Meeting Minutes
COVID-19 Mitigation and Mangement Task Force

Attendance	**DATE**	December 3, 2020
	TIME	10:00 A.M.
	METHOD	Video-Teleconference
	RECORDER	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	X
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	ABS
Lisa Sherych	X
Julia Peek	X
Melissa Peek-Bullock	ABS
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. Debbie DeValve provided the following public comment, "Mr. Reynolds and Task Force. I have some questions for you. How can private businesses become an arm of the government and medical facility when they have no license or training for it? How can businesses as public accommodations, deny service to those who cannot wear a mask and need to come in to do business that cannot be accommodated curbside? What if they don't want to use curbside service, but enjoy the experience of shopping just like everyone else? Why is the Nevada Equal Rights commission backlogged for months with discrimination complaints? Why do businesses have to feel afraid to be fined rather than accommodate a mask less patron, even though they have a medical condition, religious exemption, mental condition, etc. and even show exemption information from Directive 24? We've become spies on each other. Where one phone call could cause thousands of dollars of damage to the offending business. Our courts are burdened with lawsuits, businesses fighting fines, discrimination cases, civil rights

violations, businesses closed permanently, loss of jobs, brother fighting brother, mental stress, anxiety, suicides. Yes, we've slowed COVID, at least until we all come out of this "pause". Then, what happens, we start over again with another "pause" or worse? I'm not saying COVID isn't real, but are these efforts to produce fear, control and track us worse than the disease? With any risk there should be a choice. We take risks everyday as soon as we walk out the door. Also, heart disease is still the leading cause of death, but are we treating this the same as COVID? As our nation has navigated through COVID, The US Constitution, which is the supreme law of the land, has been conveniently ignored in the name of science. But science is a method to find truth, it is not The Truth. When our inalienable rights, (which were given to us by God that the government is supposed to protect,) have been put back as top priority, then the American people can be trusted. Just give us the facts and the risks, then let us make our own educated choices." No other public comment was provided.

3. Approval of Minutes

Chair Cage called for a motion to amend or approve the draft minutes from the November 19, 2020 Task Force meeting. A motion to approve the drafts minutes as presented was provided by Brett Compston, Nevada National Guard (NVNG), and a second was provided by Dave Fogerson, Division of Emergency Management (DEM). Motion passed unanimously.

4. Appointed Department Updates

a. Department of Business and Industry (B&I) – 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 noted to date, OSHA has completed 10,360 inspections and an additional 5200 complaints. In the last two weeks, 260 business have been visited. Second time follow-ups and referrals have resulted in 280 visits. Overall, compliance is in the mid to high 90% range. Mr. Reynolds noted construction, specifically in southern Nevada, is still of concern but progress is being made. There are also a few small issues with smaller retailers. OSHA is continuing to partner with businesses to offer assistance with compliance and education on the rules.

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. The current PPE status is included in the meeting materials for review. School PPE has been pushed out and DEM is working on pushing out the charter school PPE. This should be completed within the next week or two. There is an additional stockpile of PPE from the Federal Emergency Management Agency (FEMA) that is at no cost to the state. The push of this PPE out to the local governments should be completed by December 25, 2020. Gloves continue to be an issue in acquiring for the state but across the country as well. There are enough gloves on hand for the next 28 days, but DEM is expecting a shipment in the near future. DEM is constantly filling PPE requests, lab swabs, and BinaxNow test kits from the warehouse. In terms of grants, there are currently 91 public assistance grants to state and local government for a total of $131,032,746. FEMA and DEM have been approved and distributed $39,137,335 to local and state governments. Regarding coordination, DEM continues to assist in the coordination between all levels of government and partners across the state.

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

Lesley Mohlenkamp provided an overview of COVID related funding coordination efforts. The Governor's Finance Office (GFO) noted the Coronavirus Relief Fund (CRF) has the end of its performance period as of December 30, 2020. Focus has been on responding and coordinating resources for the current surge being

experienced across the state. There has been a lot of activity on this front. There are four weeks left until the fund is no longer available and there are still a lot of moving pieces.

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

No update to provide under this agenda item.

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

Jaime Black provided an update on the GCB enforcement efforts. Ms. Black noted for the month of November, there have been 1,632 inspections with two new violations. The total number of violations issued is now at 201. Overall, the casinos and resorts that fall under the purview for the GBC are exhibiting good compliance rates.

