

**WASHOE COUNTY
DISTRICT BOARD OF HEALTH**

Denis Humphreys, OD, Chairman
Matt Smith, Vice Chairman
George Furman, MD,
Councilman Dan Gustin
Commissioner Kitty Jung
Amy J Khan, MD, MPH
Councilwoman Julia Ratti

AGENDA

Meeting of the
DISTRICT BOARD OF HEALTH
Health Department Building
South Auditorium
1001 East Ninth Street
Reno, Nevada
September 24, 2009
1:00 PM
NOTICE

PURSUANT TO NRS 241.020, PLEASE BE ADVISED THAT THE AGENDA FOR THE DISTRICT BOARD OF HEALTH MEETING HAS BEEN POSTED AT THE FOLLOWING LOCATIONS: WASHOE COUNTY HEALTH DISTRICT (1001 E. 9TH ST), RENO CITY HALL (1 E. 1ST ST), SPARKS CITY HALL (431 PRATER WAY), WASHOE COUNTY ADMINISTRATION BUILDING (1001 E. 9TH ST), AND ON THE WASHOE COUNTY HEALTH DISTRICT WEBSITE @ **WWW.WASHOECOUNTY.US/HEALTH**. PUBLIC COMMENT IS LIMITED TO THREE (3) MINUTES PER PERSON.

The Board of Health may take action on the items denoted as “(action)”.

Business Impact Statement – A Business Impact Statement is available at the District Health Department for those items denoted with a \$

1. Call to Order, Pledge of Allegiance Led by Invitation	HELD
2. Roll Call	HELD
3. Public Comment (3 minute time limit per person)	NO COMMENTS PRESENTED
4. Approval/Deletions to the Agenda for the September 24, 2009 (action)	APPROVED
5. Approval/Additions/Deletions to the Minutes of the Meeting of August 27, 2009 (action)	APPROVED

6. Recognitions

YEARS-OF-SERVICE
JUDITH SAUM – 15 YEARS

DIVISION OF HEALTH SCIENCES –
ORIS SCHOOL OF NURSING – SUPPORT
TO EDUCATE STUDENT NURSES
WASHOE COUNTY HEALTH DISTRICT

7. Consent Agenda

Matters, which the District Board of Health may consider in one motion. Any item, however, may be discussed separately by Board member request. Any exceptions to the consent agenda must be stated prior to approval.

A. Air Quality Management Cases

- 1. Recommendation to Uphold Citations Unappealed to the Air Pollution Control Hearing Board
 - a. No Cases This Month
- 2. Recommendations of Cases Appealed to the Air Pollution Control Hearing Board
 - a. No Cases This Month

B. Recommendation to Approve Variance Case(s) Presented to the Sewage, Wastewater & Sanitation Hearing Board

- 1. No Cases This Month

C. Budget Amendments / Interlocal Agreements / Authorized Position Control Numbers

- 1. Approval of the Notice of Grant Award from the Nevada Department of Health and Human Services Grants Management Unit in the amount of \$223,286 in Support of the Statewide Child Abuse Public Awareness Campaign for the period of July 1, 2009 to June 30, 2010; and Approval of Amendments Totaling an Increase of \$122,215.06 in Both Revenue and Expenses to the Adopted FY 10 Child Abuse Prevention Outreach and Marketing Grant Program, IO 10410, to Bring the FY 10 Adopted Budget into Alignment with the Grant **(action)**

APPROVED

8. Air Pollution Control Hearing Board Cases – Appealed to the District Board of Health

- A. No Cases This Month

9. Regional Emergency Medical Services Authority

- A. Review and Acceptance of the Operations and Financial Report for August 2009 **(action)**
- B. Update of REMSA's Community Activities Since August 2009

ACCEPTED

PRESENTED

10. Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure for August 2009 **(action)**

ACCEPTED

11. Acceptance of the Washoe County Health District Employee Policy Manual Updated for Fiscal Year 2010 **(action)**

ACCEPTED

12. Presentation – American Red Cross – “Scrubby Bear Program”

PRESENTED

13. Updated Report on Illegal Food Vendors with Possible Direction to Staff **CONTINUED TO THE OCTOBER 22, 2009 MEETING**

CONTINUED OCTOBER 22, 2009

14. Appeal of Staff's Enforcement Action (Case No. CM09000684) from Mr. Struffert – Old Washoe Estates (Presented to the Board July 23, 2009) with Possible Direction to the Staff **(action)**

APPEAL DENIED – DIRECTION TO STAFF

15. Discussion of Possible Agenda Items for the District Board of Health 2009 Strategic Planning Session with Possible Direction to Staff (action)	ITEMS DISCUSSED – DIRECTION TO STAFF
16. Presentation of Evaluation Forms for District Health Officer's Annual Review with Possible Direction to Staff (action)	PRESENTED – DIRECTION TO STAFF
17. Update on Attendance at the National Association of Local Boards of Health (NALBOH) Annual Meeting – July 1 – 3, 2009, Philadelphia, Pennsylvania	PRESENTED
18. Update on the Status of H1N1	PRESENTED
19. Staff Reports and Program Updates A. Director, Epidemiology and Public Health Preparedness – Communicable Disease; Public Health Preparedness (PHP) Activities B. Director, Community and Clinical Health Services – Washoe County Childhood Obesity Forum; Nevada Public Health Association (NPHA) Annual Conference; Maternal Child Health (MCH) Program C. Director, Environmental Health Services – <i>Day for Kids Event – Clean Hands Month</i> Activities D. Director, Air Quality Management - Monthly Report of Air Quality: Everything Green, Monitoring/Planning Activities, Permitting Activities, Compliance/Inspection Activity, and Enforcement Activity E. Administrative Health Services Officer – No Report This Month F. District Health Officer – Childhood Obesity Forum; <i>Day for Kids Event – Clean Hands Month</i> Activities; Extension for Compliance with Tdap Requirements for 7 th Graders in the Washoe County School District; H1N1	PRESENTED
20. Board Comment – Limited to Announcements or Issues for Future Agendas	COMMENTS PRESENTED
21. Adjournment (action)	ADJOURNED*

NOTE: Facilities in which this meeting is being held are accessible to the disabled. Persons with disabilities who require special accommodations or assistance at the meeting should call the Administrative Health Services Division, 328-2410, 24-hours prior to the meeting.

**WASHOE COUNTY
DISTRICT BOARD OF HEALTH**

Denis Humphreys, OD, Chairman
Matt Smith, Vice Chairman
George Furman, MD,
Councilman Dan Gustin
Commissioner Kitty Jung
Amy J Khan, MD, MPH
Councilwoman Julia Ratti

AGENDA

Meeting of the
DISTRICT BOARD OF HEALTH
Health Department Building
South Auditorium
1001 East Ninth Street
Reno, Nevada

September 24, 2009

1:00 PM

NOTICE

PURSUANT TO NRS 241.020, PLEASE BE ADVISED THAT THE AGENDA FOR THE DISTRICT BOARD OF HEALTH MEETING HAS BEEN POSTED AT THE FOLLOWING LOCATIONS: WASHOE COUNTY HEALTH DISTRICT (1001 E. 9TH ST), RENO CITY HALL (1 E. 1ST ST), SPARKS CITY HALL (431 PRATER WAY), WASHOE COUNTY ADMINISTRATION BUILDING (1001 E. 9TH ST), AND ON THE WASHOE COUNTY HEALTH DISTRICT WEBSITE @ WWW.WASHOECOUNTY.US/HEALTH. PUBLIC COMMENT IS LIMITED TO THREE (3) MINUTES PER PERSON.

The Board of Health may take action on the items denoted as “(action)”.

Business Impact Statement – A Business Impact Statement is available at the District Health Department for those items denoted with a \$

- | | | |
|----------------|---|---------------|
| 1:00 PM | 1. Call to Order, Pledge of Allegiance Led by Invitation | Dr. Humphreys |
| | 2. Roll Call | Ms. Smith |
| | 3. Public Comment (3 minute time limit per person) | Dr. Humphreys |
| | 4. Approval/Deletions to the Agenda for the September 24, 2009 (action) | Dr. Humphreys |
| | 5. Approval/Additions/Deletions to the Minutes of the Meeting of August 27, 2009 (action) | Dr. Humphreys |

- | | | |
|---------|--|---------------|
| | 6. Recognitions | Dr. Humphreys |
| | A. Years-of-Service | |
| | 1. Judith Saum - EHS – 15 Years | |
| | B. School of Public Health – “Advances in Epidemiology and Control of Emerging Infectious Diseases” | |
| | 1. Amber English | |
| | C. Division of Health Sciences – Orvis School of Nursing – Support to Educate Student Nurses | |
| | 1.. Washoe County Health District | |
| | D. Child Abuse and Neglect Task Force (CAN Prevent) Recognition – Donna Legg Award | |
| | 1. Julie Pomi | |
| | 7. Consent Agenda | Dr. Humphreys |
| | Matters, which the District Board of Health may consider in one motion. Any item, however, may be discussed separately by Board member request. Any exceptions to the consent agenda must be stated prior to approval. | |
| | A. Air Quality Management Cases | |
| | 1. Recommendation to Uphold Citations Unappealed to the Air Pollution Control Hearing Board | Mr. Bonderson |
| | a. No Cases This Month | |
| | 2. Recommendations of Cases Appealed to the Air Pollution Control Hearing Board | Mr. Bonderson |
| | a. No Cases This Month | |
| | B. Recommendation to Approve Variance Case(s) Presented to the Sewage, Wastewater & Sanitation Hearing Board | Mr. Coulter |
| | 1. No Cases This Month | |
| | C. Budget Amendments / Interlocal Agreements / Authorized Position Control Numbers | |
| | 1. Approval of the Notice of Grant Award from the Nevada Department of Health and Human Services Grants Management Unit in the amount of \$223,286 in Support of the Statewide Child Abuse Public Awareness Campaign for the period of July 1, 2009 to June 30, 2010; and Approval of Amendments Totaling an Increase of \$122,215.06 in Both Revenue and Expenses to the Adopted FY 10 Child Abuse Prevention Outreach and Marketing Grant Program, IO 10410, to Bring the FY 10 Adopted Budget into Alignment with the Grant (action) | |
| | 8. Air Pollution Control Hearing Board Cases – Appealed to the District Board of Health | Mr. Bonderson |
| | A. No Cases This Month | |
| | 9. Regional Emergency Medical Services Authority | Mr. Smith |
| | A. Review and Acceptance of the Operations and Financial Report for August 2009
(action) | |
| | B. Update of REMSA’s Community Activities Since August 2009 | |
| | 10. Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure for August 2009 (action) | Ms. Coulombe |
| | 11. Acceptance of the Washoe County Health District Employee Policy Manual Updated for Fiscal Year 2010 (action) | Ms. Akurosawa |
| 2:00 PM | 12. Presentation – American Red Cross – “Scrubby Bear Program” | Ms. Leff |
| | 13. Updated Report on Illegal Food Vendors with Possible Direction to Staff CONTINUED TO THE OCTOBER 22, 2009 MEETING | Mr. McNinch |
| | 14. Appeal of Staff’s Enforcement Action (Case No. CM09000684) from Mr. Struffert – Old Washoe Estates (Presented to the Board July 23, 2009) with Possible Direction to the Staff (action) | Ms. Rucker |

- | | | |
|-----|--|---------------|
| 15. | Discussion of Possible Agenda Items for the District Board of Health 2009 Strategic Planning Session with Possible Direction to Staff (action) | Dr. Humphreys |
| 16. | Presentation of Evaluation Forms for District Health Officer's Annual Review with Possible Direction to Staff (action) | Dr. Humphreys |
| 17. | Update on Attendance at the National Association of Local Boards of Health (NALBOH) Annual Meeting – July 1 – 3, 2009, Philadelphia, Pennsylvania | Ms. Jung |
| 18. | Update on the Status of H1N1 | Dr. Todd |
| 19. | Staff Reports and Program Updates | |
| | A. Director, Epidemiology and Public Health Preparedness – Communicable Disease; Public Health Preparedness (PHP) Activities | Dr. Todd |
| | B. Director, Community and Clinical Health Services – Washoe County Childhood Obesity Forum; Nevada Public Health Association (NPHA) Annual Conference; Maternal Child Health (MCH) Program | Ms. Brown |
| | C. Director, Environmental Health Services – <i>Day for Kids Event</i> – <i>Clean Hands Month</i> Activities | Mr. McNinch |
| | D. Director, Air Quality Management - Monthly Report of Air Quality: Everything Green, Monitoring/Planning Activities, Permitting Activities, Compliance/Inspection Activity, and Enforcement Activity | Mr. Goodrich |
| | E. Administrative Health Services Officer – No Report This Month | Ms. Coulombe |
| | F. District Health Officer – Childhood Obesity Forum; <i>Day for Kids Event</i> – <i>Clean Hands Month</i> Activities; Extension for Compliance with Tdap Requirements for 7 th Graders in the Washoe County School District; H1N1 | Dr. Anderson |
| 20. | Board Comment – Limited to Announcements or Issues for Future Agendas | Dr. Humphreys |
| 21. | Adjournment (action) | Dr. Humphreys |

NOTE: Facilities in which this meeting is being held are accessible to the disabled. Persons with disabilities who require special accommodations or assistance at the meeting should call the Administrative Health Services Division, 328-2410, 24-hours prior to the meeting.

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING
Board Room - Health Department Building
Wells Avenue at Ninth Street

September 24, 2009

	<u>Page</u>
Roll Call	1
Public Comment	1
Approval/Additions/Deletions – Agenda – September 24, 2009	2
Review – Approval of Minutes – August 27, 2009	2
Recognitions	2
Consent Agenda – Budget Amendments/Interlocal Agreements Approval of Notice of Grant Award – Nevada Department of Health and Human Services Grants Management Unit- Statewide Child Abuse Public Awareness Campaign; Approval of Amendments – FY 10 Child Abuse Prevention Outreach and Marketing Grant Program	2 - 3
Regional Emergency Medical Services Authority A. Review and Acceptance of Operations and Financial Report for August 2009	3
B. Update on REMSA's Activities Since August 2009	3 - 4
Acceptance of District Health Department Monthly Public Health Fund Revenue and Expenditures for August 2009	4 - 5
Acceptance of the Health District Employees Policy Manual – FY 2010	5 - 6
Updated Report – Illegal Food Vendors – Possible Direction to Staff	7
Appeal – Staff's Enforcement Action – Solid Waste Complaint (Case No. CM09000684) – Old Washoe Estates Home Owners Association	7 - 15
Presentation – American Red Cross – “ <i>Scrubby Bear</i> ” Program	15 - 16
Discussion – Possible Agenda Items – District Board of Health Strategic Planning Session	16 - 18

WASHOE COUNTY DISTRICTBOARD OF HEALTH MEETING

September 24, 2009

Page 2

	<u>Page</u>
Presentation – Evaluation Forms – District Health Officer’s Annual Review	18 - 19
Update – Attendance – NALBOH Annual Meeting – July 1 – 3, 2009	19 - 20
Update – Status of H1N1	20 – 23
Staff Reports	
A) EPI-Center Director	24
B) Division Director – Community and Clinical Health Services	24 - 25
C) Division Director – Environmental Health Services	25
D) Division Director – Air Quality Management	25
E) Division Director – Administrative Health Services Officer	25
F) District Health Officer	25
Board Comment	25
Adjournment	26

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING
September 24, 2009

PRESENT: Denis Humphreys, OD, Chairman; Mr. Matt Smith, Vice Chairman; George Furman, MD; Commissioner Kitty Jung (arrived at 1:15pm); Amy Khan, MD; and Councilwoman Julia Ratti (arrived at 1:25pm)

ABSENT: Councilman Dan Gustin

STAFF: Dr. Mary Anderson, District Health Officer; Eileen Coulombe, Administrative Health Services Officer; Andrew Goodrich, Director, Air Quality Management; Dr. Randall Todd, Director, Epi and Public Health Preparedness; Ms. Mary-Ann Brown, Director, Community and Clinical Health Services; Dave McNinch, Acting Director, Environmental Health Services; Patsy Buxton, Fiscal Compliance Officer; Stacey Akurosawa, Administrative Assistant II; Steve Fisher, Department Computer Application Specialist; Jeanne Rucker, Environmental Health Specialist Supervisor; Luke Franklin, Environmental Health Specialist; Doug Coulter, PE, Senior Engineer; Bev Bayan, WIC Program Manager; Jim English, Senior Environmental Health Specialist; Teresa Long, Environmental Health Specialist; Judith Saum, Environmental Health Specialist; Janet Smith, Recording Secretary and Leslie Admirand, Deputy District Attorney

At 1:05pm, Chairman Humphreys called the Washoe County District Board of Health meeting to order, followed by the Pledge of Allegiance led by Ms. Eileen Coulombe, Administrative Health Services Officer.

ROLL CALL

Roll call was taken and a quorum noted. Mrs. Janet Smith, Recording Secretary, advised that Mr. Gustin is excused.

PUBLIC COMMENT

No public comment was presented.

APPROVAL/ADDITIONS – AGENDA – SEPTEMBER 24, 2009

Chairman Humphreys called for approval of the agenda of the Washoe County District Board of Health meeting of September 24, 2009/

**MOTION: Mr. Smith moved, seconded by Dr. Khan, that the District Board of Health agenda for September 24, 2009 meeting be approved as presented.
Motion carried unanimously.**

APPROVAL/ADDITIONS/CORRECTIONS – MINUTES – AUGUST 27, 2009

Chairman Humphreys called for any additions or deletions to the minutes of the District Board of Health meeting of August 27, 2009.

**MOTION: Mr. Smith moved, seconded by Dr. Furman, that the minutes of the August 27, 2009 District Board of Health meeting be approved as received.
Motion carried unanimously.**

RECOGNITIONS

Chairman Humphreys and Dr. Mary Anderson, District Health Officer, presented a Certificate of Recognition to Ms. Judith Saum, a former Environmental Health Specialist for **15 Years-of-Service**, who just recently retired.

Later in the meeting, Chairman Humphreys and Dr. Anderson presented a Certificate of Recognition to Ms. Mary-Ann Brown, Director, Community and Clinical Health Services, from the Division of Health Sciences – Orvis School of Nursing for the Health District's "Support to Educate Student Nurses".

CONSENT AGENDA – BUDGET AMENDMENTS/INTERLOCAL AGREEMENTS

The Board was advised that Staff recommends **approval** of the **Notice of Grant Award** from the **Nevada Department of Health and Human Services Grants Management Unit**, in the amount of **\$223,286** in support of the **Statewide Child Abuse Public Awareness Campaign**, for the period of July 1, 2009 through June 30, 2010; and **approval** of the **amendments totaling an increase of \$122,215.06** in both revenue and expenses to the adopted FY 10 **Child Abuse**

Prevention Outreach and Marketing Grant Program, IO 104010 to bring the adopted budget into alignment with the grant.

**MOTION: Mr. Smith moved, seconded by Dr. Furman, that the Notice of Grant Award in support of the Statewide Child Abuse Public Awareness Campaign, with the corresponding budget amendment to the FY 10 Child Abuse Prevention Outreach and Marketing Grant Program IO 10410, be approved as outlined with the Chairman authorized to execute on behalf of the Board.
Motion carried unanimously.**

REGIONAL EMERGENCY MEDICAL SERVICES AUTHORITY

A. Review and Acceptance of the Operational and Financial Report – August 2009

Mr. Jim Gubbels, Vice President of REMSA, advised that the Board members have been provided with a copy of the August 2009 Operations and Financial Report; that the emergency response time for life-threatening calls in August 2009 was 92% and 95% for non-life threatening calls, with an overall average response time of six minutes and four seconds (6:04); and an overall average travel time of four minutes and fifty-four seconds (4:54). Mr. Gubbels advised that the monthly average bill for air ambulance service for August 2009 was \$6,636, with a year-to-date average of \$7,350. Mr. Gubbels advised that last month the Board noted the increase in the monthly average bill for Care Flight; that the increase is "due to a lot of the flights being further out, which increased it above the average bill; however, it is currently decreasing; that REMSA will continue to monitor this. Mr. Gubbels advised that the monthly average bill for ground ambulance service for August was \$944, with a year-to-date average of \$944.

**MOTION: Dr. Khan moved, seconded by Mr. Smith, that the REMSA Operation and Financial Report for August 2009 be accepted as presented.
Motion carried unanimously.**

B. Update of REMSA's Community Activities Since August 2009

Mr. Gubbels advised that REMSA is preparing for the influenza season, conducting weekly meetings and discussing the feasibility of "turning the FirstWatch system back-on"; that REMSA remains in "close contact" with Dr. Todd regarding seasonal and H1N1 updates. Mr. Gubbels advised that certain responses to "chief complaints" will result in dispatch staff "asking additional questions", specific to "anything to do with severe respiratory infections"; that affirmative responses will 'trigger' alerts to possible trends within the community. Mr. Gubbels stated REMSA will also work in cooperation with the fire departments to alert first responders and the hospitals should a 'trigger' indicate any type of trend(s) in the community.

Mr. Gubbels stated that REMSA will be meeting with the hospitals through the ED (Emergency Department) Consortium to discuss "surge capacity" for "these types of patients and CMS, which is Medicare and Medicaid." Mr. Gubbels advised that Medicare and Medicaid have guidelines allowing hospitals to utilize alternate treatment locations, "which are still on their campus"; therefore, not all the patients with influenza-like symptoms would have to be treated in the Emergency Department. Mr. Gubbels advised that REMSA will be working in conjunction with the hospitals to ensure "there is not the back-up delay in the Emergency Departments for patients with influenza-like illness."

In response to Chairman Humphreys regarding the special events season, Mr. Gubbels advised that the special events season for REMSA begins in July and doesn't end until "after Street Vibrations" at the end of September. Mr. Gubbels advised beginning the end of August through the end of September; REMSA personnel are on-site at Burning Man, the Rib Cook-Off, the Balloon Races, the Air Races and then ending with Street Vibrations. Mr. Gubbels advised that maintaining response compliance while providing services at the special events can be challenging.

The Board thanked Mr. Gubbels for the update.

REVIEW – ACCEPTANCE – MONTHLY PUBLIC HEALTH FUND REVENUE & EXPENDITURE – AUGUST 2009

Ms. Eileen Coulombe, Administrative Health Services Officer, advised that the Board members have been provided with a copy of the Health Fund Revenue and Expenditure Report for the month of August 2009. Ms. Coulombe reviewed the Report and advised that Staff recommends the Board accept the Report as presented.

Ms. Coulombe advised that in response to Mr. Gustin's question last month regarding the equipment (non-capital), which was at 56%; that the capitalization threshold for budget is \$10,000 and \$5,000 for grants. Ms. Coulombe advised that Staff reviewed both the capital and the non-capital expenditures; that the appropriations for the non-capital items are in "the capital line item"; therefore, in the budget, "if there is excess capital authority it is allowable to utilize for operating non-capital authority; however, it is not allowable to do the reverse." Ms. Coulombe advised that it is necessary to have the capital authority in the budget prior to making a capital purchase. Ms. Coulombe advised that combining capital and non-capital the total would be approximately 39%; that in Administration there was "some non-capital purchases of monitors for work stations, identified by Risk Management for an employee, and an access software license." Ms. Coulombe

advised that Air Quality purchased software licenses for Acrobat for the "monitoring and compliance" at a cost of approximately \$1,674.97." Ms. Coulombe advised that neither CCHS nor Environmental had any capital or non-capital purchases at this time; that Epidemiology and Public Health Preparedness (EPHP) purchased approximately \$111,600 in non-capital expenditures (i.e., stretchers for the hospitals, masks, work stations for Public Health Investigators (PHIs); and a work station for the new Hospital Liaison position). Ms. Coulombe stated that EPHP had a capital purchase of a 'walk-in freezer' and tents.

Ms. Coulombe stated that the capital and non-capital purchases together are at 39% "and are tracking."

**MOTION: Ms. Jung moved, seconded by Dr. Furman, that the District Health Department's Revenue and Expenditure Report for August 2009 be accepted as presented.
Motion carried unanimously.**

ACCEPTANCE – WASHOE COUNTY HEALTH DISTRICT EMPLOYEE POLICY MANUAL – FISCAL YEAR 2010

Ms. Stacey Akurosawa, Administrative Assistant II, advised that the Board members have been provided with a draft copy of the revised Washoe County Health District Employee Policy Manual, dated September 24, 2010 (a copy of which was placed on file for the record). Ms. Akurosawa advised that, per the Interlocal Agreement the District Board of Health shall adopt written policies and procedures for administering the Board and maintaining its program, projects, and activities. Ms. Akurosawa advised that, in accordance with the Interlocal Agreement, employees of the Health District are employed through the Washoe County Merit Personnel Ordinance, with personnel issues being regulated by the Ordinances applicable to Washoe County employees.

Ms. Akurosawa advised that a comprehensive review of the Health District Employee Manual began in 2001, in an effort to address outdated policies. Ms. Akurosawa advised that any policies in the Policy Manual, which were duplicative of adopted Washoe County Human Resources Policies, have been deleted. Ms. Akurosawa advised Appendix A provides a list of the Washoe County Human Resources Policy, Procedures, and Forms (as of October 15, 2009).

Ms. Akurosawa advised that Staff recommends the District Board of Health accept the Washoe County Health District Employee Policy Manual, updated for Fiscal Year 2010, as presented; that upon acceptance, the Health District Employee Policy Manual will be posted on the Health Department's intranet page, which will provide links to all of the Washoe County Human Resources

WASHOE COUNTY DISTRICT BOARD OF HEALTH

September 24, 2009

Page 6

policies. Ms. Akurosawa advised that this will allow Staff to “keep the Policy Manual current, while allowing access to the most current version of the Policy at all times; that it assists the County’s efforts to ‘go green’, as the Policy Manual will not be printed out for every employee.”

Ms. Akurosawa advised that, as new policies pertaining to employees are presented to the District Board, Staff will recommend those policies be accepted “on an on-going basis” to ensure the Policy Manual is updated. Ms. Akurosawa advised that Staff will conduct an annual comprehensive review of the Health District’s Employee Policy Manual.

Ms. Akurosawa stated that “there were a lot of people who worked long and hard on the revisions to the Employee Policy Manual; that she would thank everyone for their assistance in the process.”

