or that may be funded with the program.

d. Nevada Department of Education (DOE) – School Opening Plans – Deputy Superintendent of Educator Effectiveness and Family Engagement, Felicia Gonzales

No current update to provide.

e. Gaming Control Board (GCB) – Chief, Jaime Black

Chief Jaime Black provided an update on the GCB enforcement efforts. The GCB has completed 2,564 inspections as of January 22, 2021. Currently there are 209 regulatory cases. The GCB continues to see a high level of compliance. Chief Black thanked the Local Health Authorities for working with the board on vaccination efforts for staff.

f. Nevada Association of Counties (NACO) – Executive Director, Dagny Stapleton

No current update to provide.

g. Nevada League of Cities – Director, Wesley Harper

Wesley Harper noted the Nevada League of Cities continues to promote the COVID Trace app, working with businesses on guideline compliance, and working on coordination of vaccination efforts. The overall collaboration has been beneficial.

h. Nevada Hospital Association (NHA)– Executive Director, Community Resilience, Chris Lake

Dr. Chris Lake provided an overview from the NHA. As of today, there are approximately 1,322 cases hospitalized. 1,228 are confirmed cases with 94 suspected cases. The trajectory is going down throughout the entire State of Nevada. Hospital operations are beginning to normalize. Hospitals are beginning to re-evaluate strict visitation guidelines as well. Equipment, PPE, and supplies are in good condition. Dr. Lake noted currently, the flu is not a big issue with the hospitals. Flu patients are not competing for resources. Currently there are approximately four patients in the hospital with the flu. COVID is accounting for approximately 24% of hospital occupancy. Chair Cage clarified that Nevada is showing a decline in the numbers in the hospitals and cases; however, the numbers need to come down from the peak of where Nevada was, and inquired if Dr. Lake agreed. Dr. Lake noted even though the trajectory is going down, Nevada is still at high numbers with the number of patients hospitalized and the numbers are currently higher than the previous peak.

5. Current Situation Report

Kyra Morgan, DHHS, provided an overview of the current situation in Nevada as it relates to COVID to include the following (slides were also included in the meeting packet):

- Cases
 - 1,144 14-day rolling average cases daily
 - 1,628 cases per 100,000 over the last 30 days
 - 273,873 cumulative cases
 - 8,696 cumulative cases per 100,000
- Testing
 - 377 tests/day per 100,000 over the last 14 days
 - 18.6% test positivity rate over the last 14 days
 - 2,445,386 cumulative tests
- Hospitalizations
 - 1,400 confirmed and suspected hospitalizations
 - 344 total ICU
 - 235 total ventilators
- Deaths
 - 18 14-day rolling average deaths daily
 - 27 deaths per 100,000 over the last 30 days
 - 4,134 cumulative deaths
 - 131 cumulative deaths per 100,000

Ms. Morgan provided the group with an update regarding the slides provided in the handouts showing the trends of COVID-19 in Nevada. It is likely that Nevada has seen the full impact of holiday gatherings in our case trends and test positivity. Nevada has seen a sustained downward trajectory in new cases since January 8, 2021.

