



# ROAD TO RECOVERY: Moving to a New Normal

*August 3, 2020*



## Road to Recovery: Moving to a New Normal

The State of Nevada remains in the response stage to the COVID-19 pandemic and will be for the foreseeable future. To be successful, Nevada has developed a sustainable response model, one that will allow the Administration to utilize all available state and county assets in this response and recovery effort, maximize consistency and accountability, and prioritize the communication of the State's most accurate data to the public and to decisionmakers. This is a natural evolution in the State's response, and one that recognizes the need for a deliberate and predictable response to the protracted crisis of a global pandemic.

The plan outlined here provides for these considerations. First, it recognizes the Governor's intent to protect essential capacities and capabilities for addressing this crisis while also protecting vulnerable populations. Second, it provides a structured and predictable approach for political subdivisions in Nevada to understand how State officials are interpreting county-level data and to see what mitigation measures will be put in place to protect the health and safety of Nevadans. And third, it creates a coordinating body and timeline for the rest of the year to assess data and communicate restrictions to local governments.

This first component, the critical statewide metrics, allow the Governor to monitor the elements that are essential to Nevada's overall response. They are key capacities, such as hospital beds, ventilators, and access to personal protective equipment (PPE); they include monitoring all three elements of statewide testing capacity: specimen collection, laboratory testing, and disease investigation (case investigation and contact tracing); and these metrics include the State's ability to prevent outbreaks as they occur and to protect vulnerable populations. These metrics have been essential indicators to decision makers throughout the State since the Governor unveiled his initial plan, and they remain critical today.

The second component, monitoring county criteria, establishes a key innovation that will allow statewide partners to better respond for the long term. Since the beginning of Nevada's response to this pandemic, statewide decision makers have relied on daily data. While these data have improved over time, they have not always been true and current as of their date of release, and therefore, they have not always presented the most reliable depiction of the trends in our state. Nevada will continue to work to improve reporting systems and refine our data on hand, however, the best way to proceed is to lengthen the periods of reporting key data.

Through this plan, counties will all be assessed according to the same data, and all with expanded timelines, as outlined below. These data will be assessed against three criteria,



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and decisions will be made regarding increased, static, or decreased mitigation levels for each county based on the current trajectory of the severity and exposure of the virus. Based on the critical statewide metrics described above, the Governor may also impose or relax additional restrictions in a variety of cases.

The final component, ongoing communication, coordination, and collaboration is intended to ensure that this plan can be implemented in a way that meets statewide needs. It establishes the key agencies and leaders at the State and local level and provides a timeline for carrying out this plan. This is intended to ensure that the State's effort is coordinated and that decisions are communicated with as much advance notice and community input as possible.

Together, the three components of this plan will help Nevada continue to evolve and improve its ongoing response over the long term. It will ensure that Nevada's effort remains federally supported, state managed, and locally executed. And it will ensure that we continue to protect the health and safety of all Nevadans.

### 1: Critical statewide metrics

There are several critical metrics that track statewide resources, efforts, and populations, regardless of which county or tribal nation that they may call home. If there is an elevated risk impacting these metrics in Nevada, the Governor may issue statewide directives to ensure these critical services remain intact.

These metrics have guided Nevada's efforts since the beginning of the statewide response, and they include:

- Hospital Capacity
- Access to Personal Protective Equipment
- Testing Capacity
- Case Investigation and Contact Tracing
- Protection of Vulnerable Populations
- Enforcement

These critical statewide metrics will also be used to evaluate the transmission risk and situation in each county on an ongoing basis, along with the county criteria, which are outlined below.

### 2: County Criteria

#### *Background*



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Nevada's counties are diverse in many ways and have been impacted by COVID differently. To ensure that each county is assessed for elevated disease transmission, the Nevada Health Response Team, a collaboration between the Governor's Office, Department of Health and Human Services, and the Division of Emergency Management, have created a county tracker. This tracker will be updated at least weekly to monitor progress.

### *Understanding the Data Being Monitored*

When reviewing the data, a few assumptions should be noted, such as:

- COVID positive case rates among state and federal prison inmates and staff are also included in the disease transmission data.
- Testing data may help explain or provide context for interpreting the elevated disease transmission data.
- County Testing Positivity Rate may not be accurate due to lack of reporting of patient county of residence by providers.