In response to Dr. Khan regarding “Health District” replacing “District Health Department”, Ms. Akurosawa advised that “the Health District is the legal name”; that during the years the Health District became known as the “District Health Department.” Ms. Akurosawa stated that Staff is in the process of standardizing all the stationary, the logo, etc., to ensure “Health District” is the standard for everything.

Dr. Khan commended Ms. Akurosawa and Staff for accomplishing the revisions to the Employee Policy Manual.

Chairman Humphreys stated that he, too, would commend Ms. Akurosawa and Staff for completing the revisions to the Employee Policy Manual. Chairman Humphreys questioned Staff working in conjunction with Washoe County Human Resources in revising the Employee Policy Manual. In response to Chairman Humphreys, Ms. Akurosawa advised that Staff worked in cooperation with Ms. Patricia Knight and Mr. Jim German, Washoe County Human Resources, as the “subject matter experts on specific policies.” Ms. Akurosawa advised that Ms. Leslie Admirand, Deputy District Attorney and legal counsel for the Health District, assisted Staff in reviewing “several versions” of the proposed revised manual. Ms. Akurosawa advised that the Deputy District Attorney representing Human Resources also reviewed the final draft of the Policy.

**MOTION: Dr. Khan moved, seconded by Mr. Smith, that the Washoe County Health District Employee Policy Manual, dated September 24, 2009, for Fiscal Year 2010, be accepted as presented.
Motion carried unanimously.**

UPDATED REPORT – ILLEGAL FOOD VENDORS – POSSIBLE DIRECTION TO STAFF

Chairman Humphreys stated that the update on illegal food vendors has been continued to the Board's meeting on October 22, 2009.

APPEAL – STAFF'S ENFORCEMENT ACTION (CASE NO. CM09000684) – MR STRUFFERT – OLD WASHOE ESTATES (PRESENTED TO THE BOARD JULY 23, 2009) – DIRECTION TO STAFF

Ms. Jeanne Rucker, Environmental Health Specialist Supervisor, Program Manager for the Solid Waste Program, advised that in response to a complaint received from Mr. Jim Martin, resident of Old Washoe Estates, regarding the alleged illegal dumping of landscaping material by a construction company onto common ground of the Old Washoe Estates (OWE) property, Mr. Luke Franklin, Environmental Health Specialist, forwarded a letter of notification, dated July 16, 2009, to the OWE Homeowners Association. Ms. Rucker stated Mr. Franklin advised the Home Owners Association "that such activity was a violation of the Washoe County District Board of Health Regulations Governing Solid Waste Management", specifically Section 040.005 (General), which stipulates: "Solid waste storage must not:

- A. Cause a health hazard.
- B. Attract or propagate vectors, vermin or pests.
- C. Create unpleasant odors.
- D. Create a nuisance."

Ms. Rucker stated that further, Mr. Franklin advised the Home Owners Association such action was in violation of Section 090.180 (Fill), which stipulates:

"No person may place or deposit or cause to be placed or deposited any material of any nature for use as a fill, in or upon any parcel of land, public or private, located within Washoe County Health District, unless said person has received a valid permit for establishing a fill from the appropriate local regulatory authority."

Ms. Rucker advised that the Regulations define solid waste as:

"Solid waste means garbage, refuse, sludge from a waste treatment plant, water supply treatment plant, or air pollution control facility. Other discarded material including solid, liquid, semi-solid, or contained gaseous material resulting from industrial, commercial, mining, and agricultural operations. Waste materials from community activities including,

but not limited to, garbage, rubbish, junk vehicles, ashes or incinerator residue, street refuse, dead animals, demolition waste, construction waste, solid or semi-solid commercial and industrial waste, and hazardous waste, including explosives, pathological waste, chemical waste and herbicide or pesticide waste."

Ms. Rucker advised that, with the exclusion of hazardous waste, solid waste is similarly defined in the *Nevada Revised Statutes* (NRS).

Ms. Rucker stated that Mr. Franklin's letter of July 16, 2009, advised the OWE Home Owners Association that the OWE had seven (7) days after receipt of the letter to comply with the order to remove the material and abate the violation. Ms. Rucker stated that on July 20, 2009, Mr. Franklin met with Ms. Rhonda Freih and Mr. Hans Struffert of the Home Owners Association, on-site of the alleged dumping to discuss the complaint and the requirements of the Regulations. Ms. Rucker stated Mr. Franklin advised both individuals that "dumping of sod is not considered composting, and if discarded is considered solid waste; that it was a violation of the Regulations and the landscape material would have to be removed, in compliance with Staff's directive; that Mr. Franklin further advised them to notify the contractor to explain the problem.

Ms. Rucker stated on July 21, 2009, Mr. Franklin forwarded a follow-up letter to the OWE Home Owners Association, advising that "dumping of landscape material onto the common area of Old Washoe Estates and using it for fill material was a violation of Sections 040.005 and 090.180 of the District Board of Health Regulations Governing Solid Waste. Ms. Rucker stated that Mr. Franklin allowed fourteen (14) days within receipt of the letter to comply with the abatement order; that Mr. Franklin verified that Ms. Freih received the letter on July 24, 2009; therefore, OWE Home Owners Association would have had to achieve compliance by August 7, 2009.

Ms. Rucker advised that on July 23, 2009, during public comment, Mr. Struffert, presented both verbal and written comment to the Board of Health, requested the Board review the alleged violation(s), requesting that the Board rescind Staff's order for abatement 'as the regulations were not applicable in this situation.' Ms. Rucker stated that on July 27, 2009, Mr. Franklin was contacted by Mr. Martin, the complainant, advising that trucks were grinding the water material into the ground. Ms. Rucker stated that on August 4, 2009, Staff was advised by Ms. Admirand, legal counsel, that Mr. Struffert's letter should be considered an appeal of Staff's enforcement action; and that all further enforcement action should be held in abeyance until such time as the appellant could present his appeal to the Board of Health.

Ms. Rucker advised it has been the policy and practice of the Health District that discarded landscape materials is classified as solid waste. Ms. Rucker advised there is a common

misconception that this material is biodegradable and therefore, not solid waste; however, tree trimmings, sod, weeds, grass clippings, etc. are frequently dumped illegally and become the genesis of an illegal dump site. Ms. Rucker advised that Staff has issued Citations to landscapers, who have dumped materials on their own property rather than dispose of it properly; therefore, it is the consensus of Staff that the Regulations Governing Solid Waste Management are applicable in this case.

Ms. Rucker stated that Staff has provided the Board members with two (2) maps of the subject area; and eighteen (18) photographs of the areas of the alleged violations, with a cover memo which provides a description of the locations of each photograph (copies of which were placed on file for the record). Ms. Rucker advised that these photographs are "contrary to what the Board members were provided by Mr. Struffert at the July 23, 2009 meeting"; that the photograph presented by Mr. Struffert "clearly underestimated the scope of the problem." Ms. Rucker presented photographs, which were provided to Staff by Mr. and Mrs. Greg and Kate Park, with the dates and times noted on the photographs, with their notarized affidavit dated August 9, 2009, (copies of which were placed on file for the record) of the subject areas in which the sod was dumped.

Ms. Rucker stated that, as depicted in the photographs, the materials were dumped and subsequently 'spread-out'. Ms. Rucker stated that she received a call from one of the complainants immediately prior to the Board's August meeting, as these individuals were quite concerned regarding the delay in hearing this case as "the material would continue to degrade if action wasn't taken rapidly."

Ms. Rucker stated that Staff recommends the Board deny the appeal of Mr. Struffert, upholding the Notice of Violation. Ms. Rucker stated that Staff's original recommendation was to require the OWE Home Owners Association to remove the dumped landscape waste; however, due to the current status of the areas, Staff would recommend the OWE Home Owners Association "be required to restore the area to its original state." Ms. Rucker stated that this could require "placing seed from native grasses or shrubbery", which "would be a better method to address the problem rather than attempting to have a front loader dig out the sod that has now been ground-down."

In response to Ms. Jung regarding the County having "formal projects for compost pile(s)", Ms. Rucker advised that there currently is a private permitted composting operation; however, it is located at the Donovan Pit off of the Pyramid Lake Highway. Ms. Rucker stated that the EHS Division has received a number of inquiries from private companies regarding composting site; that there has been an effort by the Golden Valley Home Owners Association to develop a plan; however, Staff has not yet received any proposal. In response to Ms. Jung regarding Staff's

recommendation that the property be returned to "its natural state", Ms. Rucker stated that Staff would require a range specialist, who would "know what the specific native plants are" for the area, as Old Washoe Estates is an area of high ground water. Ms. Rucker stated that "the botany of the Great Basin varies; therefore, in areas such as Old Washoe Estates there may be a lot of grassy vegetation and shrubbery versus other areas where it may be primarily sagebrush"; therefore, Staff would require "someone who would have knowledge of that and could identify what should be replanted." In response to Dr. Khan regarding the "material being ground in", Ms. Rucker stated that heavy equipment was utilized to "run over the top" of the material.

Ms. Rucker advised that there residents of the area present, who have requested permission to speak to this issue.

Mr. Hans Struffert, representing the Old Washoe Estates Home Owners Association, stated that approximately two (2) months ago he requested the Board of Health rescind the Health District's directive that "solid waste" be removed. Mr. Struffert stated that the "solid waste" is sod that "was moved a couple hundred yards and spread thinly over a portion of common area in Old Washoe Estates (OWE) in order to make room for drought resistant native vegetation." Mr. Struffert advised that OWE is located at the north end of Washoe Valley, which was previously an industrial area with a population of approximately 8,000. Mr. Struffert stated that the area in question "is not a pristine nature reserve"; that the area contains "old square nails, bottles, metal utensils, tools and trash." Mr. Struffert stated that in 1970 the developer prepared asphalt bridle paths, and a network of pedestrian walks, which have deteriorated and have not been maintained (as noted in attachments A and B – copies of which were placed on file for the record).

Mr. Struffert stated that in July 2009, the OWE Home Owners Association began an upgrade to the landscaping at the entrance of the property; that a portion of the project consisted of replacement of the high water usage lawn with native drought resistant shrubbery. Mr. Struffert stated that the old sod that was removed was determined to be organic material and "well suited to become part of an existing 15 acre common area." Mr. Struffert stated that the OWE Home Owners Association "exercised due diligence" in contacting the Building Department to determine "if permits were needed and were advised that none were required." Mr. Struffert stated the OWE did not anticipate the Health Department "becoming involved in a landscaping project"; that the OWE was served notice on July 23, 2009, to remove the solid waste sod. Mr. Struffert stated that the photograph, attachment C (a copy of which was placed on file) depicts the "typical location and condition of the sod. Mr. Struffert stated that utilizing heavy equipment to remove this material will cause "irreparable damage to the soil and vegetation"; that photographs D and E (copies of which were placed on file for the record) depict that "the so-called solid waste seems to have acted as a fertilizer and has supported healthy new growth of native grasses; that the photographs clearly show the more healthy vegetation in the area of the overlay than outside of it." Mr. Struffert stated

that he acknowledges the Health District can require the sod "and new growth" be removed; however, he would request the District Board "make an exception and permit that the material be allowed" to remain and "support continued growth."

Mr. Chuck Laking, resident of Old Washoe Estates, stated that he totally supports Staff's recommendation to deny the appeal of Mr. Struffert. Mr. Laking stated that the soil, which was dumped in the common areas by the Home Owners Association "is not the innocuous, harmless, benevolent" material as is being presented. Mr. Laking advised that the sod was from the entrance to the "neighborhood, which is immediately adjacent to Highway 395"; that upon inspecting the sod material, after it was dumped, residents have "found all types of debris in it, including, plastic pipes, discarded feminine hygiene products, etc." Mr. Laking stated that he is further concerned the dumped sod will result in the growth of noxious weeds. Mr. Laking stated that after the complaint was filed and the Notice of Violation issued by the Health Department, the sod and soil "was then spread about and was driven over by heavy equipment, which shouldn't have been in the area." Mr. Laking advised that this area has been identified as "wetlands and is under water during high water times." Mr. Laking stated that the "dumping was unconscionable"; that "the administration of the OWE Home Owners Association, after the Citation was issued, then pushed the sod around and ground it into the ground and compacted it is reprehensible." Mr. Laking stated that, as a resident and member of the Association, he will "bear the brunt of the financial costs for the remediation of the area; however, he still favors it being done; that the soil/sod is "disposable refuse and needs to be removed." Mr. Laking stated that there is grass "growing-up through it" currently; however, there will probably be weeds growing up through it, which were "brought in from that front area and were not in this area prior to now." Mr. Laking reiterated that he supports the Board upholding Staff's recommendation to deny the appeal.

Mr. Greg Park, resident of Old Washoe Estates, stated that he totally concurs with Mr. Laking's testimony and "adamantly disagrees with Mr. Struffert" as to what was being attempted; that he has correspondence from the Management Company, which indicates the sod was dumped "to save money – it was not to remediate the area." Mr. Park stated that he, his wife and a number of the neighbors utilize these areas, which were "active walking trails and were utilized daily." Mr. Park stated that he did take the additional photographs presented by Staff; that he does not "think it was just sod and dirt that was dumped"; that "there was a lot of refuse in there; that they are going to have a lot of trouble with noxious weeds in the future." Mr. Park stated that this area "was pristine; that there wasn't a noxious weed in it; that it was definitely meadow area, as can be seen in the photographs he took; that these are the areas on which the sod and waste material was dumped." Mr. Park stated that the day after he took the photographs the material and sod "was spread out and compacted with a piece of heavy equipment; that the area (depicted in the photographs) is no longer there, it is covered in waste and compacted." Mr. Park stated "in his opinion it will never be able to be returned to the state it was previous to the dumping."

Mr. Jim Martin, resident of Old Washoe Estates and the complainant, advised the first dump truck was within "50 yards of his home"; that he immediately advised the landscaper and driver that they did not have authorization to enter the common area, as the CC&Rs prohibit that." Mr. Martin stated that he contacted two (2) Association Board members and advised them that the activities were illegal and in violation of the CC&Rs and "had to be stopped"; that "all of this was at the beginning of this project." Mr. Martin stated he was advised by those Board members that "they would review it"; that he indicated to the Association Board members "he would not contact the Health Department if the work was stopped and the material removed." Mr. Martin stated that when he returned home four (4) days later approximately "fifty (50) dump truck loads of material had been dumped in four (4) separate areas"; that he immediately contacted Mr. Struffert to advise him "not to distribute the material around, to leave it in piles for easy removal, and that he (Mr. Martin) would be reporting it to the District Health Department." Mr. Martin stated that "the next morning" there was heavy equipment on-site "distributing the material throughout the area, further destroying the common area." Mr. Martin stated he had requested that the dumping be stopped until such time as the Health Department had investigated "the situation and provided advice"; that he spoke to the individuals 'spreading the dirt and advised them that what they were doing was illegal, who told him 'they didn't care they had a contract'." Mr. Martin stated that having worked in the construction industry, he is aware of what is required to "deal with construction debris; that the removal of debris has to be dealt with and costs money; that the Association Board members told him 'they were simply saving money'." Mr. Martin stated that he advised the Association Board members that this was part of the project for the landscaping and it would be necessary to spend the money. Mr. Martin stated that this area "is a disaster; that it is not benign material as there are large roots, glass, asphalt, and a number of other things in this; that he won't allow his wife to walk on it."

Mr. Douglas Van Treeck, resident of Old Washoe Estates, advised most of the dirt that was moved is located on the property "just to the north" of his property; that when the project began "it did look ugly about half way through." Mr. Van Treeck stated that once the material "had been spread around it was not a significant problem; that the marsh grass, which is a common plant "is coming up through the dirt without any help in spite of there being practically no rain." Mr. Van Treeck stated that neither Mr. Laking nor Mr. Martin attended "at least half a dozen of the Board meetings where this issue was being planned for the landscaper." Mr. Van Treeck stated that in regard to remediation, planting native vegetation there "is a fine idea; that there is nothing wrong with it, except that the public land, immediately across the fence from this property is infested with 'white top' which the County or the State has ignored for years." Mr. Van Treeck stated that "if there are going to be weed problems there it will probably be blowing in from the public lands whatever planting is done."

In response to Dr. Khan regarding landscapers being aware this material is solid waste and would have to be disposed of properly, Ms. Rucker stated that this is common knowledge among

landscapers; that this type of material would be transferred to the landfill, which would be disposed of in the C&D (construction waste and debris) cell or disposed of at the transfer station. Ms. Rucker stated it is common in both the landscaping and construction industry that removal of sod, irrigation piping, etc. is classified as solid waste and must be disposed of accordingly. In response to Dr. Khan regarding "typically utilizing this type of material" as fill, Ms. Rucker stated that the landscape company would be required to contact the Health District to receive approval prior to utilizing the material as fill."

In response to Ms. Ratti regarding Old Washoe Estates utilizing a licensed landscaper to perform this work, Ms. Rucker stated that Earl Games Construction, which is a licensed construction company, performed the work.

Mr. Smith stated that "usually, developers will place stripping in the area and then four (4) inches of topsoil down, which keeps the weeds out and then plant vegetation." Mr. Smith stated that there is a seed mix, which the City of Reno and Washoe County would require to be planted; therefore, he would question if "removing this material is a solution."

In response to Mr. Smith, Ms. Rucker stated that placing four (4) inches of top soil and then planting native vegetation would "probably help restore the area to what it was prior to the dumping of the sod." Ms. Rucker advised she cannot state that grasses, which are growing in the material, as depicted in the photographs provided by Mr. Struffert, are "native grasses; that it may be grasses from the sod that are growing." Ms. Rucker stated that the common area was previously "in a more natural state; that the sod was dumped, with the Home Owners Association being advised to discontinue the dumping, by other residents and Health District Staff and to remove it, when it would have been easily removed." Ms. Rucker stated that after being directed to remove it, the material was spread out and compacted; that to remediate the area would include scarifying the surface, distribute topsoil (or some soil mix suitable for restoration purposes) and then plant native seedlings.

In response to Ms. Ratti regarding the area in which the sod was dumped, Ms. Rucker stated that the sod was removed from the entrance to Old Washoe Estates to allow for the installation of rocking and drought resistant shrubbery to diminish the high water usage. Ms. Rucker stated that the sod debris was then dumped in the common areas, which had been in a more natural state; that those areas were not part of any development plan.

Ms. Marie-Elena Van Treeck, resident of Old Washoe Estates and Home Owners Association Board member, stated the natural condition of the land "has been the spread of fill across the

whole area." Ms. Van Treeck stated that there is debris throughout the area; that in her yard she has dug-up brick pieces, pieces of glass and metal and other items. Ms. Van Treeck stated that "the natural condition is whatever has blown in as weeds over the last thirty (30) years and is mostly sagebrush, rabbit brush, some willows and whatever kinds of weeds were around." Ms. Van Treeck stated that a horticulturalist from the Extension Service conducted an on-site inspection of the common area and advised that "she did not find anything unusual." Ms. Van Treeck stated that there is 'white top' in the area; that they have had the County spray on their property "through the fence, which is the only way to spray the property surrounding Little Washoe Lake." Ms. Van Treeck stated the "material they brought in is the only part of the property that has been regularly treated for weeds as it was lawn" at the entrance of the area; that the common area, which "looked like a nice meadow" was only created by the immediate neighbor "because he was illegally mowing it." Ms. Van Treeck stated that there were no regulations regarding the common area and who was responsible for the treatment of that area or "who did what in it"; that the decision was made to keep it mowed. Ms. Van Treeck stated that she finds broken glass in her own yard; that children in the area have "dug pits for dirt biking, which is illegal; that there are all types of activities occurring in the area." Ms. Van Treeck stated that "her lot faces the common area; that they bought it for that reason – for the open space"; that this area is not pristine; that there are weeds all over the area; that there "were no paths back in this area."

Ms. Ratti stated there was a Citation issued with a directive "not to do any more and to remove the piles and that directive was ignored"; therefore, she would support denying the appeal. Ms. Ratti stated she would request recommendations of Staff as to the appropriate remediation of this action. Ms. Ratti stated that ignoring the Citation was "somewhat flagrant"; that the area 'may not have been pristine; however, it was at a higher quality and at a level the residents were enjoying as a common area before' the dumping occurred. Ms. Ratti stated that, being unfamiliar with the native vegetation of this area, she would accept Staff's recommendation of requiring someone with a professional background providing guidance to remediate this problem, without creating additional problems. Ms. Ratti stated that she would support denying the appeal and recommendations as to the appropriate remediation.

In response to Ms. Jung regarding Staff monitoring the appropriate remediation without further review by the Board, Ms. Rucker advised that the Board's options are to uphold or deny Mr. Struffert's appeal. Ms. Rucker stated that should the Board deny the appeal, Staff will work in conjunction with the Old Washoe Estates Home Owners Association to determine the appropriate solution for remediation; that an expert will be able to provide direction as to the type of vegetation that is native to this area.

Ms. Jung stated that this situation could have been avoided had the Home Owners Association contracted hired a reputable landscaper, who would have been aware of the proper methods of

disposal of this material. Ms. Jung stated she concurs that hiring a professional with knowledge of what is native to this area is appropriate.

Mr. Smith stated that he, too, has objections to the Home Owners Association continuing work when a Citation was issued; that he further concurs that removing the debris is no longer an option; that the area "needs to be cleaned-up, with topsoil distributed over it." Mr. Smith stated that the County has seed specifications for this area; that he would recommend the Home Owners Association comply with these requirements.

**MOTION: Ms. Ratti moved, seconded by Ms. Jung, that the appeal of Mr. Hans Struffert, representing the Home Owners Association for Old Washoe Estates, be denied; that the Association contract with a professional landscape specialist to develop a plan to restore the subject common areas to the pre-dumped state, utilizing topsoil and native grasses and seeds identified to be endemic to Old Washoe Estates.
Motion carried unanimously.**

PRESENTATION – AMERICAN RED CROSS – "SCRUBBY BEAR PROGRAM"

Ms. Stephanie Leff, Director of Community Education and Preparedness, American Red Cross, advised the Board that the American Red Cross' "*Scrubby Bear Program*" is an interactive program, which is presented to school age children throughout the community to educate children as to the proper hand washing methods. Ms. Leff stated that, as a community, everyone is "very aware of the H1N1 pandemic" that is occurring; that the American Red Cross has excellent programs to teach children how to prevent transmission of the flu, primarily through 'proper hand washing'; that the American Red Cross also has 'pandemic prevention education for adults.' Ms. Leff stated that children, who are taught the proper hand-washing techniques, "can and do teach their parents"; that the program teaches children that proper hand washing also prevents the transmission of colds and other illnesses. Ms. Leff provided an overview of the "Scrubby Bear Program", advising that she presents an eight (8) minute video to the children and then "leads the children in interactive hand-washing activity the *Scrubby Bear* way."

Ms. Leff presented a handout "*Preparing for a Swine Flu (H1N1) Pandemic – Coping and Emotional Well-Being*" (a copy of which was placed on file for the record). Ms. Leff led the Board members and audience in the "interactive *Scrubby Bear* method for proper hand washing and taking the pledge.

Ms. Leff stated she was present at the '*Day for Kids Event – Clean Hands Month*' that was held in Ardmore Park in Sparks in which the Health Department participated; that she has conferred with Mr. Bryan Wagner, Senior Environmental Health Specialist, regarding partnering on future events.

The Board thanked Ms. Leff for her presentation.

DISCUSSION – POSSIBLE AGENDA ITEMS – DISTRICT BOARD OF HEALTH 2009
STRATEGIC PLANNING SESSION – POSSIBLE DIRECTION TO STAFF

Chairman Humphreys stated that the Board's Strategic Planning Session is scheduled for Thursday, October 8, 2009, at the Brick House at Bartley Ranch, 6000 Bartley Ranch Road, beginning at 9:00am. Chairman Humphreys asked for items the Board members would request to be listed on the Strategic Planning agenda.

Dr. Furman stated that the County has recently adopted an "Administrative Enforcement Ordinance" to address nuisances; that a Section of the Ordinance requires "cooperation among departments", which could affect "the economics of the Health Department." Dr. Furman advised that he has concerns regarding the financial implications this may have upon the Health District; therefore, he would request the Divisions present information specific to any concerns and what the financial impact may be to the Department.

Ms. Jung stated that she would request discussion as to a strategic plan as a District Board of Health to educate Waste Management specific to "mandatory recycling." Ms. Jung stated that she would request information from the financial team specific to how each program budget is funded.

In response to Ms. Jung, Ms. Eileen Coulombe, Administrative Health Services Officer, advised that she will provide the Board members with the budgetary per capita information during the Strategic Planning Session. Ms. Coulombe stated that Staff will provide the Board members "the sort" to which Ms. Jung referred; that Staff will present the sort based upon the contribution of the General Fund. Ms. Coulombe advised that in the indirect cost report there is a "two line summary by program"; that Staff will prepare a reference document of this information.

Dr. Khan stated that she would request a discussion specific to "how the Health District is working with community partners." Dr. Khan stated that with the anticipated continuation of the "economic downturn" with the increasing numbers of individuals who are "underinsured or uninsured" it is

necessary to "clarify what is strategic in the Department's relationship with the community providers." Dr. Khan stated with the economy it is necessary to determine "where the Department needs to be prioritizing and building relationships"; therefore, "a discussion of these priorities would be helpful."

In response to Mr. Smith regarding the newspaper reporting "that Washoe County is going to have to do some more reductions", Ms. Jung advised that article in the newspaper was "misinformation"; that the County "does not foresee having to make further reductions at this time." Ms. Jung advised that she will forward the recent email from Ms. Simon, Washoe County Manager, which was distributed to all County employees "explaining how erroneous that article really was." Ms. Jung stated that the County "over projected the length of time and severity of the economic downturn."