Test positivity has been decreasing for the past two weeks, but is still very high, at 18.6%. There are currently 1,400 confirmed and suspected COVID-19 cases hospitalized in Nevada hospitals. This is down from a high of 2,126 on December 22, 2020. Nevada has seen a sustained downward trajectory in hospitalizations statewide since January 12, 2021. Intensive Care Units (ICU) and Ventilator use is also declining statewide since January 19, 2021. Nevada continues to see a record number of COVID-19 deaths reported daily, averaging 18-20 deaths per day over the previous three weeks. Based on the case trends being observed, which indicate a peak in late November or early December, it is possible that the state is currently observing the peak in daily deaths. For specimens collected January 1, 2021 through January 27, 2021, it has taken approximately two days after specimen collection for results to be reported. Ms. Morgan noted improvements being observed over all regarding lab testing turnaround times. All counties in Nevada, except for Storey and White Pine, are flagged for elevated transmission. Of those counties that were flagged for elevated disease transmission: all are flagged with a high case rate and all are flagged with a high-test positivity. Only Eureka County was flagged with a low average number of tests per day per 100,000. For case rates, Nevada has seen declining or improving trends in the following counties: Churchill, Clark, Elko, Esmeralda, Humboldt, Lander, Mineral, Pershing, Washoe, and White Pine. Excluding prison and or inmate population does not significantly impact most counties' overall status for elevated disease transmission. The exceptions are Esmeralda and Mineral counties. Counties that have relatively high increases in testing and case rates after excluding prison inmate populations are due to having few to zero COVID-19 positive inmates. Since the number of tests and/or cases remain relatively constant and the population size or denominator is smaller without the inmate population, Nevada would expect to see increases in testing and case rates. Chair Cage clarified, as far as the overall assessment and the overall trend, Nevada is still at very high numbers; however, Nevada is moving in the right direction and needs to maintain what is being done to continue the trajectory going down. Ms. Morgan noted this is the first time Nevada has seen a sustained downward trajectory in this wave. Nevada's numbers are still high, they are more than what was seen in the summer wave, but they are significantly lower than in November.

6. Update on State COVID-19 Vaccine Distribution Plan and Flu Vaccine Update

Candice McDaniel, DHHS, spoke to the State COVID-19 Vaccine Distribution Plan and Flu Vaccine Update. Ms. McDaniel noted there is a lot of information out there related to vaccines, including what can be seen on national data sets versus what is being experiencing in our state. Nevada is now close to a year into this pandemic and anxiety is high and people rightfully have a lot of questions on the vaccine. As DHHS has said from the beginning of the vaccine response, this is a complex logistical planning process that has required the state and all local partners to work together to reach Nevadans and ensure those who are eligible to get the vaccine know that and are able to make an appointment. Each week doses are received in Nevada and they are being sent to, and used by, our counties, providers, and pharmacies. DHHS is working to vaccinate as many Nevadans as feasible, as quickly as possible, with the doses that have been received from the federal government. The Centers for Disease Control and Prevention's (CDC) public facing webpage reports 174,367 doses administered. As of January 27, 2021, nearly 210,173 doses of COVID vaccine have been administered and reported into WebIZ. There is an obvious lag in reporting for this public facing data. Of the total allocation delivered, there is a portion sent to CVS and Walgreens for long term care and skilled nursing facilities. That total allocation is set by the CDC based on the bed count of facilities and the number of staff. There are 670 facilities included in the long-term care pharmacy program. 530 facilities have received vaccine and have been scheduled with CVS or Walgreens. This program began December 21, 2020, and this strike team delivery mechanism is critical to protect the most vulnerable Nevadans. The efficiency of this process, compared to a mass vaccination event, is very different but DHHS is ensuring this critical need is met. Doses allocated that are not used with this project will be transferred for general population use with the close of the project in the coming weeks. DHHS will continue to ensure that all the vulnerable populations living in these facilities are accounted for and that doses are available for them through the strike force effort, but repurposing doses will help to provide more doses to the senior and workforce populations as part of the State's playbook. Nevada is ordering first doses of vaccine up to the federally allocated cap, but only ordering second doses in quantities

