



# STAFF REPORT

**Report To:** Board of Health **Meeting Date:** December 2, 2021

**Staff Contact:** Nicki Aaker (naaker@carson.org)

**Agenda Title:** For Possible Action: Discussion and possible action regarding a proposed acceptance of the report of the Carson City Health Officer. (Nicki Aaker; NAaker@carson.org)

Staff Summary: This item is to provide an update on: (1) the Health Officer’s activities; (2) clinical oversight and policy input; (3) training and education; and (4) 2020 TB data. Direction is requested from the Board of Health regarding the Health Officer’s report concerning activities the Health Officer is engaged in both internally and externally for Carson City Health and Human Services.

**Agenda Action:** Formal Action / Motion **Time Requested:** 15 minutes

**Proposed Motion**

I move to accept the Health Officer’s report, as presented.

**Board's Strategic Goal**

Quality of Life

**Previous Action**

A Health Officer’s report is presented at each Board of Health meeting.

**Background/Issues & Analysis**

N/A

**Applicable Statute, Code, Policy, Rule or Regulation**

N/A

**Financial Information**

Is there a fiscal impact? No

If yes, account name/number:

Is it currently budgeted?

Explanation of Fiscal Impact:

**Alternatives**

N/A

**Attachments:**

- 1. Quar vs Isolation.pdf
- 2. Pandemic Fatigue PH.pdf
- 3. NHA Weekly Wrap-Up.pdf
- 4. Rad Hazard.pdf
- 5. NV Dementia Toolkit.pdf
- 6. SB 209 Ltr.docx

**Board Action Taken:**

Motion: \_\_\_\_\_

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_

Aye/Nay

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\_\_\_\_\_  
(Vote Recorded By)

# COVID-19 QUARANTINE VS. ISOLATION



## QUARANTINE

keeps someone who was in close contact with someone who has COVID-19 away from others.

Quarantine if you have been in close contact with someone who has COVID-19, unless you have been fully vaccinated.

### If you are fully vaccinated

- You do NOT need to quarantine unless they have symptoms
- Get tested 3-5 days after your exposure, even if you don't have symptoms
- Wear a mask indoors in public for 14 days following exposure or until your test result is negative

### If you are not fully vaccinated

- Stay home for 14 days after your last contact with a person who has COVID-19
- Watch for fever (100.4°F), cough, shortness of breath, or other symptoms of COVID-19
- If possible, stay away from people you live with, especially people who are at higher risk for getting very sick from COVID-19
- Contact your local public health department for options in your area to possibly shorten your quarantine



## ISOLATION

keeps someone who is sick or tested positive for COVID-19 without symptoms away from others, even in their own home.

People who are in isolation should stay home and stay in a specific "sick room" or area and use a separate bathroom (if available).

### If you are sick and think or know you have COVID-19

#### Stay home until after

- At least 10 days since symptoms first appeared **and**
- At least 24 hours with no fever without the use of fever-reducing medications **and**
- Symptoms have improved

### If you tested positive for COVID-19 but do not have symptoms

- Stay home until after 10 days have passed since your positive viral test
- If you develop symptoms after testing positive, follow the steps above for those who are sick

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

## Pandemic fatigue

### **I'm tired of pandemic restrictions — isn't it time we move on?**

We understand that people are tired, but public health measures are not the enemy — they are the roadmap for a faster and more sustainable recovery. The pandemic has posed so many hardships, from the loss of loved ones, to job loss, to loneliness, to parenting in the context of virtual schooling. We've made progress in putting the pandemic behind us, but we risk the health of our communities and our economy if we declare victory too soon, particularly in the light of the high degree of contagiousness of the delta variant.

Many communities have made tremendous progress in protecting ourselves and our loved ones from COVID-19, but vaccination rates are still lagging in many communities. After months of decreasing in many places, COVID cases are increasing across the country, with infection rates highest in places where vaccination rates are low. The delta variant is roughly twice as contagious as the initial strain and is now the dominant strain in the U.S. and worldwide. Because of how contagious this variant is, it's more important than ever for eligible adults and adolescents to get vaccinated, and for unvaccinated people to continue wearing a mask in public settings.