In response to Mr. Smith regarding "how much the County" has to forfeit to the State, Ms. Jung advised that Washoe County will have to forfeit "\$30 million during the next two (2) years, which the State took of the property tax revenue to close the State's budget gap." Ms. Jung advised that this forfeiture is "to *sunset* in two (2) years"; however, there is concern that the *sunset* may not occur. Ms. Jung stated that it was necessary for Washoe County to amend its budget and resubmit it to the State; that the County was aware "it would get hit"; however, it was not anticipated "it would be as large as what the Governor presented in his State of the State address." Ms. Jung stated that the State Legislature "gave the Governor what he requested." Ms. Jung stated that these issues will be discussed at the Nevada League of Cities Annual Meeting to be held on Wednesday, October 14, 2009, in Henderson, Nevada; that the members of the Board of County Commissioners will be attending, "paying for all their own expenses." Ms. Jung stated that all members of the Sparks and Reno City Councils have been invited to attend, as have the members of the Washoe County School District; that she would extend an invitation to the Board of Health members and the District Health Officer to attend. Ms. Jung stated that "the home rule issue regarding taking these issues to the voters – as to whether the voters want the right to have their local representatives to have a say in how their local dollars are expended rather than the State" will also be discussed. Ms. Jung stated that this issue has become a national issue. Ms. Jung stated that sales tax revenue projections are not what were anticipated; that all indications are "it will be necessary to call a Special Session of the Legislature"; that this is of "major concern" as the State will "be looking for additional funds." Ms. Jung stated that she will report back to the Board after the meeting of October 14, 2009.

Mr. Smith questioned the percentage of Washoe County taxes "which are going to the State." Ms. Leslie Admirand, Deputy District Attorney, cautioned the Board that discussion "is getting off the topic."

Chairman Humphreys stated that he concurs with Mr. Smith "it is necessary for the Board to be pro-active as to "what might be anticipated"; that this is a "real critical component of this Strategic Planning Session."

Ms. Ratti stated that she concurs budget issues are a necessary topic "due to the uncertainty of State and local tax revenue and how the District may approach 'scenario funding'." Ms. Ratti stated she would request discussion as to "whether or not it is necessary to perform a comprehensive review of the relationship between the Board of Health and REMSA." Ms. Ratti stated that she acknowledges "this is a longer conversation than what can happen at the retreat"; however, perhaps the Board could achieve "a consensus from the Board as to it being something that the Board may want to pursue in the next year."

Chairman Humphreys stated the Division Directors have been discussing possible issues for the Strategic Planning Retreat; that each Division Director will be submitting three (3) priority issues/critical items for discussion for the agenda. Chairman Humphreys advised that the "dashboard indicators (performance measures which have been discussed at the County level." Chairman Humphreys advised that "the finalization of the format for the evaluation process" of the District Health Officer will be an agenda item. Chairman Humphreys stated that this will be a lengthy agenda for the Strategic Planning Session.

**MOTION: Ms. Ratti moved, seconded by Ms. Jung, that Staff be directed to finalize the agenda for the District Board's Strategic Planning Session, of October 8, 2009, as discussed.
Motion carried unanimously.**

**PRESENTATION – EVALUATION FORMS – DISTRICT HEALTH OFFICER'S ANNUAL REVIEW
– POSSIBLE DIRECTION TO STAFF**

Chairman Humphreys advised that the Board members have been provided with two (2) performance evaluation forms; that one (1) of the forms is the one, which the Board has utilized for the past several years, for the District Health Officer's annual evaluation; that the second form is the form utilized to evaluate the County Manager. Chairman Humphreys requested that the Board members review both forms prior to the Strategic Planning Session to allow the Board to finalize "the protocol, the method and the form to be utilized" for Dr. Anderson's annual evaluation. Chairman Humphreys advised that previously Dr. Anderson's annual evaluation has been conducted in December; that the Board may consider conducting Dr. Anderson's evaluation prior to the December meeting this year. Chairman Humphreys requested a motion to agendize the discussion specific to the process and protocols for Dr. Anderson's annual performance evaluation on the Strategic Planning agenda.

MOTION: Ms. Jung moved, seconded by Ms. Ratti, that the process, protocol and method for Health Officer's annual performance evaluation be agendaized for the Board's Strategic Planning Session of October 8, 2009. Motion carried unanimously.

UPDATE – ATTENDANCE – NATIONAL ASSOCIATION OF LOCAL BOARDS OF HEALTH (NALBOH) ANNUAL CONFERENCE

Ms. Jung advised that she has provided the Board members with a review of her attendance at the National Association of Local Boards of Health (NALBOH) Annual Conference on July 1 – 3, 2009, in Philadelphia, Pennsylvania (a copy of which was placed on file for the record).

Ms. Jung stated the conference was so informative that she would recommend “the Board’s newest Board member be the individual designated to attend on behalf of the Board of Health.” Ms. Jung stated that she attended the orientation session for new board members, which was extremely informative and educational “as to what is public health.” Ms. Jung stated that she attended sessions specific to “what is the public health system in this country today”; that her handout includes a ‘schematic’ of “the public health system”, which indicates how public health is in every aspect of society (i.e., parks, fire, police, elected officials, tribal health, etc.). Ms. Jung stated that this schematic “pulled it all together for her” providing her with a greater understanding of where public officials “and public health fit.”

Ms. Jung advised that “tobacco control and prevention” was a major topic of discussion during the conference; that there was “a wonderful discussion regarding climate change and the worldwide health effects that will occur.” Ms. Jung stated that, as has been discussed by the Board and is a focus of the District’s Chronic Disease Program, childhood obesity was a topic; that it is anticipated that “children of today will be the first generation, of many, whom are not expected to outlive their parents due to the obesity epidemic.” Ms. Jung stated that studies have documented that “sitting down to dinner each night, as a family, results in less overeating, providing a structure for children.”

Ms. Jung stated that next year’s conference will be in Omaha, Nebraska; that she would encourage one of the Board members, who has not yet attended a NALBOH session, to consider doing so.

Dr. Furman stated that there is a correlation between the increase in obesity and the increase in diabetes, also.

Ms. Jung stated that she appreciated the opportunity to attend the NALBOH conference.

UPDATE – STATUS - H1N1

Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness, stated that based upon the request of the Board, he has developed a power point presentation regarding "Novel Influenza A H1N1" (a copy of which is attached and placed on file for the record), specific to the "current status; vaccine availability; vaccine cost; vaccine administration; staffing; rural plans; best practices; public information; and surveillance." Dr. Todd stated that he has been providing the Board a monthly status report as to the H1N1 in Washoe County; that this presentation addresses the "response side" of the issue.

Dr. Todd reviewed the power point presentation in detail.

In response to Dr. Furman regarding the provisions within the volunteer waiver for physicians and physicians reluctance to sign this waiver, Dr. Todd stated that the Assistant District Attorney, assigned to the Volunteer Task Force (to review these issues), he was advised that with the execution of this waiver, should a physician "commit malpractice the County will cover that physician for malpractice." Dr. Todd stated that the Volunteer Protection Act of 1997 "covers everything with the exception of 'gross negligence, sexual assault or violation of civil rights' to not be covered by the Volunteer Protection Act." Dr. Todd stated that there is a "great amount of protection afforded by the County being self insured and the Federal Volunteer Protection Act, which does not require a declaration to be in effect." Dr. Todd stated he had recommended to the Assistant District Attorney that an FAQ sheet be developed; that the Deputy District Attorney advised that presenting a synopsis of the Volunteer Protection Act to physicians inquiring as to coverage would be more informative. Dr. Todd stated that the Volunteer Protection Act of 1997 stipulates "very clearly the protections afforded by the Act"; that it may be effective to have the Deputy District Attorney indicate that malpractice does not constitute 'gross negligence'. Dr. Todd stated that he will present Dr. Furman's concerns to the Volunteer Task Force.

In response to Ms. Jung regarding the immunizations being "live viruses", Dr. Todd advised that only the nasal flu mist will be a live virus; that all of the others are 'killed virus.' Dr. Todd advised that he did a two (2) hour segment with a Hispanic radio talk show; that all the materials will be translated into Spanish. Ms. Jung requested that Staff also work in conjunction with the Red Cross.

In response to Dr. Khan regarding concerns as to the safety of the H1N1 vaccine, Dr. Todd stated the "swine flu vaccine", which was "rushed into production in 1976, administered to approximately 30,000,000 people; that there were a number of cases of Guillian Barre Syndrome (neurological syndrome resulting in some paralysis and can lead to death). Dr. Todd stated "to this day" there is no definitive answer as "to what about that vaccine may have caused that"; that vaccine manufacturing techniques have greatly improved; that the manufacturing technique being utilized for the H1N1 vaccine is "identical to that which is used for seasonal vaccine manufactured every year." Dr. Todd stated that the seasonal flu vaccine "has an excellent safety record." Dr. Todd stated that every year the manufacturers conduct "a strain change, in which it is forecasted which strain will be circulating" and then develop a vaccine "by pulling out one (1) or two (2) strains that are contained in the trivalent (a three (3) strain) vaccine and replacing those with strains predicted to circulate during the upcoming flu season. Dr. Todd stated that the process is "done quickly, as quickly as the Novel H1N1 strain, with good safety results; that the process is the same as seasonal; that the H1N1 strain is a monovalent strain." Dr. Todd stated that "he understands the concerns"; however, there is no reason to believe this isn't a safe vaccine; that early indications are "that it is an effective vaccine

Dr. Khan stated that she would concur there has to be a strong national voice; that there will be confusion regarding immunizations for seasonal and H1N1 flu.

Dr. Todd stated that there is an H1N1 component to the seasonal vaccine; that it is not the Novel H1N1 strain; therefore, "there will be more confusion for people who will assume they have received the immunization for the Novel H1N1 strain with their seasonal flu shot." Dr. Todd stated Staff will be promoting the Novel H1N1 immunization "as much as possible."

Dr. Anderson stated that a suggestion would be, during the upcoming, October 17, 2009 Rotary Flu Day POD (Points of Dispensing), to provide those who receive the seasonal flu shot an information sheet, which indicates that they have "only received the seasonal flu shot, which will not protect them against the Novel H1N1 aka 'swine flu'."

Dr. Todd stated that it is the intent of Staff to "incorporate that information in an information sheet, the educational message video of the POD, and then include it on the message from the AM radio station."

In response to Mr. Smith regarding "having a simultaneous administration of the H1N1 and the seasonal flu", Dr. Todd stated that medically it can be done "if injected in separate anatomical sites - one in each arm would work." Dr. Todd stated that should someone request the flu mist, which is

available for both the seasonal and Novel H1N1, these cannot be administered at the same time; that there is a thirty (30) day delay in having both the seasonal and H1N1 delivered nasally. Dr. Todd stated that it would be possible to have the “flu mist of one and an injection of the other at the same time.” Dr. Todd stated it is the consensus of Staff that to attempt to conduct a POD for both the seasonal and H1N1 would diminish the “rapid through put as the target groupings are different; that for the seasonal flu the emphasis is on senior citizens; that the target groupings for H1N1 do not include senior citizens.” Dr. Todd stated that the consent forms for each immunization is different and would result “in logistical problems”; therefore, at this time it is not the intent to offer both seasonal and H1N1 during the October 17th Rotary Flu POD event. Dr. Todd advised that this year will be the first attempt at “a drive through POD”; that it is important to test “a drive through” in the event this methodology has to be implemented in the future – offering a mass dispensing site with the proper social distancing in keeping people in their cars.

In response to Ms. Ratti as to “where first responders, fire fighters, health care providers fit in to the priority categories”, Dr. Todd advised that the prioritization, in accordance with ACIP (Advisory Committee on Immunization Practices), “law enforcement and fire fighters were not included” in the list of target priorities. Dr. Todd advised that EMS personnel and health care providers were included in the target priorities. In response to Ms. Ratti regarding fire fighters being included in “EMS personnel”, Dr. Todd stated that there is the possibility “some subsets” of fire fighting agencies, which also function as EMTs, would be included in the target priorities. .

Dr. Todd stated there are variables; that the goal is to achieve “the most shots in the most arms, as quickly as possible, for those in the target populations; that this includes pregnant women, health care workers, EMS providers, and anyone who lives with or cares for an infant less than six (6) months of age; anyone aged six (6) months to twenty-four (24) years of age; and anyone aged twenty-five (25) to sixty-five (65) who has an underlying medical condition.” Dr. Todd stated that these target groups “are not listed in any type of priority order.

Dr. Anderson stated that a recent article in the MMWR listed those categories indicating the listing of order has no significance.

In response to Ms. Ratti regarding the Health District’s position for emergency service personnel, Dr. Todd stated that the Health District will adhere to the protocols; that a significant number of health care workers and emergency responders are within the appropriate age groups and could; therefore, receive the immunization; that this could result in a large number of the “emergency responder population” being immunized. Dr. Todd stated that the “overall goal for the initial phase is 40% of the population within 150 days”, which equates to approximately 160,000 residents of Washoe County. Dr. Todd stated that a two (2) lane POD event for six (6) hours per day and immunize approximately 160,000 residents in sixteen (16) days “if there was sufficient vaccine

available." Dr. Todd stated that Staff is "gearing up to be able to do this; that there is the equipment, the facilities, a consensus there is the Staff to do this; that again, "the question is if there will be enough vaccine to be able to do that."

In response to Ms. Ratti regarding responding to the request of the Airport Authority, in the letter dated September 15, 2009 (a copy of which was placed on file for the record), for vaccine for all of its personnel, Dr. Todd stated that as the Airport Authority "is not within the ACIP groups" the Health District could not justify "offering the vaccine." Dr. Todd stated the Health District is being advised that there should be enough vaccine for everyone who requests the H1N1 immunization to receive it; therefore, the goal is to have completely vaccinated the high risk target groups "to lower the attack rate." Dr. Todd stated that he would anticipate approximately 50% of the target groups will request the immunization; that further; the federal restrictions as to who can receive the vaccine will be revised.

Chairman Humphreys advised that he and Dr. Anderson will respond to the request from the Airport Authority.

The Board thanked Dr. Todd for his very informative report.

Ms. Jung was excused at 3:35pm.

STAFF REPORTS AND PROGRAM UPDATES

A. Director – Epi and Public Health Preparedness

Dr. Randall Todd, Director, Epi and Public Health Preparedness, presented his monthly Division Director's Report, a copy of which was placed on file for the record.

B. Director – Community and Clinical Health Services

Ms. Mary-Ann Brown, Director, Community and Clinical Health Services, presented her monthly Division Director's Report, a copy of which was placed on file for the record.

Ms. Brown thanked Mr. Smith and Dr. Furman for attending the Obesity Forum, advising the forum was organized by the CCHS Chronic Disease Program; that she has provided the link to view the speakers at the Obesity Forum. Ms. Brown stated that it was an excellent forum with exceptional speakers providing good information; that the website also provides the *CDC's Recommendations for Curbing Obesity in Children and Adults* (July 2009).

Ms. Ratti stated Staff has advised the Board that Ms. Brown's Staff is available to assist Dr. Todd's Staff should it become necessary to staff possible PODS or clinics for the administration of H1N1 vaccine; that she would question if there is a policy as to the impact to the other programs and/or critical services in CCHS.

In response to Ms. Ratti, Ms. Brown advised that Staff has developed plan for differing scenarios (i.e., at a specific level of a crisis, CCHS will divert Staff and temporary cease providing some non-grant funded programs). Ms. Brown stated that the plan further includes provisions should "the crisis become more emergent, Staff will be diverted at different levels"; that should conditions require it, she would anticipate the federal government allowing "a redirect of resources for very focused activities." Ms. Brown stated that Staff will prioritize the activities and services within the CCHS Division "to divert as much help and resources to the H1N1 crisis as possible, while maintaining a semblance of core essential services."

Ms. Ratti requested "some sort of evaluation" of the process and plan "when the H1N1 crisis is over; that this would allow for data as to what is the minimum number of Public Health Nurses should be available in the community to respond to emergencies."

Ms. Brown stated Ms. Ratti is correct that currently there are "a much smaller pool of resources to divert to this type of emergency"; however, CCHS will assist in these efforts.

C. Director – Environmental Health Services

Mr. Dave McNinch, Acting Director, Environmental Health Services, presented the monthly Division Director's Report, a copy of which was placed on file for the record.

Mr. McNinch stated that the EHS Staff participated in the *Day for Kids Event* as a component of the *Clean Hands Month* activities; that in October Staff will provide the Board with a report as to the *Clean Hands Month* activities with possible recognitions for community partners in these events. Mr. McNinch stated that Staff appreciated the support of the Board; that he would thank Dr. Anderson, Ms. Ratti and Ms. Jung for attending the *Day for Kids Event* and participating in the hand washing challenge; that their participation helps promotes the event and public outreach efforts.

D. Director – Air Quality Management

Mr. Andrew Goodrich, Director, Air Quality Management, presented his monthly Division Director's Report, a copy of which was placed on file for the record.

E. Administrative Health Services Officer

There was no Administrative Health Services Officer Report for this month.

F. District Health Officer

Dr. Mary Anderson, District Health Officer, presented her monthly Health Officer's Report, a copy of which was placed on file for the record.

BOARD COMMENT

Dr. Furman presented brochures promoting the "*Guide for filing Advance Directives with the Nevada Living Will Lockbox*", which was established by the Nevada State Legislature and provides "a place to store advanced directives and is accessible only by registrants and health care providers and designees; that it is maintained by the Secretary of State."

There being no further business to come before the Board, the meeting was adjourned at 3:50pm.



MARY A. ANDERSON, MD, MPH, FACPM, DISTRICT HEALTH OFFICER
SECRETARY



JANET SMITH
RECORDER

Novel Influenza A H1N1 Pandemic

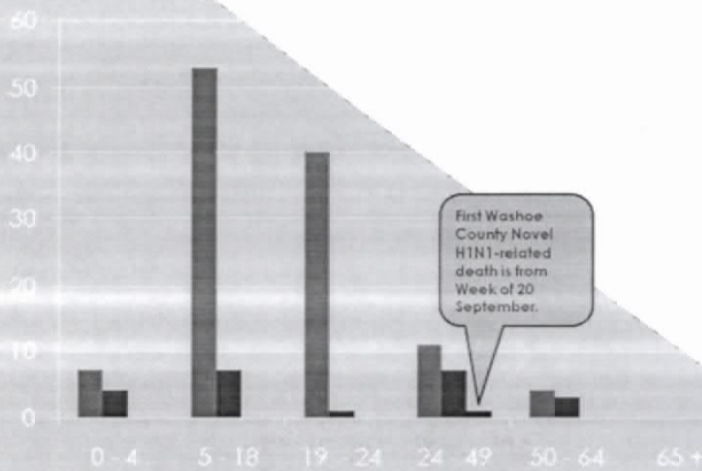
Washoe County District Board of Health
24 September 2009

Topics

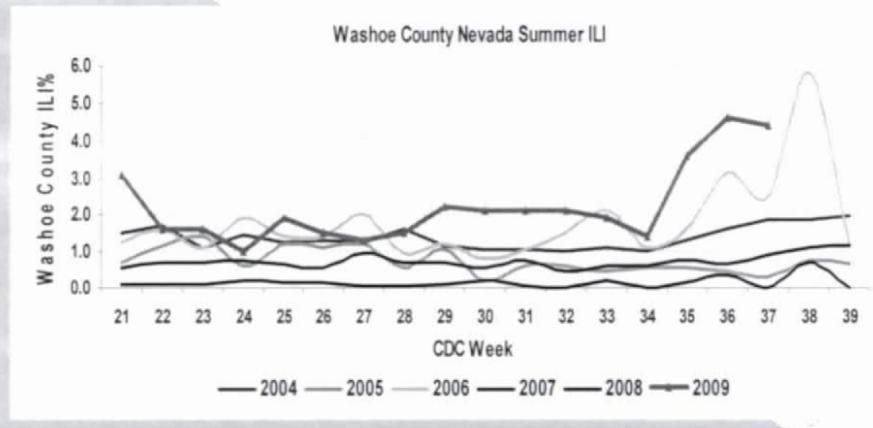
- Current Status
- Vaccine availability
- Vaccine cost
- Vaccine administration
- Staffing
- Rural plans
- Best practices
- Public information
- Surveillance

Current Status

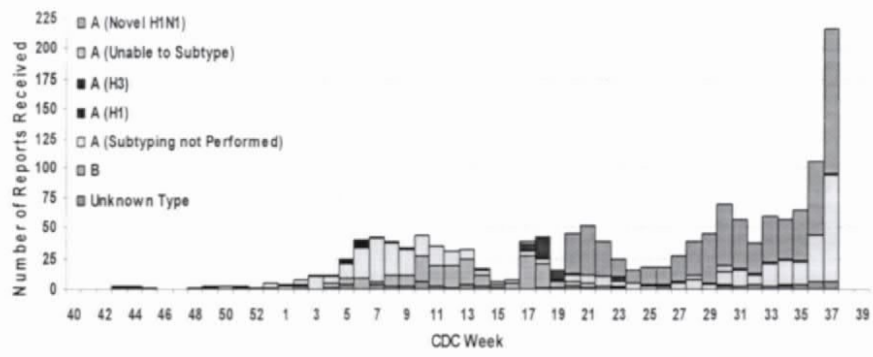
Washoe County Novel H1N1 Through 19 September 2009



Influenza-like Illness (ILI)



Laboratory Surveillance



Vaccine Availability

Vaccine Availability

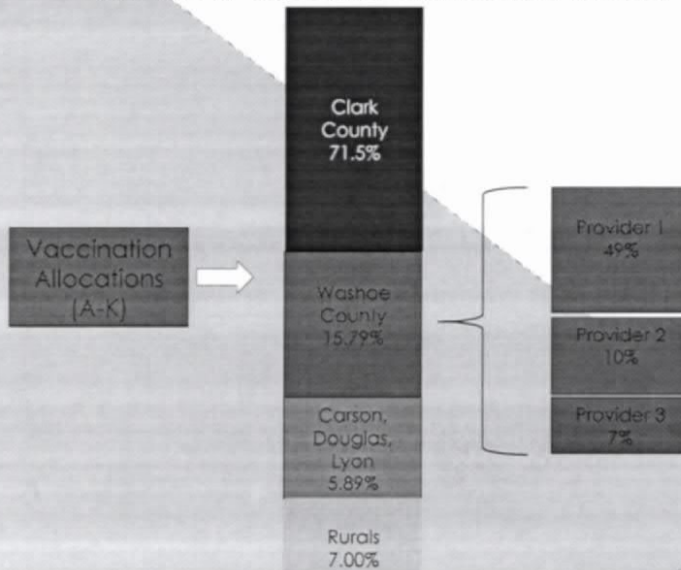
- First shipment – 30 September 2009
 - > Small amount of LAIV (FluMist)
 - > Only for ages 2 – 49 years
 - > Not for pregnant women
- Additional supplies – Mid October
- Shift to single dose regimen – Age 10
 - > Decreases logistical burden for PODs
 - > Increases % of population to be covered
- Remaining problem for POD schedules
 - > How much?
 - > Of what?
 - > By when?

Vaccine Availability

Vaccine Code	Manufacturer	Description	Target
A	Sanofi	Prefilled syringe, 0.25 ml, 10 10-packs	6 – 35 months
B	Sanofi	Prefilled syringe, 0.5 ml, 10 10-packs	36 months +
C	Sanofi	Multi-dose vial (10 doses) 5 ml, 10 1-packs	6 months +
D	Sanofi	Prefilled syringe, 0.25 ml, 4 25-packs	6 – 35 months
E	Sanofi	Prefilled syringe, 0.5 ml, 4 25 packs	36 months +
F	Novartis	Prefilled syringe, 0.5 ml, 10 10-packs	4 years +
G	Novartis	Multi-dose vial (10 doses) 5 ml, 10 1-packs	4 years +
H	CSL	Prefilled syringe, 0.5 ml, 10 10-packs	18 years +
J	CSL	Multi-dose vial (10 doses) 5 ml, 10 1-packs	18 years +
K	MedImmune	Nasal sprayer, 10 10-packs	2 – 49 years Healthy Not pregnant

Vaccine Availability

NV H1N1 Vaccine Distribution Model



Vaccine Availability

- H1N1 Vaccination Distribution Algorithm
 - > For each presentation
 - > Divide by County population
 - > Within each County
 - Sum total provider requests for a specific presentation
 - Divide each request by the total request to determine percentage
 - Apply percentage to allocation for that County

Vaccine Availability

- Application of Algorithm – Example
 - > Nevada receives 28,000 doses of FluMist
 - > 15.79% is allocated to Washoe = 4,421
 - > WCHD requested 30,000 doses
 - > Washoe provider A requested 35,000 doses
 - > Washoe provider B requested 35,000 doses
 - > Total doses requested in Washoe = 100,000
 - > WCHD request = 30% of total
 - > WCHD would receive 30% of 4,421 doses available to Washoe County = 1,326

Vaccine Availability

- ◉ How much?
- ◉ Of what?
- ◉ By When?
- ◉ State proposal fails to account for:
 - > Variation in provider ability to rapidly dispense
 - > Variation in provider wastage
 - > Variation in provider ability to track doses
 - > Variation in provider willingness to adhere to target groups
- ◉ Possible difficulty in accumulating sufficient vaccine to operate PODs
 - > High volume
 - > Short time frame
 - > Important early in season to drive down attack rate

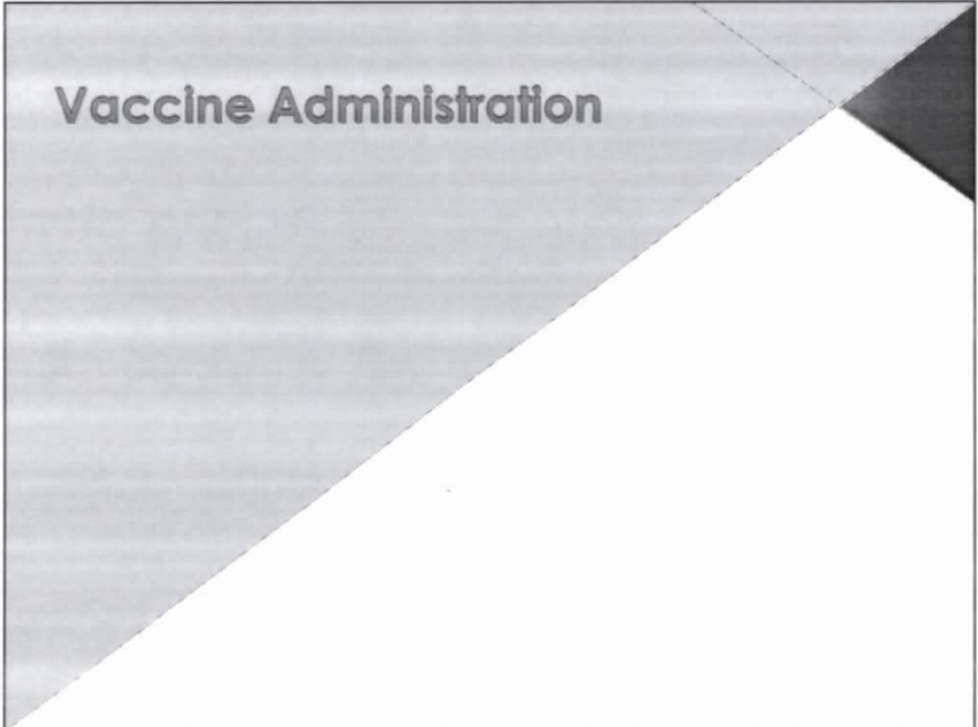
Vaccine Availability

Vaccine Code	Manufacturer	Description	Target
A	Sanofi	Prefilled syringe, 0.25 ml, 10 10-packs	6 – 35 months
B	Sanofi	Prefilled syringe, 0.5 ml, 10 10-packs	36 months +
C	Sanofi	Multi-dose vial (10 doses) 5 ml, 10 1-packs	6 months +
D	Sanofi	Prefilled syringe, 0.25 ml, 4 25-packs	6 – 35 months
E	Sanofi	Prefilled syringe, 0.5 ml, 4 25 packs	36 months +
F	Novartis	Prefilled syringe, 0.5 ml, 10 10-packs	4 years +
G	Novartis	Multi-dose vial (10 doses) 5 ml, 10 1-packs	4 years +
H	CSL	Prefilled syringe, 0.5 ml, 10 10-packs	18 years +
J	CSL	Multi-dose vial (10 doses) 5 ml, 10 1-packs	18 years +
K	Medimmune	Nasal sprayer, 10 10-packs	2 – 49 years Healthy Not pregnant

Vaccine Cost

Vaccine Costs

- No cost to County or other healthcare providers for vaccine
- Vaccine will ship in increments of 100 doses
- Shipments will include needles, syringes, alcohol wipes, etc.
- Costs will relate primarily to vaccine administration
 - > Private healthcare providers allowed to charge administration fee
 - > WCHD receiving PHER funds ~ \$1.6 million

A square slide with a geometric background. The top-left portion is a light gray triangle, and the top-right corner is a black triangle. The rest of the slide is white. The text "Vaccine Administration" is centered in the light gray area.

