

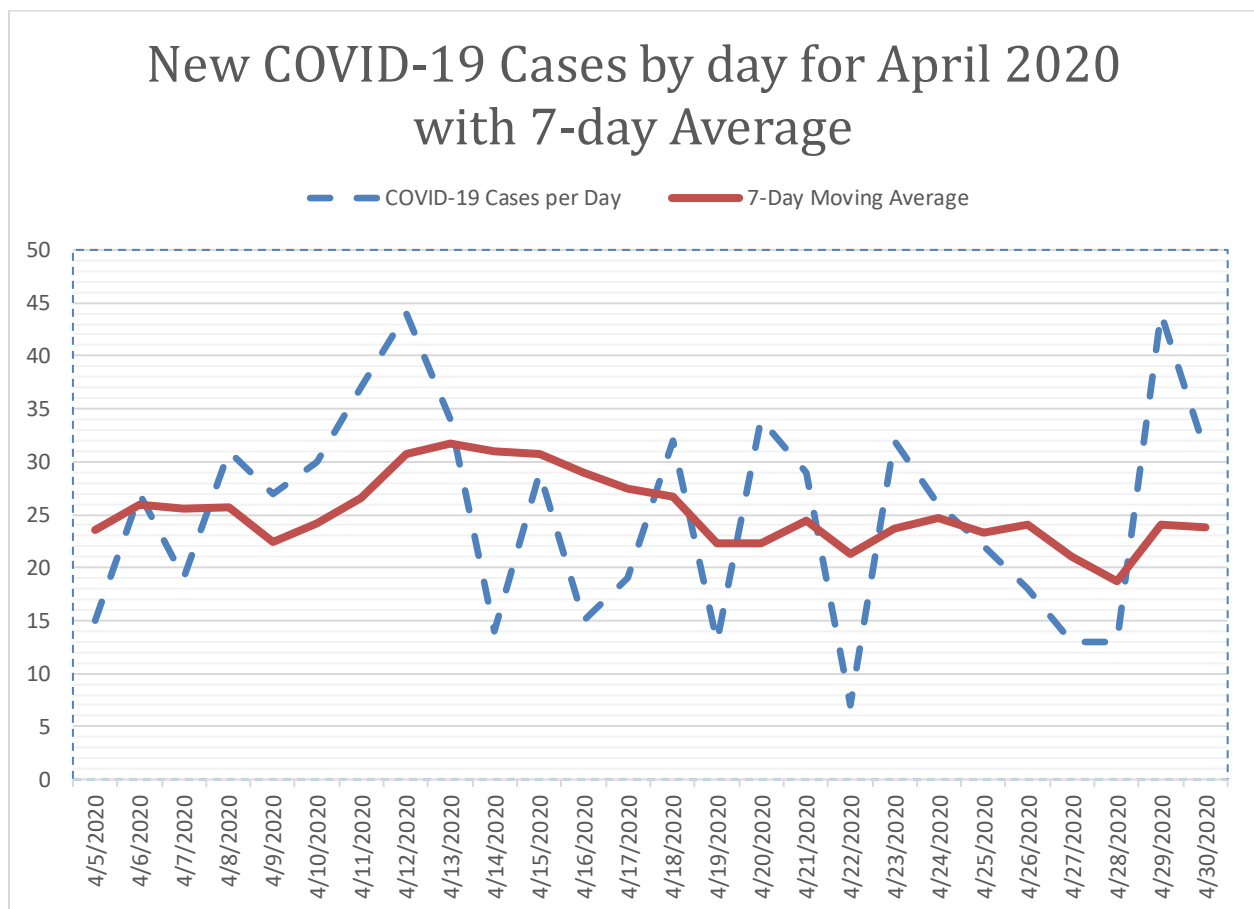


Nevada Roadmap to Recovery

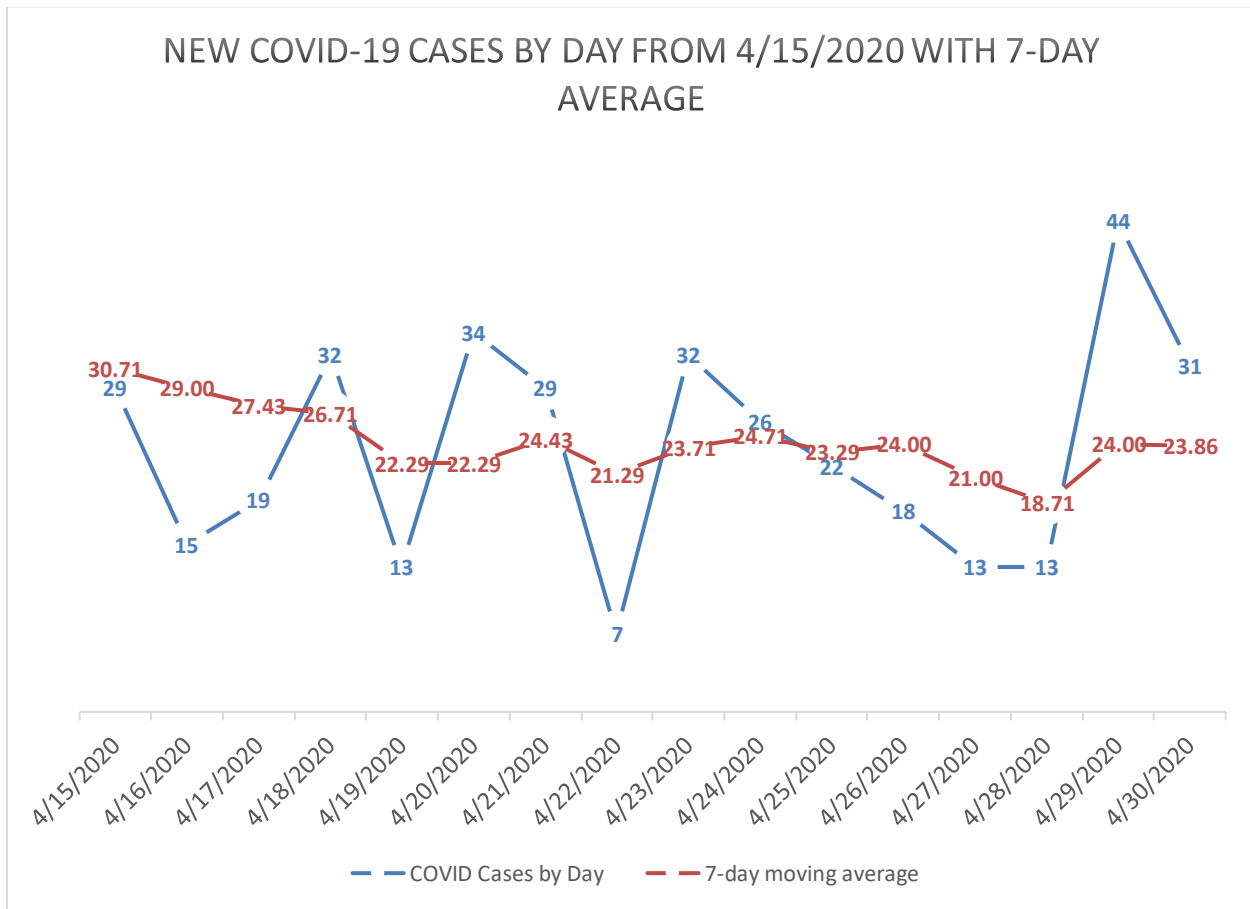
Washoe County

Current/Total COVID Cases to date: 916 through 4/30/2020

Washoe County Health District (WCHD) data was utilized to evaluate the total new COVID-19 cases for the month of April and the specified 14-day timeframe. The graph below provides the total number of new COVID-19 cases per day for the month of April:



The graph below is the total number of new COVID-19 cases per day beginning on April 15, 2020:



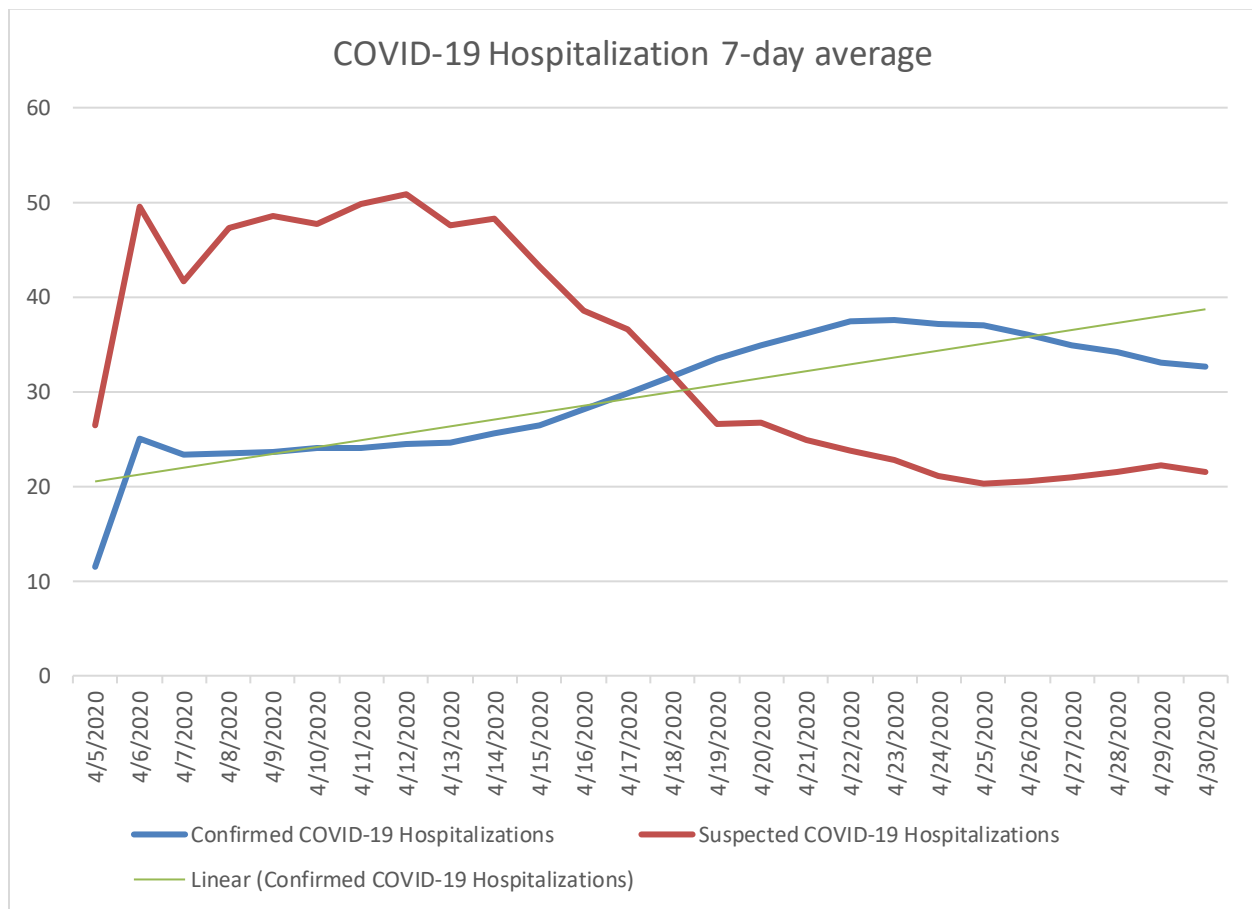
Additional testing capacity has been rolled out in Washoe County over the past week, and so, it is expected that the total number of cases will rise at a higher rate. However, this is a result of identifying more infected individuals, not an actual increase in the number of infected people. The hospitalizations and the death rates are better indicators of an increase or decrease in cases than the total identified cases. This information is provided in the following section.

The Nevada Department of Health and Human Services, Office of Analytics is tracking lab positivity statewide as another important metric to understand community testing and infection rates. It is important that this data be presented at the state-level, not county, as this data is reported by the facility address, not the patient address. Reporting this data at the county level would falsely associate cases with specimen collection county, as opposed to county of patient residence. Additionally, when the data is presented statewide, the increased availability and utilization of testing will not be as influenced by targeted testing of high-risk populations in individual counties (ex: homeless residents, long-term care, correctional settings, etc.) and will not show volatility due to such targeted testing.