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

Dagny Stapleton provided an update from NACO. Ms. Stapleton noted the counties are continuing to work on the COVID response including a focus on testing and contact tracing. Ms. Stapleton thanked the state for the ongoing partnerships. It was also noted the county emergency managers are continuing to prepare for vaccine distribution. Ms. Stapleton expressed gratitude from NACO to the GFO for the ongoing willingness to assist as questions and issues arise.

g. Nevada League of Cities – Director, Wesley Harper

Wesley Harper also thanked the GFO for the support throughout this crisis with understanding parameters around funding. Mr. Harper also praised the partnerships with local business inspectors. Many members of the Nevada League of Cities have no governing authority over businesses, so the focus is on acting as ambassadors on education of rules and guidance. Mr. Harper continues to promote the use of the COVID Trace app within the municipalities.

h. Nevada Hospital Association9 (NHA)– Executive Director, Community Resilience, Chris Lake

Dr. Chris Lake provided an overview from the NHA. Dr. Lake noted the statement released the other day regarding the ineffectiveness of on and off again shutdowns. Dr. Lake noted this statement was taken out of context and when it became a distraction, the statement was removed. This statement was not specific to Nevada. There was no ill will and was not a political statement. Dr. Lake spoke to the current hospital status being that the NHA is seeing a steady increase in hospitalizations and an increase in the need for intensive care. There are 1,513 confirmed cases in which 352 patients required intensive care and 202 required the use of mechanical ventilators. COVID patients account for 30% of hospitalizations. Hospitals are starting to feel the strain of the increases but can manage the stress currently. Dr. Lake spoke to the backup of eligible discharge patients from the hospital into skilled nursing facilities, psychiatric facility, or rehab centers. This is not specific for COVID patients but for all patients as a whole. This issue is being addressed through collaboration from the NHA and DPBH. There are about 200 patients per day that could potentially be released. Dr. Lake noted the NHA is meeting daily with hospital CEO's to discuss the current situations and to identify any issues or areas of concern. Staffing is one issue that remains a constant concern. Nevada had a nurse shortage before COVID, and this has been compounded due to the ongoing situation. Traveling nurses are also an issue due to funding. Hospitals have now gone to a team nursing solution to help reduce the strain on staffing. Hospitals are looking at elective surgeries on a case by case basis. Dr. Lake noted the decision to stop elective surgeries previously had unintended consequences. Once elective surgeries were able to begin again there was a delay in working through the backlog and usually had negative impacts on the patients. Hospitals are operating under Crisis

Standards of Care at this time. PPE remains relatively stable. The NHA is also working on the process for vaccinations for critical healthcare workers. Dr. Lake noted hospitals are not seeing a tremendous amount of flu in the hospitals but noted it is early in the season. Chair Cage inquired what the specific challenge is with discharging patients and what is causing the delay. Dr. Lake noted there are numerous issues that include guardianship issues, COVID results, space, and legal 2000 holds. Chair Cage noted there was discussion with FEMA Region IX yesterday. FEMA noted that Nevada is seeing an increase in hospitalizations but not necessarily an increase in patients needing intensive care treatment. Chair Cage inquired if there was a reason for this from the NHA perspective. Dr. Lake noted this is a result of learning what works and what does not work. Treatment regimens have changed during this crisis. Richard Whitley, Department of Health and Human Services (DHHS) inquired if it would be possible to capture data regarding discharging patients. The more information the better to assist in addressing the problem and quantifying the issue. Mr. Whitely asked if data was being collected in terms of how staff is being affected with quarantine or isolation. Dr. Lake noted this information is not collected, the only thing collected is the data on intensive care unit nurses or staff that calls in sick. This data is used as a benchmark to monitor PPE status and base lines. Mr. Whitley is also interested in seeing the various surveys that are distributed to each hospital. This response was once seen as an acute issue that is now progressing into a chronic issue and encouraged his assistance in providing a new perspective. Chair Cage noted this topic will be continued in future agenda items.

5. Current Situation Report

James Kuzhippala, 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
  - 1,718 14-day rolling average cases daily
  - 1,633 cases per 100,000 over the last 30 days
  - 156,996 cumulative cases
  - 4,841 cumulative cases per 100,000
- Deaths
  - 13 14-day rolling average deaths daily
  - 11 deaths per 100,000 over the last 30 days
  - 2,201 cumulative deaths
  - 70 cumulative deaths per 100,000
- Testing
  - 3476 tests/day per 100,000 over the last 14 days
  - 17.6% test positivity rate over the last 14 days
  - 1,664,999 cumulative tests

Mr. Kuzhippala provided the group with an update regarding the slides provided in the handouts showing the trends of COVID-19 in Nevada. Nevada is now experiencing increases in cases, hospitalizations, and deaths. Daily new cases are now regularly higher than previous peak dates in July and August. Nevada has been hitting new highs, daily. Regionally, Nevada is outpacing Arizona and California in cases per 100,000. Nevada's data is outpacing modeling forecasts for general hospitalizations, but not for critical care hospitalizations. The current 14-day test positivity rate is the highest the state has seen to-date, at 17.6%. This implies wide community spread and potentially many more undiagnosed cases within the community. The median average for specimens collected November 1, 2020 to December 2, 2020, has taken approximately three days after specimen collection for results to be reported. Differences across different counties and laboratories are displayed in the table above. Mr. Kuzhippala spoke to results from the county criteria tracker for the previous week comparatively to the current slide as of November 30, 2020. This data includes prison cases. A preliminary analysis was done, and results did change significantly for five counties, but not significant enough to bring