requested from vaccinators as needed. The second dose of Pfizer vaccine can be administered after 21 days and there is a 28-day minimum interval between the first and second doses of the Moderna vaccine. These doses are being ordered as the state approaches the time to use them. DHHS is closely tracking when folks are due for their second doses and local health authorities are ordering each week exactly the number of second doses that will be need for both the Moderna and the Pfizer product. Those second doses are allocated and earmarked for Nevada and are sitting on the shelves waiting for Nevada to order them. For Nevada, it makes much more sense to have Moderna and Pfizer handle the storage for those second doses until the state is ready to order and use them. They are the experts at the ultra-cold handling and storage and when the second doses are stored with the developers, there are fewer concerns with temperature excursions or other handling complexities. Ms. McDaniel noted what is critical to understand is that a new shipment of doses does not come to the provider with labels for first or second doses. Vaccination partners receive a bulk shipment, and it takes a workforce who need to process to plan and thaw for first and second dose events while updating appointment opportunities. As Nevada looks forward, the state can expect the federal government to include additional retail pharmacy partners begin to provide vaccine statewide with the use of a federal allocation versus our existing state allocation. DHHS also looks forward to an increase in the state's weekly allocation as the federal government has supported an increase at the national level. DHHS saw the state's first increase in allocation to order from to be delivered next week, of 42,625 first doses compared to the 36,000 from the previous allocation. 8,400 first doses pharmacy and 34,225 doses for counties. DHHS hopes to see a continued increase in supply to meet Nevada demand.

Terry Reynolds noted there was a press release that came out recently with a number to call for people to get information via different counties on getting vaccines. This is a great service and encourage people if they have questions to use that service. Chair Cage spoke to the difficulty some Nevadans are having accessing the resources. Nevada wants to ensure there is an equitable distribution of the vaccine throughout the State. Chair Cage requested an update on the technology needs in progress. Julie Peek, DPBH, spoke to a statewide call center to help Nevadans make appointments. This service went live on Tuesday morning. The main source of information is data on the Immunize Nevada webpage. Nevadans can go to that website and look at appointments themselves. In public comment, individuals noted they have used that as well, but if they are struggling at all and have questions, it is great to use the 800 number. The call center can walk you through the process and/or help you make an appointment. Currently, it is difficult to make appointments because of the supply issue. The call center can help navigate that, but Nevada does have a supply issue. If an individual is not able to get an appointment, the all center is going to help individuals express interest through the portal as well. This will help ensure follow up communication is completed. It is a statewide tool. DHHS hopes that this tool will be helpful. If there is feedback on how to improve it or any issues experienced, please reach out to DHHS. It is going to be a continuous quality improvement. It has only been live a couple days, so any feedback to make it better or more useful for Nevada residents is appreciated. Chair Cage inquired on how people can find out additional information on this site or where they can go to access the number and the other information. Ms. Peek noted a press release will be forthcoming, which should go out next week, with all the information and highlighting Immunize Nevada.

Chair Cage requested Ms. McDaniel to speak on where Nevada is in respect to allocation from the federal government, the Governor's letter, feedback, and response. Ms. McDaniel noted Nevada receives an allocation. DHHS works with the Counties on what is to be ordered. DHHS then confirms that request, orders the doses, and then it is delivered starting Monday through Wednesdays typically. What is reported at the Federal level is the doses that have been delivered. When looking at the CDC website, it is really important to understand where all those things come from. The previous number that DHHS had been working with, what individuals have to remember, is DHHS is pulling out doses that have been allocated initially for the long-term care facilities. That is a total of 81,900 of both first and second doses. From there, DHHS looks at the retail pharmacy. DHHS is doing a bridge project before the Federal Government turns on a very large retail pharmacy that will be supported by federal allocation. Nevada wanted to ease into that and improve and increase the access to the