We're all looking forward to a time when we can do all the things we love safely, and the way we get there is by getting vaccinated and following local guidelines.

## Trust in public health officials

### **There have been reports suggesting the CDC's reputation has been diminished as a result of its role in the COVID-19 response. Is the CDC's leadership still credible?**

For decades, the CDC has put its scientific expertise to work to protect Americans from infectious disease, chronic illness, and preventable injuries. Around the world, the agency is a trusted source for public health and health promotion guidance; the CDC's career staff remain a respected and credible information source.

The CDC is at its best when its scientists are free to provide public health advice based on the best available data and free of any political or non-scientific considerations.

There's no avoiding the fact that the COVID-19 pandemic has been extremely challenging for the entire country, including the CDC. There was an early misstep at the CDC with the initial development of a COVID-19 test. However, since then CDC has gathered and shared data on the pandemic's impact, produced educational materials, distributed billions of dollars in grant funding to local, state, tribal, and territorial agencies, and supported essential services necessary for testing, contact tracing, and protection of the public.

During the initial response, the CDC did not have the central and visible roles in coordinating and messaging during the COVID-19 pandemic that it had during past infectious disease outbreaks, including malaria, HIV, H1N1, Ebola, and Zika. This lack of a central, public-facing role for the CDC impeded the

federal response, contributed to mixed messaging on the optimal response to the pandemic, and delayed and sometimes distorted the guidance needed by the American public.

That has changed. The CDC has been empowered to take a central role in developing guidance and messaging and coordinating the national response. Everyone benefits when the CDC is allowed to do its job without interference and with regular, unfettered science-based messaging offered directly to the public and policymakers. Under the new leadership, the thousands of rank-and-file CDC employees, scientists and public health experts dedicated only to the protection of the public are leading the day in and day out work necessary to fight the virus.

Going forward, the nation needs to ensure that science guides public health without any interference. When statements are made or policies suggested that are not grounded in science, public health experts need to continue to say so.

## **Why should people trust public health officials?**

Public health officials are trained and experienced in responding to infectious disease outbreaks and life-threatening emergencies. They work closely with scientists and researchers to translate the latest findings into action with the express goal of keeping people as safe and healthy as possible.

Public health officials strive to be guided by science and independent of political or partisan considerations. The most effective way to address COVID-19 is to have state, local, and federal officials working in coordination and operating based on scientific guidance.


## **What is a public health official's most important role during a health emergency?**

As always, the role of public health officials is to follow the science, develop programs and guidelines that protect health, advise elected officials, work with public and private sector partners, and keep the public informed.

From the [publichealthcollaborative.org](https://publichealthcollaborative.org)

## Weekly Wrap Up - Week 47

In this issue: COVID-19 hospitalizations are decreasing across much of the state as new treatments are about to become available. Hospitals are reporting sporadic supply shortages. Neighboring states sue to stop the CMS vaccine mandate and, there is no end in sight for daily hospital status reporting.



Week 47

	PPE	Supplies	Vents	Staffing	% of Patients in the hospital with COVID	% of Patients in the ICUs with COVID	Hosp. Occupancy Rates (All-Hazard)	ICU Occupancy Rates (All-Hazard)
<b>NORTH</b>	Green	Yellow	Green	Red	Yellow	Yellow	Orange	Orange
<b>SOUTH</b>	Green	Yellow	Green	Red	Yellow	Yellow	Yellow	Yellow
<b>RURAL</b>	Green	Yellow	Green	Red	Yellow	Yellow	Yellow	Yellow

**What Does This Mean ?**  
The table visually communicates the relative level of concern being experienced within the hospital infrastructure. This table aggregates individual hospital reporting, discussions with hospital leaders and effect of mitigation measures being employed.

No Concern	Watch	Warning	Alert	Crisis
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No Concern, hospitals are functioning in a conventional manner. Watch, we are studying the various metrics and mitigation controls to manage hospital operations. Warning, hospitals are employing mitigation methods and using various contingencies to manage upward trends. Alert, immediate additional mitigation methods are required to keep the hospital system operational. Crisis, hospitals are experiencing conditions that limit the ability to provide adequate patient care.