them out of an elevated transmission status. 16 of the 17 counties in Nevada have been flagged except for Storey County. All counties are being flagged for high case rates and high-test positivity rates. Lincoln County is flagged for meeting all three criteria this week. This shows a very widespread of disease across the state. 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 (denominator) is smaller without the inmate population, we would expect to see increases in testing and case rates. Terry Reynolds had concerns with lab turnaround times in the rural areas. Also, in terms of the new Centers for Disease Control and Prevention (CDC) guidance on quarantine and if the state will be missing the mark. Mr. Kuzhippala advised when looking at the data and looking at rural counties, there are fluctuations depending on which lab is used. Rural counties do have a longer period for reporting. In terms of the CDC guidance, this is an evolving situation and will look at including possible policy indicators but there will always be a lag in time. Julia Peek, Department of Public and Behavioral Health (DPBH) noted with these new CDC standards the individual would ideally need to be tested at day five and receive results on day seven. This is highly unlikely. Ms. Peek noted for those who are deemed as close contacts they would go from a 14-day quarantine to a 10-day quarantine with no test and if they remained asymptomatic. Ms. Peek also noted there is no need for a negative test to return to work. Dagny Stapleton noted all of the great work that has been done in terms of lab testing turnaround time between the state and the counties. However, there are still some concerns with turn around times from Washoe County and rural counties. Ms. Stapleton inquired if the turn around time is expected to increase or decrease with the level of testing that is occurring. Ms. Peek noted the contract with Quest is in place and is not reflected in the data as of yet. Nevada Department of Corrections have been moved over from the Nevada State Public Health Lab (NSPHL) to Quest. Work is also being done to move over skilled nursing facility tests to Quest. Dr. Mark Pandori, NSPHL, noted the lab is working to increase lab capacity with an eye toward January when the contract with Quest will no longer be in place. The NSPHL has purchased four new pieces of equipment that should be arriving shortly. This will assist in turn around times. There are certain turnaround time issues with getting results out of the system electronically that are out of the NSHPL's control. There is not an equipment shortage, there is a staffing issue with the level of certification that are necessary.

Julia Peek provided an update on contact tracing and case investigation. DPBH has identified a total of 35,644 cases as a result of contact tracing efforts statewide. This now represents 22.3% of the total cases reported to date. This number has been steadily decreasing a few percentage points with the surge in cases. Now that there is such great general community spread, it makes it much harder to link cases and identify specific exposure. Also, many counites are unable to reach out to cases as timely as they were a month ago and in some cases are having to prioritize which cases are interviewed. In order to make our process more efficient, SPBH is going to greatly reduce the information collected from each case. The CDC recently published guidance on prioritization of case investigations during times when disease burden is high. According to CDC, health departments experiencing a surge or crisis situations around COVID-19 should prioritize case investigation interviews to people who tested positive for or were diagnosed with COVID-19 in the past six days (based on specimen collection date or symptom onset, if known). In some jurisdictions it may also be necessary to further prioritize based upon the unique needs and demands of that jurisdiction. People diagnosed with COVID-19 will be strongly encouraged to notify all their household contacts:

- to immediately self-quarantine; and
- to seek additional guidance from their local health department.

As the burden of disease decreases and resources allow, health departments should expand case investigation interviews to people with positive COVID-19 test specimens collected in the past 14 days. If more than 14 days have elapsed since specimen collection, case investigation and contact tracing should not be pursued unless there are unique circumstances associated with the person tested (e.g., part of large outbreak associated with congregate living or high density workplace or work in a healthcare setting). The surge staff that communicate with the close contacts have logged a total of 228,642 calls since mid-June when they started. Yesterday, surge staff logged over 2,500 calls. Surge staff also texts close contacts during their quarantine period and yesterday

sent over 3,300 text messages to over 1,200 unique contacts. The response rate was at 84% from those unique contacts. The downloads of the COVID Trace app continues to see great growth, which is needed to make it an effective tool for exposure notification. As of last night, there were a total of 123,960 downloads. There have been 61 cases that had the app at the time of their diagnosis and 44 exposure notifications sent as a result of those cases. One of the challenges with the app has been the need for a disease investigator to issue the code for the case to input into the app and trigger exposure statements. This week DHHS entered into an agreement with the Association of Public Health Laboratories which will help streamline the delivery of those codes. Ms. Peek noted she would be able to provide updates on how that will work in upcoming meetings. Ms. Peek wanted to publicly acknowledge Tim Robb on the team as well as Dudley and Wes Carr, the developers of our app. This small, but mighty team are changing the way public health and technology is viewed. The CDC issued new guidance for the COVID-19 quarantine period. With the CDC's changes to the required quarantine time, starting today, contacts can shorten their quarantine period by 4 days if they are asymptomatic. For example, if someone's quarantine was scheduled to end on December 8, 2020, they can now end quarantine on December 4, 2020 if they have no symptoms. Another option is to end quarantine on day seven if they have a negative COVID test on or after day five and no symptoms. Contacts who are currently on quarantine will receive a text with this information, and hoping to get these out this afternoon.

6. Update on State Vaccination Distribution Plan

Candice McDaniel, DPBH, and Shannon Bennett, NSIP, provided an overview of Nevada's plan to distribute vaccine throughout the state pending final federal approval. It was noted the vaccination plan is a living document and is being used to provide the framework for the process. The second version of this plan was released December 2, 2020. Details from the presentation are below:

The COVID-19 Vaccination Program will require a phased approach. Currently, Nevada is still in phase one of the approach. It is anticipated the first dose to be received will be limited and grow with each future allocation.