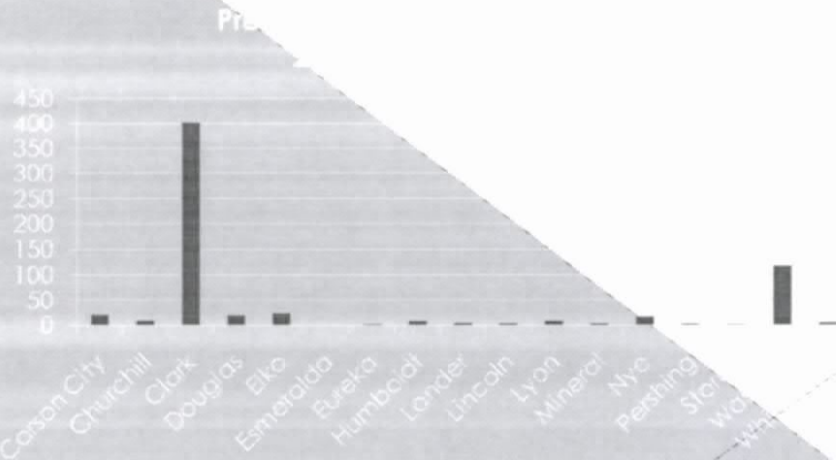
Vaccine Administration

A square slide with a geometric background. The top-left portion is a light gray triangle, and the bottom-right corner is a light gray triangle. The rest of the slide is white. The text "Vaccine Administration" is centered in the white area, followed by a bulleted list of private healthcare providers.

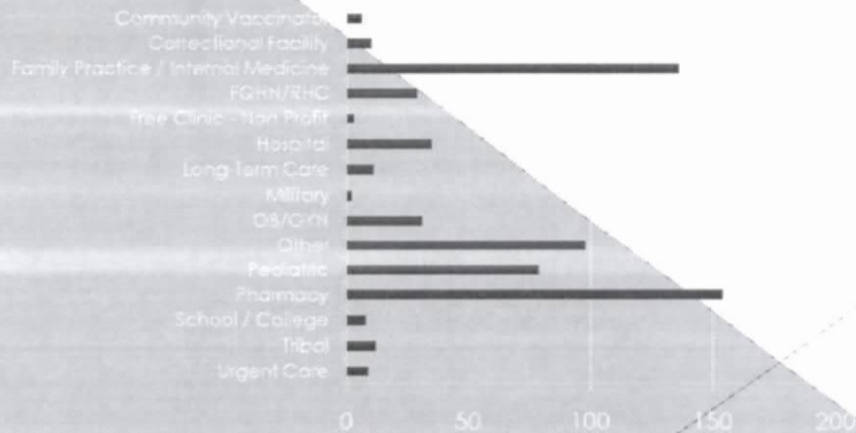
Vaccine Administration

- Private healthcare providers
 - > Doctors offices and clinics
 - > Pharmacies
 - > Private PODs

Vaccine Administration

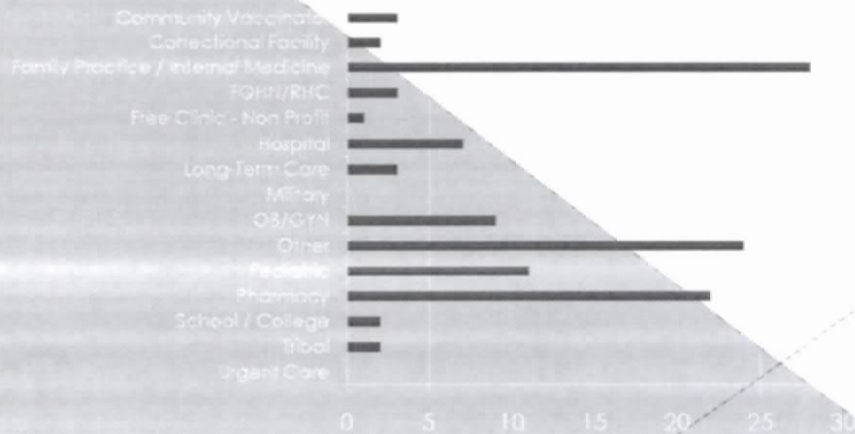


Vaccine Administration



Vaccine Administration

Pre-Reg.



Vaccine Administration

Public Health

- > Increase capacity of IZ clinic (PHER funds)
- > Public PODs
 - Self-certification of membership in target groups
 - High volume in short time period
 - Staffing – Paid/Volunteers
 - Scheduling (Unknowns – How much of what when?)

Other Public – VA, DoD

Staffing

Staffing

- Volunteers
 - > MRC – 120 to date
 - > Hospitals
 - > University
 - > Rotary
- Paid staff – PHER funds
 - > Overtime
 - > Temporary staff to augment IZ clinic
 - > Other contractual
 - POD needs
 - Other clinics

Rural Plans

Rural Plans

- Carson City Health and Human Services
 - > Carson City
 - > Douglas County
 - > Lyon County
- Frontier and Rural Program – 12 Counties
 - > School strike teams
 - Fallon
 - Elko
 - Ely
 - > Private providers and CHN staff
 - > HAWC now in Virginia City

Best Practices

Best Practices

- Difficult to determine – Task unprecedented
- Whatever results in most rapid uptake of vaccine by target populations
 - > Marketing
 - Need
 - Safety
 - Efficacy
 - > Availability / Convenience
 - Private providers
 - PODs

Best Practices

- Washoe County POD Plan
 - > Highly detailed
 - > Developed for bioterrorism events
 - Assumes higher demand than pandemic flu
 - Adaptable to pandemic situation
 - > Proven effective under real world conditions
 - > Reviewed by federal experts
 - "One of the best"
 - > Adopted by State of Nevada for areas without a plan

Public Information

Public Information

- H1N1 media interviews
 - > > 160 since April
- Electronic updates
 - > 38 since April
 - > Wide audience
- Staff presentations ~ 20
 - > Community leaders
 - > School Superintendents (statewide)
 - > School Administrators (Washoe)
 - > Nevada Health Care Coalition
- Partnership with WCSD
- Partnership with Diocese

Public Information

- Paid advertising – PHER funds
 - > Nevada Immunization Coalition
- Statewide PIO group
 - > Rocky Mountain Poison Control
- Washoe Community Relations
 - > E-updates
 - > Washoe County TV
- Renown
 - > Community forums planned
 - > Medical Potpourri planned
- Evaluation

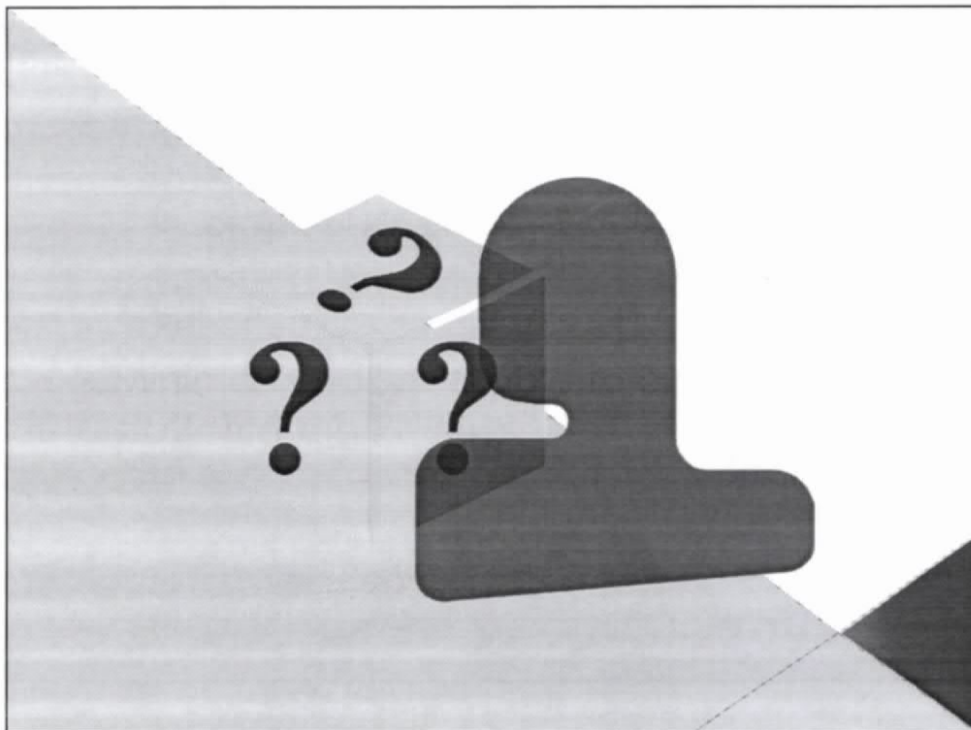
Surveillance

Surveillance

- Continued sentinel provider surveillance
- Continued laboratory surveillance
- New federal demands
 - > Number of lab confirmed cases in hospital
 - Any confirmed influenza – not just H1N1
 - > Number of deaths with any lab confirmed influenza
 - > Syndromic option

Surveillance

- Impact on Communicable Disease Program
 - > Incoming phone calls – 86% ↑
 - > Incoming faxes – 133% ↑
 - > Reported CD cases – 159% ↑
- Minimal funds available to augment CD staff through PHER





DISTRICT HEALTH DEPARTMENT

STAFF REPORT

BOARD MEETING DATE: 9/24/09

DATE: September 12, 2009

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District *PB*
775-328-2418, pbuxton@washoecounty.us

THROUGH: Eileen Coulombe, Administrative Health Services Officer *EC*

SUBJECT: Approval of Notice of Grant Award from the Nevada Department of Health and Human Services Grants Management Unit for the period July 1, 2009 to June 30, 2010 in the amount of \$223,286 in support of the Statewide Child Abuse Public Awareness Campaign; approval of amendments totaling an increase of \$122,215.06 in both revenue and expenses to the adopted FY 10 Child Abuse Prevention Outreach and Marketing Grant Program, IO 10410, to bring the FY 10 adopted budget into alignment with the grant.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget.

The District Health Department has received a Notice of Grant Award from the Nevada Department of Health and Human Services for the period July 1, 2009 through June 30, 2010 in the amount of \$223,286 in support of the Statewide Child Abuse Public Awareness Campaign. A copy of the Notice of Grant Award is attached.

County Priority/Goal supported by this item: Approval of the Notice of Grant Award and budget amendments supports Washoe County's strategic priority to "Improve Public Safety, Security and Health" as well as the strategic priority to "Preserve and Enhance our Quality of Life". It also supports the Health District's Home Visiting Program's mission to promote public health by educating and empowering individuals and families to enhance their physical, emotional, mental, and social well being; and through the development of partnerships, promote a safe and healthy community.

AGENDA ITEM # 7.C.1.

PREVIOUS ACTION

The District Board of Health approved the Notice of Grant Award for the period 7/1/08 – 6/30/09 in the total amount of \$251,266 on August 28, 2008.

BACKGROUND

The grant project is described as a coordinated comprehensive statewide multi-media campaign designed to increase awareness about child abuse and educate citizens about what constitutes child abuse, how to prevent it and how to report it. Grant funds will be used to support personnel, contractual, operating, supplies and travel expenditures. The existing 1.0 FTE Development Officer position (pc#70002172) is funded through the following grants:

- 94% IO-10410 Child Abuse Prevention Program (Health)
- 6% IO-10579 Division of Aging Services (Senior Services)

The budget amendment will also require Board of County Commissioners approval.

FISCAL IMPACT

Should the Board approve these budget amendments, the adopted FY 10 budget will be **increased by \$122,215.06** in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-10410-432100	State Revenue	\$112,215.06
2002-IO-10410-701412	Salary Adjustment	(6,240.62)
-710100	Professional Services	111,082.00
-710200	Service Contract	7,500.00
-710334	Copy Machine	24.00
-710350	Office Supplies	360.00
-710360	Postage	144.00
-710500	Other Expense	4,489.78
-710502	Printing	3,018.00
-710508	Telephone	273.40
-711115	Equip Svc Motor Pool	120.00
-711210	Travel	1,444.50
	Total Expenditures	\$112,215.06

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve the Notice of Grant Award from the Nevada Department of Health and Human Services Grants Management Unit for the period July 1, 2009 to June 30, 2010 in the amount of \$223,286 in support of the Statewide Child Abuse Public Awareness Campaign; approve the amendments totaling an increase of \$122,215.06 in both revenue and expenses to the adopted FY 10 Child Abuse Prevention Outreach and Marketing Grant Program, IO 10410, to bring the FY 10 adopted budget into alignment with the grant.

POSSIBLE MOTION

Move to approve the Notice of Grant Award from the Nevada Department of Health and Human Services Grants Management Unit for the period July 1, 2009 to June 30, 2010 in the amount of \$223,286 in support of the Statewide Child Abuse Public Awareness Campaign; approve the amendments totaling an increase of \$122,215.06 in both revenue and expenses to the adopted FY 10 Child Abuse Prevention Outreach and Marketing Grant Program, IO 10410, to bring the FY 10 adopted budget into alignment with the grant.

Nevada Department of Health and Human Services
 Grants Management Unit
 4126 Technology Way, Room 100
 Carson City, NV 89706
 775 684-3470
 Children's Trust Fund
 NOTICE of GRANT AWARD

Grantee: Washoe County Health District 1155 E. Ninth Street Reno, NV 89512-2896	Tax ID: 88-6000138 Request ID: 822.01
Contact: Mary Ann Brown	Telephone: 775-328-2416
Project: Statewide Child Abuse Public Awareness Campaign	Email: MABrown@washoecounty.us
Grant Period: 7/1/2009 to 6/30/2010	Vendor #: T40283400

Project Description: A coordinated comprehensive statewide multi-media campaign designed to increase awareness about child abuse and educate citizens about what constitutes child abuse, how to prevent it and how to report it.

Counties to be served: Statewide

Approved Budget:	\$223,286		
Personnel/Fringe	\$94,830	Supplies	\$4,994
Contract/Consult	\$118,582	Communications	\$273
Staff Travel/Per diem	\$1,565	Public Information	\$3,018
Equipment	\$0	Other Expenses	\$24
		Indirect Costs	\$0
		TOTAL	\$223,286

Approved Measures for Quarterly Progress Reports

Outcome 1		Outcome 2		Outcome 3	
Through contracts with media buyers, provide 269,000,000 statewide media exposures to child abuse prevention messages with information about community resources where people can get referrals for support. Multi-media messages will include print, radio, billboards, internet, and direct mail.		In collaboration with Southern Nevada AHEC and PCA Nevada, provide a statewide "Pinwheels for Prevention" campaign in April 2010. A minimum of 25,000 pinwheels will be distributed to communities throughout the state. A minimum of 20 communities in the state will actively participate in April 2010 activities with pinwheel displays, proclamations, or other events.		Through R&R Partners media buyers contract, conduct a statewide telephone survey in February 2010 with a minimum of 500 Nevadans 18 + yrs. old before the April Child Abuse Prevention campaign and again in May 2010 to determine the respondents' knowledge of how to recognize and report suspected child abuse and neglect and their knowledge of how and where to access community support. 65% of respondents will indicate their knowledge increased following media coverage of Child Abuse Prevention month in April 2010.	
Serve#	Achieve%	Serve#	Achieve %	Serve#	Achieve%
269,000,000	(1)	20	100	500	65

This grant has been approved for a one-year period. Future funding is contingent upon performance and availability of funds. The budget detail is based on the grant period identified above.

Disbursement of funds: Total reimbursement will not exceed \$223,286 during the current year. Funds will be disbursed primarily on a reimbursement basis, with allowance for advances, in accordance with grant instructions in Attachment B.

Source of Funds: Children's Trust Fund

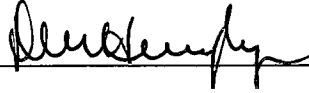
Terms and Conditions: In accepting these grant funds, the recipient understands and agrees to the following:

1. Expenditures must comply with any statutory guidelines as well as the State Administrative Manual.
1. This award is subject to the availability of appropriate funds.
2. Expenditures must be consistent with the budget as approved and documented in Attachment A.
3. Compliance with the Assurances, General Conditions and Grant Instructions in Attachment B.
4. Quarterly progress reports are due by the 30th of the month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator.
5. Financial Status Reports and Requests for Funds must be submitted at least quarterly, unless specific exceptions are provided in writing by the grant administrator.
6. Grantees are required to attend quarterly meetings of Prevent Child Abuse Nevada, conduct client satisfaction surveys, protective factors survey and support the meaningful involvement of parents in the planning, implementation, and evaluation of the funded program.

Signatures

Dates

Authorized Grantee Official:



9/28/09

Toby Hyman
GMU Grant Administrator:

Michael J. Willden
Director, DHHS:

Attachment A

Budget

20. APPENDIX B - CTF PROPOSED BUDGET SFY 2020

PATTERNED BOXES ARE FORMULA DRIVEN - DO NOT OVERRI

Agency Name: Washoe County Health District

FUNDING SOURCES	Childrens Trust Fund	ADRC	R&R In Kind Match to Media Buys	CDR in kind Contract services	ADRC	R&R In Kind Match to Media Buys	Program Income	TOTAL
PENDING OR SECURED (Explain pending funding)	Secured	pending	pending	pending	pending	pending		
TOTAL INCOME	\$ 223,286.00	\$ 35,000.00	\$ 97,500.00	\$ 45,000.00	\$ 35,000.00	\$ 97,500.00	\$ -	\$ 400,786

EXPENSE CATEGORY

Personnel	\$ 67,316.57	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 71,805
Fringe Benefits	\$ 27,613.75	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 29,266
Contract Services	\$ 118,582.00	\$ 35,000.00	\$ 97,500.00	\$ 38,759.39	\$ -	\$ -	\$ -	\$ -	\$ 289,841
Staff Travel/Per Diem	\$ 1,564.50	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,565
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies	\$ 4,993.78	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,994
Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Communications	\$ 273.40	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 273
Public Information	\$ 3,018.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,018
Other Expenses	\$ 24.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 24
Total Indirect	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL EXPENSES	\$ 223,286.00	\$ 35,000.00	\$ 97,500.00	\$ 45,000.00	\$ 35,000.00	\$ 97,500.00	\$ -	\$ 400,786.00	
These boxes should equal 0	\$ (0.00)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (0.00)	

Total Indirect Cost	\$ -
Total % of Indirect	0.00%

Child Death Review (CDR) Committee provided \$35,000 in media match for advertising last year and is expected to contribute an equal amount this year. Nevada Aging and Disability Resource Centers (ADRC) provided

APPENDIX B - BUDGET NARRATIVE-Childrens Trust Fund Patterned Boxes are Formula Driven

Revised June 2009

Form 3 CTF

NOTE: Only include amounts to be funded by Children's Trust Fund dollars in the Extension column.

Expense Category	Description of item and relation to project.	Unit Cost or Salary	Quantity	Extension (See Note) (Quantity x Unit Cost)
Personnel:				
List staff positions, percent of time to be spent on CTF activities, rate of pay and total cost to this grant.	Development Officer - Phil Ulibarni	\$ -	-	\$ -
	July 1 - September 30, 2009 .75 FTE	\$ 71,805.14	0.19	\$ 13,463.46
	October 1, 2009 - June 30, 2010 1.0 FTE	\$ 71,804.14	0.75	\$ 53,853.11
		\$ -	-	\$ -
		\$ -	-	\$ -
		\$ -	-	\$ -
		\$ -	-	\$ -
		\$ -	-	\$ -
		\$ -	-	\$ -
		\$ -	-	\$ -
	Personnel Total			\$ 67,316.57
Fringe Benefits:				
List each position and provide a breakdown of the amounts and percentages comprising the fringe benefits provided. This should include FICA, Medicare, health insurance etc.	Career Incentive/Longevity Pay (paid in December 2009 and June 2010)	\$ 1,750.00	0.94	\$ 1,645.00
	Unemployment Comp (\$65/yr paid in November 2009)	\$ 65.00	1.00	\$ 65.00
	Workers' Comp (\$337/yr paid monthly)	\$ 337.00	0.94	\$ 316.78
	Insurance (includes dependent coverage)	\$ 10,314.38	0.94	\$ 9,695.52
	Retirement (@21.5%)	\$ 15,775.55	0.94	\$ 14,829.02
	Medicare (@ 1.45%)	\$ 1,023.87	0.94	\$ 962.44
		\$ -	-	\$ -
		\$ -	-	\$ -
		\$ -	-	\$ -
		Fringe Benefits Total		
Contractual/Consultant:				
Identify project workers who are not regular employees of the applicant organization. Include costs of labor, as well as travel, per diem, or other costs associated with this service. Collaborative projects with multiple partners should expand this category to break out personnel, travel, equipment, etc. for each site.	Statewidecontract w/R&R Partners for Radio/TV/Print/Outdoor Advertising/Surveys	\$ 97,500.00	1.00	\$ 97,500.00
	Contract with Front Row Media - Northern Nevada mobile advertising	\$ 9,757.00	1.00	\$ 9,757.00
	CRM Design for Marketing - Artwork revisions and enhancements	\$ 1,825.00	1.00	\$ 1,825.00
	Crisis Call Center 24/7 answering service (\$625/month)	\$ 625.00	12.00	\$ 7,500.00
	JLH Direct Mail contract for statewide mailing to childcare providers	\$ 2,000.00	1.00	\$ 2,000.00
		\$ -	-	\$ -
		\$ -	-	\$ -
		\$ -	-	\$ -
		\$ -	-	\$ -
		Contractual/Consultant total		

Expense Category	Description of item and relation to project	Unit Cost or Salary	Quantity	Extension (See Note) (Quantity x Unit Cost)
Staff Travel/Per Diem: Identify staff who will travel, the purpose, frequency and projected costs. Utilize state rates for per diem, lodging and mileage as a guide. Out of state travel or non-standard fares require special justification. Mileage Rate: \$.55/mile	Direct: Las Vegas travel for program coordination, meetings, etc 2 trips @ GSA approved rates Airfare (\$180/trip) Per diem (\$64/day x 2 day trip = \$128) Lodging (\$108.25/night) Auto Rental (\$42/day x 2 day trip = \$84) Travel to Elko, Tonopah, Hawthorne, Ely (3 trips) Rural Outreach and media contacts County car \$20/day x 2 day trip = \$40 Hotel (\$70/night) Per diem (\$39/day x 2 day trip=\$78)	\$ - \$ 180.00 \$ 128.00 \$ 108.25 \$ 84.00 \$ - \$ - \$ 40.00 \$ 70.00 \$ 78.00	- 2.00 2.00 2.00 2.00 - - 3.00 3.00 3.00	\$ - \$ 360.00 \$ 256.00 \$ 216.50 \$ 158.00 \$ - \$ - \$ 120.00 \$ 210.00 \$ 234.00
	Staff Travel/Per Diem Total	\$	Total	\$ 1,564.50
Equipment: List Equipment purchases or leases costing \$1,000 or more, and justify these expenditures. "Equipment" costing less than \$1,000 should be listed under "Supplies."	Direct:	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	- - - - - - - -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -
	Equipment Total	\$	Total	\$ -
Operating (Next 5 Categories)				
Supplies: List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items are not required. Listing of typical or anticipated program supplies should be included.	Direct: Child Abuse Prevention Month supplies: to include but not limited to pinwheels, posters, cards, pins, etc., for PCA Office Supplies (to include paper, print cartridges, pencils, pens) Direct postage - general program correspondence	\$ - \$ 4,489.78 \$ 30.00 \$ 12.00 \$ - \$ - \$ - \$ - \$ - \$ -	- 1.00 12.00 12.00 - - - - - -	\$ - \$ 4,489.78 \$ 360.00 \$ 144.00 \$ - \$ - \$ - \$ - \$ - \$ -
	Supplies Total	\$	Total	\$ 4,993.78

Expense Category	Description of item and relation to project.	Unit Cost or Salary	Quantity	Extension (See Note) (Quantity x Unit Cost)
Occupancy: Identify and justify any facilities costs associated with the project, such as rent, maintenance, insurance, utilities, etc. These costs may be indirect because they serve multiple program purposes, and are not specific to any one project. However, costs for installing or maintaining services specifically for this project purpose are direct and can be charged accordingly. If the program is co-located with any other programs the costs should be shared proportionately between the two programs.	Direct:	\$ -	-	\$ -
		\$ -	-	\$ -
		\$ -	-	\$ -
		\$ -	-	\$ -
		\$ -	-	\$ -
		\$ -	-	\$ -
		\$ -	-	\$ -
		\$ -	-	\$ -
		\$ -	-	\$ -
		\$ -	-	\$ -
		\$ -	-	\$ -
		\$ -	-	\$ -
		Occupancy Total	\$ -	-
Communications: Identify and justify any communications costs associated with the project, such as telephone services, internet services, cell phones, fax lines, etc.	Direct:	\$ -	-	\$ -
	Office Telephone	\$ 14.45	12.00	\$ 173.40
	2 teleconferences per year for statewide child abuse prevention campaign coordination	\$ 50.00	2.00	\$ 100.00
		\$ -	-	\$ -
		\$ -	-	\$ -
		\$ -	-	\$ -
		\$ -	-	\$ -
		\$ -	-	\$ -
		\$ -	-	\$ -
		Communications Total	\$ -	-

Expense Category	Description of item and relation to project	Unit Cost or Salary	Quantity	Extension (See Note) (Quantity x Unit Cost)
Public Information: Identify and justify costs for brochures, project promotion, media buys, etc.	Direct:			
	Printing for posters, cards, fliers	\$ 3,018.00	1.00	\$ 3,018.00
		\$ -	-	\$ -
		\$ -	-	\$ -
		\$ -	-	\$ -
		\$ -	-	\$ -
		\$ -	-	\$ -
		\$ -	-	\$ -
		\$ -	-	\$ -
		\$ -	-	\$ -
		\$ -	-	\$ -
		\$ -	-	\$ -
		\$ -	-	\$ -
		\$ -	-	\$ -
		Public Information Total		
Other expenses: Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as audit costs, car insurance, client transportation, etc.	Direct:			
	Copy Machine	\$ 2.00	12.00	\$ 24.00
		\$ -	-	\$ -
		\$ -	-	\$ -
		\$ -	-	\$ -
		\$ -	-	\$ -
		\$ -	-	\$ -
		\$ -	-	\$ -
		\$ -	-	\$ -
		\$ -	-	\$ -
		\$ -	-	\$ -
		\$ -	-	\$ -
		\$ -	-	\$ -
		\$ -	-	\$ -
		Other Expenses Total		

Children's Trust Fund

Agency Name: Washoe County Health District

SFY 10

Indirect Expenses:

Indirect costs represent the expenses of doing business that are not readily identified with a particular grant, contract, project function or activity but are necessary for the general operation of the organization and the conduct of activities it performs.