**Risk Table Highlights:** The only new appreciable change to the regional hospital status since our last report in week 45 is the decrease in COVID-19 patients within rural ICUs. This decrease has the NHA changing the status from a warning to watch, but, since many of the rural ICUs are small in bed count, conditions can quickly fluctuate. Supply shortages are beginning to be reported by facilities for seemingly random and unrelated items such as crutches and baby formula. The NHA continues to watch supply levels and supply-chain issues. Staffing continues to be an issue throughout the nation. High occupancy rates within several northern facilities are based on the occupancy of staffed beds. The NHA continues to watch this situation closely; however, if a mild-moderate resurgence were to occur within the region, various mitigation measures could be enacted to manage the situation.

**New treatments anticipated:** Several new COVID-19 therapies are expected to be available within Nevada in the coming days and weeks. The first will be the oral therapeutic from Merck. This medicine is already being used in the UK to treat mild-to-moderate COVID-19 in adults with comorbidities. The second treatment is Pfizer's Paxlovid, an oral antiviral medication. Both medications are expected to be available with limited allocations to the states until production can be ramped-up. Both drugs will be released under Emergency Use Authorization (EAU) rules. Hopefully, these two medications will reduce hospital COVID-19 demand, particularly ICU demand.

**The NHA introduces a new table to the Weekly Wrap Up.** This new chart looks at county-level COVID-19 hospitalization data over the previous two weeks. The chart compares the 7-Day moving averages of confirmed, hospitalized COVID-19 cases from two days, 14-days apart, to determine the status of COVID-19 hospitalizations. The raw data is available via the NHA portal (contact [COVID@nvha.net](mailto:COVID@nvha.net) for access). Each county, with one or more hospitals, has its status delineated using the same color code used in the Weekly Wrap Up Risk Table. The NHA intends to provide a granularity of the current COVID-19 demand on hospitals so users can monitor demand changes as mitigation methods like booster vaccines and new therapeutics are deployed.

County	COVID-19 Hospitalization Status	Confirmed Hospitalization 7-Day Moving Average 11/2/2021	Confirmed Hospitalization 7-Day Moving Average 11/15/2021
Carson City	Flat	25	25
Churchill	Flat	9	7
Clark	Increasing	434	503
Douglas	Increasing	3	7
Elko	Decreasing	11	5
Humboldt	Decreasing	8	2
Lander	None	0	0
Lincoln	None	0	0
Lyon	None	0	0
Mineral	Flat	2	1
Nye	Flat	7	6
Pershing	None	0	0
Washoe	Flat	115	110
White Pine	Flat	3	2

**Vaccine Booster News:** Multiple states took actions related to vaccines and boosters that conflict with CDC guidelines during the past week. Four states, including neighboring California, a member of the Western States Scientific Safety Review Workgroup, now allow booster shots to be provided to all adults regardless of age or comorbidity. Twelve states, including neighbors Utah, Idaho, and Arizona, entered a suit against the federal government on 11/15 to block the CMS mandate requiring hospitals to vaccinate staff. A similar lawsuit against the OSHA requirement has already been filed, and the 5th US Circuit Court of Appeals has issued a stay effectively halting the OSHA rule temporarily.

**Daily Hospital Data Reporting.** The NHA took part in multiple discussions with our federal partners to discuss the ongoing requirement and specific questions that hospitals have been required to answer for the better part of two years. The consensus is that the questions will change in some form. However, we are unsure what shape these changes will take, and hospitals can anticipate the survey continuing throughout any federally declared public health emergency.

**Traveling Nurses and Price Gouging.** All hospitals know the current environment. Nurses are in short supply, and the price to secure temporary workers continues to increase, in some cases above \$240/hr. Hospitals may have finally been heard. On November 15, the White House was urged to investigate the price gouging of staffing agencies by a bipartisan group of both Representatives and Senators. The NHA will continue to monitor this situation.



## Radiological Protection Principles

Radiation is energy and cannot be detected by the human senses. A radiological survey conducted with specialized equipment is the only way to confirm the presence of radiation. Radiation survey instruments typically measure in units of  $\mu\text{R}/\text{hour}$ ,  $\text{mR}/\text{hour}$ , or  $\text{R}/\text{hour}$ .