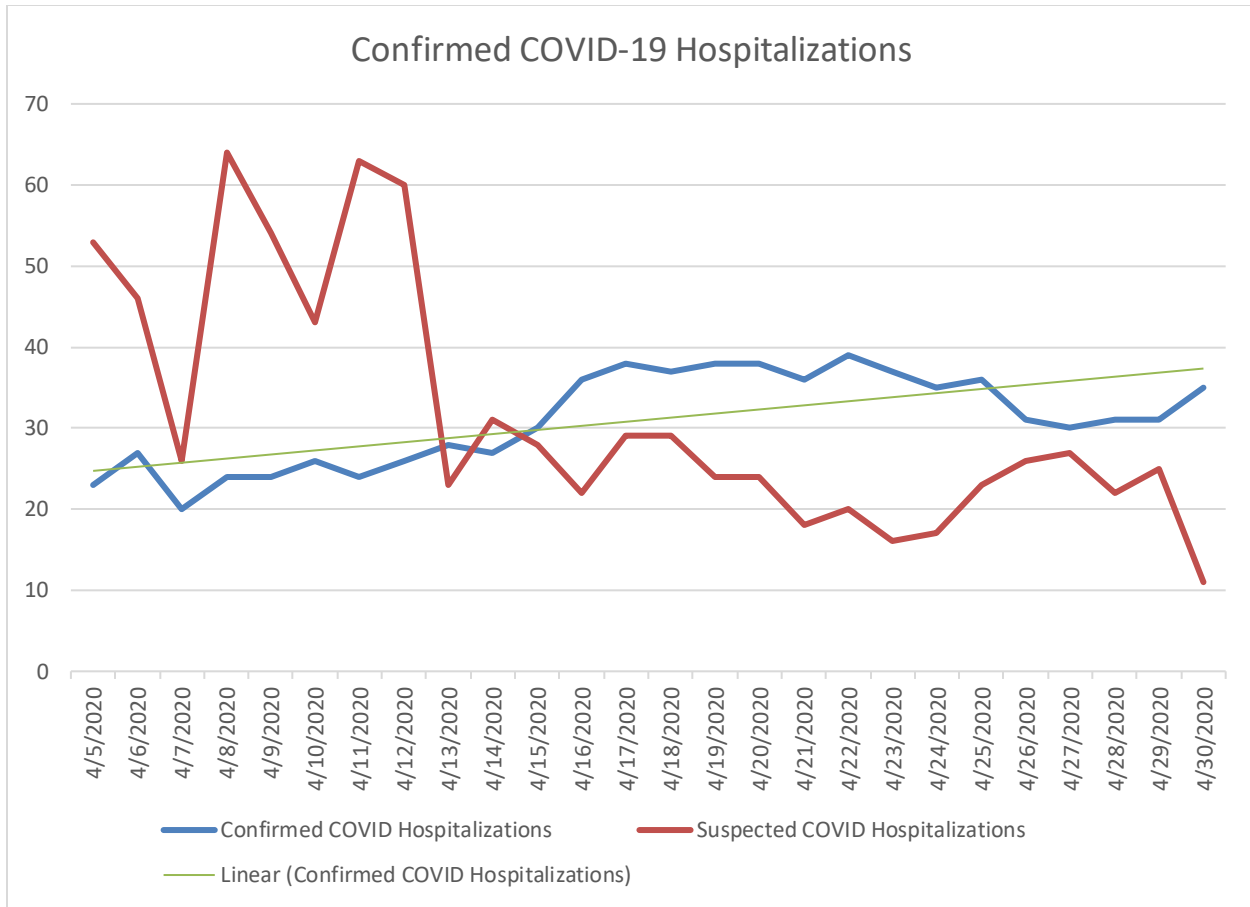
Decrease in the trend of COVID-19 Hospitalizations:

Provide data on the confirmed and confirmed/suspected hospitalizations in your county for the past 14 days to evaluate whether the hospitals in your county are experiencing a decreasing trend in confirmed and separately, confirmed and suspected COVID-19 hospitalizations.