Indirect cannot exceed 8% of direct expenses

\$ -		\$ -
Indirect Total \$ -		
Direct Total \$ 223,286.00		
Total Indirect Allowed \$ 17,862.88		
Total Direct & Indirect \$ 223,286.00		
Grant Award Amount \$ 223,286.00		

223286

\$ 0.00

Attachment B

**Assurances
General Conditions
Grant Instructions and Requirements
(GIRS)**

ASSURANCES

FORM 7

signature below indicates that the applicant is capable of and agrees to meet the following requirements, and ...at all information contained in this proposal is true and correct.

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).
2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
5. Compliance with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
7. Certification that neither the grantee nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211).
8. No funding associated with this grant will be used for lobbying. The attached statement on lobbying applies specifically to grants from the Fund for a Healthy Nevada.
9. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
10. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
11. Compliance with Grant Instructions and Requirements from the Grants Management Unit (available online at <http://dhhs.nv.gov/Grant/Grantee%20Forms/GINS.pdf>).

WASHOE COUNTY HEALTH DISTRICT

Name of Organization



9/28/09

Signature of Authorized Representative

Date

Denis M. Humphreys, Chairman

Name and Title (typed)

Lobbying

A Healthy Nevada grantee shall not use grant funds for any activity related to:

1. Any attempt to influence the outcome of any Federal, State or local election, referendum, initiative or similar procedure, through in kind or cash contributions, endorsements, publicity or a similar activity.
2. Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of influencing the outcome of an election, referendum, initiative or similar procedure.
3. Any attempt to influence:
 - (a) The introduction or formulation of Federal, State or local legislation; or
 - (b) The enactment or modification of any pending Federal, State or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.
4. Any attempt to influence the introduction, formulation, modification or enactment of a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity.
5. Any attempt to influence:
 - (a) The introduction or formulation of Federal, State or local legislation;
 - (b) The enactment or modification of any pending Federal, State or local legislation; or
 - (c) The introduction, formulation, modification or enactment of a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, by preparing, distributing or using publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.
6. Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
7. Executive branch liaison activities, including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.

• A Healthy Nevada grantee may, to the extent and in the manner authorized in its grant, use grant funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:

1. Made in a speech, article, publication or other material that is distributed and made available to the public, or through radio, television, cable television or other medium of mass communication; and
2. Not specifically directed at:
 - (a) Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
 - (b) Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
 - (c) Any officer or employee of the United States Government, the State of Nevada or a local governmental entity who is involved in introducing, formulating, modifying or enacting a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity.

This provision does not prohibit a grantee or an applicant for a grant from providing information to the Task Force that is directly related to the grant or the application for the grant.

Department of Health and Human Services, Director's Office
Grants Management Unit

GENERAL CONDITIONS

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Grantee shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The Department shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance as the Grantee is an independent entity.
2. The Grantee shall hold harmless, defend and indemnify the Department from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Grantee's performance or nonperformance of the services or subject matter called for in this Agreement.
3. The Department or Grantee may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, and signed by a duly authorized representative of both organizations. Such amendments shall not invalidate this Agreement, nor relieve or release the Department or Grantee from its obligations under this Agreement.

The Department may, in its discretion, amend this Agreement to conform with federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both the Department and Grantee.

4. Either party may terminate this Agreement at any time by giving written notice to the other party of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. Partial terminations of the Scope of Work in Attachment A may only be undertaken with the prior approval of the Department. In the event of any termination for convenience, all finished or unfinished documents, data, studies, surveys, reports, or other materials prepared by the Grantee under this Agreement shall, at the option of the Department, become the property of the Department, and the grantee shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents or materials prior to the termination.

The Department may also suspend or terminate this Agreement, in whole or in part, if the Grantee materially fails to comply with any term of this Agreement, or with any of the rules, regulations or provisions referred to herein; and the Department may declare the Grantee ineligible for any further participation in the Department's Grant Agreements, in addition to other remedies as provided by law. In the event there is probable cause to believe the Grantee is in noncompliance with any applicable rules or regulations, the Department may withhold funding as outlined in Grant Instruction and Requirement (GIR) 09-18(3).

Grant Instructions and Requirements

State of Nevada Department of Health and Human Services Grants Management Unit

Table of Contents

	Page
<u>Administrative</u>	
GIR-09-1 GIRS Defined	1
GIR-09-2 Grantor Authority	1
GIR-09-3 Confidentiality	1
GIR-09-4 Controlling Documents	1
GIR-09-5 Grantee Rights and Responsibilities	2
<u>Fiscal</u>	
GIR-09-6 Cost Sharing or Matching Requirements	3
GIR-09-7 Direct and Indirect Costs	3
GIR-09-8 Program Income Accounting Procedures	4
GIR-09-9 Allowability and Allocability of Costs	4
GIR-09-10 Disbursement of Funds.....	5
GIR-09-11 Budget Modifications	6
GIR-09-12 Payout of Accrued Leave.....	6
GIR-09-13 Handling Accounts Payable at End of Grant Year.....	6
GIR-09-14 Procedures for Processing Carryover of Funds	7
<u>Equipment and Documents</u>	
GIR-09-15 Equipment and Inventory Requirements	7
GIR-09-16 Retention and Disposal of Project Documents.....	8
<u>Monitoring and Corrective Actions</u>	
GIR-09-17 Risk Assessment.....	8
GIR-09-18 Procedures for Fiscal Monitoring and Administrative Review.....	8
GIR-09-19 Procedures for Program Site Visits and Monitoring.....	9
GIR-09-20 Corrective Actions	9

Grant Instructions and Requirements

State of Nevada Department of Health and Human Services Grants Management Unit

GIR-09-1 SUBJECT: GIRS DEFINED

The Department of Health and Human Services (DHHS) Grants Management Unit (GMU) has adopted these Grant Instructions and Requirements (GIRS) to provide all Grantees with essential information relative to financial and administrative requirements for programs funded through the GMU. This edition of the GIRS is effective July 1, 2009, and replaces any Grant Instructions (GINS) issued for prior fiscal years.

Sections of the GIRS are identified by the term GIR (Grant Instructions and Requirements), followed by the last two digits of the calendar year, and numbered serially. The funding source codes are as follows: Children's Trust Fund (CTF), Community Services Block Grants (CSBG), Family to Family (F2F), Family Resource Centers (FRC), Fund for a Healthy Nevada (FHN), Revolving Account for Problem Gambling (RPG), and Title XX Social Services Block Grants (TXX). Each instruction applies to grants from all funding sources unless otherwise noted.

Each program director is instructed to maintain a copy of the GIRS, which will be verified during the fiscal monitorings. Programs that do not follow the requirements outlined in the GIRS will jeopardize their receipt of funds.

GIR-09-2 SUBJECT: GRANTOR AUTHORITY

This section describes the role of the Grantor. The Grantor cannot be limited in its rights by the Grantee, as Grantor rules and regulations shall supersede Grantee rules and regulations. The State's ability to evaluate the grant will not be curtailed or hampered. This includes access to any document or record that is pertinent to the program and the interviewing of staff, clients, or agency personnel in accordance with the procedures of confidentiality.

GIR-09-3 SUBJECT: CONFIDENTIALITY

All Grantees are required to comply with applicable State and Federal confidentiality and privacy rules. Grantees shall collect, maintain, and transmit personal information about service recipients in a manner that ensures security and protects individual privacy. Any Grantee that is a covered entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) shall also comply with the security and privacy safeguards set forth in Public Law 104-191 (45 CFR 160 and 164). Such safeguards shall not restrict the Grantor's access to protected health information, which may be necessary to determine program compliance (45 CFR 164.512(d)(1)(iii)).

GIR-09-4 SUBJECT: CONTROLLING DOCUMENTS

For purposes of administration and decisions regarding compliance and operations, the approved grant proposal, agreement, budget and associated assurances constitute the controlling documents. Both the Grantee and the Grantor shall reference these documents when interpreting or applying rules.

GIR-09-5 SUBJECT: GRANTEE RIGHTS AND RESPONSIBILITIES

1. The Grantee organization assumes full responsibility for the overall program which includes: fiscal administration, timely submission of required reports, program management including personnel, and the meeting of the goals and objectives in the approved grant applications. The Grantee does not relinquish responsibility by having a board or representative act on its behalf.
2. The Grantee shall maintain effective control and accountability for all grant funds, property, and other assets. Good internal control necessitates that fiscal responsibilities be clearly established. Accounting functions should be separated to the fullest extent possible so that no one person authorizes, executes, and approves the same transactions. Written policies covering personnel and accounting procedures must be documented in a policies and procedures manual or other similar document.
 - a. The documentation for all transactions, controls and other significant events must be clear and **readily available** for examination. All documentation such as invoices, contracts, etc., should be maintained at the Grantee's principal place of business. If they are not, the Grantee must bear the cost of making original documents available for examination by the State.
3. The Grantee must maintain continuing responsibility for the overall program. This includes the establishment of policies and procedures for program operations. The following areas must not be delegated to subgrantees or persons who are not employees or officials of the Grantee organization.
 - a. The development and maintenance of a personnel policy including hiring, terminating, supervising, and evaluating the program director
 - b. Being informed of and accountable for all program income and expenditures
 - c. Performance of timely written evaluations of the program and the monitoring of established goals and objectives as written in the program's grant
 - d. Financial reports and all other reports required by the Department including monthly or quarterly requests for funds, quarterly progress reports and final program reports (if required)
 - e. Administration of the program in accordance with the GIRS and the administrative procedures established by the GMU
4. If the Grantee decides to establish a policy-making body, its role and responsibilities must be clearly defined. Written documentation must be provided to the GMU to determine compliance with all appropriate State, Federal, or Department directives.
5. Any activities that might possibly deviate from the goals identified in the grant agreement must receive prior approval from the Grant Manager and may require a written amendment to the grant agreement.
6. Grantees must notify the Grant Manager of any special events such as conferences, workshops, or celebrations for which these grant funds are to be used at least one week in advance of the event.
7. Grantees must notify the Grant Manager immediately regarding any legal action or negative publicity related to grant-funded events, activities, services, purchases, or outreach.
8. All instructions, requirements, and regulations for grants administered through the GMU are applicable to subawards, minigrants, contracts or other mechanisms passing on these funds. It is the responsibility of the Grantee to ensure compliance through monitoring, reporting, site visits, or other means. The Department may implement probationary measures with the Grantee for noncompliance on the part of the subgrantee or contractor.
9. Grant Instructions and Requirements apply equally to all Grantees. Decisions made by Grant Managers must be based on the GIRS, grant agreements, approved budgets, grant assurances, or program policies and procedures. In cases of disagreement regarding grant administration, Grantees should take the following steps.
 - a. Request that the Grant Manager provide the specific documentation upon which a decision is based. Written response will be made within seven working days.

- b. If this does not resolve the disagreement, request that the Grant Manager consult the Chief of the GMU, as well as the Deputy Director of Program or Fiscal Services, for review of the issues. Written response will be made within seven working days.
 - c. If the disagreement is still unresolved, request that the matter be reviewed by the Department Director, whose decision will be final and will not be open to further discussion or challenge.
10. All interactions between Grantees and GMU staff will be conducted with honesty, courtesy, and respect. It is essential that a professional relationship be maintained in order to properly administer the grant and provide effective services in the community.
- a. Conduct that interferes with the administration of the grant or negatively impacts the ability to provide effective program services may result in termination of the grant after the Department carefully reviews the circumstances. The Department will report termination decisions to the Grants Management Advisory Committee (GMAC) or the Advisory Committee on Problem Gambling (ACPG).
11. Technical assistance within the capacity of GMU or fiscal staff or through available resources will be provided to Grantees on the following basis.
- a. At the request of the GMAC or ACPG
 - b. At the request of the Grantee
 - c. In accordance with direction from the Chief of the GMU, the Deputy Director of Fiscal Services, the Deputy Director of Program Services or the Department Director
12. Timeliness of report submission will be tracked and noted in the grant file. Any extensions or exceptions to requirements must also be noted in the grant file.

GIR-09-6 SUBJECT: COST SHARING OR MATCHING REQUIREMENTS

Any match requirements will be discussed in the Request for Applications for each funding source. Match may be cash contributions or in-kind match. Proposed matches are checked during site reviews. Grantees must maintain documents substantiating any cost sharing or matching. All matches must directly benefit the program for which the funds are granted.

GIR-09-7 SUBJECT: DIRECT AND INDIRECT COSTS

1. Direct costs can be identified specifically with particular cost objectives such as a grant, contract, project, function or activity. Direct costs generally include, but are not limited to, the following.
- a. Salaries and wages (including vacations, holidays, sick leave, and other excused absences of employees working specifically on objectives of a grant or contract, i.e., direct labor costs)
 - b. Other employee fringe benefits allocable on direct labor employees
 - c. Consultant services contracted to accomplish specific grant/contract objectives
 - d. Travel of (direct labor) employees that is directly related to the grant objectives
 - e. Materials, supplies and equipment purchased directly for use on a specific grant or contract
 - f. Communication costs such as long distance telephone calls or telegrams identifiable with a specific award or activity
 - g. Rent or occupancy costs associated with employees working on the grant

As illustrated by the list above, direct costs may be considered "administrative" in nature, as compared with direct costs that are "programmatic" in nature. Administrative costs that can be traced directly back to the program should be identified within the grant budget as a line item expense. For example, a Director of a non-profit who has completed a time-study may be able to directly relate a certain percentage of time to a particular grant. This would be considered a direct administrative cost. A Director who has no direct relationship with a program still needs to perform the work of the Director. This is an indirect cost. Rent can be

considered a direct cost but is normally allocated among all grants or projects managed by a Grantee.

2. Indirect costs represent the expenses of doing business that are not readily identified with a particular grant, contract, project function or activity, but are necessary for the general operation of the organization and the conduct of activities it performs. Looking at it another way, indirect costs are those costs that are not classified as direct.

In order to compensate Grantees for indirect costs associated with managing their grants, DHHS has established a policy of allowing Grantees to charge an indirect cost rate computed on total direct expenses. Subsection 1 of subsection 1 of NRS 439.630 sets a maximum rate of 8% for Fund for a Healthy Nevada (FHN) grants. DHHS has adopted that rule for all grants except Community Services Block Grants (CSBG), which are administered in accordance with Federal rules. Grantees may include an indirect charge of 8% of direct charges listed on request for funds. This is separate from, and in addition to, administrative costs that can be traced directly to the program.

GIR-09-8 SUBJECT: PROGRAM INCOME ACCOUNTING PROCEDURES

1. Program income is money received by the Grantee specifically for the project funded by this grant. Examples of program income include fees for service in accordance with a sliding fee scale or contributions for a particular event related to the grant-funded project.
2. Each program must maintain a system that assures confidentiality and that also assures accountability of all program contributions or fees. All participant contributions must be credited to the appropriate grant.
3. The system must ensure full accountability for all program income. Each Grantee must clearly document the amount and source(s) of program income, and exactly what the money paid for and for what purpose.
4. Internal accounting and administrative controls must be sufficient to provide reasonable assurance that operations are effective and efficient, financial records and reporting are complete and reliable, and the program complies with applicable laws and regulations.

GIR-09-9 SUBJECT: ALLOWABILITY AND ALLOCABILITY OF COSTS

This section applies to all Grantees.

1. For a cost to be allowable as a charge against grant funds, it must first be allocable to that grant and consistent with the goals and objectives of the grant. For consistency purposes, grants made through the GMU will follow the Federal grant guidance in regard to allowability and allocability of costs. In accordance with OMB Circular A-21 for colleges and universities, OMB Circular A-87 for state and local governments, and OMB Circular A-122 for nonprofit Grantees, a cost is allocable to a particular cost objective (program) to the extent of the benefit received or in accordance with the relative benefit received. This means if a Grantee incurs a cost for goods or services used by more than one program, the cost must be charged to all programs. Each program will be charged for the percentage of the cost of the goods or services used by each program. The method for determining that percentage is discussed below under No. 1(a).

This requirement must be taken into consideration when a Grantee incurs a cost that benefits more than one cost objective (program). One example would be having one director who works for two different programs. Another example would be a utility bill for a building used for two different programs, each with separate and distinct funding.

When there are multiple cost objectives, the Grantee must do the following.

- a. Develop and document a reasonable methodology for determining how each applicable cost will be allocated to each cost objective (program) involved. This method must be

designed to allocate to a program the portion of the cost that benefits the program. Examples of reasonable methodologies include, but are not limited to the following.

- (1) The salary of a single person performing duties for multiple programs will be allocated based on the time the person spends on each program as documented by time studies or on timesheets indicating time actually spent on each program.
 - (2) Facility expenses for a building housing multiple programs will be allocated based on the number of square feet used by each program as documented by a building-use study.
 - (3) Raw food expenses will be allocated based on the documented monthly meal counts.
- b. Maintain documentation that supports the allocation of a cost to each program based on the methodology developed pursuant to No. 1(a) above. Examples of this type of documentation include, but are not limited to the following.
- (1) Time studies
 - (2) Vehicle use studies
 - (3) Building use studies
2. To be allowable under a grant award, costs must also meet the following criteria.
- a. Be necessary and reasonable for proper and efficient performance and administration of fund awards
 - b. Conform to any limitations or exclusions set forth in these Instructions, or other governing limitations as to type or amount of cost items
 - c. Be consistent with policies and procedures that apply uniformly to fund financed and other activities of the organization
 - d. Be accorded consistent treatment
 - e. Be determined in accordance with generally accepted accounting principles
 - f. Be adequately documented
3. If a reimbursed cost is later disallowed, it must be repaid to the State.

GIR-09-10 SUBJECT: DISBURSEMENT OF FUNDS

1. Funds will be reimbursed on a monthly or quarterly basis.
 - a. Any deviation from the standard monthly or quarterly reimbursement will require GMU approval.
 - b. Grantees must submit a Request for Funds to the GMU, as per the grant agreement. The Request for Funds must be completed in full. Questionable costs, incomplete fields or mathematical inaccuracies will result in a delay of funds being issued and the Request for Funds may be returned to the Grantee for corrections.
 - c. **Grantees must not submit requests with a negative balance in any category.**
 - d. Documentation supporting the request for funds must be submitted along with the request in the form of a detailed transaction list, by budget category, with the specific funding source identified, that balances to the request. The transaction list and supporting documents must be kept on file for review at the time of the Department's fiscal monitoring. The detailed transaction list must include, at a minimum, category, check number, date of payment, payee, and amount of payment. This may be in the form of an Excel spreadsheet if the Grantee does not have an accounting software package that generates the transaction list. More detail (such as copies of purchase orders, invoices, receipts, and payroll registers) may be required at the discretion of the GMU and the DHHS Fiscal Unit.
2. In special circumstances, advances may be allowed.
 - a. A Grantee may submit a request for advance funds if the agency does not have sufficient working capital to operate the program on a reimbursement basis. Advances may be utilized to cover up to 60 days of routine expenses. An Advance Request form must be submitted indicating the reason for the advance along with Commercial Crime

Insurance coverage that covers the amount of the advance. An advance will be paid upon the approval of the completed request forms. Until the advance is paid back, the amount must be accounted for and reduced from the total and available funds on all Requests for Funds. Advances must be fully repaid on or before the final Request for Funds for the grant period.

- b. Misappropriation of advance funds will result in immediate probationary action and possible withholding of any future grant funds.
- c. Advances must be repaid at year-end.
3. Late fees, NSF fees, credit card interest charges, and reconnect fees are not allowable.
4. When billing for certain travel expenses, a Travel Reimbursement Request form must be utilized to detail the specific trip.
 - a. This requirement applies only to overnight travel and any trip that requires airfare, whether in-state or out-of-state.
 - b. Reimbursement is allowed in accordance with the grantee's established policies or up to the U.S. General Services Administration (GSA) rate established for the employee's destination, whichever is less. An exception may be made for lodging that is procured at a prearranged place such as a hotel when a meeting, conference or training session is held.
 - c. The Travel Reimbursement Request form, along with the instructions for completing it, may be found online at http://dhhs.nv.gov/Grants/Sitemap_Grants.htm#Forms.

GIR-09-11 SUBJECT: BUDGET MODIFICATIONS

1. All transfers between budget categories (or program categories for CSBG) require a Budget Modification Request (BMR) form. Proposed expenditures must be consistent with approved goals for the current grant agreement. Approved BMRs must be received by the Grantee prior to implementation of request.
2. **Requests for budget modifications must be made prior to expenditure of funds for non-budgeted items.** Failure to request modifications in advance of expenditures may result in not receiving reimbursement for the expenditures.
3. Changing line items within a budget category (or for CSBG, changing budget categories within program categories) requires approval by the Grant Manager, which must be documented in writing (may be via email).
4. Modifications up to and including \$1,000 may be approved by the Grant Manager, subject to the guidelines above.
5. Modifications between \$1,001 and \$5,000 or 10% of the Grant amount, whichever is less, requires prior approval from the Chief of the GMU or an authorized designee.
6. Modifications that exceed \$5,000 or 25% of the Grant amount, whichever is less, requires prior approval from the Chief of the GMU and the Deputy Director of Fiscal Services or an authorized designee.
7. Multiple modifications may require additional justification and approval.

GIR-09-12 SUBJECT: PAYOUT OF ACCRUED LEAVE

Use of grant funds to payout accrued leave and/or compensatory time upon separation from service requires prior review and approval by the Department.

GIR-09-13 SUBJECT: HANDLING ACCOUNTS PAYABLE AT END OF GRANT YEAR

1. All goods and services received by the last day of the program's grant year, but not yet paid, are to be treated as an accounts payable of that grant year.
2. Notice of deadlines for fiscal year-end will be communicated to Grantees by the GMU Chief prior to the end of the fiscal year.
3. Per State Administrative Manual (SAM) 2622.0, an administrative fee may be assessed for processing a stale claim. A stale claim is any claim not filed by the fiscal year-end deadline referenced in No. 2 above.

**GIR-09-14 SUBJECT: PROCEDURES FOR PROCESSING CARRYOVER OF FUNDS
FOR FHN AND PROBLEM GAMBLING GRANTS ONLY**

1. Grantees may have an opportunity to carryover funds from Year 1 to Year 2 of the grant cycle. Approval of a carryover from Year 1 to Year 2 will depend on the availability of funds, the Grantee's progress to achieve project goals, and other factors deemed relevant by the Department.
2. Requests for carryover must be submitted to the Department in writing with an explanation as to why the funds were not expended in Year 1 and how the carryover funds will be used in Year 2.
3. The Deputy Director of Fiscal Services and the Deputy Director of Program Services reserve the right to deny requests for carryover of funds if fiscal concerns exist or significant progress has not been made to achieve project goals.
4. Grant funds not expended at the end of Year 2 will revert to the funding source unless otherwise specified in the grant agreement.
5. Grant amendments will be generated and kept on file by the GMU and the Grantee.

FOR CSBG GRANTS ONLY

6. Grantees will be allowed to carryover funds from one grant year to the next year consistent with the requirements specified in the CSBG Act, funding formula, and/or instructions contained in the congressional appropriation.
7. A Budget Amendment must be submitted to request the incorporation of carryover funds into the current year budget.