COVID-19 Vaccine News

- Pfizer and Moderna – early efficacy ~95%
- Pfizer and Moderna have filed for Emergency Use Authorization with FDA
  - Filed 11/20/2020, 11/30/2020 respectively
- FDA's Vaccines and Related Biological Products Advisory Committee meets 12/10/2020 to decide on Pfizer's EUA, 12/17/2020 for Moderna's
  - These are the dates to watch, things will happen rapidly after these dates.
- ACIP meeting concurrently or within 24 hours to put forth recommendations.

Allocation

- Official Nevada allocation amounts still unknown. An official communication should be received this week.
  - Pro rata should be assumed.
- Each county has been submitting initial order counts for Tier 1

Redistribution

- Planning assumption is initial distribution to Nevada on 12/15.
  - Redistribution will immediately follow receipt of vaccine.
- Weekly redistribution to all Nevada counties
  - NSIP responsible for rural and frontier Nevada, CCHHS responsible for quad counties, WCHD responsible for Washoe, SNHD responsible for Clark, Ensuring proper tracking and chain of custody of vaccine.

County-Level Readiness

- All county-level public health vaccinators are ready (enrolled).
- All acute care hospitals are enrolled or nearly enrolled to receive vaccine.
- Vaccine confidence.

- Doc Talk, Hospital Office Hours, Vaccine Confidence Campaign JIC, PSAs, Upcoming media, etc.

Long Term Care Facilities

- CVS/Walgreens serving all with a few exceptions.
- Skilled Nursing Facilities being matched currently.
- CDC's ACIP voted to include residents with phase 1A.
    - Vaccinate staff and residents at the same time.

Renee Brocker, DHHS, provided an overview of the flu vaccination activities. Details from the presentation are below:

Data Reporting

- Will be able to report out how many health care workers, essential employees, etc. (based on tier structure) have received vaccine.

NSIP Flu Vaccination Activities 2020-2021

- Flu vaccination is a critical part of the COVID-19 response and is more important than ever to decrease the burden of respiratory illness on the public and the health care system.
- NSIP received $1.3 million in supplemental funding from CDC to enhance flu vaccination coverage during the 2020-2021 flu season.
- Funding was sub-granted to Immunize Nevada, Carson City Health and Human Services, Washoe County Health District, and Southern Nevada Health District.
- Activities include statewide mass media campaign aligned with COVID-19 messaging, community outreach via Community Health Workers, organizing and implementing flu vaccination clinics, and partner engagement to message to targeted populations.

Nevada Flu Vaccination Data Dashboard

- With enhanced flu vaccination efforts and an overall increased interest in flu vaccination data this year, NSIP wanted to be able to assess progress and make data visible to partners and the public.
- The dashboard contains influenza vaccination coverage rates by county, age, and gender across the state and compares rates to the two previous flu seasons.
- Available at http://dpbh.nv.gov/Programs/Flu/Influenza/

Dashboard specific Updates as of November, 30,2020

- Influenza vaccination coverage (Nevada vs. United States) from 2017-2018, 2018-2019, and 2019-2020
- County level breakdown of Influenza vaccination coverage
- Coverage by demography for 2020-2021
    - Number of people vaccinated by gender (more females than males have been vaccinated thus far).
    - Number and percentage of people vaccinated by age (most vaccinations occurring in the 60+ age range).
- County Tracker data, similar to the first page of the dashboard just broken down by county.
- Yearly Percentage Change comparing 2018-2019 to 2019-2020 and 2019-2020 to 2020-2021.

Terry Reynolds inquired what the state can be doing to increase flu vaccination numbers. Historically, Nevada has been lagging and has not been as diligent in getting vaccines. Ms. Brocker noted there are a lot of misconceptions regarding the vaccines. The biggest action that can be taken is the ability to increase and promote messaging. Having local leaders who are trusted at a county level would be beneficial. Also, having access to such messaging would be beneficial as well. Ms. McDaniel noted the flu vaccinations are up from last year and some counties in the state have done a tremendous amount of work to promote this message within their counties. Felicia Gonzales inquired what work was being done with school districts to ensure school employees are getting vaccinated. Jeanne Freeman, Carson City Health and Human Services, noted the Quad Counties work very closely with the school districts in their jurisdictions to hold micro-community events after

hours in a drive thru style to help foster the ability of vaccinations. Ms. Freeman noted this year has been a challenge with being able to provide resources on school campuses. Events are also being done at a county level to offer flu vaccination and a COVID test at the same time. Ms. Gonzales also noted work being done with the private schools in the area.