Contamination is radioactive material in an unwanted location (e.g., deposited on surfaces, skin, or clothing). Internal contamination can occur when radioactive material is inhaled, ingested, or lodged in an open wound. Contamination should not be suspected unless radioactive material packages are damaged and/or you suspect they have been breached.

Contamination survey instruments typically measure in units of counts per minute (CPM) or kilo counts per minute (kCPM). Decontamination involves removing radioactive material contamination from personnel or equipment. Remember that patient treatment takes priority over radiological controls.

For life-threatening injuries, decontamination is not a priority. Implement contamination controls as the situation allows but do not delay patient care or treatment. Attempt to contain contamination on patient using a blanket or sheet and notify the hospital of possible contamination as soon as possible.

For non-life-threatening injuries where you suspect the patient may be contaminated:

- Carefully cut away and remove patient's outer clothing
- Treat injuries as necessary
- Package patient using double blanket method to help contain any possible contamination
- Notify hospital of possible contamination as soon as possible

Responder Safety involves wearing proper PPE and minimizing radiation exposure:

- Minimize time in radiological area
- Maximize distance from radiation sources
- Place shielding between you and source of radiation (e.g., vehicle)

## Initial Response/Scene Size Up

From a distance, try to identify the following:

- Spills, leaks, or fire
- Any victims needing rescue
- Type of vehicle and packages involved
- Placards, labels, or package markings
- Container/package damage
- Any person knowledgeable of the scene
- Location of shipping papers
- Proper protective clothing needed for entry

For radioactive materials, establish an initial isolation zone of 75 feet in all directions. Priorities for rescue, life-saving, first aid, fire control and other hazards are higher than the priority for measuring radiation levels. Attempt to detain uninjured personnel who may be contaminated until they can be surveyed by local Radiation Authority.



This Quick Reference Sheet was produced by the  
U.S. Department of Energy  
Transportation Emergency Preparedness Program  
For additional information, visit the TEPP website at:  
[www.em.doe.gov/otem](http://www.em.doe.gov/otem)  
or phone (208) 528-8895

## PARTNERS & RESOURCES



The Alzheimer's Association provides care and support services to those with memory loss, their caregivers and their healthcare providers. Contact us 24/7 at 1-800-272-3900 [www.alz.org](http://www.alz.org)

Nevada Senior Services is a nonprofit organization providing services to adults and their care partners facing challenges of chronic disease, disabilities, and aging to remain in the community with dignity. 702-648-3425



[www.nevadaseniorservices.org](http://www.nevadaseniorservices.org)

**Nevada Aging and Disability Services Division** – Regional Centers provide Federal Home & Community Based Waivers, counseling, employment services, family & residential support, & service coordination for individuals throughout the lifespan.

**Southern Nevada:**

702-486-6200

**Carson City:** 775-687-5162

**Sparks:** 775-688-1930

**Elko:** 775-753-4236

**Fallon & Fernley:** 775-423-0347

**Gardnerville:** 775-782-3671

**Winnemucca:** 775-623-6593

[www.adsd.nv.gov](http://www.adsd.nv.gov)



## PARTNERS & RESOURCES



Nevada Rural Counties Retired and Senior Volunteer Program (RSVP) provides lifesaving volunteer programs that help seniors maintain their dignity, self-respect & independence.

775-687-4680 x 123

[www.nevadaruralrsvp.org](http://www.nevadaruralrsvp.org)



Lou Ruvo Center for Brain Health

Cleveland Clinic Nevada is a multi-specialty outpatient clinic featuring clinical care, clinical trials, and caregiver and educational programs for individuals and their families who are living with neurodegenerative brain disease.