FOR FRC, F2F, CTF, and TXX

8. Funds may not be carried over from one fiscal year to the next. Grant funds not expended at the end of the fiscal year will revert to the appropriate funding source.

GI-09-15 SUBJECT: EQUIPMENT AND INVENTORY REQUIREMENTS

1. Grantees must establish a system of accounting for all equipment purchases of \$1,000 or more and for computer and software purchases of any amount. The system must include, at a minimum, a listing of all equipment purchased with grant funds, the date purchased, the funding source, the physical location and disposition.
2. An ongoing inventory must be maintained for all items purchased with grant funds that meet all of the following criteria.
 - a. Has an anticipated useful life extending beyond one year
 - b. Is not consumed in use
 - c. Is not attached permanently as a non-movable fixture
 - d. Had a purchase price of \$1,000 or more, or is a computer or software.
3. Grant Managers may also request that Grantees inventory certain other items (e.g., GPS systems and webcams).
4. Grantees should conduct a physical inventory periodically (no less than annually) and compare it to the written records. If a Grantee has equipment or property purchased with grant funds they no longer use, a listing of the items must be sent to the GMU.
5. Following termination of a grant under the GMU, the Department may direct the Grantee to retain, transfer, or liquidate equipment and non-consumable materials purchased with grant funds. If equipment is liquidated, use of the proceeds must be approved by the Department.
6. In addition to these requirements, F2F and FRC have additional inventory requirements stated in No. 7.

GRANT INSTRUCTION FOR F2F AND FRC GRANTEEES ONLY

7. All F2F and FRC programs shall develop policies and procedures to ensure that a current inventory is developed and maintained.

- a. An annual physical count of all material and equipment purchased with F2F or FRC funds must be conducted.
- b. All equipment and other items purchased with F2F or FRC funds is considered property of the State of Nevada, DHHS. If any agency no longer provides F2F or FRC services, these items will be transferred to an agency that is providing F2F or FRC services.

GIR-09-16 SUBJECT: RETENTION AND DISPOSAL OF PROJECT DOCUMENTS

1. Financial records, supporting documents, statistical records, and all other records pertinent to a grant agreement must be retained for a period of three years from the date of the submission of the final expenditures report. Consequently, if no litigation, claims, or audits are pending that involved project records, Grantee staff may dispose of materials three or more years subsequent to the submission of the final expenditures or financial status reports. If any litigation, claim, or audit is started before the end of the three-year period, then all pertinent documents must be retained until all actions involving the records have been resolved.
2. During the three-year retention period or any extended period resulting from litigation, claims, or audits, the Deputy Director of Fiscal Services or any of the Department's duly authorized representatives shall have access to any pertinent books, documents, papers, or records of Grantees to make audits, examinations, excerpts, and transcripts.

GIR-09-17 SUBJECT: RISK ASSESSMENT

The Grantor shall, at least once during each grant year, assess the risk level of each Grantee. The assessment will be based on criteria determined by the GMU and the Fiscal Unit. Results may be considered when determining the frequency of program and/or fiscal reviews, the need for special award conditions (GIR-09-20), whether the Grantee is eligible to receive incentive funding and/or carryover funds, and in other administrative decisions.

GIR-09-18 SUBJECT: PROCEDURES FOR FISCAL MONITORING AND ADMINISTRATIVE REVIEW OF ADVERSE FINDINGS

1. The Department may, at its discretion, conduct a fiscal monitoring of a Grantee at any time during or after a grant year.
2. For scheduled fiscal monitorings, each Grantee will be notified in writing at least three weeks prior to the visit. A letter will be sent indicating the documents that must be available to the fiscal monitor prior to their visit and/or during their visit to the Grantee's location.
3. If the Department attempts to perform a fiscal monitoring and discovers that adequate records do not exist or the condition of the records is such that a fiscal monitoring cannot be completed, the Department will issue written notification that the Grantee:
 - a. Will be placed on Probation, and
 - b. May be subject to withholding of any further funding from the Department until the deficiencies are corrected and the fiscal monitoring is completed.
4. Within two weeks following completion of the Department fiscal monitoring, the Grantee will receive a preliminary report that specifies the findings of the Department, subsequent recommendations, and a deadline for responding to the preliminary report.
5. If the Grantee is in agreement with the preliminary report, it will be considered the final report.
6. If the Grantee is not in agreement, the Grantee must submit, within the time frame specified in the preliminary report, a written response with any disagreement of adverse findings. Adverse findings are defined as follows.
 - a. Lack of Adequate Records: The Department determines that either sufficient records do not exist or the records are not in a condition to allow the Department to perform a fiscal monitoring.

- b. **Administrative Findings:** Include those findings that represent weaknesses in the internal accounting and administrative controls but do not include questioned costs or costs recommended for disallowance.
 - c. **Questioned Costs:** Costs charged to a grant that cannot be supported by documentation. With approved documentation, questioned costs may become allowable. Without documentation, they will become disallowed costs.
 - d. **Costs Recommended for Disallowance:** Costs that are in direct violation of State policies.
7. It will be necessary to submit to the Department a listing of each point of disagreement and justifications for each disagreement. Within two weeks of receipt of the Grantee's written response, the Department will review and consider the points and justification of disagreement. If warranted, the Department will make corrections and/or adjustments to the report and issue an amended final report.
 8. If the Grantee remains in disagreement and can furnish additional supportive documentation, a request for an administrative review must be made in writing to the Deputy Director of Fiscal Services within sixty (60) days of the receipt of the final report. For purposes of calculating date of receipt, the Department will use three (3) working days from the date of the final report.
 9. Upon receipt of the request for administrative review, the Grantee will be notified by letter of the date for the Grantee to present their issues of disagreement.
 10. The Department shall review the disagreement issues, supporting documentation, and the Department files and forward a decision to the Grantee in writing.

GIR-09-19 SUBJECT: PROCEDURES FOR PROGRAM SITE VISITS AND MONITORING

1. Formal site visits with program monitoring will be conducted by Grant Managers at a predetermined and mutually agreed upon time.
2. Grantees will be provided with a copy of the monitoring template to review and prepare for the meeting in advance. Required materials must be available at the meeting.
3. Site visits will be documented with a standard report to be provided to the Grantee within six weeks of the site visit. These reports will be kept on file with the grant records.
4. Additional site visits without advance notice may be performed at a Grantee location at any time.

GIR-09-20 SUBJECT: CORRECTIVE ACTIONS

If a Grantee does not meet expectations, the GMU may apply corrective actions including special award conditions, probation, or termination. This section describes the reasons, consequences, and process associated with each option. In each case, enforcement of the appropriate consequences is at the discretion of the Department Director. Any level of corrective action may be applied at any time; options may not be applied sequentially.

1. Special Award Conditions

- a. Reasons a Grantee may be subject to special award conditions include, but are not limited to, the following.
 - (1) History of poor performance
 - (2) Financial instability
 - (3) Management system that does not reasonably assure grant compliance and accurate accounting records.
 - (4) Insufficient governance structure
 - (5) Non-compliance with the terms and conditions of a previous award
- b. Consequences related to special award conditions may include, but are not limited to, the following.
 - (1) Additional reporting
 - (2) Backup documentation
 - (3) Audit

- (4) Accreditation
- (5) Additional site visits by program and/or fiscal staff, with or without advance notice
- c. The process for imposing special conditions and/or requirements may be initiated, as needed, at the beginning of the grant period or at any time within the grant period. The special conditions and/or requirements will remain in force until staff determines that the precipitating issues have been resolved. If the GMU determines that special conditions and/or requirements are necessary, the Grantee will be provided with written notification that includes the following.
 - (1) Nature of the additional requirements
 - (2) Reason(s) for the additional requirements
 - (3) Nature of the corrective actions needed
 - (4) Time allowed for completing the corrective actions

2. Probationary Status

- a. Reasons a Grantee may be placed on probation include, but are not limited to, the following.
 - (1) Unwillingness or inability to comply with special conditions and requirements as described in Section 1 of this GIR
 - (2) Non-compliance with Federal or State rules and regulations
 - (3) Non-compliance with the Department's GIRS
 - (4) Inability or unwillingness to properly manage the program
 - (5) Non-compliance with the approved grant application terms and conditions
 - (6) Non-submission of required reporting or failure to submit reports in a timely manner
 - (7) Significant findings by an independent auditor that affects the programs funded by the Department and/or classification as high-risk by an independent audit
 - (8) Non-compliance with applicable OMB Circulars
 - (9) Classification by the Department as high risk and there has been no significant improvement to correct deficiencies
- b. Consequences related to probationary status may include, but are not limited to, the following.
 - (1) The Grantee may not be eligible for any supplemental funding.
 - (2) The Grantee may not be allowed to receive any grant payments in advance but may be reimbursed on an actual cost basis.
 - (3) If the Grantee receives Federal funding and its financial management system fails to produce accurate, current and complete disclosure of the financial results of each federally funded grant in accordance with the reporting requirements set forth in 2 CFR 215, as applicable, then the Grantee may be prohibited from receiving advance funding.
 - (4) The Grantee may be required to appear before the appropriate GMU advisory committee.
- c. The process for implementing probationary status and monitoring progress toward corrective action is as follows.
 - (1) The Department will notify the Grantee of probationary status in writing, citing the reasons for that action, and will meet with the Grantee to determine the current status of the program with regard to budget, original goals or any other areas of concern.
 - (2) The Grantee may be required to submit new goals, budgets, or other corrective plans and a strategy for achieving those goals, within two weeks of request, to the Grant Manager for approval.
 - (3) The Department will respond to the corrective action plan within two weeks of receipt. The Grantee may be asked to make modifications.
 - (4) Progress on the corrective action plan will be reviewed by the Department every 60 days.

- (5) When the corrective actions have been completed, the Deputy Director of Fiscal or Program Services may remove the probationary status. The appropriate GMU advisory committee will be informed of this decision at their next scheduled meeting.

3. Termination

Grants may be terminated by the Department Director in accordance with the General Conditions that are incorporated with the Grant Agreement. A grant may be terminated at any time during the grant year.

- a. Reasons a Grantee may be subject to termination include, but are not limited to, the following.
- (1) Unwillingness or inability to comply with special award conditions and requirements as described in Section 1 of this GIR
 - (2) Unwillingness or inability to meet the terms of probation as described in Section 2 of this GIR
 - (3) Conduct that interferes with the administration of the grant or negatively impacts the ability to provide effective program services
 - (4) Illegal activity of any kind
 - (5) Insolvency
 - (6) Failure to disclose a conflict of interest
 - (7) Influence by a gratuity
 - (8) Any violations of the terms of the grant agreement
- b. A no-fault termination may occur at any time during the grant year. Reasons a grant may be terminated on a no-fault basis include, but are not limited to, the following.
- (1) The State and the Grantee mutually agree to termination without cause.
 - (2) Funding from the State and/or Federal sources is not appropriated or is withdrawn, limited, or impaired.
 - (3) Other extenuating circumstances exist that render continuation by the State impossible.
- c. Consequences of termination may include, but are not limited to, the following.
- (1) Repayment to the State of any outstanding advance
 - (2) Non-reimbursement for any grant-related expenses incurred after the termination effective date
 - (3) Transfer or liquidation of all equipment and non-consumables purchased with grant funds during the grant period (including equipment with an original purchase price of \$1,000 or more, all computers and software regardless of original purchase price, and any other items the State has required the Grantee to inventory during the course of the grant)
 - (4) Surrender of any and all documents related to the grant that the State deems necessary
- d. The process for implementing grant termination under Section 3a of this GIR is as follows.
- (1) The State will notify the Grantee in writing.
 - (2) The State will schedule a meeting of the appropriate advisory body (i.e., the Grants Management Advisory Committee or the Advisory Committee on Problem Gambling) to serve as a public hearing and will ensure that the meeting is in compliance with the Nevada open meeting law.
 - (3) The advisory body will review the State's decision, provide an opportunity for the Grantee to offer testimony, and will make a recommendation to the Department Director.
 - (4) The Director's decision will be final and will be effective immediately upon receipt of a written notice to the Grantee (or any date specified therein).
- e. The process for implementing grant termination under Section 3b of this GIR is as follows.
- (1) The State will notify the Grantee in writing.

- (2) A public hearing will not be scheduled.
- (3) Termination will be effective immediately upon receipt of the written notice (or any date specified therein).

APPROVED:



Mike Torvinen
Deputy Director of Fiscal Services

Date: 7/9/09



Mary Liveratti
Deputy Director of Program Services

Date: 7/9/09



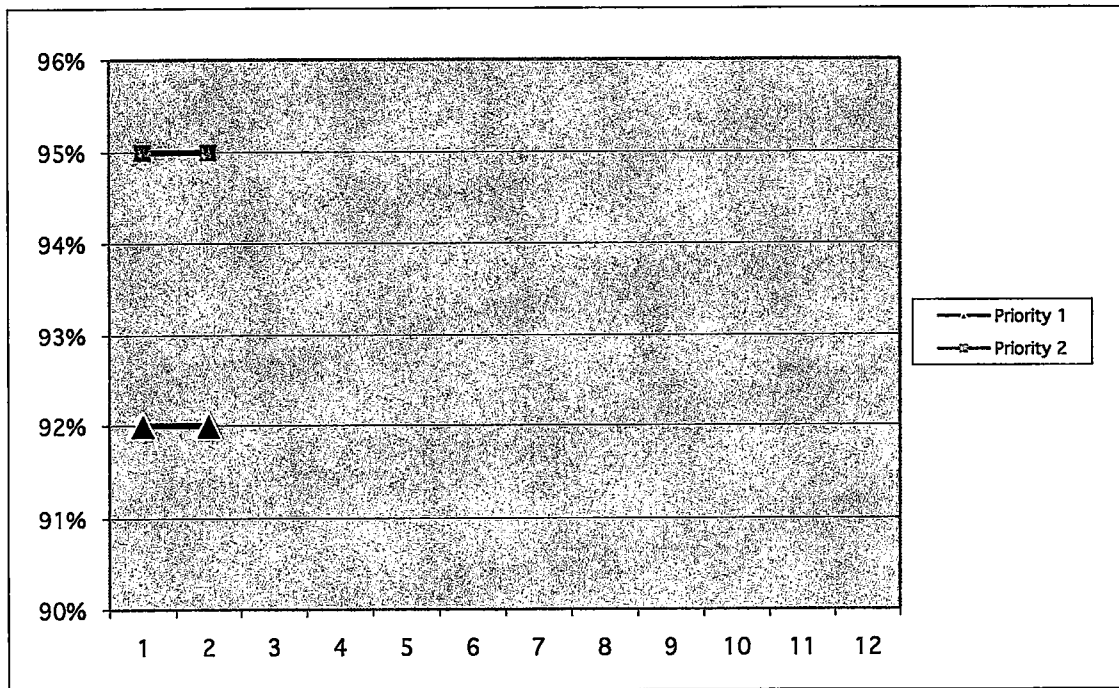
Regional Emergency Medical Services Authority

REMSA
OPERATIONS REPORTS
FOR
AUGUST 2009

DBOH AGENDA ITEM # 9.

Fiscal 2010

Month	Avg. Response Time	Avg. Travel Time	Priority 1	Priority 2
Jul-09	5 mins. 56 secs.	4 mins. 46 secs.	92%	95%
Aug.	6 mins. 4 secs.	4 mins. 54 secs.	92%	95%
Sept.				
Oct.				
Nov.				
Dec.				
Jan. 10				
Feb.				
Mar.				
Apr.				
May				
Jun-07				



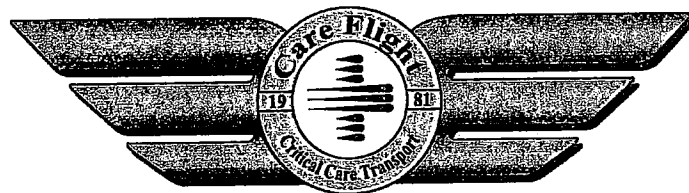
09-10 Sched of Fran Avg. Bill

Care Flight				
Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-09	11	\$91,553	\$8,323	\$8,323
Aug.	15	\$99,547	\$6,636	\$7,350
Sept.			\$0	\$7,350
Oct.			\$0	\$7,350
Nov.			\$0	\$7,350
Dec.			\$0	\$7,350
Jan. 2010			\$0	\$7,350
Feb.			\$0	\$7,350
Mar.			\$0	\$7,350
Apr.			\$0	\$7,350
May			\$0	\$7,350
June			\$0	\$7,350
Totals	26	\$191,100	\$7,350	\$7,350
			Adjusted Allowed Average Bill -	\$6,600.00
REMSA Ground				
Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-09	2877	\$2,716,180	\$944	\$944
Aug.	2876	\$2,714,870	\$944	\$944
Sept.			\$0	\$944
Oct.			\$0	\$944
Nov.			\$0	\$944
Dec.			\$0	\$944
Jan. 2010			\$0	\$944
Feb.			\$0	\$944
Mar.			\$0	\$944
Apr.			\$0	\$944
May			\$0	\$944
June			\$0	\$944
Totals	5753	\$5,431,050	\$944	\$944
			Allowed ground avg bill -	\$922.00



Regional Emergency Medical Services Authority

**CARE FLIGHT
OPERATIONS REPORT
FOR
AUGUST 2009**



**CARE FLIGHT OPERATIONS REPORT
AUGUST 2009
WASHOE COUNTY**

- ❖ **In Town Transfer:**
 - 0 ITT was completed
- ❖ **Outreach, Education, & Marketing:**
 - 2 Community Education & Public Events

8-20-09	RASI Orientation	Flight Staff
8-27-09	RGJ Interview	Flight Staff

❖ **Statistics**

Washoe County Flights

	# patients
Total Flights:	15
Total Patients	15
Scene Flights	14
Hospital Transports	1
Trauma	7
Medical	7
High Risk OB	0
Pediatrics	1
Newborn	0
Full Arrest	1
Total	16



Regional Emergency Medical Services Authority

REMSA
GROUND OPERATIONS REPORT
FOR
AUGUST 2009



GROUND AMBULANCE OPERATIONS REPORT

August 2009

1. OVERALL STATISTICS:

Total Number Of System Responses	5007
Total Number Of Responses In Which No Transport Resulted	2135
Total Number Of System Transports	2872

2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests		1%
Medical		45%
OB		1%
Psychiatric/Behavioral		4%
Transfers		16%
Trauma		26%
	Trauma – MVA	7%
	Trauma – Non MVA	19%
Unknown/Other		7%
Total Number of System Responses	100%	

3. MEDICAL DIRECTOR'S REPORT:

The Clinical Director reviewed:

- 100% Full Arrest Ground Charts
- 100% Pediatric ALS and BLS Ground Charts
- 100% All Ground Intubations

Review of the following patient care records (PCR) for accurate and complete documentation and appropriate use of protocol:

- 100% of cardiopulmonary arrests
 - 34 total
- 100% of pediatric patients both ALS and BLS transport and non-transport patients
 - Total 148
- 100% of advanced airways (outside cardiac arrests)
 - 1 total
 - ETCO2 use in cardiac arrests and advanced airway
- 100% of Phase 6 Paramedic and EMT PCRs
 - 142 Paramedic total

- o 262 EMT-I total
- 100% Pain/Sedation Management – 263

All follow-up deemed necessary resulting from Communication CQI was completed by Marcy Kerns, Communications CQI Coordinator.

4. EDUCATION AND TRAINING REPORT:

A. Public Education

Advanced Cardiac Life Support

Date	Course Location	Students
8/3/09	REMSA Education	25
8/21/09	REMSA Education	26
8/29/09	REMSA Education	8

Advanced Cardiac Life Support Recert

6/16/09	Nampa Fire	5
8/26/09	EMS CES 911	3
8/29/09	John Mohler & Co	13

Advanced Cardiac Life Support Skills

8/17/09	REMSA Education	1
---------	-----------------	---

Bloodborne Pathogen

8/5/09	REMSA Education	8
8/6/09	REMSA Education	9

Basic Life Support Instructor

8/6/09	REMSA Education	12
--------	-----------------	----

Health Care Provider

5/13/09	Washoe County School District	6
6/10/09	Washoe County School District	1

6/22/09	Sierra Nevada Job Corp	6
6/26/09	Visual Insight	2
7/24/09	Donna Miller	7
8/1/09	Riggs Ambulance Service	3
8/5/09	REMSA Education	6
8/6/09	Visual Insight	2
8/8/09	REMSA Education	10
8/11/09	REMSA Education	12
8/11/09	Jason Harris	1
8/12/09	Jason Harris	2
8/13/09	REMSA Education	5
8/14/09	CPR Plus	8
8/15/09	Regent Care Center	4
8/17/09	REMSA Education	21
8/18/09	REMSA Education	39
8/18/09	REMSA Education	15
8/19/09	REMSA Education	9
8/19/09	Jason Harris	1
8/19/09	Ralph Renteria	9
8/21/09	Sierra Nevada Job Corp	6
8/24/09	Jason Harris	1
8/25/09	Jason Harris	1
8/26/09	Eastern Plumas Healthcare	4
8/27/09	REMSA Education	12
8/29/09	Lisa Rassuchine	1
7/21/09	Washoe County School District	6

8/6/09	REMSA Education	8
8/12/09	REMSA Education	5

Health Care Provider, Employee

8/3/09	REMSA Education	1
8/5/09	REMSA Education	1
8/7/09	REMSA Education	2
8/14/09	REMSA Education	2
8/21/09	REMSA Education	1
8/28/09	REMSA Education	1

Health Care Provider, Recert

5/15/09	Northern California Medical EMS	1
7/15/09	Ed Montano	2
8/3/09	UNR Sports Med	4
8/3/09	REMSA Education	5
8/3/09	REMSA Education	2
8/4/09	Jason Harris	1
8/5/09	Jason Harris	2
8/8/09	Willow Springs	10
8/12/09	REMSA Education	10
8/12/09	Concentra	3
8/12/09	REMSA Education	1
8/13/09	REMSA Education	9
8/14/09	Nevada Department of Corrections	1
8/18/09	REMSA Education	7
8/18/09	Ralph Renteria	3

8/19/09	Marci Hays	1
8/19/09	Rosewood Rehab	5
8/20/09	REMSA Education	4
8/20/09	REMSA Education	5
8/20/09	Marci Hays	1
8/22/09	REMSA Education	11
8/23/09	Tyler Teese	16
8/25/09	REMSA Education	1
8/25/09	Visual Insight	2
8/25/09	REMSA Education	6
8/25/09	Battle Mtn General Hospital	5
8/26/09	Tyler Teese	4
8/26/09	University Health	4
8/26/09	EMS CES 911	1
8/27/09	Leslie Cowger	1
8/28/09	REMSA Education	8

Health Care Provider Skills

7/2/09	Tahoe Forest Hospital	8
7/28/09	Tahoe Forest Hospital	7
8/12/09	REMSA Education	3
8/18/09	REMSA Education	1
8/18/09	REMSA Education	1
8/18/09	Tahoe Forest Hospital	6
8/20/09	Tahoe Forest Hospital	1
8/21/09	REMSA Education	2
8/27/09	REMSA Education	1

8/31/09	REMSA Education	5
---------	-----------------	---

Heart Saver AED

5/2/09	Washoe County School District	3
5/4/09	Washoe County School District	4
5/5/09	Washoe County School District	6
5/6/09	Washoe County School District	4
5/7/09	Washoe County School District	6
5/11/09	Washoe County School District	4
5/12/09	Washoe County School District	4
5/13/09	Washoe County School District	3
5/16/09	Washoe County School District	4
5/18/09	Washoe County School District	10
5/18/09	Washoe County School District	6
5/19/09	Washoe County School District	6
5/20/09	Washoe County School District	5
5/21/09	Washoe County School District	10
5/23/09	Washoe County School District	8
5/26/09	Washoe County School District	7
5/27/09	Washoe County School District	8
5/30/09	Washoe County School District	2
6/4/09	Washoe County School District	12
6/9/09	Washoe County School District	6
6/11/09	Washoe County School District	4
6/16/09	Washoe County School District	2
6/18/09	Washoe County School District	2
6/20/09	Washoe County School District	6

6/22/09	Washoe County School District	2
6/30/09	Washoe County School District	5
7/9/09	Washoe County School District	2
7/14/09	Washoe County School District	4
7/16/09	Washoe County School District	2
7/21/09	Washoe County School District	4
7/23/09	Washoe County School District	7
7/29/09	Washoe County School District	8
8/4/09	REMSA Education	7
8/5/09	Ronald Oliver	5
8/5/09	Henry Willrich	1
8/11/09	Jennifer Kraushaar	1
8/12/09	REMSA Education	5
8/14/09	REMSA Education	2
8/14/09	Tahoe Forest Hospital	1
8/15/09	REMSA Education	1
8/17/09	Nampa Fire	3
8/18/09	Eldorado Hotel Casino	6
8/18/09	Tahoe Forest Hospital	2
8/19/09	Marriott Residence Inn	5
8/20/09	Visual Insight	3
8/22/09	EMS CES 911	1
8/25/09	Washoe County School District	49
8/29/09	Heavenbound Lifestyle Center	5
8/29/09	Carolyn Drayton	3
8/31/09	UNR EHS	8

Heart Saver CPR

8/7/09	REMSA Education	9
8/11/09	Sierra Nevada Job Corp	12
8/12/09	Sierra Nevada Job Corp	12
8/12/09	Sierra Nevada Job Corp	3
8/27/09	Sierra Nevada Job Corp	6

Heart Saver First Aid

6/18/09	Washoe County School District	6
6/22/09	Sierra Nevada Job Corp	6
7/15/09	Ed Montano	1
7/28/09	Great Basin National Park	4
8/5/09	REMSA Education	8
8/5/09	REMSA Education	6
8/5/09	REMSA Education	6
8/6/09	REMSA Education	6
8/6/09	REMSA Education	9
8/6/09	Visual Insight	2
8/11/09	Hamilton Company	3
8/13/09	REMSA Education	5
8/13/09	REMSA Education	10
8/14/09	Visual Insight	1
8/15/09	REMSA Education	4
8/15/09	Chris McNally	6
8/15/09	Visual Insight	2
8/17/09	REMSA Education	21
8/17/09	Sierra Nevada Job Corp	9

8/18/09	REMSA Education	15
8/18/09	Long Valley Charter School	8
8/19/09	Mt View Montessori	30
8/24/09	Eagle Valley Children's Home	6
8/27/09	Hamilton Company	6
8/28/09	Mt View Montessori	14

Heart Saver Pediatric First Aid

7/24/09	Eastern Plumas Healthcare	9
8/1/09	REMSA Education	8
8/4/09	Eastern Plumas Healthcare	3
8/22/09	Visual Insight	5

International Trauma Life Support

7/21/09	REMSA Education	6
---------	-----------------	---

Neonatal Resuscitation Program

7/24/09	REMSA Education	10
---------	-----------------	----

Pediatric Advanced Life Support

8/5/09	Eastern Plumas Healthcare	2
7/31/09	Shally Baughman	3
8/20/09	Nampa Fire	4

Ongoing Courses

1/20/09	REMSA Education	12
7/7/09	REMSA Education	6
5/18/09	REMSA Education	23
8/12/09	REMSA Education	21

5. COMMUNITY RELATIONS:

Community Outreach:

Point of Impact

8/1/09	Booster for Booster Event at Back to School Fair; Kietzke Lane Wal-Mart, Reno. 36 Boosters distributed	1 staff
8/4 and 8/5/09	Booster Seat Booth at Jesse Hall Elementary Open Houses	1 staff
8/10-8/13/09	National Child Passenger Safety Technician Certification Course; all students passed	4 students
8/15/09	Child Safety Seat Checkpoint, Babies 'R Us, Reno. 24 cars and 32 seats inspected.	17 volunteers, 2 staff

Northern Nevada Fitting Station Project

8/12/09	St. Mary's Prepared Childbirth Class	31 students, 1 staff, 2 volunteers
---------	--------------------------------------	------------------------------------

Safe Kids Washoe County

8/7/09	Washoe County Child Death Review board, Reno.	18 volunteers
8/11/09	Safe Kids Washoe County monthly meeting, Sparks.	12 volunteers
8/11/09	Sun Valley Elementary School Back To School Barbecue, Sun Valley.	1 volunteer
8/12/09	Bike to Work subcommittee planning meeting, Reno	1 staff
8/12/09	Safe Kids Washoe County regular board meeting, REMSA.	6 volunteers
8/18/09	Jesse Hall PTA meeting	1 staff
8/19/09	Bike to Work subcommittee planning meeting, Reno	1 staff

8/20/09	Northern Nevada Maternal Child Health Coalition monthly meeting, Washoe County District Health Department.	14 volunteers
8/20/09	Cribs for Kids partnership teleconference call.	1 staff
8/25/09	Nevada State Child Passenger Safety Task Force special meeting, Reno.	
8/25/09	Intermountain Region Emergency Medical Services for Children Coordinating Council special meeting, Salt Lake City, UT.	1 volunteer
8/25/09	Nevada State Child Passenger Safety Task Force special meeting, Reno.	7 volunteers

Public Relations

8/10/09	Child bike helmet fitting, REMSA office.	2 staff
---------	--	---------



Regional Emergency Medical Services Authority

**GROUND AMBULANCE AND CARE FLIGHT
INQUIRIES
FOR
AUGUST 2009**

INQUIRIES

August 2009

There were no inquiries in the month of August.