7. Update on Vaccination Development Efforts to Date

James Mayne provided an overview from the Pharmaceutical Research and Manufactures of America (PhRMA) efforts to develop a COVID-19 vaccine by their member organizations and the federal government. Mr. Mayne noted the COVID situation is changing rapidly. The pharmaceutical industry kicked into high gear in response to the COVID event early. As of today, there are now a couple of vaccines that will likely be available shortly. This came from an industry that had the institutional knowledge to begin from a very advanced place and early on in this effort. There are numerous vaccines in the large Phase 3 trials. Another point is the vaccines that are coming forward are coming from different types of companies and there are different types of vaccines. There have been between seven and twelve different types of vaccines with different fundamental approaches in creating a vaccine. There have been 29 to 35 (depending on counting) enter clinical development that have made it through pre-clinical testing. Of the 35, there are between seven and ten vaccines in advanced base pre study trials. These represent different types of vaccines. The process for bringing forward a vaccine has advanced rapidly and has been captured and disclosed by all companies involved. Within the first 72 hours of the disclosure of the genetic sequence of the virus, the first prototype vaccines were developed in research laboratories.

8. Update on COVID-19 Response within the University of Nevada, Las Vegas

President, Keith E. Whitfield, University of Nevada, Las Vegas (UNLV), provided an overview of mitigation efforts for students, faculty, and staff at the UNLV. Details from the presentation are below:

About UNLV

- Largest university in the state (31,000+ students)
- Only accredited School of Public Health in Nevada
- One of the most diverse student populations in the country
- 85% of students are Nevada residents
- Low on-campus housing population (1,850 individuals in a typical year)

COVID-19 Mitigation Approach

- Coordinated and multi-faceted
- Informed by guidance from federal and state governments, national and local public health agencies
- Nevada System of Higher Education and experts at UNLV
- Focused on creating a safe environment for students, faculty, staff, contractors, and visitors

Early COVID-19 Response

- January
  - Sent first health alert notice
- February
  - Assembled Incident Management Team (IMT) (about 30 individuals across the community)
  - Launched unlv.edu/coronavirus
  - Suspended some study abroad and travel
  - Partnered with the Southern Nevada Health District
- March
  - Issued guidance on prevention and international travel precautions
  - Discouraged all non-essential business travel

- Announced transition to remote instruction and remote work
- Announced first COVID-19 cases within UNLV community

Adjusting Operations: Spring 2020

- Moved courses to remote, closed most buildings
- Created voluntary COVID-19 self-report form
- Developed and implemented process for handling cases, including:
  - Necessary notifications under Clery Act
  - Cleaning
  - Schedule changes
  - Assistance for students, faculty and staff
- Engaged in frequent communication
- Standardized prevention signage

Adjusting Operations: Summer and Fall 2020

- Limited on-campus business operations resumed in June
- Limited in-person courses resumed in July
- Planned for 80% remote course delivery for fall
- Limited on-campus housing at 50% capacity, or about 900 residents
- Launched mandatory employee training
- Special protocols in place for Intercollegiate Athletics

Adjusting Operations: Summer and Fall 2020

- Synchronous remote
- Asynchronous remote
- Face-to-face with social distancing
- Utilized larger spaces
- Adjusted start and stop times
- Medical, dental, and nursing schools operating with special protocols

Active Management of Positive COVID-19 Cases

- Real-time interactive dashboard
- Reporting system
- Contact tracing
- Quarantine/isolation protocols

Campus and Building Safety

- Ventilation filters upgraded
- Water systems flushed
- Enhanced protocols for cleaning
- Reconfiguration of classrooms, offices, and other spaces, including furniture removal
- Installation of barriers, including plexiglass
- Installation on hand-sanitizer dispenser
- Distributed face coverings, hand sanitizer and cleaning kits
- Continuation of remote work

Communications and Training

- Dedicated coronavirus website that includes:
  - Announcements, including audience-specific pages
  - Training modules and informational videos
  - Preventive guidance
  - Dashboard
  - Testing locations and information
  - Voluntary reporting form
- University-wide and targeted messages
- Social media and traditional news media

- Nevada COVID Trace App
- On-campus signage

Intercollegiate Athletics

- Guided by Mountain West Conference
- Regular testing of student-athletes, coaches, and staff
- Restructured practice sessions
- Delayed start to seasons
- No or limited fans at games

Contributing Expertise and Community Resources

- UNLV Medicine COVID-19 testing
- UMC COVID-19 testing site at UNLV
- School of Public Health
    - Contact tracing
    - Expert guidance
- Other university contributions
    - First responders and emergency care
    - PPE and supplies
    - Mental health