702-483-6000 (Las Vegas)

775-738-0100 (Elko)

[www.ccf.org/Nevada](http://www.ccf.org/Nevada)



The Sanford Center offers comprehensive geriatric assessments, chronic care management, medication therapy management, clinical services via telemedicine for rural communities and other services. 775-784-4774

[www.med.unr.edu/aging](http://www.med.unr.edu/aging)

## Nevada Dementia Supports Toolbox

### LOOKING FOR RESOURCES?

DIAL 2-1-1 or 1-866-535-5654

Or look online at:

[www.nevada211.org](http://www.nevada211.org)



### Or contact a local Resource Center

- **Nevada Senior Services:** 844-850-5113 (Clark, Esmeralda, Lincoln, & Nye)
- **Jewish Family Services:** 702-933-1191 (Southeast Clark)
- **Carson City Senior Center:** 775-883-0703 (Carson City)
- **Access to Healthcare Network:** 877-861-1893 (Churchill Douglas, Elko, Eureka, Humboldt, Lander, Mineral, Pershing, Storey, Washoe, White Pine)
- **Lyon County Human Services:** 775-577-5009 (Lyon)



[www.accesstohealthcare.org](http://www.accesstohealthcare.org)

## Dementia Friendly Nevada Community Services

\*for additional information call 2-1-1

	Southern Nevada	Washoe County	Elko County	Winnemucca	Pahrump	Pyramid Lake
BRI Care Consultations –Telephone Counseling	X	X	X	X	X	X
Rural RSVP - Rural Respite Services		X	X	X	X	
<b>Education Workshops: Evidence-Based</b>						
• SAVVY — clinical level training for caregivers		X	X	X		
• EPIC — 6 week workshop for early stage impairment	X					
• CarePRO — Caregiver Education Workshop	X	X				
• Resources Enhancing Alzheimer’s Caregiver Health	X				X	
• Powerful Tools for Caregivers	X					
• Skills2Care	X					
• Caring for You, Caring for Me	X				X	
<b>In-Home Services:</b>						
• Meal Preparation & Delivery	X	X	X	X	X	X
• Bathing & other Activities of Daily Living	X	X	X	X	X	
• Shopping	X	X	X	X	X	X
• Home Safety Modification & Repair	X	X			X	
<b>Support Services:</b>						
• Adult Day Care	X	X				
• Transportation	X	X	X	X	X	
• Caregiver Support	X	X	X	X	X	
• Respite Services	X	X	X	X	X	X
• Support Groups	X	X	X	X	X	
• Safety & Housing	X	X				
• Long-Term Care	X		X			
• Legal Assistance	X	X	X	X	X	X
<b>Health Care:</b>						
• Diagnosis & Treatment	X	X	X			
• Medication Management	X	X	X	X	X	X
• Counseling	X					



The Dementia Friendly Nevada initiative aims to cultivate and strengthen communities in becoming more respectful, educated, supportive, and inclusive of people living with dementia and their care partners. This work is achieved through community action groups. For information regarding this chart or Dementia Friends, look online at:

[www.dementiafriendlynevada.org](http://www.dementiafriendlynevada.org)

*This project was supported in part, by grant number 90ALGG0011, from the U.S. Department of Health and Human Services, Administration for Community Living, Administration on Aging, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.*

Date: 10/1/2019

Re: SB 209 Interim Study on COVID-19 and Public Health in Nevada

Legislative Committee on Health Care Members:

Senate Vice Chair Julia Ratti  
Assembly Chair Lesley E. Cohen  
Senator Joe Hardy  
Senator Joyce Woodhouse  
Assemblywoman Connie Munk  
Assemblywoman Robin Titus

Primary Bill Sponsor:

Senator Fabian Donate

I was much pleased to see the details of section 2 of SB 209 regarding studying the effects of and responses to the COVID-19 crisis in Nevada and subsequently making recommendations for Nevada's public health in the future.

With 24 years of providing medical care in Western Nevada, I was appointed the Carson City Health Officer in March of this year. And hope that the Legislative Committee on Health Care while conducting their "study during the 2021-2022 interim" will seek the input of subject experts in Nevada to include our county health officers and departments of public health throughout the state. I know that Carson City Health and Human Services is in the process of producing an after-action report regarding their work on COVID-19 issues throughout the Quad-County area (Carson City, Douglas, Lyon and Storey counties).

Those with "boots on the ground, *running*" during this long COVID-19 battle will provide highly valuable input and insights to the Legislative Committee on Health Care to the benefit of all Nevadans.

Respectfully,

Colleen C. Lyons, MD, FAAFP  
Carson City Health Officer  
Board-Certified Family Physician