vaccine based within a pharmacy down the street. DHHS must look at, after the long-term care allocation is taken off the top, is the numbers that are provided by the CDC. DHHS orders all the first doses, which as of Monday morning, was 210,800. DHHS also has a matching allocation for second doses. The second doses were 144,475 and that supports our State cap of 355,275. Of the second doses that were allocated, Nevada ordered 45,675 all based on the need for those second doses for both the minimum intervals for Pfizer and Moderna. It is an incredibly complex system seeing what is available, to which entities it has been sent, of that what are the first doses, and then what are the second doses. Some of the lag in second doses needed is based on time periods. Nevada is looking at what has already been allocated. DHHS is looking into the future of second doses. DHHS is looking into, almost the second week of February, of what has been allocated and waiting to be used. That really represents the full allocation for Nevada. These doses are ordered on an “as needed” timeline. Some of this conversation around how the Governor supported more clarity around how you get to our allocation, what is that formula, what population is being used. There are two products where one is only for individuals 18 and over. For Pfizer, the vaccine can be given to 16- and 17-year-olds. In that age group, this includes those who are working in childcare centers or in grocery stores. There are individuals in our State who are 16 and 17 years of age, who have received the Pfizer product. Ms. McDaniel noted in talking with the CDC and Health and Human Services (HHS), it is unknown what the formula looks like and what population numbers are being used. When looking at the CDC page of what they promote as the distributed per 100,000, they are using the total population from what it looks like to DHHS. With the support of the Governor and our federal delegation, DHHS has been asking a lot of questions this week. Please share with Nevada what this allocation is. It is difficult for our partners, to only plan a week in advance, with the standing up pods, scheduling, and the appointment system, and staffing. Nevada has been asking for a standard projection of what can be expected in two weeks’ time, in three weeks’ time, and that really does promote the planning process for our partners. It also provides a lot of clarity for the public. Ms. McDaniel knows everyone is receiving that question of when will the state hit certain groups and that is impossible to do with the weekly allocation. DHHS is really hoping for some additional clarity, a little bit more of a projection, and hopes for there to be an increased allocation. Chair Cage noted an update has been received from FEMA and HHS in region IX yesterday, that Nevada has the highest percentage of doses distributed in region IX and is among the highest in the nation for distribution. Chair Cage noted a lot of work has to happen in order for that to happen and a lot of that work is in collaboration with our local partners and what they have done in order to build capacity to distribute this very important resource for our State.

7. Update on COVID Vaccine Distribution from Local Health Authorities

a. Carson City Health and Human Services

Jeanne Freeman, CCHHS, provided an update on the CCHHS COVID-19 Vaccination Plan. The presentation was as follows:

Where the Quad-Counties are Currently

- Received our first vaccines the week of December 21,2020 and held our first event on Christmas Eve.
- To date we have completed 24 events across the region which expands more than 3,000 square miles; sometimes with 2 events per day.
 - Events range from 100 doses to over 1,360 doses based on location and set up of either a walk-in or drive-thru event.
- Events are supported by volunteers from organizations such as Team Rubicon, Volunteer Firefighters, Sheriff’s Search and Rescue as well as Citizen Patrol. We have also had assistance from private providers, DPBH community health nurses, staff from federally qualified health centers, our local hospitals, and the National Guard.

- Greatest highlight of this collaboration was on Saturday, January 23, 2021 when we did 1,362 vaccines in the snow with more than 40 volunteers from across the region contributing more than 430 hours of time and only 5 paid staff.

Jurisdiction Output

- As of January 25, 2021 (5 weeks into effort) – 7,175 COVID-19 vaccines have been received.
 - 7,041 of these doses were administered by this date.
- Received 1,600 doses on January 26, 2021 – 500 are second doses and 1,100 are first doses.
 - We have cancelled one second dose vaccination event this week in collaboration with county leadership due to the weather. That event has been rescheduled for next week.
- To date, no doses have been wasted.
- Each week we are increasing our vaccination capacity as demonstrated by our first and second dose administration. We are on track to meet the State's desire for us to vaccinate 1,000 people in the region each day of the week as soon as the State allocation from the federal government increases.
 - We are preparing for an increase in vaccination efforts as future allocations hopefully increase. We have HHS vaccinators arriving early next week to support building multiple vaccination teams for simultaneous events to occur. We have FEMA Blue Shirts coming in this week for data entry and have volunteers being trained to support multiple roles as well.
- CCHHS is up to date with our data entry by the required 72-hour period with most of our data in within 48 hours of vaccination.
 - We have staff dedicated to this effort and have support from State agencies with additional staff assistance.