Dr. Brian Labus, UNLV School of Medicine, noted the contact tracing team is not just for COVID response. This is the beginning of a relationship between UNLV, Southern Nevada Health District (SNHD), and the State Health Division to look at how to use resources across the state to track all diseases. Dr. Labus noted as soon as COVID is dealt with, there is a mountain of other diseases that have not been touched that need just as much involvement. This is a long-term relationship that needs to be continued well into the future. Julia Peek thanked this school for all their efforts to support the state and local response. The efforts to support the Minority Health and Equity Coalition has been a huge value to the state as we try to better understand and address disparities that have been highlighted throughout the response. Ms. Peek also want to publicly thank the IT team because they stepped up early on to help get the connections in place to support the health district. Ms. Peek again acknowledged Dr. Labus. Dr. Labus has been serving the epidemiology and public health community in Las Vegas well before COVID and past COVID. Ms. Peek noted during the presentation, it was mentioned there is a tool to automate the collection of data from the case. It was noted the survey tool is Health Insurance Portability and Accountability Act (HIPPA) compliant. With the quantity of cases the state is seeing, DPBH plans to offer a similar tool soon to the general public. Ms. Peek inquired what tool was being used. Dr. Labus noted the tool being used is a data collection service similar to SurveyMonkey. Dr. Labus noted the exact tool is called Qualtrics and has a HIPPA feature already built in. As soon as a report is submitted, a message is sent to a small group of individuals and can result in follow up, as necessary. This data goes to the contact tracing team who then goes into the full disease investigation using the data that was self-entered. This allows for quicker processing as the team is confirming information rather than starting from scratch. Dr. Labus also noted another tool being used to transfer UNLV data to the university with flags of potential areas that need additional attention. Dr. Labus noted on the surveillance side, everything done goes into a Google sheet and uses a high-sheet to assist in real time data being available. Malinda Southard, DPBH, spoke to outreach being done and there is work being done to get the BinaxNow machines to higher level institutions. The BinaxNow machine is an antigen test that can provide results within 15 minutes. President Whitfield encouraged Ms. Southard to reach out to Chancellor Melody Rose. President Whitfield also noted the challenge with the differences across the different institutions across the state. Strategies need to be different; it is not a one size fits all. Ms. Southard did not one of the challenges of the BinaxNow test is the need for a Clinical Laboratory Improvement Amendment (CLIA) Certificate of Waiver but also help in the process, as necessary. President Whitfield also offered assistance in the rollout and delivery of vaccines, especially with messaging in the minority community.

9. Update on COVID-19 Response within the Nevada Department of Education

Felicia Gonzales provided an overview of mitigation efforts for students, faculty, and staff within the Nevada Department of Education. Ms. Gonzales noted The Clark County School District posted a draft plan for in-person learning to its Board in November but have delayed making any decisions regarding a return to in-person learning until January**.** The Washoe County School District Board voted last week to shift to full-time distance learning for 6th-12th grade students but will maintain in-person learning for K-5 students. The Elko County School District has been making the transition to hybrid learning for the past few weeks. Five districts are still offering in-person learning to all students: Esmeralda, Eureka, Lincoln, Pershing, and White Pine. The remaining districts are offering a combination of in-person, hybrid, and distance learning. Importantly, families have a choice to choose full-time distance learning if that option makes the most sense to them. Charter and private schools have been making individual determinations based on their local context. Superintendent Jhone Ebert provided the following remarks, "Since school began this fall, I have had the opportunity to spend two days visiting Washoe County schools. The experience of seeing firsthand how the community has come together to provide safe and healthy learning environments has helped me assure our public health partners that their expectations are being met. I spoke with students of all ages, and they told me that they were ok with wearing their masks and practicing social distancing if it meant that they could continue to see their teachers and their friends. While we struggle with health and safety enforcement in other settings, I am proud that our schools continue to prioritize face coverings, social distancing, frequent hand washing, and other practices that are enabling you to keep your doors open. In fact, Washoe remains a model to the State and the country of how a large school district can safely offer in-person instruction. And, just as importantly, they have provided distance education options for students whose families would prefer they learn at-home full time. Chair Cage continues to be a great partner to the Nevada Department of Education and districts and schools across the State. Last week, he and I both spoke at the Washoe County School District's board meeting as they made the difficult decision to close secondary school buildings and shift to full-time distance learning for all 6th through 12th graders. At that meeting, he shared meaningful statistics about how school reopening is related to COVID transmission that I want to highlight for all of you today. Because some schools in our State have had their school buildings open since August and we have been responding to the pandemic since last spring, we have amassed data related to COVID incidence for school-aged children in Nevada. These data points show us that Clark County where school buildings have been closed since March except in remote rural communities has higher per-capita rates of COVID-19 in children aged 5 and under, 5-9, and 10-14 than Washoe County. Again, this difference is despite Clark County adopting a full distance learning model. Washoe County, however, has a higher per capita rate for those aged 15-19, but this disparity is driven by individuals aged 18+.Those data go back to the beginning of the pandemic. When we look back to the start of the schoolyear, this situation changes. Since August 10, Washoe County does in fact have consistently higher rates per capita in all childhood age groups. However, State public health officials including the State biostatistician interprets this change as primarily a part of the overall transmission in the community and not tied to in-person education. Some evidence that supports this interpretation is as follows: For this period, 73% of total cases were in Clark and 20% were in Washoe. Comparatively, 71% of cases in school-aged children were in Clark and 21% were in Washoe. This implies that the higher rates in Washoe currently are persistent across all age groups and not an indicator of in-school spread. Additionally, it is important to note that a growing body of research nationally on COVID-19 show that schools and child-care centers are not major vectors of spread. The difference is attributed to safety measures and the ability to enforce them directly within schools. While students may be less likely to get very sick, concern for licensed education professionals and other staff is also critical. State and local government efforts to continue to provide the needed PPE, testing, and contact tracing is essential to keeping schools safe. We have seen countries around the world do everything they can to keep schools open. And to quote a recent article from the Washington Post, "What the data increasingly shows is that the best way to protect teachers and students isn't to shut down schools. It's to focus on all the measures that will keep them and their families, friends and neighbors safe outside the classroom."