The Nevada Hospital Association (NHA) hospital data was utilized beginning April 5, 2020 to evaluate the confirmed and suspected COVID-19 hospitalizations. The hospital data is for all patients in the Washoe County hospitals, not just the Washoe County residents in those hospitals. The green line in the chart below identifies the increasing trend for confirmed COVID-19 hospitalizations utilizing a rolling seven-day (7-day) average of the data. While suspected COVID-19 hospitalizations appear to be decreasing, the number of confirmed cases is still increasing with the current data.



The graph below is utilizing the same NHA hospital data without a rolling seven-day (7-day) average. This identifies a greater uptick in the confirmed cases as the graph approaches May. The green line in the graph below is the trend for all confirmed COVID-19 hospitalizations, which also indicates that the trend for confirmed COVID-19 hospitalizations is increasing.



Personal Protective Equipment (PPE):

The county’s current PPE status for health care workers, including all facilities (hospitals, acute care facilities, nursing homes, etc.) and private practices (medical, dental, etc.).

Please work with your hospital if you have one, your County Health Officer, and your Emergency Manager to provide your best estimate for this. Please indicate if you have sufficient PPE, at your current rate of daily usage, to last for 30 days. If not, please indicate exact need.


PPE for acute care hospitals is tracked daily via the NHA. PPE is good for these partners out to 14 days and is not currently tracked past that timeframe. Other healthcare partners and private practices submit resource requests (as needed) through the County EOC email, vetted and then sent up to the NDEM for fulfillment. Some smaller healthcare facilities are still requesting PPE, specifically, bonnets, booties, coveralls, glasses and goggles, face shields, gloves, gowns, masks-level 1, and masks-n95.

An explanation of how the county is currently tracking PPE status for health care workers, including the county’s data collection methods, a description of the metrics, and frequency.

Please work with your County Emergency Manager and refer to your Emergency Management Plan to get these answers. Be sure to provide info on frequency of meetings, either at your operations center or with your Commission/ County Health Board

PPE status for acute care hospitals is tracked via the NHA on a daily basis. When any healthcare partner needs more PPE, they submit a request to the County EOC email. Requests are vetted and logged and then

submitted to NDEM for fulfillment. This information is tracked in WebEOC and in a Microsoft Excel database. Meetings are held weekly to discuss needs from the healthcare partners, and they are reminded to submit PPE requests through the process.

 PPE HARD COUNT 30 APR. 2020		Region	Tier	EYE PROTECTION	GLOVES	N95 Mask	PROCEDURE MASK	GOWNS	COVERALLS	PAPR'S	BODY B
Company											
NORTHERN NEVADA MEDICAL CENTER		N	1	1,430	108,500	5,691	18,050	366	100	8	25
Renown Health		N	1	19,959	1,169,022	84,393	286,265	130,239	496	113	19
Saint Mary's Regional Medical Center		N	1	2,554	314,290	27,880	12,250	8,406	8	47	280

An explanation of the county’s strategy for acquiring needed PPE after reopening, recognizing these needs will increase exponentially after reopening.

To answer this question, summarize PPE on order for your county. Please include all requests made through NV DEM, as well as purchase orders through private vendors.

The current process for Requests: All requests for PPE are coming through the PPE.wccovid19@gmail.com email. The requests are then vetted, logged in a tracking sheet, and submitted on the appropriate forms to NDEM. Logs is monitoring the request board in the State WebEOC to ensure accurate entry of requests. Any orders filled by state and amounts distributed are entered in the tracking sheet. This will continue after reopening until such time as the State determines it can no longer assist with PPE requests. Sanitizer has been manufactured locally, and the region has enough in storage to support ongoing WCHD COVID-19 operations and a potential, sudden increase in demand relating to the regional COVID-19 response. The control of the supply is through the Washoe County COVID-19 Logistics team.

There is a vetted vendor list that facilities and local partners are able to purchase from. This list is provided by the State.

Contact Tracing:

How many Contact Tracers did the county have prior to COVID-19?

1. The WCHD has four (4) full time equivalents/employees (FTE) those include
 - a. One (1) Epidemiology Program Manager;
 - b. Two (2) Epidemiologists; and
 - c. One (1) Disease Investigator.