Regional Emergency Medical Services Authority

**GROUND AMBULANCE
CUSTOMER SERVICE
FOR
AUGUST 2009**

GROUND AMBULANCE CUSTOMER COMMENTS AUGUST 2009

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
1	Went to work right away - showing their knowledge & efficiency	Everyone was very polite & concerned with my wishes - especially helping me arrange care for cat.	
2	everything	Just be there if I ever need you again.	Excellent
3	Dispatcher was helpful and calming		Service by REMS & Fire was great.
4	Listened to what my signs and symptoms were and provided necessary treatment.	Medics were professional and I appreciate their immediate care and treatment	Thanks for your service. Keep up the great job.
5	The crew was caring and helpful.		
6	Kept me calm while transporting me to hospital.		
7	Communication	Make sure you Transfer people to your gurney very carefully!	
8	Your staff was very polite and kind. They even checked back to see if I was ok.	N/A	Very good service - very respectful girls Thank You!
9	asked appropriate questions & caring		
10			I am sorry but I was unconscious for the trip
11	Everything	Those two guys were awesome!	
12	Everything was done right. They were professional and very helpful.	you did great	
13	I do not remember due to head injury Assume everything was ok	Thank you for your service	
	They were very gentel with my wife	N/A	
	They were kind + very soft spoken.	Nothing	It was excellent. thats why we pay for Remsa's service.
16	professional & caring - Thank you!		
17	everything. The two young ladies on the ambulance were courteous, compassionate and knew what to do, how to do it, and how to explain what and why they were doing it	you're doing great right now	I couldn't have asked for anything better and I have very high standards
18	The primary Remsa staff was great, very informative and checked on us several times in the hospital.		
19	Very helpful and Polite	frequent flyer miles	
20	Polite and gentle on IV	guerney wasn't brought up to my room at first.	
21	The personnel seemed very competent in their work they were also sensitive	I thought you did just fine	Your car was excellent and efficient
22	Very professional	You did very well keep it up	
23	Very professional + observant	n/a	Your care + service was excellent, keep up the good work.
24	When I was in so much pain from fracture they treated me nicely and gently until I got to the hospital.		
25	VA Triogy ordered Remsa service to transfer me to Renown Hospital.		Very good and professional
26	Arrived on time, soothing to all involved, kind and patient, sense of authority and competence		excellent.
27	The personnel was very helpful. They explained everything well, helped to ease a lot of our stress. We were very happy with the service.	I do not recall any improvements needing to be made to service provided to us.	If we were in need of services again I would hope to have the same personnel. We were made to feel very comfortable during a very scary time for us.
28	The response time was excellent. The staff was polite and professional.	N/A	
29	Dispatcher walked me threw everything - really professional. The crew listened to my husband + to me and were very careful with him due to the pain in his back		

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
	The entire crew went above and beyond. They were helpful, supportive and extremely kind in a difficult situation		
31	Explained procedures very well very good with my family		
32	Everything	Stay the same	Glad it was the crew we got - really good
33	Everything convincing my 91 old mother that is was in best interest to go renown.		
34			They make you feel that everything will be alright. God bless them, they are special people.
35	IV place in hand, very well done. Not in elbow. Treated me very professionally		I felt very comfortable in their care.
36	Everything	0	Crew was very professional + cooperative
37	Remsa personel were kind, patient & helpful - Thank you -		
38	everything and personel was great :)	Hopefully I won't need you again Ha Ha.	
39	very helpful You were at our house very quickly, both EMT's ("employee name" + "employee name") were professional, polite + reassuring.		I appreciated the fact that they came back twice - I really did not want to go to the hospital + I'm sorry that I did, but I was not getting better so I decided to go to the ER.
40	Yes	No	Very professional - Great service Thank you!
41	Everything went easy + well	excellent service	very good
42	Took care of my 13 year old Granddaughter and hadicapped adult son.		
43	provided ametal contraption to slip under my body - then transfer to a gurney to get me in a wheelchair from prone on the floor is very painful.		fast, reliable & pleasant.
	I was unconscious did not deal w/billing everything perfect. they were kind: told me not to move.	You are perfect	the insurance comp. will deal with billing. A Bystander called dispatch + I was told they were very prompt
45	Since I was out of town and everything went smoothly. I have not received a single negative report. Thank you!!!!		
46	very comforting in care to my father until his death and our feelings after		
47	Everything was done well.		They explained every They were doing. And kept me in high spirits. They were doing. And kept me in High sporots. They were pecent with me.
48	Everything was done very nice, courtesy and very infomative, responded quickly		
49	They got here in a timly manner very profesional. We think he had a sizure. Confused we found him on the floor.	They took his SS. # + name etc. but did not have me sign for him he was unable to do any thing	We found him on the foot of the bed on the floor his care on other side he has a Laryengety, can't talk less he puts his finger to throat disoriented confused they did a Great Job Thanks to all of them they did it fast
50	wonderful didn't talk to billing fast / explained what they do + what was happening	cool inside really hot day	
51	Ask Questions and Instructions.	Give encouraging words and try to touch hands of the patient to give him/her comfort while his eyes are closed.	Good!
52	Made me comfortable.	Nothing.	Needles didn't go in arm easily.
53	Helped me out of the house and onto the bed then from the bed to a wheelchair	I don't know	good
54	Everything	Nothing	The personnel were courteous, professional and knowledgable.
5	Unbelievably well.	Can't think of a thing	You do not need to do anything different than your service to me.
56	all things		Very professional
57	very speedy delivery,		as long as a patient is treated like family, no complaints
58	The ambulance personel was profesional an friendly. Very good IV insertion	Nothing	I haven't dealt with the billing yet

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
	Very good timing from call in to amb. arrived	Less noise at the scene.	
60	Personnel very considerate and helpful		Personnel helped put me at ease and reassured me. They were all very kind and considerate. Thank you
61	Took very good care of me. Did not treat me like I didn't know anything.	Use the correct primary insurances it very important!!!	
62	They were quick, I was comfortable and safe.	I waited at Hospital 3.5 hours before delivered to Manor care, They said they did not know I was arriving.	
63	The care in loading me on the gurney and getting me to the hospital in a timely manner.	Keep up the good work you're presently doing!	
64	you saved my husband -		
65	Very quick in arriving, very attentive, caring + professional	You are wonderful!!	
66	Your paramedics were professional and caring. They did their job well.	You did all the necessary things.	
67	As always, I think you all very professional and know all you need.	Let me know when I can sign up to pay the yearly amount for ambulance service.	Service was great.
68	Did a great job on everything specially on telling me what was wrong w/my wife.		The personal was really professional and helpful.
69	Quick response.	I believe that I was handled too cavalierly when it was very clear that I had a back injury. The crew did not at first stabilize my back - rather, they manhandled me to a convenient place to sit me up on a gurney. I felt that they should have rolled me onto a backboard where I lay and then transported me on that backboard. No ill effects of my treatment, apparently, but these retrospective thoughts are scary. In short, however, I think I should have been made more stable before transport and during transport.	
	The Paramedics came out because I had a migraine + vomiting uncontrollably + they gave me an IV + meds to stop my vomiting	Nothing you guys did everything right.	About the dispatcher my mother called 911 for me, but as far as I know the dispatcher was helpful
71	Very informative about what was happening from departure of Renown to the hospital	the crew was one A	
72	Immediate care	Better IV insertion training.	One EMT was in charge and disciplined another EMT while I was in the ambulance.
73	Your crew was very prompt + caring, getting me to the hospital in a timely manner.		I was pretty much out of it when they arrived + they did everything they could for me.
74	It was explained very well.	Keep on doing what you do.	The boys were polite and careful with my husband
75	Got to me quickly + were very friendly. Explained everything they were doing.		They did a good job. Even got me a warm blanket at the hospital before they left.
76	Finding out what was wrong with me.		
77	Your personnel made sure I was comfortable. They gave me time to stretch after my flight. Very personable.	N/A	
78	Couldn't find a thing wrong at all		Very satisfied
79	Quick response in my most important time of need		
80	Quick response.	Always be here when called and you arrive ready and competent.	I have had no complaint - I'm grateful for your good service.
81	Staff were very compassionate with my daughter and myself.	Keep up the good work!	

What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
82 The EMS personnel were prompt in both arrival and delivery to St Mary's.	The 2 female METs asked my husband to walk down 2 flights of stairs. He was in acute pain and agreed to do so because he is a very nice person, as well as a former EMT-P himself. (I am a retired RN) The entire purpose of calling for transport was just that - if the 2 responders were not capable of transport via guerny, they should not be paired as a team, and if they are capable, they should be censured for not doing so. ULTIMATELY, I COULD HAVE DRIVING HIM MYSELF. The end result was ER Gallbladder Surgery, was necrotic and life threatening. Please do something to rectify this incident, and prevent future occurrences.	The EMTs were otherwise professional, although as medical professionals, we found some of the actions questionable, although we certainly understand they may simply have been following protocol.
83 You were courteous + kind		We are members of Silver circle + it is great - We try not to overuse it
84 the personnel was so kind and considerate of my 81yr old husband. Informed me of what was going on.		Being from Aurora Co and unfamiliar with Reno and knowing no one. I would of been at a great loss without staff who went out of thier way to be accomodating and sensitive. Thank you. My husband is doing very well.
85 Got me to Renown Hospital in a timely manner		
86 took my bike with me. Very friendly.	They dld a great job. No suggestions.	
87 They were careful and professional.	very satisfied	
88		Excellen service, in my opinon, there is no room for further improvement. Highly recommended.
89 Everything from p/u to drop off at St. Mary's	Everything's AOK	AOK
90 Quick response	No	Thank you for being professional and the service recieved from your team.
91 Extremely professional + helpful to family - kept me informed at every step	stay the way you are!	
92 Everything - the crew were so professional - helpful and kind -		
93 Very professional -	Great job!	
94 They were very professional and took over from their arrival, and handled the problem in a very quick and satisfied way. They were very helpful telling us what they were doing and what we should do.		
95 Come fast!	Do not take so long to take the patient only 200 yards across the street to the ER!!!	Slow but O.K.
96 Your staff was very prompt and exceptionally sypathetic and helpful!!!		Excellent
97 Your people were very professional, kind and caring during my trip to Saint Mary's hospital	Just keep up the good work	
98 Two wonderful EMT's so thoughtful kind and concliderate.	Couldn't have been better!	
99 Everything was very h elful. Your care after delivery to the hospital was wonderful.		Thank you!
100 Nothing.	Stop making jokes about the patient that could of died, and maybe lights & siron should have been used.	Your people made comments about my wife going sleepy bye and she is taking a nap for allof us!
101 Everything	Great job.	Awesome Team!
102 Paramedics were great!	Did a great job!	Am grateful for "silver saver"!
103		My husband was transported to St. Mary's hospital via Remsa ambulance en route one of the crew members was inserting a needle in his hand for an IV line the missed the vein his hand was very swollen (bad) a picture of it was taken by a nurse. After he was released I had to take him to the emergency cause he had so much pain they wrapped it and told him to keep it elevated which we had been doing. Its been almost three weeks since the incident happened and his hand is still swollen, very bad.

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
	You did everything well -	Continue to do like you are doing -	I was not doing well, I could not breathe, they Radioed ahead to St Mary's
105	excellent communication skills	nothing	your service was excellent.
106	The staff are professional help and care to the patient the very best	N/A	Low the price will be nice
107	Kept me informed and calm during the whole trip.	Everything was fine.	
108	They were very friendly, polite very professional	Keep up the good work!	Was very pleased with my care
109	By taking to the hospitable		It was very good
110	quick arrival, land, considerate, professional -	you were great	you were all great. Thank you!
111		Listen to the "customer" and their family more.	They were REPEATEDLY told that the VA had been contacted and was expecting Erik there and had approved his treatment. It was not done, now Erik has a bill from you and Renown that he Can't pay. Had you listened to myself and Erik and taken him to where you were told he would not have these bills. He has VA coverage but you did not listen . Now you caused a family hardship. By the way - Erik is not working and has entered a 13 month alcohol program so good luck getting paid.
112	Just about everything	not a thing.	All In all, there is none better.
113	Everything was done was wonderful, even with the weather being hell.		
114	Everyone was great. From EMT's to Billing. Thank you so much!		
115	Immediate response and helpful aid to ambulance, then to emergency room.	I really appreciate the service.	Thank you very much for your help and care of myself because of accident.
	I can't remember it very well but I was told by my friend that the crew was good!		Thank you for your service.
117	Quick to Respond / Thorough / Helpful / Polite / Professional		
118	EMT started IV and stayed next to me on way to St. Mary's. thorough assessment		
119	Explained to my mother what they were doing and why.		
120	The staff was very reassuring and responsive to my distraught condition. They moved me efficiently and with a minimum of pain. (I had broken ribs) They did what they had to do but also listened to me.		I was very happy with their professionalism + good care.
121	Remsa was here within no time at all. Those guys are wonderful.	nothing...keep up the GREAT job!	
122	Everything	Can't think of anything	I have had to use your services three times the past 1 1/2 and everytime - you couldn't have been better
123			I was not a patient, I was never provided with services from you. I have been having ID theft. I will not be paying any of the bill. Due to the fact I was never ill or called for your services.
124	made situation manageable + communication was open & really cared.		
125	Excellent		Sorry I didn't answer you sooner - my husband passed away April 25, 2009 Your service was outstanding - Thank you
126	made me feel comfortable + warm		Everyone was kind + helpful + very careful moving me!
127	calmed me down so I could fill out police report after I was attacked.	A-ok	A-ok
128	Service done in a professional way.	-	
129	Staff was friendly, helpful and polite	Improve air conditioner in rear of ambulance	Thanks for great service
130	Everything	Continue as you have in the past	You are great
131	Driving.	Go back to school.	Put new shock absorber on the ambulance. The bumps on the ride finished my spinal injury. Thank you very much - goodbye.

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
	Everything was great.	Nothing	everything + everyone was polite + helpful.
133	Personnel were courteous and kind, wonderful people	N/A	
134	Communication, curtesy, and professional -		
135	Accommodated my feelings and thoughts.	Nothing that I can think of. The one flat tire was interesting. I was going to help change the tire.	All your services have been the best!
136	Everything went perfect all we very kind - even though I could speak + could hear them	Can't get any better!	Hope I don't see you again (Just kidding)
137	Provide immediate help and transportation	?	
138	fast, efficient service	what a person is severely depressed enough to overdose, at little sympathy even if not totally meant could be involved -	
139	Everything	Keep up the good work	We have used REMSA service twice & it has has been excellent both times
140	All the above and you were on time	Nothing! You did well	I paid for the ambulance and your price was reasonable
141	Great help between the landing and the hospital room	Serve beer on flight	-
142	You talked me into calmness you strapped my neck + shoulders so they wouldn't hurt as much	Do as you do	it was excellent.
143	Excellent service, polite + knowledgeable - very professional		
144	Checked my husband and I out thoroughly and made the right decisions. Good care on way to hospital + getting in.		
145	Drove	Nothing	The crew was totally professional, informative and caring. Thank you.
	Arrived quickly and very efficient Patient disabled and they were very good with him.		
147	arrived promptly, analyzed the situation correctly and did their job with dispatch and with courtesy	I can't imagine!	We are very fortunate to have your services available we have peace of mind about a future emergency if one should occur.
148	Nothing.	F*** me harder.	Worse than a cab ride.
149	Nothing. The staff was rude and did nothing to help. I plan on doing everything to let the public know of how mis-treated I was !! To serve someone means you have to have an ounce of compassion, which you people have NONE of.		
150	everything!		you always do a great job + staff is very caring + professional
151	arrived very fast.		Your people save his life. His oxygen was down to 70% and he would probably have died if I had tried to drive him to the hosp. myself. I am Terry's mother. He is still in the Hosp. and has been for 3 weeks. He will be Hospitalized for several more weeks. he is unable to talk (because of a "treac" and unable to write.
152	The Girls were Great. Made me Feel Like I wa in Good Hands	Nothing	
153	The CREW WAS CAREFUL & UNDERSTANDING.	KEEP UP The GOOD WORK	
154	Did a good Job of preparing patient for ride To hospital as well as Taking good care of patient while enroute To hospital		
155	seemed genuinely (sp?) concerned & calmed me down. Very professional & also personable. Good Experience		
156	talked to me and it made me less nervous which was a great help.	Just be there when I call.	It is arelief to have such quick and profesonal help on quick response.
157	Prompt & was Quick to assist w/ VA admittance		
158	SAVING HER LIFE	the Help was very Good thank you	

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
	you did everything very well got me to ER	Keep doing what your doing-helping people	
160	you did great! I was very impressed.		
161	Everything-personnel most helpful.	The service was great.	you were most helpful in all concerns.
162	VERY CARING AND KNOWLEDGABLE.	n/a	
163	efficient and helpful-drove safely and gave us good directions		
164			(Comments were barely legible)You hire retards on 9-3-08 you took my brother to Renown, despite my telling them to take my brother to the VA Hospital you climed they weren't set up for stroke which is not true you cost us \$24,000 plus my brothers cropitratve. I hate you. (See attached comment card - scanned)
165	Everything I needed	Nothing - Your people were concerned + put me at ease from the time they arrived + so courteous	You are a #1 company - very professional! Thank you so much!
167	all in all the Best. Ed Clinton Husband	you did the Best.	
168	Excellent		
169	Attach IV, helped me stand up with no pain so I could get to the gurney.	? I was very happy with the service.	
170	everything You have a wonderful service -		
171	you were prompt	your service is great keep up the good work	The Remsa people are always, patient, polite and courteous
172	Very caring and knowledgeable	n/A	
	The EMT's were very courteous + caring		
174	Explain everything well and made me comfortable	n/a	The guy who went in the back with me was very caring and helpful.
175	Quick reponses, considerate of the situation.	-	-
176	Nothing, REMSA staff performed horribly at their tasks boths professionally and personally.	Remsa can provide me with the names of the EMT and Patamedic who responded to the call.	After being in a car accident, your employees performed very poorly I their duties when called and told to transport me to the hospital.
177	The medics were very professional and kind. I felt I was in good hands.		your "crews" do a great job!!
178	Treated my aunt with respect and dignity.		
179	everything	you guys were wonderful	thank you very much!
180			Did you find a medical alert necklace? Small light beige square (about 1 1/2") no writing on it - on a black rope necklace. My husband had it on when REMSA tool him to St Mary's Hospital. Telephone 826-2234. Thank you.
181	Everything was very good. Mr. Hollembeak was very helpful.	Nothing.	REMSA has always been very good every time I've needed them for my beloved husband, mother, sister and me.
182	Paramedic was great to get on phone with family to review status and needs; that was reassuring for family.		100.00 was taken from wallet; noted after arrival to ospital. Do personnel document belongings & \$ before transporting? Might consider doing this as people's comments are negative re: personnel being theives. That's not what we feel! But it would be good to protect your personnel.
183	Transport was great.	Nothing.	Update records in your billing department to know who are Silver Saver Members.
4	Everything - all were careful moving me and caring.		Your personnel were professional and most helpful in all areas. Thank them for me.
185	Fast arrival and helping to ease both my own and my husbands anxiety.		We have not received this bill yet so could not rate that service
186	Working with my husband and working with me to calm me down and helping me to think in a crisis.		
187	everything - I am very familiar with the personnel		

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
	Made me very comfortable and was very gentle putting my IV in.		
189		Dispatcher did not make it clear that an ambulance was on the way while asking my husband lots of questions. He was rather rude.	
190	The personnel were exceptional		
191	Fast told me what they were doing and why, efficient		They even slowed down + took corners slowly because of my head + back pain.
192	Get me to the hospital.	Learn to put IV's in better.	
193	Very personable. Efficient Very polite.	N/A	Helped to lighten the worry of the situation, and showed efficiency -
194	Got me to the hospital without incident!		
195	You did everything quickly and everyone knew their job, it was a great relief to me.	When I was in pain, Thank You	
196	All attendants present could not have been friendlier. I wish I had gotten all the Names so I could be more specific!		No questions - I was Extremely satisfied with the service.



Regional Emergency Medical Services Authority

CARE FLIGHT
CUSTOMER SERVICE
FOR
AUGUST 2009



CARE FLIGHT CUSTOMER COMMENTS AUGUST 2009

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
1	Did a good job looking after me.		
2	Everything.		
3	Very helpful and understanding, Moved quickly.		
4	Very kind and knowledgeable	Keep up the great work	Excellent care
5	Everything	Can't think of a thing, "oh yes, let me do the flying, ha, I'm a retired army helicopter pilot	Excellent and very professional.
6	The Care Flight crew were excellent to both patient and Family members		Care and service on a scale of 1 to 10 was a 10++
7	Everything, staff was amazing. Explained everything to me.		This Care Flight was key to his surviving until he was transplanted with a donor on June 24.
8	Great service		
9	My wife was treated great on her Care Flight helicopter to Renown hospital for her more severe condition.		
10	Excellent! Arrived in about 6 min. 1 person began triage one gathered information-fast-comforting-informative-cant say enough good.		
11	Ask for phone #, I realized while driving to the hospital (45 min away) that no one had my phone # in case contact was necessary. I was unable to speak to anyone live when I tried to call the hospital (went to vm) and would have felt a lot more comfortable if my phone # had been requested (I didn't think about providing)		
12	Everything	I can only make small payment.	You people are lifesavers, God Bless each and every one!
13	Communicated about procedures and vitals of baby in need.		
14	Was reassuring to wife when ready to transfer from one hospital to other.		Very caring and professional.
15	Got me safely to the hospital.		
16	Got her to Reno, Renown Hospital as quickly and safety a possible		Great Job! Thank you! Thank you!
17	Everything was very professional.		
18	Everything? You were very kind.		
19	Made me very comfortable, provided me with earphones and sunglasses and kept me informed.		
20			Due to injuries I am completely unaware of flight specifics.
21	I can't thank you enough for saving my husband's life on that dreadful day. He was in very critical condition when Care Flight arrived. You are our real heroes! I thank God for each of you.	Keep up the good job you do. You are all amazing.	Remembering Alison Flight Nurse, Thank you.
22	Everything smooth, the loading, unloading, flight, all personnel were professional and caring. Good job.		
23	Kept me calm	Let me be awake during the flight	I was greatly impressed with the whole thing.
24			Requesting a complete and total breakdown of the billing.