Planning and Resource Needs

- Currently, the needs we have expressed to State agencies have been supported. Fiscal support is coming through subgrants from DPBH. Additional resources supported by the federal government have been secured with the help of DEM. The Governor's Office has been responsive to our requests regarding occupancy rates regarding facilities that can be utilized for mass vaccination efforts. Immunize NV has been a powerful partner with messaging.
- We have hired a logistics support staff member to work through securing more permanent locations for vaccinations to be delivered. Will submit a project worksheet for a federal public assistance award to support these efforts and maximize subgrant funding.
- We are looking to hire a volunteer manager to support the number of people applying to assist.
- Collaborating across all four counties and the independent cities to work on projects that support the region such as the Quad-County COVID hotline which has been in place since COVID began.
- Preparing for vaccination efforts for future groups including those in the Tahoe-Reno Industrial (TRI) area of Storey County and their numerous shift workers.
- Like everyone else, CCHHS has areas for improvement for and are working on solutions.

Chair Cage asked for information about the counties plan and efforts for residents who are homebound in the quad Counties. Dr. Freeman noted CCHHS is working on having strike teams available. Part of that is going to be in assistance with the HHS vaccinators that are coming in, but also CCHHS staff. Also working with our social service entities in each of the Counties and then working with the senior centers and Meals on Wheels. Those are the entities that know the homebound best. CCHHS is also working with DPBH, the Public Health Preparedness Program, and using the empowered data. There were some updates on how the empower data can be utilized. CCHHS can look at the heat maps and help know those who may have greater risk and of those homes and serving them. CCHHS is currently receiving the Moderna vaccine. CCHHS now has permission to be able to transport those now punctured vials, as long as they go in a single direction and they do not get returned to the refrigerator. That will be a scheduling process that CCHHS will do similar to what was done with flu

vaccinations in the fall. This was part of the effort pushed through Immunize Nevada. This effort is where the Immunize Nevada Program and the State IZ program, pushed out funding to the locals to practice with pushing for the flu vaccination in an effort that the COVID vaccine was not going to be here as quick and to help the counties prepare. That was one of the things that we did and CCHHS will be making some modifications to the plan that we had with the homebound with flu vaccination so CCHHS can do that with COVID. One of the other things that CCHHS is doing is reaching out to our leaders in our Latino population to get some insight as to how best to reach out to our Spanish speaking groups to make sure they know that they are eligible and that they are also getting the information they need and are able to ask the questions about vaccine safety and that becomes really important for us especially with our migrant farm workers that we have within some of our agricultural communities. First, CCHHS wants to make sure messaging is reaching everyone and making sure that access is not just for those who can speak English, but it is accessible to everybody. Chief Fogerson noted the efforts CCHHS is doing to reach that large diverse population over the geographical area is phenomenal. Most of the United States thinks of 8:00 am to 5:00 pm as normal hours to work, but in Nevada leaders have to start thinking about how to get those 2nd and 3rd shift employees and CCHHS is already on the road towards that. Anything DEM can support you with, additional FEMA staff, the funding mechanisms, or the guard staff, please ask. Chief Fogerson also noted DEM is ready to help. Dr. Freeman thanked the group and noted one of the things their internal team has requested is a lot of input from the different industries that are currently being served and who are eligible for vaccinations, about what would be an appropriate vaccination time. Chair Cage noted this is a really challenging enterprise and the state is grateful for your partnership in all of this.

b. Southern Nevada Health District

Misty Robinson, SNHD, provided an update on the SNHD COVID-19 Vaccination Plan. The presentation was as follows:

Vaccine Update

- As of January 26, 2021, there have been 107,190 COVID-19 vaccines administered in Clark County.
- The Health District is working with the region's Type 3 Incident Management Team to assist us in our vaccine administration efforts.
- To date, the Health District has received 96,375 doses of COVID-19 vaccine for distribution in Clark County in addition to facilities who are receiving direct shipment of the vaccine.
- With the assistance of the Nevada National Guard, our jurisdictional partners, and soon Region IX FEMA and Health and Human Services teams, the Health District and partner PODS (points of dispensing) are currently operating to administer vaccine at Western High School, our Decatur Public Health Center, Cashman Center, Sun City Anthem Center, Jerome Mack Middle School, UNLV, College of Southern Nevada, Canyon Springs High School, Boulder City, UMC, and a pop-up clinic site today at the Flamingo Senior Center.
- Additional locations are listed on our website at www.snhd.info/covid.
- We have to remain flexible due to vaccine supply. We are currently vaccinating health care workers, public safety and security, and frontline community support occupations down to continuity of government. In Clark County, this includes teachers who teach K-3rd grade, NSHE frontline educators, community support frontline staff, such as shelter workers, social services, and those that support vulnerable populations. At this time, public transportation workers are not being vaccinated but they will be the next group to be included when we expand eligibility. Within the General Population lane, we are currently vaccinating individuals aged 70 and over and we have identified specific locations for this group that are easily accessible for that population.
- We will gauge the availability of appointments, as well as our vaccine inventory and resources as we make decisions to open vaccine availability to additional groups.

- We post vaccine updates to our website each week, and as we work through each priority group the availability of the vaccine and updated clinic information will be provided to the public. Information provided will include how and where the vaccine will be available to people in each group.

Second Dose Clinic

- The Health District and the Las Vegas Convention and Visitors Authority announced they will be opening a second dose clinic site in the C-1 area of the facility's Central Hall on Tuesday, February 2, 2021.
- The appointment-only clinic will operate Tuesday through Saturday for people who received their first dose at a Health District clinic and are eligible to receive their second dose.
- The Health District has started notifying people who are due to receive their second dose of the vaccine. People receive a link that allows them to schedule an appointment at the clinic.
- SNHD has developed a new integrated appointment and registration system allows people to schedule their second dose when they are receiving their first vaccination.
- As our resources expand, we expect our second dose vaccination site options to expand.

Chair Cage requested an update on the lag between the shots and the paperwork and getting caught up on the data entry side of the process. Ms. Robinson noted as of yesterday, SNHD had approximately 14,595 vaccine administration records to be entered. SNHD is working with the County and Federal partners to help with the load on that backlog and should be up to date by next Saturday. That includes those that are coming back to SNHD for second doses. Then with our online registration system, SNHD will be able to do this electronically without the need of the paper backup. Chair Cage noted that has been a challenge with all the communities because of the data entry. Chief Fogerson noted SNHD is doing a phenomenal job. The collaboration with getting Clark County Emergency Management to add additional sites and manage those with the individual Cities. This has been a great way to add such depth to the process. Chief Fogerson noted Ms. Robinson is aware of the goal of vaccination wo-thirds of Nevadans in six months and the real effort being on SNHD due to the population. Chief Fogerson noted in looking at this effort, it means completing 15,000 shots per day. SNHD is really close to reaching that goal if the state could provide more vaccines. Chief Fogerson also noted the work being done with Nye County. With Clark County having to shut down the Cashman Center because of lack of vaccine. SNHD reached out to Nye County to see if it was possible to move those Guard and FEMA employees to Nye County to assist. That is the nature of Nevada, the community partnership and is greatly appreciated. Chair Cage noted during Ms. Robinson remarks, it was noted there were a number of sites for vaccination that were set up specifically for vulnerable populations or those 70 plus, elderly to enable easy access. Ms. Robinson noted that is correct. It is for the 70 and older population. SNHD has specifically dedicated sites for that purpose. There have been some mishaps where others have been able to access appointments that were not in that age group. Henderson, in cooperation with Sun City Anthem, is doing a 70 and over clinic this week. The Flamingo Senior Center is also one that is targeting the 70 and older population. SNHD has been doing a senior center every day this week, from Tuesday through Friday and are trying to capture in the SNHDPODS, those 70 and older populations. This includes the Decatur location, Jerome Mack Middle School, and Western High School. Chair Cage inquired if that plan leads into a plan to address the homebound population as well or is that separate idea. Ms. Robinson noted SNHD is using the home health agencies to identify those folks and will probably use the empower data as well.

c. Washoe County Health District (WCHD)