### **Elevated Disease Transmission**

The 30-day case rate and 14-day testing positivity rate are used to assess the level of COVID-19 burden in a county. For each measure, the higher the number, the more a county is impacted by COVID-19. However, it is important to look at this data in the context of average number of tests per day, as well as who is being tested. In general, higher number of tests per day indicates more widespread testing for COVID-19 beyond individuals who have symptoms. This means that more individuals who either do not have COVID-19 or have COVID-19 but are asymptomatic will be tested. As a result, as the number of tests per day increases, the case rate may increase (due to the identification of asymptomatic cases) and the testing positivity rate may decrease (due to more testing among individuals who do not have COVID-19). Accordingly, the specific criteria for ongoing assessment of counties are as follows:

1. **Average number of tests per day (per 100,000) < 150.** The average number of molecular tests resulted during the previous week in a county, divided by the number of people living in the county. This number is then multiplied by 100,000 to control for varying populations in counties. Due to reporting delay, this is reported over a 14-day period with a 7-day lag. Counties that average fewer than 150 tests per day will meet this criterion.
2. **Case rate (per 100,000) > 200.** The total number of cases diagnosed and reported over a 30-day period divided by the number of people living in the county. This number is then multiplied by 100,000 to control for varying populations in

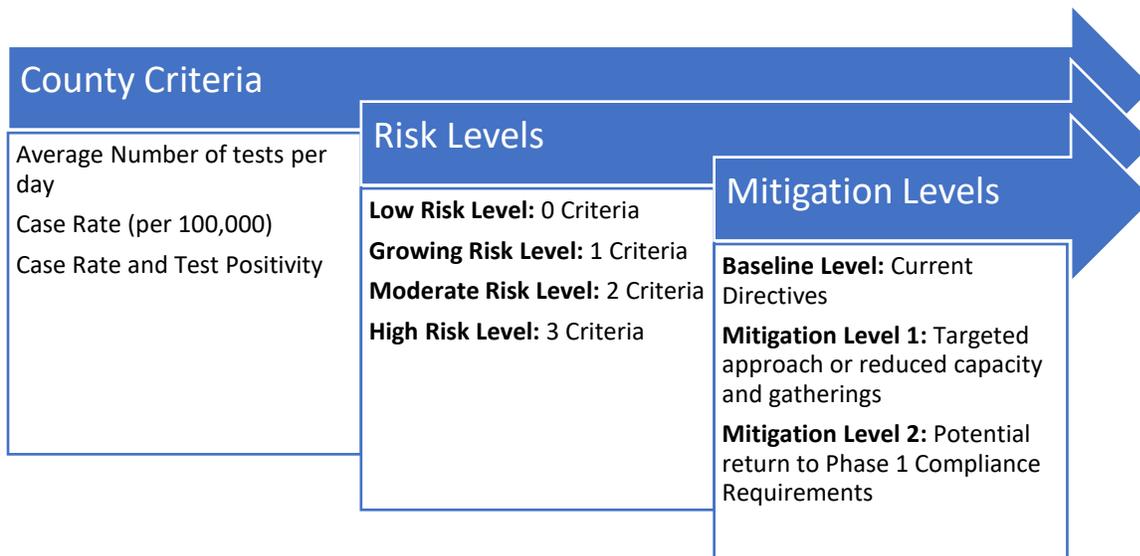


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counties. Counties with a case rate greater than 200 per 100,000 will meet this criterion.

3. **Case rate (per 100,000) > 50 AND testing positivity > 7.0%.** This is reported over a 14-day period with a 7-day lag. The total number of confirmed cases (identified via positive molecular tests) divided by the total number of unique people tested (molecular only). This number is then multiplied by 100 to get a percentage. Due to reporting delay (which may be different between positive and negative tests), there is a 7-day lag. Counties with a test positivity > 7.0% paired with case rate greater than 50 per 100,000 will meet this criterion.

A county is flagged for elevated disease transmission if it meets two of the three criteria in consecutive weeks. As described in greater detail in the section below, a county experiencing increased risk with respect to meeting two or more of these criteria for two or more consecutive weeks will enter an assessment and review process with the state that could result in changing the county's mitigation level. As shown below, *the criteria determine the risk level and the risk level determine the mitigation level.*



It is important to note that these criteria are slightly different than the similar criteria used in determining the outcomes provided in Directive 027, which closed bars in certain counties. These changes were driven by input from statewide partners and refinements determined by members of the Nevada Health Response team. Due to these changes, the jurisdictions meeting two or three criteria have changed.