"Throughout the pandemic, we have prioritized students' social-emotional and physical health, while maintaining a focus on our cornerstone value of equity. Every single child in Nevada deserves to have equitable access to high-quality educational opportunities. Despite this research, early evidence is showing that COVID-19 is accelerating educational equities. The national COVID recovery is "K-shaped" .When looking at students from high, middle, and low-income zip codes, while their progress on math achievement was almost completely in alignment between January and March, since many schools across the nation closed, the students from low-income zip codes are making significantly less progress than before COVID shutdowns, students from high-income zip codes are making remarkably more progress than before. And of course, our concerns about equity do not end with academic disparities. Despite tremendous community support efforts, the fact remains that children are experiencing high levels of distress and seeking care for behavioral health emergencies at higher rates than in the past. A recent article published by the CDC found that there has been a marked increase in youth seeking care in emergency rooms from January-October 17th of 2020. Compared to rates of care sought for mental health issues in 2019, nationally children ages 5-11 there was a 24% increase in 2020 and children 12-17 there was a 31% increase in 2020. Similar data analytics for Nevada is almost complete and reflect an increase in youth suicide attempts and ideation being identified in our emergency rooms. These concerns are real. Our schools have traditionally offered safe spaces and safety nets for students who might otherwise slip through the cracks. The Governor put it best in his recent remarks: we have students who have not been inside a school building in over 8 months. And while we are doing everything we can to provide community supports, for some children, that could mean that they have not had access to reliable food, to safe shelter, or to caring adults who can intervene immediately if something isn't right in over 8 months. That is why we need to be doing everything we can to create the conditions to support the further reopening of schools.

The Governor made a strong call to Nevadans, asking them to continue to follow safety measures so that our school buildings can remain open. We are in a pandemic, which caused an economic crisis, which has created a mental health crisis. And keeping children in school buildings is a key way that we can ensure they are getting the support they desperately need. We are all acutely aware of the detrimental effects shutdowns have had and continue to have on Nevada's economy. Right now, while our casinos, hotels, restaurants, and bars are open, the majority of school buildings across our State are closed. And as long as school buildings are closed, our economy can't fully reopen. Adults can't go to work if they have children learning from home who need supervision. Because the truth is, if we are comfortable keeping bars, restaurants, gyms, and retail establishments open, there is no reason we cannot create safe opportunities for students to have access to in-person learning. That is why I am glad to have the opportunity to speak with you today – because we need your help. Since July, decisions regarding various instructional approaches have been in the hands of district leaders and school boards. Across the State, schools are relying on the support of local public health officials to make informed decisions about excluding students and staff who have been exposed, as well as to make decisions about closing school buildings for periods of time if necessary to prevent the spread of COVID-19. We are grateful that schools have had the local authority to make decisions about their learning model and that we have largely operated outside of "automatic" restrictions based on assessed risk levels. We have had the opportunity to meet twice with the local health districts and our partners at the Department of Health and Human Services to discuss and build consensus on the need to reopen school building for a face-to-face option. Today, I am asking you for support to build out metrics that would help our local partners make determinations about school reopening. And those metrics would reflect the growing body of research that shows that schools are not vectors of community spread. Those metrics would also recognize our dire need to get children back into school buildings and only consider complete closures under the most dire circumstances. As I said earlier, nearly 70% of the students in Nevada have not been in a school building in over 8 months. We need to come together as leaders to do what we know is right for our children and communities. want to thank the taskforce for your time today and your partnership and leadership moving into the future."

10. Public Comment

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

11. Adjourn

Chair Cage called for a motion to adjourn the meeting. A motion to adjourn was presented by Terry Reynolds and a second was provided by Richard Whitley. The motion passed unanimously. Meeting adjourned.

Covid Task Force Meeting Dec. 3

Debbie DeValve [redacted]
Wed 12/2/2020 6:18 PM
To: Meagan Werth Ranson <[redacted]>

Meagan,

I hope you can still email this to the task force members before the meeting. If not, I would like it emailed anyway. I would appreciate acknowledgement once this email is sent to them. Thank you

Mr. Reynolds and Task Force

I need your help. I have some questions for you.

How can private businesses become an arm of the government (enforcement of Governor's directives) and medical facility (requiring face coverings and temperature checks) when they have no license or training for it?

How can they be held liable for what patrons do? (whether they wear a mask or not)

How can businesses as public accommodations, deny service to those who cannot wear a mask and need to come in to do business that cannot be accommodated curbside?
What if they don't want to use curbside service, but enjoy the experience of shopping just like everyone else?

Why do businesses have to feel afraid to be fined rather than accommodate a maskless patron , even though they have a medical condition , religious exemption,, mental condition, etc. and even show exemption information from Directive 24 ?

Why is the Nevada Equal Rights Commission backlogged for months with discrimination complaints?

