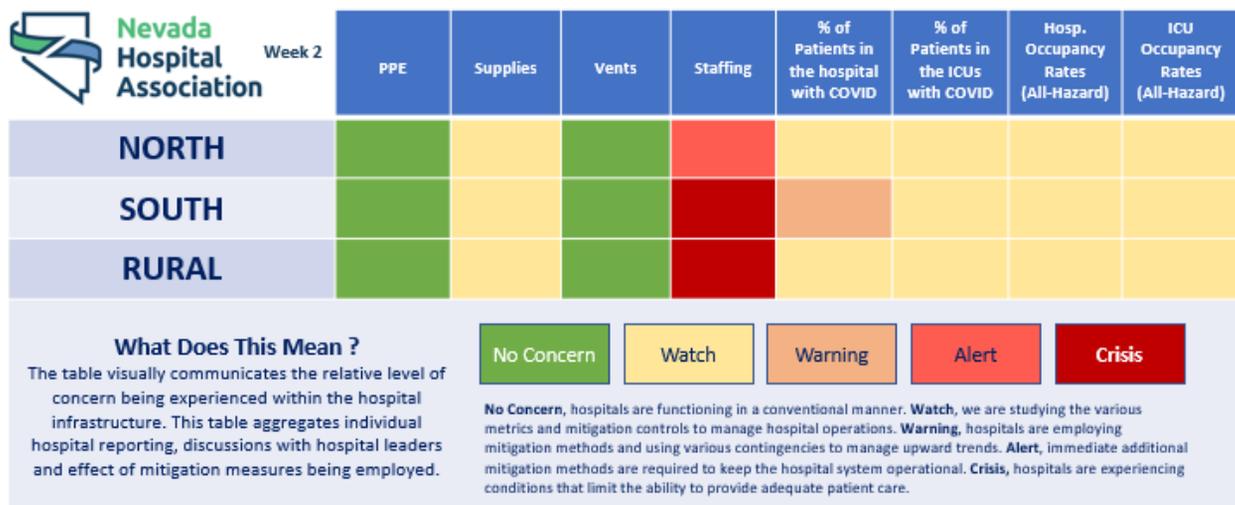


Weekly Wrap Up - Week 2

Clark County and the rural region report hospital staffing crisis' and have requested assistance from the state. The root causes of these staffing shortfalls differ in each region. Nevada is experiencing an abrupt increase in COVID-19 hospitalizations, predominantly in the southern region following the holidays. People are flocking to hospital emergency departments seeking COVID-19 testing, compounding the staffing problem.



Risk Table Highlights: Several significant changes are identified on the risk table, including the southern and rural regions being escalated to a staffing crisis from alert status since week 37 of 2021. The root causes of the staffing crisis' differ by region. In the south, COVID-19 cases have risen considerably over the past seven days, and significant numbers of hospital employees are testing positive for the disease. Hospitals are not over-run by a COVID-19 surge as much as being understaffed as employees in all fields report being sick and unable to work. This is also further compounded by a significant increase in people coming to the emergency department solely for testing. Hospitals are not testing sites. Hospitals have reached out to the State seeking help. Hospitals are still experiencing an exodus of clinical staff in the rural region as they leave for higher-paying traveling positions. This creates a shortage at several facilities based on staff retention and recruitment, as rural hospitals do not have the resources to match the hourly rates that traveling nurses can demand. In the south, 22% of hospital patients have COVID-19, with the number of hospitalized COVID-19 patients increasing from 552 (12/22/2021) to 804 (1/4/2022). The north is seeing more moderate increases, with cases increasing from 46 to 68 over the same date range. There continues to be effectively no flu demand on the healthcare infrastructure at this time.

Changes based on the crisis staffing designation: The escalation to crisis level alert status, within the staffing category, does not mean that patients with critical or life-threatening injuries or illnesses will be turned away from hospitals. This designation indicates that hospitals are stretched thin and patients who want testing only, or who have minor or non-threatening ailments to life, limb, sight, etc. can anticipate excessive wait times, difficulty being transferred to a specific hospital, or being admitted from the emergency department, and longer drop-times for ambulances. The designation also allows hospital discretion to implement the CDC's modified work restrictions protocol. Hospitals and the NHA will continue to work in partnership with the State to look for timely and creative solutions to the current challenge.

Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

HCP are considered "boosted" if they have received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC. HCP are considered "vaccinated" or "unvaccinated" if they have NOT received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC.

For more details, including recommendations for healthcare personnel who are immunocompromised, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (conventional standards) and Strategies to Mitigate Healthcare Personnel Staffing Shortages (contingency and crisis standards).

Work Restrictions for HCP With SARS-CoV-2 Infection

| Vaccination Status | Conventional | Contingency | Crisis |
|--------------------------------------|---|--|--|
| Boosted, Vaccinated, or Unvaccinated | 10 days OR 7 days with negative test ¹ , if asymptomatic or mildly symptomatic (with improving symptoms) | 5 days with/without negative test, if asymptomatic or mildly symptomatic (with improving symptoms) | No work restriction, with prioritization considerations (e.g., asymptomatic or mildly symptomatic) |

Work Restrictions for Asymptomatic HCP with Exposures

| Vaccination Status | Conventional | Contingency | Crisis |
|---|---|--|---|
| Boosted | No work restrictions, with negative test on days 2 ¹ and 5-7 | No work restrictions | No work restrictions |
| Vaccinated or Unvaccinated, even if within 90 days of prior infection | 10 days OR 7 days with negative test | No work restriction with negative tests on days 1 ¹ , 2, 3, & 5-7 | No work restrictions (test if possible) |

¹Negative test result within 48 hours before returning to work
For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0

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

| County | COVID-19 Hospitalization Status | Confirmed Hospitalization 7-Day Moving Average 12/22/2021 | Confirmed Hospitalization 7-Day Moving Average 1/4/2022 |
|-------------|---------------------------------|---|---|
| Carson City | Increasing | 12 | 16 |
| Churchill | Decreasing | 11 | 3 |
| Clark | Increasing | 552 | 804 |
| Douglas | Increasing | 2 | 5 |
| Elko | Flat | 1 | 2 |
| Humboldt | Flat | 2 | 0 |
| Lander | None | 0 | 0 |
| Lincoln | None | 0 | 0 |
| Lyon | Flat | 0 | 2 |
| Mineral | None | 0 | 0 |
| Nye | Increasing | 3 | 11 |
| Pershing | None | 0 | 0 |
| Washoe | Increasing | 46 | 68 |
| White Pine | Flat | 1 | 0 |