### *County-level Implementation and Actions*

The level of mitigation that may be required in each county is determined by both the degree of severity and the duration at the level (growth and reduction of severity). However, there may be items of special consideration or mitigating circumstances that impact the level of mitigation requested or required of the county. For example, if specific data is available that indicates the exposure risk in a particular county is due to a specific business or type of business or is isolated in a particular region within one community, mitigation may apply to those entities or areas only.

If a county is found to be at a higher level the first week, they will enter a warning week. During the warning week a county or entity will be notified of the criteria used to determine the risk, and following that there will be a consultation with that entity or jurisdiction as well as a discussion regarding next steps that could be taken and any available public health assistance from the State. The Local Empowerment Advisory Committee (LEAP) may also be involved in the consultation.

- **Severity of Exposure Risk**

- **Low Risk Level:** County met 0 criteria
- **Growing Risk Level:** County met 1 criterion
- **Moderate Risk Level:** County met 2 criteria
- **High Risk Level:** County met 3 criteria

- **Duration**

The speed at which mitigation levels may increase is implemented at a shorter duration than relaxing mitigation levels. Therefore, increases in mitigation measure may occur within a week or two if the trend is showing increased spread but lessening or relaxing of those mitigation levels will be reviewed at longer intervals.

- Static Example
  - A county remains at a Low or Growing Risk Level: Remain at Baseline Mitigation Level
- Enhanced Mitigation Example
  - Week 1 at Same or Increased Risk Level: Warning Week at Baseline Mitigation Level
  - Week 2 at Same or Increased Risk Level: Mitigation Level 1
  - Week 5 at Same or Increased Risk Level: Mitigation Level 2
- Relaxing of Mitigation Example (if county started at Mitigation Level 2)
  - Week 1 at Same or Decreased Risk Level, with a score of less than 2: Planning Week



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- Week 3 at Same or Decreased Risk Level, with a score of less than 2: Reduction of Mitigation Level by 1 (to Mitigation of Level 1)
  - Week 5 at Same or Decreased Risk Level, with a score of less than 2: Reduction of Mitigation to Baseline Mitigation Level
- Items of Special Consideration and Mitigating Circumstances Related to Clusters/Outbreaks may include, but are not limited to, the following items:
    - COVID-19 conditions in regional geography and tribal nations
    - Cases in institutional settings
      - Long-term Care Facilities (residents)
      - Prisons (inmates)
      - Cases among families/households

### *Mitigation Level*

Mitigation levels may be targeted to specific industries, businesses, or communities based on findings during case investigation and contact tracing and other pertinent details affecting the disease progression locally. These mitigation levels are recommended to reduce the spread of infection and may be modified based on state and county consultation.

- **Baseline Mitigation Level:**
  - Maintain Statewide Directive Compliance
- **Mitigation Level 1**
  - Continue Statewide Directive Compliance and
  - **Either** take targeted action to address spread based on data
  - **Or** high-risk settings where face coverings may need to be removed (food establishment, pool, gym/fitness location, and bar) may move to 25% capacity
  - **And** public gatherings cannot exceed 25 people
- **Mitigation Level 2:**
  - Continue Statewide Directive Compliance and
  - **Either** take targeted action to address spread based on data
  - **Or** state or local business licenses may be removed for targeted businesses if outbreak at those locations cannot be controlled
  - **And** potential return to Phase 1 recommendations, which may include closure of high-risk businesses to curbside and delivery only services,



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closure of pools, curfew provisions imposed and further reductions of public gatherings

**NOTE:** Schools fall under a different criterion than the mitigation requirements noted above.

### *Targeted Approach*

This new approach will ensure the State, in coordination with each county, can assess all available data, evaluate key metrics, and make timely decisions based on the disease burden and transmission risk in each region throughout Nevada. Reviewing this critical data and metrics such as status of hospitalizations, disease investigation reports, and more will allow the State to better understand the capacity of each county to respond and then take targeted actions to help mitigate the spread. The goal of this targeted approach is to address identified risk areas and take action, and to avoid broad-based closures or limitations that could harm businesses who may not be the cause of spread.

In the case that there is not enough data or information needed to take a targeted approach in a county, or if a county is not collaborating with the State in a productive manner, the Task Force and/or the Governor maintain the right to take action and implement mitigation measures in accepted high risk settings.