Jim English, WCHD, and Lisa Lottritz, WCHD, provided an update on the WCHD COVID-19 Vaccination Plan. Mr. English provide background information before diving into the presentation. The WCHD activated the Crisis Action Team and went into the Incident Command System (ICS) structure on January 17, 2020 in response to

the Novel-Sars- CoV-2 virus. On March 17, 2020, the region came together under unified command and created the Regional Incident Management Team. The presentation was as follows:

Washoe County Health District

- Coordinate efforts for the COVID-19 vaccine response in Washoe County
 - Work with Nevada State Immunization

- Program and local agencies to facilitate the delivery of the vaccine
- Manage Point of Dispensing (POD) activities for Washoe County

Prioritization Lanes

- Washoe County Health is focusing on the left lane, Essential Workforce.

- Community partners and pharmacies are focusing on the general population (70+)

Point of Dispensing (POD)

- Reno-Sparks Livestock Events Center
- Renown Regional Medical Center POD
- Retail Pharmacy Vaccine Program (12 Pharmacies, 9 Walgreens/3 smiths participating)

- Safeway is providing vaccinations for ineligible assisted living facilities and group homes
- Community Partner Strike Teams (Fire agencies)

Reno-Sparks Livestock Events Center POD

- Multi-organizational staffing resources
 - Air and Army National Guard (support on traffic control, forms, and screening)
 - Community Emergency Response Team (CERT, 4-7 volunteers daily to assist with traffic operations. Also, staffing to assist with lane sorting, exit, and recovery operation traffic control)
 - Medical Reserve Corps (MRC, provide staff for vaccinations,

- medical assistance, pharmacists, greeters, and screeners)
- Washoe County Health District (screening and vaccinations)
- REMSA (EMS support for vaccine operations)
- Temporary Employees (Talent Framework, Manpower and Acro staffing to provide daily staff for traffic control. Generally, there is a need for 15 - 20 staff each day)

Vaccine Distribution

- 38,635 doses allocated to Washoe County through January 25, 2021
- 31,913 dispensed in Washoe County as

- of January 25, 2021 (Entered into WEBIZ)
- This accounts for 83% of the data entry

Scheduling

- WCHD Scheduling Process
- WCHD Senior Interest List

- Community Partner Processes
- Vaccine Equity

Scheduling

- WCHD Scheduling Process
- WCHD Senior Interest List
- Community Partner Processes
- Vaccine Equity

- Renown us using mychart
- Washoe County is also working with Human Services Agency, Reno Housing Authority, etc

Vaccine Updates

- How will people and employers know when it is their turn to be vaccinated in Washoe?

– <https://www.covid19washoevaccine.com/>

Chair Cage noted members of the Task Force and members of the public benefit from seeing, not just the tremendous work being done for the community, but also how complex it is for managing such a major process. The state is looking for ways and opportunities to improve and certainly a lot of the current efforts are based on lessons learned from doing the testing operations, which are still underway, but it is an impressive operation Washoe County is running. The state has the same goal of wanting more vaccine doses and for those doses to be distributed more quickly. Chair Cage noted this is an impressive operation with impressive outcomes. Chief Fogerson echoed Chair Cage’s statements and noted anything DEM can do to assist in this effort, please feel free to reach out. Chief Fogerson noted this is the same for all the other Counties. Mr. English ended his presentation by noting the FEMA support staff has arrived and are currently being trained and briefed on Washoe Counties operation.

8. Public Comment

Chair Cage opened the discussion for public comment in all venues. No public comment was provided.

9. Adjourn

Chair Cage called for a motion to adjourn the meeting. A motion to adjourn was presented by Chief David Fogerson and a second was provided by Richard Whitely, DHHS. The motion passed unanimously. Meeting adjourned.

PUBLIC COMMENT

Submitted to the COVID-19 Mitigation and Management Task Force Meeting
January 28, 2021

Dear Members of the COVID-19 Mitigation and Management Task Force:

I respectfully request you revisit the pandemic restriction on the dispensing of bulk foods.