Yes, it's great that most businesses are complying with the Governor's directives and those who aren't complying we get to tattletale on with a convenient app or call OSHA to file a complaint
But at what cost?

We've become spies on each other. Where one phone call could cause thousands of dollars of damage to the offending business.
Our courts are burdened with lawsuits, businesses fighting fines, discrimination cases, civil rights violations, businesses closed permanently, loss of jobs, brother fighting brother, mental stress, anxiety, suicides.

Yes, we've slowed Covid, at least until we all come out of this "pause". Then, what happens, we start over again with another "pause" or worse?

I'm not saying Covid isn't real , but are these efforts to produce fear, control and track us worse than the disease?
Also, to want us to take an experimental vaccine that is up to 95% effective on a disease that has a 99% recovery rate, is another unreasonable idea that is going to be met with resistance.

With any risk there should be a choice. We take risks everyday as soon as we walk out the door. Also, heart disease is still the leading cause of death, but are we treating this the same as Covid?

As our nation has navigated through Covid , The US Constitution, which is the supreme law of the land, has been conveniently ignored in the name of science. But, science is a method to find truth, it is not The Truth. When our inalienable rights,(which were given to us by God that the government is supposed to protect,) have been put back as top priority, then the American people can be trusted . Just give us the facts and the risks , then let us make our own educated choices.
I'll end with a recent quote from Supreme Court Justice Alito "All sorts of things can be called an emergency or disaster of major proportions. Simply slapping on that label cannot provide the ground for abrogating our most fundamental rights"

Debbie DeValve

From: Nicole Thomas
Sent: Wednesday, December 2, 2020 9:09 PM
To: Chris Lake
Subject: Nevada Covid task force meeting for Thursday, Dec 3

Greetings:

As a Clark County resident, I expect that the COVID-19 vaccine will be completely VOLUNTARY, with no coercion and full and proper informed consent.

It is unethical and immoral to mandate an experimental vaccine that has known safety concerns and for which there is no liability. Under the PREP act of 2005, vaccine and drug manufacturers, government agencies, doctors and others are 100 percent free from any and all liability resulting from harm caused by the coronavirus vaccine. Thus, no one will bear responsibility if individuals are harmed by the vaccine. I and I alone will be left with all of the consequences and medical bills. Also, for those with religious beliefs, or those who lead a pharmaceutical-free life, vaccination violates their convictions to abide by natural law and immunity.

There are major safety concerns with the COVID-19 vaccine. Very simply, vaccine manufacturers cannot ensure the long-term safety of any COVID vaccine since the products have had months of clinical experience at best. First-generation pharmaceutical products are also notorious for unintended side effects such as birth defects seen with the drug thalidomide or antibody dependent enhancement as seen with the dengue vaccine. This is a phenomenon where subjects who receive a vaccine for a virus become significantly more ill when they're exposed to that virus in the wild. (In other words, they are NOT protected from the vaccine; the vaccine actually causes them to become sick or die.) Additionally, the mRNA technology being used in several of the vaccine front-runners is unproven and has never before been approved for commercial use. There is much that is not understood about mRNA vaccines, including what their long term effects might be and how they could change a person's own DNA.

Under current U.S. Supreme Court law, in order to mandate a medical intervention there must be an epidemic that imperils the entire population. According to the CDC's own data, most people have more than a 97 percent chance of surviving COVID-19. In fact, for people under 70, the survivability rate after infection ranges from 99.5 percent to 99.9 percent. Furthermore, the COVID-19 vaccine is not shown to prevent transmission; it's merely shown to lessen symptoms. Given the above — and the fact that there are a variety of preventative measures for coronavirus as well as treatments that have been successfully used by healthcare clinicians around the world — there is simply no basis upon which to require the vaccine.

When the nation's top vaccine proponents sound alarms about the consequences of a rushed COVID-19 vaccine, that causes me to feel alarmed too. Vaccination is just one approach to dealing with a virus such as COVID-19. It is not THE only approach. It is up to each person to decide how to care for their body based on their own individual judgment and unique physiology. Individuals should not be asked to cast aside their own convictions (be it personal, ethical or religious) to follow the recommendations of public servants who don't even know them — especially when the policies those officials are pushing are influenced by the multibillion-dollar pharmaceutical industry.

That's right: the pharmaceutical industry stands to make unprecedented profit from the COVID-19 vaccine. I will not participate in a mandate that will create enormous revenues for drug companies that

bear absolutely no responsibility for the products they produce — or for my welfare. In fact, some of these companies are convicted serial felons that have been charged with billions in civil and criminal fines for fraud and other misconduct.

Do you want to be forced to take an experimental, risky vaccine from a company with such an appalling track record? I surely don't.

Personal choice, not public pressure or coercion, must be the only factor in getting the COVID-19 vaccine. I urge you to make sure that public policy paves the way for Nevada residents to make responsible choices about what precautions we take and the best way to care for our health.

Also, I understand that Renown has a basement full of empty hospital beds that cost taxpayers millions of dollars. How will this be rectified?

Thank you in advance.

Nicole Thomas