## 4. Ongoing Communication, Coordination, and Collaboration

### COVID-19 Response Task Force

#### *State Agency Accountability*

A task force will be established to support this concept and to ensure statewide adoption. At a minimum, it will be made up of heads of key state agencies, private sector representatives, and local representatives. This task force will be charged with ensuring accountability for state-level efforts, coordinating essential activities between departments, and providing a sustainable model for receiving and sharing data and vetting proposals and recommendations.

The task force will be chaired by the Governor's COVID-19 Response Director and representatives from the following agencies should be appointed by the chair:

1. Department of Health and Human Services
2. Department of Business and Industry
3. Division of Emergency Management
4. Department of Education
5. Nevada National Guard
6. Governor's Office of Finance



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7. Nevada Hospital Association
8. Nevada Association of Counties
9. Nevada League of Cities
10. Nevada State Public Health Laboratory
11. Other necessary members at the determination of the chair

To ensure the success of this approach, the task force shall perform the following duties:

1. Meet on at least a weekly basis
2. Provide a current situation report on COVID-19 in Nevada, including weekly case numbers and county-level analysis
3. Provide an overview of the COVID-19 response effort in Nevada, including enforcement numbers from throughout the state and other findings
4. Assess county status per these guidelines and make decisions for actions to be taken over the next week
5. Collaborate with county representatives to determine best methods for reducing the community burden of COVID-19

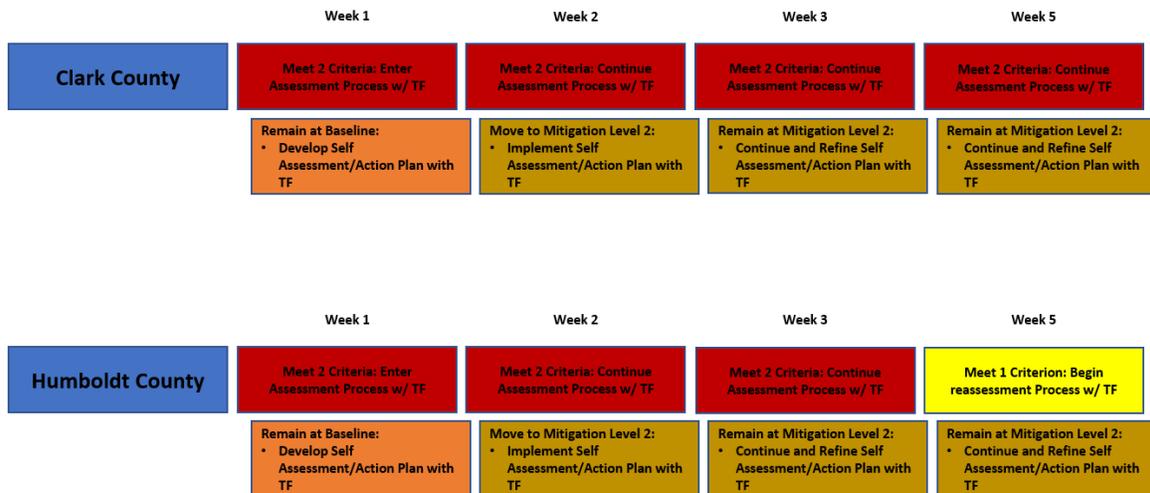
### *County Accountability*

Following the weekly meetings of the task force, the Governor's COVID-19 Response Director and related team will reach out to county leadership and inform them of the State's assessment of county exposure risk, based on county criteria data and critical statewide metrics. Counties not experiencing elevated COVID-19 risk will be informed that they will remain at the Baseline Mitigation Level. Counties experiencing elevated COVID-19 risk will enter the state assessment process with the task force.

These counties in the state assessment process will be asked to complete a local risk assessment and action plan based on the Critical Statewide Metrics and provide them to the task force; the task force will evaluate the risk assessment and action plan based on state and federal data; and once approved by the task force, a local strike team will be responsible for implementing the action plan and reporting metrics to the task force. An example of this process for two counties is provided below:



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Additionally, during the assessment process, counties will be asked to include details on activities, industries, or businesses experiencing the greatest reports of possible exposure sites within the region. This includes the broad categories to support more public messaging efforts (ex: reminder to food establishments to require face coverings until food is served if there is an increased spread in restaurants). Additionally, the counties will be provided a list of the businesses or locations named through the disease investigation process. If there are notable outliers where infection seems to be spreading at disproportionately high rates, the local strike team consisting of applicable city, county, state, or other regulatory entities that have oversight over the business or location will be deployed to conduct a thorough investigation of the business and develop a mitigation plan for that business based on the findings of the investigation.

###