How many Contact Tracers does the county currently have and how is this pool staffed?

1. Permanent Staffing has increased by one (1) Epidemiologist since March 1, 2020.
2. Temporary Contact Tracing Staff has been built to support this pandemic response, but it is not permanent or sustainable as staffed.
 - a. Staffing has been made possible by shuttering 75+% of the Environmental Health Services Division operations and reassigning staff, reassigning Community and Clinical Health Services staff and Disease Investigators, Air Quality Management staff, Administrative Health Services Staff, Emergency and Public Health Preparedness staff, and Office of the District Health Officer staff.
 - b. Staffing is further supplemented by some temporary clerical staff, volunteers, and National Guard deployments

- c. Current staffing has 49 individuals working anywhere from twelve (12) to sixty plus (60+) hours a week, over a seven-day period completing contact tracing or supporting the contact tracing efforts. This equates to approximately (42.325 FTEs).
- d. Those 49 individuals are composed of one (1) Environmental Health Services Supervisor, one (1) Epidemiology Program Manager, one (1) Senior Environmental Health Services Senior, three (3) epidemiologists, nine (9) Environmental Health Specialists, eleven (11) National Guard, two (2) Public Health Investigators, five (5) Health Educators, one (1) Senior Air Quality Specialist, two (2) Nurses and one (1) Emergency Medical Services Coordinator. The remaining twelve (12) positions are filled by two (2) statisticians, nine (9) full time administrative and data entry personnel, and one (1) unpaid intern to supply data and support to Contact Tracing.
 - i. Breakdown includes two (2) individuals sharing the role of Medical Coordination Chiefs.
 - ii. Twenty-four (24) individuals working as Disease Investigators. These individuals perform all aspects of initial notification, subsequent investigation, and case tracing.
 - iii. Eleven (11) Contact Tracers.
 - iv. Twelve (12) Support Staff.

How many contract tracers will the County need using the following benchmarks?

1. ***Contact and attempt to interview each new COVID case within 24 hours or receipt of a positive laboratory report:***
 - a. WCHD would need to replace 43 of the individuals above or approximately 35 FTEs of staff in the current contract tracing model.
 - b. This is based on receiving an average of 20 new positive test results a day, seven days a week.
 - c. This includes continuing to have a seven day a week operational period.
 - d. WCHD is working to establish a longer-term plan for contracting staff for contract tracing and working with the NDPBH and the other health authorities on this approach. The plan will be to contract for services with a scalable plan that would allow for increasing of staffing at trigger points if new cases increase or reducing staffing at trigger points if cases decrease.
2. ***Contact and attempt to interview each contact to the case within 24-hours of completing the interview on the initial case:***
 - a. Need to increase contact tracing team to meet the 24-hour benchmark would include replacing the above referenced staff in section 2 and increase it by 50% based on 20 new cases a day.
 - b. Staffing must include a minimum of 25% bilingual speakers with a goal of 40% based on the population and contact tracing demographics.
 - c. Staffing needs to be flexible and able to increase or decrease based on numbers of positive cases identified in the community.
 - d. Staffing model must reflect a 5-day working week to return staff to reduce overtime and weekend work.

What's the county's plan for potential increased need for contact tracing?

1. The County is looking to contract out contact tracing going forward, with the goal to have this staffing in place and trained prior to the National Guard demobilization.
2. The County has placed a resource order to keep the National Guard in place through June 30, 2020 for contact tracing to provide time to contract and hire contact tracers.
3. The County is working to provide housing and infrastructure to sustainably support the WCHD with long term contact tracing.

What's the county's current strategy for conducting contact tracing?

1. Initial notification is made to the positive case by a Disease Investigator, to inform of the results, and gather a list of contacts. Whenever possible, this is completed as results are received from the State of Nevada Laboratory and can occur late into the evening or on weekends.
2. After initial contact, a contact tracer follows up with the contacts of that positive case.

Does the county currently have a data collection and transmission method identified?

1. Yes, the County has systems in place for data collection and transmission of information.
2. The County continues to build on new and more efficient systems to receive and disseminate data.