I can understand the concern about barrel dispensers, as customers' hands may touch the food and the scoop. But I am confused as to why the gravity-fed dispensers are not allowed to operate. Like those in the Northtowne Winco store, these dispensers have a pull-down lever to dispense food without the food having any contact with a person's hand. They are easy to use and easy to sanitize. When you consider the multitude of products in a grocery store which are touched by customers' and employees' hands, allowing stores to use the gravity-fed dispensers for bulk foods should be considered a safe and prudent change to the existing pandemic restrictions.

Aware that this task force cannot take action on any item submitted for public comment, and understanding the overwhelming responsibilities of this task force and the local public health departments, I would greatly appreciate it if my request could be forwarded to the agency/department/division responsible for setting, enforcing, and changing the restriction on gravity-fed bulk food dispensing in Nevada grocery stores. If that is not possible, I would appreciate being advised regarding how best I can make my request known to the proper authority.

Sincerely,

Cynthia Kimball

Meagan Werth Ranson

From: Debbie DeValve
Sent: Tuesday, January 26, 2021 12:34 PM
To: Meagan Werth Ranson
Subject: COVID Task Force Jan 28

Mr. Reynolds and COVID Task Force,

Hello, I have an OSHA CV19 Complaint Log question and concern I would like you to address.

My daughter and I filed an OSHA CV 19 online complaint ,January 4, against the NV Department of Motor Vehicles, 8250 West Flamingo Rd, Las Vegas.

My daughter had an appointment with this DMV location on January 4. While standing in line outside the main entrance, she was denied the ability to go inside to show up for her appointment that took a 90 day notice and a transaction that could only take place in person. She was denied service because she was unable to wear a mask. She had the Governor's Directive 24 with her that showed her reason for exemption and she had a copy of the Civil Rights Act of 1964 to, also, support her exemption. As my daughter, showed the information to an employee that approached her about wearing a mask, he said he didn't know anything about that. So, then he got another employee , who was apparently a higher authority, and when my daughter showed her the information, she immediately said, " I don't have time for this, " and walked away. At that point my daughter left unable to go inside and do any of the business she needed to do with the DMV. The event was nerve racking that she neglected to get anyone's name, but when she got home I helped her fill out an OSHA complaint form online.

She did get a call a week later on Jan.11th from an OSHA employee following up on the complaint and getting more details. We asked what happens next and he said he forwards it to his supervisor. Since then, there has been no other follow up and what , also, concerns me is that her complaint DOES NOT show up on the OSHA Covid 19 Complaint Logs.

In looking at the logs under the category of "Hazard Description and Location" regarding the Covid 19 complaints it says "Employer not complying with the Governor's Covid 19 mandate...." and then it will say something about not wearing a face covering , social distancing, etc.

1. Isn't denying someone service because they cannot wear a mask also "not complying with the Governor's Covid 19 mandate" , which allows exemptions under Directive 24 , page 3 of this link

<https://nvhealthresponse.nv.gov/wp-content/uploads/2020/06/Guidance-on-Directive-24-Face-Coverings-UPDATED.pdf>

2. Isn't it a health hazard to the employer , in this case the DMV, if a customer is forced to wear a mask who cannot? Are they going to be responsible for their wellbeing? When did the DMV get a license for practicing medicine?

3. Where is this kind of complaint being logged if they are not on the OSHA Covid 19 complaint log?

4. Has the DMV been educated in Directive 24 and Civil Rights violations, since this complaint was filed?

5. On your "No Mask , No Service" sign why is there NO reference to exemptions under Directive 24? (Let alone Civil Rights, ADA discrimination)

Why would the Nevada Health Response team endorse and even encourage a business to break the law?

<https://nvhealthresponse.nv.gov/wp-content/uploads/2020/06/No-Mask-No-Service-Printable.pdf>

No health order, ordinance, executive order, or state emergency suspend civil rights law nor does it negate the protection of civil rights.

I look forward to your response and your attention to this expedient matter.

Debbie DeValve