Regional Emergency Medical Services Authority

REMSA
PUBLIC RELATIONS REPORT
FOR
AUGUST 2009

PUBLIC RELATIONS

August 2009

ACTIVITY	RESULTS
Wrote and Distributed "Community Advisor" regarding heat safety, back to school safety, cell phone dangers in school zones,	Multiple rural newspapers printed the Community Advisor verbatim with numerous references to REMSA, SEMSA and Care Flight.
Wrote and distributed a press release regarding Care Flight getting its first ever female pilot.	The RGJ will do a story on this during the first week of September
Wrote and distributed press release regarding Patrick Smith being named president of CAEMS.	Press release was sent to media, District Board of Health and elected officials who are familiar with REMSA on Aug. 31. Results are TBD.
Began researching media publication for Care Flight to advertise their Flight Plan program into.	Ads will be placed starting in September.
Pitched REMSA to be included in Nevada Newsmakers medical coverage in September.	N/A

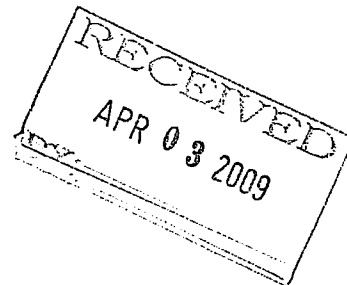


U.S. Department of Justice

Federal Bureau of Prisons

Federal Correctional Institution

P.O. Box 900
Herlong, CA 96113



March 25, 2009

Patrick Smith, President
Regional Emergency Medical Services Authority
450 Edison Way
Reno, Nevada 89502-4117

Dear Mr. Smith:

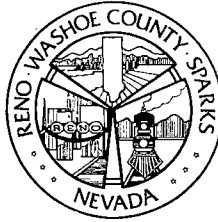
On March 24, 2009, our facility conducted a mock exercise involving several emergency service agencies. Care Flight Vice President Margaret Tole helped to plan and facilitate REMSA's role in the exercise which involved simulated life-threatening injuries of a staff member and an inmate. Ms. Tole was instrumental in making this exercise a success, and I am extending a thank you to her and your office for participating. As you know, these exercises are crucial in preparing for real life situations.

Thank you for your continued partnership with the Federal Correctional Institution in Herlong, California. I look forward to a long working relationship with your agency.

Sincerely,

Richard B. Ives
Warden

cc: Care Flight Vice President Margaret Tole



DISTRICT HEALTH DEPARTMENT

September 15, 2009

To: Members District Board of Health
 From: Eileen Coulombe
 Subject: Public Health Fund Revenue and Expenditure Report for August 2009

Recommendation

Staff recommends that the District Board of Health accept the attached report of revenues and expenditures for the Public Health Fund for August of fiscal year 10.

Background

The attached reports are for the accounting period 02/10 and the percentages should approximate 17% of the year. Our total revenues and expenditures for the current year (FY10) compared to last year (FY09) are as follows:

August 2009	FY10 – REV	FY09 – REV	FY10 – EXP	FY09 – EXP
Transfer	3%	10%		
AHS	8%	6%	14%	14%
AQM	16%	16%	13%	17%
CCHS	6%	7%	14%	16%
EHS	19%	11%	20%	16%
EPHP	16%	6%	19%	19%
TOTAL	12%	9%	17%	16%

The Environmental Oversight Account for August 2009 is \$162,927.99.

I will be happy to any questions of the Board during the meeting or you may contact me at 328-2417.


 Administrative Health Services Officer

Enclosure

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
422503 Environmental Permits	69,000.00-	6,407.00-	62,593.00-	9	125,000.00-	27,116.08	97,883.92-	22
422504 Pool Permits	33,000.00-	4,285.00-	28,715.00-	13	100,000.00-	9,009.00-	90,991.00-	9
422505 RV Permits	10,500.00-	1,554.00-	8,946.00-	15	15,000.00-	1,590.00-	13,410.00-	11
422506 Hotel Motel Permits		118.00-	118.00					
422507 Food Service Permits	355,000.00-	62,329.00-	292,671.00-	18	410,000.00-	62,369.00-	347,631.00-	15
422508 Wat Well Const Perm	44,000.00-	5,862.00-	38,138.00-	13	40,000.00-	6,260.00-	33,740.00-	16
422509 Water Company Permits	12,000.00-	723.00-	11,277.00-	6	25,000.00-	2,895.00-	22,105.00-	12
422510 Air Pollution Permits	402,399.00-	58,783.00-	343,616.00-	15	420,550.00-	75,246.25-	345,303.75-	18
422511 ISDS Permits	90,000.00-	8,519.85-	81,480.15-	9	125,000.00-	18,903.00-	106,097.00-	15
422513 Special Event Permits	75,000.00-	34,557.00-	40,443.00-	46	80,000.00-	41,078.00-	38,922.00-	51
422514 Initial Applic Fee	38,000.00-	6,797.00-	31,203.00-	18	1,360.00-	1,360.00	1,360.00	
* Licenses and Permits	1,128,899.00-	189,934.85-	938,964.15-	17	1,340,550.00-	245,826.33-	1,094,723.67-	18
431100 Federal Grants	5,885,422.76-	480,321.61-	5,405,101.15-	8	6,797,766.45-	320,807.76-	6,476,958.69-	5
431105 Federal Grants - Indirect	29,531.00-	5,861.46-	23,669.54-	20		3,140.42-	3,140.42-	
432100 State Grants	482,225.57-	10,419.93-	471,805.64-	2	809,529.80-	69,414.41-	740,115.39-	9
432310 Tire Fee NRS 444A.090	370,534.52-	145,844.62-	224,689.90-	39	415,000.00-		415,000.00-	
432311 Pol Crtl 455B.830	280,000.00-	76,275.00-	203,725.00-	27	280,000.00-	78,543.00-	201,457.00-	28
* Intergovernmental	7,047,713.85-	718,722.62-	6,328,991.23-	10	8,302,296.25-	465,624.75-	7,836,671.50-	6
460162 Services to Other Agencies	63,657.69-	23,909.21-	39,748.48-	38	195,859.10-	5,796.55-	190,062.55-	3
460500 Other Immunizations	110,000.00-	22,429.00-	87,571.00-	20	165,000.00-	30,170.00-	134,830.00-	18
460501 Medicaid Clinical Services	36,500.00-	3,765.43-	32,734.57-	10	30,750.00-	12,030.07-	18,719.93-	39
460503 Childhood Immunizations	190,000.00-	37,349.10-	152,650.90-	20	190,000.00-	52,174.00-	137,826.00-	27
460505 Non Title X Revenue		1,245.00-	1,245.00			1,821.00-	1,821.00	
460508 Tuberculosis	10,000.00-	1,352.38-	8,647.62-	14	8,000.00-	2,838.67-	5,161.33-	35
460510 IT Overlay	121,001.00-	22,279.00-	98,722.00-	18	150,000.00-	24,630.00-	125,370.00-	16
460511 Birth and Death Certificates	215,000.00-	35,534.00-	179,466.00-	17	230,000.00-	33,573.00-	196,427.00-	15
460512 Duplication Service Fees	200.00-	20.00-	180.00-	10	800.00-	28.35-	771.65-	4
460513 Other Health Service Charges	8,000.00-	1,025.00-	6,975.00-	13	23,800.00-	915.80-	22,884.20-	4
460514 Food Service Certification	8,000.00-	3,591.00-	4,409.00-	45	8,000.00-	1,208.00-	6,792.00-	15
460515 Medicare Reimbursement	500.00-		500.00-		250.00-		250.00-	
460516 Pgm Inc-3rd Pty Rec	9,000.00-	1,696.62-	7,303.38-	19	3,000.00-	1,837.94-	1,162.06-	61
460517 Influenza Immunization	5,000.00-	64.00-	4,936.00-	1	10,000.00-		10,000.00-	
460518 STD Fees	30,000.00-	4,754.00-	25,246.00-	16	60,000.00-	7,835.54-	52,164.46-	13
460519 Outpatient Services	12,500.00-	42.00-	12,458.00-	0	11,500.00-	1,523.00-	9,977.00-	13
460520 Eng Serv Health	90,500.00-	11,576.00-	78,924.00-	13	120,000.00-	20,048.00-	99,952.00-	17
460521 Plan Review - Pools & Spas	5,000.00-	2,203.00-	2,797.00-	44	3,000.00-	986.00-	2,014.00-	33
460523 Plan Review - Food Services	30,000.00-	3,975.15-	26,024.85-	13	40,000.00-	2,855.85-	37,144.15-	7
460524 Family Planning	100,000.00-	11,517.04-	88,482.96-	12	100,000.00-	19,009.17-	80,990.83-	19
460525 Plan Review - Vector	64,000.00-	5,699.00-	58,301.00-	9	75,000.00-	8,072.00-	66,928.00-	11
460526 Plan Review-Air Quality	15,500.00-	1,700.00-	13,800.00-	37	14,837.00-	7,144.00-	7,693.00-	48
460527 NOE-AQM	32,900.00-	14,530.00-	18,370.00-	44	32,900.00-	9,884.00-	23,016.00-	30
460528 NESHAP-AQM	62,000.00-	20,850.00-	41,150.00-	34	167,900.00-	16,043.00-	151,857.00-	10
460529 Assessments-AQM	22,000.00-	5,850.00-	16,150.00-	27	36,630.00-	5,376.00-	31,254.00-	15
460530 Inspector Registr-AQ	1,900.00-	3,735.00-	1,835.00	197	2,100.00-		2,100.00-	
460531 Dust Plan-Air Quality	178,333.00-	33,978.00-	144,355.00-	19	178,333.00-	74,026.00-	104,307.00-	42

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
460533 Quick Start		83.00	83.00					
460534 Child Care Inspection	9,000.00	1,738.00	7,262.00	19				
460535 Pub Accomod Inspectn	21,000.00	2,252.00	18,748.00	11				
460570 Education Revenue		1,637.00	1,637.00					
* Charges for Services	1,451,491.69	284,378.93	1,167,112.76	20	1,857,659.10	339,825.94	1,517,833.16	18
485300 Other Misc Govt Rev	450.00	26.00	424.00	6				
* Miscellaneous	450.00	26.00	424.00	6				
** Revenue	9,628,554.54	1,193,062.40	8,435,492.14	12	11,500,505.35	1,051,277.02	10,449,228.33	9

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
701110 Base Salaries	10,569,466.97	1,579,822.74	8,989,644.23	15	11,240,002.38	1,738,252.45	9,501,749.93	15
701120 Part Time	700,249.99	104,592.48	595,657.51	15	1,045,046.35	142,094.08	902,952.27	14
701130 Pooled Positions	218,859.33	31,308.76	187,550.57	14	197,135.86	36,963.63	160,172.23	19
701140 Holiday Work	1,500.00	161.88	1,338.12	11	1,500.00		1,500.00	
701150 Contractual Wages	83,500.00	6,140.56	77,359.44	7	96,339.87	9,526.32	86,813.55	10
701200 Incentive Longevity	166,450.00	338.46	166,111.54	0	169,100.50	1,101.81	167,998.69	1
701300 Overtime	49,520.21	8,106.73	41,413.48	16	69,385.91	9,021.94	60,363.97	13
701406 Standby Pay	30,000.00	5,637.15	24,362.85	19	35,000.00	5,560.00	29,440.00	16
701408 Call Back	3,000.00	250.85	2,749.15	8	6,000.00	1,547.18	4,452.82	26
701412 Salary Adjustment	224,410.22	34,498.59	224,410.22		273,978.53-	149,434.73	273,978.53-	
701413 Vac Payoff/Sick Pay-Term			34,498.59-			1.80	149,434.73-	
701415 Physical Fitness Pay		7,921.65	7,921.65-			22,248.96	1.80-	
701417 Comp Time			7,921.65-				22,248.96-	
701500 Merit Awards	329,645.39-		329,645.39-		254,000.00-		22,248.96-	
* Salaries and Wages	11,717,311.33	1,778,779.85	9,938,531.48	15	12,331,532.34	2,115,752.90	10,215,779.44	17
705110 Group Insurance	1,566,307.85	239,981.84	1,326,326.01	15	1,493,380.68	228,927.50	1,264,453.18	15
705210 Retirement	2,447,498.18	357,442.57	2,090,055.61	15	2,548,069.63	385,524.44	2,162,545.19	15
705215 Retirement Calculation	200,000.00		200,000.00		147,700.00		147,700.00	
705230 Medicare April 1986	149,962.42	23,270.26	126,692.16	16	161,008.60	26,864.77	134,143.83	17
705320 Workmens Comp	64,271.45	10,222.26	54,049.19	16	81,600.00	13,533.26	68,066.74	17
705330 Unemply Comp	12,350.00		12,350.00		13,260.00		13,260.00	
705360 Benefit Adjustment					19,155.00		19,155.00	
* Employee Benefits	4,440,389.90	630,916.93	3,809,472.97	14	4,464,173.91	654,849.97	3,809,323.94	15
710100 Professional Services	632,784.72	107,165.74	525,618.98	17	1,106,898.07	254,042.62	852,855.45	23
710105 Medical Services	13,600.00	2,074.50	11,525.50	15	13,700.00	1,014.00	12,686.00	7
710108 MD Consultants	55,382.00	3,462.50	51,919.50	6	57,140.00	1,200.00	55,940.00	2
710115 Prof Eng Services						1,208.31	1,208.31-	
710119 Subrecipient Payments	189,994.00	15,270.00	174,724.00	8	304,994.00	15,583.00	289,411.00	5
710200 Service Contract	91,110.00	29,361.99	61,748.01	32	116,754.00	30,114.31	86,639.69	26
710205 Repairs and Maintenance	14,970.00	1,949.69	13,020.31	13	17,335.63	1,489.78	15,845.85	9
710210 Software Maintenance	350.00	17,802.29	17,452.29-	5,086				
710300 Operating Supplies	162,826.92	11,734.22	151,092.70	7	185,981.66	35,970.73	150,010.93	19
710302 Small Tools & Allow	1,385.00		1,385.00		2,950.00		2,950.00	
710308 Animal Supplies	2,000.00		2,000.00		2,000.00		2,000.00	
710319 Chemical Supplies	560,707.00	359,528.92	201,178.08	64	621,588.00	47,672.42	573,915.58	8
710334 Copy Machine Expense	36,067.03	3,571.98	32,495.05	10	41,362.18	5,251.87	36,110.31	13
710350 Office Supplies	54,252.09	10,880.85	43,371.24	20	56,718.55	15,695.37	41,023.18	28
710355 Books and Subscriptions	7,596.55	2,035.18	5,561.37	27	9,988.50	2,280.06	7,708.44	23
710360 Postage	18,271.87	3,542.36	14,729.51	19	6,951.57	3,302.96	3,648.61	48
710361 Express and Courier	1,135.00	38.17	1,096.83	3	18,150.00	82.04	18,067.96	0
710391 Fuel & Lube	100.00		100.00		100.00		100.00	
710500 Other Expense	16,896.84	594.23	16,302.61	4	52,568.75	8,398.80	44,169.95	16
710502 Printing	39,358.76	1,617.37	37,741.39	4	41,043.48	1,143.52	39,899.96	3
710503 Licenses & Permits	8,325.00	290.00	8,035.00	3	10,415.00	235.00	10,180.00	2
710504 Registration	900.00-		900.00-					

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
710505 Rental Equipment	2,269.00	300.00	2,269.00		10,169.00		10,169.00	
710506 Dept Insurance Deductible	4,605.00	886.03	300.00-		455.00	687.92	232.92-	151
710507 Network and Data Lines	62,953.43	7,711.23	3,716.97	19	74,905.48	8,288.04	66,617.44	11
710508 Telephone Land Lines	32,600.00	2,075.00	55,242.20	12	66,296.00	5,839.25	60,456.75	9
710509 Seminars and Meetings	15,619.00	1,971.92	30,525.00	6	26,645.18	2,221.15	24,424.03	8
710512 Auto Expense	13,597.00	1,392.80	13,647.08	13	24,204.20	2,500.06	21,704.94	10
710519 Cellular Phone	4,416.00	2,696.00	12,204.20	10	5,280.00	330.00	4,950.00	6
710529 Dues	12,394.78	1,384.35	1,720.00	61	65,626.52	189.63	65,436.89	0
710535 Credit Card Fees	26,398.00	1,978.82	11,010.43	11	3,500.00		3,500.00	
710546 Advertising	3,150.00	232.87	2,917.13	7				
710577 Uniforms & Special Clothing	31,331.06		31,331.06	7				
710585 Undesignated Budget	195,423.01		146,721.07	25	256,446.13	31,893.74	224,552.39	12
710600 LT Lease-Office Space	249,400.68	20,486.61	228,914.07	8	5,940.00	1,485.00	4,455.00	25
710620 LT Lease-Equipment					287,009.61	41,175.56	245,834.05	14
710703 Biologicals					8,700.00	450.00	8,250.00	5
710714 Referral Services					149,305.88	3,042.04	146,263.84	2
710721 Outpatient	123,350.00	898.32	122,451.68	1	2,050.00	38.17	2,011.83	2
710872 Food Purchases	1,950.00	212.05	1,737.95	11	104,964.00	21,814.56	83,149.44	21
711113 Equip Srv Replace	101,823.48	18,454.76	83,368.72	18	160,958.54	26,311.13	134,647.41	16
711114 Equip Srv O & M	71,986.43	8,495.85	63,490.58	12	19,195.00	1,355.00	17,840.00	7
711115 Equip Srv Motor Pool	11,925.00	2,417.50	9,507.50	20				
711117 ESD Fuel Charge	52,973.64	9,141.96	43,831.68	17	58,667.00	9,777.86	48,889.14	17
711119 Prop & Liab Billings	66,930.00	10,988.32	55,941.68	16	188,045.22	10,713.84	177,331.38	6
711210 Travel	176,986.19	5,746.42	171,239.77	3	103,981.03	28,454.66	75,526.37	27
711504 Equipment nonCapital	37,673.50	113,730.59	76,057.09-	302	4,288,983.98	621,252.40	3,667,731.58	14
* Services and Supplies	3,205,967.98	830,825.33	2,375,142.65	26	570,176.05	80,130.59	490,045.46	14
781004 Equipment Capital	371,424.85	44,304.12	327,120.73	12	570,176.05	80,130.59	490,045.46	14
* Capital Outlay	371,424.85	44,304.12	327,120.73	12	570,176.05	80,130.59	490,045.46	14
** Expenses	19,735,094.06	3,284,826.23	16,450,267.83	17	21,654,866.28	3,471,985.86	18,182,880.42	16
621001 Transfer From General	8,795,500.00-	225,000.00-	8,570,500.00-	3	9,693,500.00-	960,000.00-	8,733,500.00-	10
* Transfers In	8,795,500.00-	225,000.00-	8,570,500.00-	3	9,693,500.00-	960,000.00-	8,733,500.00-	10
** Other Financing Src/Use	8,795,500.00-	225,000.00-	8,570,500.00-	3	9,693,500.00-	960,000.00-	8,733,500.00-	10
**** Total	1,311,039.52	1,866,763.83	555,724.31-	142	460,860.93	1,460,708.84	999,847.91-	317

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
431100 Federal Grants	1,200,096.00-	94,368.66-	1,105,727.34-	8	1,463,729.00-	91,775.97-	1,371,953.03-	6
* Intergovernmental	1,200,096.00-	94,368.66-	1,105,727.34-	8	1,463,729.00-	91,775.97-	1,371,953.03-	6
460512 Duplication Service Fees	200.00-	20.00-	180.00-	10	800.00-	28.35-	771.65-	4
* Charges for Services	200.00-	20.00-	180.00-	10	800.00-	28.35-	771.65-	4
485300 Other Misc Govt Rev	450.00-		450.00-					
* Miscellaneous	450.00-		450.00-					
** Revenue	450.00-		450.00-					
701110 Base Salaries	1,200,746.00-	94,388.66-	1,106,357.34-	8	1,464,529.00-	91,804.32-	1,372,724.68-	6
701120 Part Time	1,748,051.93	273,300.29	1,474,751.64	16	2,046,648.55	288,814.61	1,757,833.94	14
701130 Pooled Positions	24,553.03	3,467.21	21,085.82	14	24,461.26	3,730.97	20,730.29	15
701200 Incentive Longevity	68,296.19		68,296.19		25,580.86		25,580.86	
701300 Overtime	31,000.00	355.04	31,000.00	6	29,850.00	201.92	29,648.08	1
701412 Salary Adjustment	6,000.00		5,644.96		4,015.00		4,015.00	
701413 Vac Payoff/Sick Pay-Term	7,104.00		7,104.00		94,369.00		94,369.00	
701417 Comp Time								
701500 Merit Awards								
* Salaries and Wages	1,885,005.15	277,122.54	1,607,882.61	15	91,459.00-	33,899.31	91,459.00-	16
705110 Group Insurance	268,699.06	43,681.03	225,018.03	16	2,133,465.67	334,079.13	1,799,386.54	16
705210 Retirement	381,561.51	57,941.03	323,620.48	15	245,985.18	38,212.58	207,772.60	16
705215 Retirement Calculation	200,000.00		200,000.00		425,683.31	59,246.07	366,437.24	14
705230 Medicare April 1986	24,601.66	3,735.90	20,865.76	15	147,700.00	4,611.06	147,700.00	16
705320 Workmens Comp	11,458.00	1,909.66	9,548.34	17	14,800.00	2,466.66	12,333.34	17
705330 Unemply Comp	2,210.00		2,210.00		2,405.00		2,405.00	
705360 Benefit Adjustment					19,155.00		19,155.00	
* Employee Benefits	888,530.23	107,267.62	781,262.61	12	884,718.52	104,536.37	780,182.15	12
710100 Professional Services	3,300.00		3,300.00		4,800.00	785.00	4,015.00	16
710105 Medical Services								
710200 Service Contract	750.00	46.50	46.50-	104	150.00	667.38	517.38-	445
710205 Repairs and Maintenance	800.00	781.43	703.78	12	800.00	48.33	751.67	6
710300 Operating Supplies	46,854.29	96.22	46,284.32	1	35,300.00	718.10	34,581.90	2
710334 Copy Machine Expense	11,594.00	569.97	10,534.53	9	11,879.00	2,056.28	9,822.72	17
710350 Office Supplies	16,185.00	5,049.40	11,135.60	31	16,185.00	3,074.55	13,110.45	19
710355 Books and Subscriptions	1,370.00	1,475.50	105.50-	108	1,370.00	388.50	1,011.50	26
710360 Postage	1,600.00	181.51	1,418.49	11		535.08	535.08-	
710361 Express and Courier	100.00	5.10	94.90	5	1,700.00	5.76	1,694.24	0
710500 Other Expense	1,100.00	174.30	925.70	16	1,250.00	130.65	1,119.35	10
710502 Printing	9,550.00	487.23	9,062.77	5	9,570.00	189.68	9,380.32	2
710503 Licenses & Permits	2,400.00	190.00	2,210.00	8	2,500.00		2,500.00	
710507 Network and Data Lines								
710508 Telephone Land Lines	11,800.00	1,648.96	10,151.04	14	12,510.00	150.00	10,799.33	14
710509 Seminars and Meetings	5,100.00	745.00	4,355.00	15	5,100.00	1,212.50	3,887.50	24
710512 Auto Expense	4,350.00	232.31	4,117.69	5	4,550.00	220.99	4,329.01	5
710519 Cellular Phone	350.00	9.81	340.19	3	383.00	44.42	338.58	12
710529 Dues	955.00	2,410.00	1,455.00-	252	955.00	95.00	860.00	10
710546 Advertising	150.00		150.00					

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
710600 LT Lease-Office Space	80,296.00	20,073.96	60,222.04	25	141,319.12	13,156.84	128,162.28	9
710972 Food Purchases	150.00		150.00		200.00		200.00	
711113 Equip Srv Replace	2,122.20	413.70	1,708.50	19		307.35	307.35-	
711114 Equip Srv O & M	1,043.60	67.36	976.24	6	1,623.64	71.04	1,552.60	4
711115 Equip Srv Motor Pool		55.00	55.00-			35.00	35.00-	
711117 ESD Fuel Charge	636.64	85.48	551.16	13				
711119 Prop & Liab Billings	11,798.00	1,966.34	9,831.66	17	10,693.00	1,782.18	8,910.82	17
711210 Travel	16,500.00	1,260.45	15,239.55	8	16,500.00	2,470.99	14,029.01	15
711504 Equipment nonCapital	1,700.00	422.56	1,277.44	25	1,700.00		1,700.00	
* Services and Supplies	232,554.73	39,507.56	193,047.17	17	281,037.76	29,826.29	251,211.47	11
** Expenses	3,006,090.11	423,897.72	2,582,192.39	14	3,299,221.95	468,441.79	2,830,780.16	14
*** Total	1,805,344.11	329,509.06	1,475,835.05	18	1,834,692.95	376,637.47	1,458,055.48	21

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
422510 Air Pollution Permits	402,399.00-	58,763.00-	343,616.00-	15	420,550.00-	75,246.25-	345,303.75-	18
* Licenses and Permits	402,399.00-	58,763.00-	343,616.00-	15	420,550.00-	75,246.25-	345,303.75-	18
431100 Federal Grants	681,349.00-	47,919.60-	633,429.40-	7	759,349.00-	58,187.00-	701,162.00-	8
431105 Federal Grants - Indirect		2,188.40-	2,188.40					
432100 State Grants					170,000.00-		170,000.00-	
432311 Pol Ctr'l 455B.830	280,000.00-	76,275.00-	203,725.00-	27	280,000.00-	78,543.00-	201,457.00-	28
* Intergovernmental	961,349.00-	126,383.00-	834,966.00-	13	1,209,349.00-	136,730.00-	1,072,619.00-	11
460513 Other Health Service Charges		34.00-	34.00		9,800.00-	177.80-	9,622.20-	2
460526 Plan Review-Air Quality	15,500.00-	5,700.00-	9,800.00-	37	14,837.00-	7,144.00-	7,693.00-	48
460527 NOE-AQM	32,900.00-	14,530.00-	18,370.00-	44	32,900.00-	9,884.00-	23,016.00-	30
460528 NESHAP-AQM	62,000.00-	20,850.00-	41,150.00-	34	167,900.00-	16,043.00-	151,857.00-	10
460529 Assessments-AQM	22,000.00-	5,850.00-	16,150.00-	27	36,630.00-	5,376.00-	31,254.00-	15
460530 Inspector Registr-AQ	1,900.00-	3,735.00-	1,835.00-	197	2,100.00-		2,100.00-	
460531 Dust Plan-Air Quality	178,333.00-	33,978.00-	144,355.00-	19	178,333.00-	74,026.00-	104,307.00-	42
* Charges for Services	312,633.00-	84,677.00-	227,956.00-	27	442,500.00-	112,650.80-	329,849.20-	25
** Revenue	1,676,381.00-	269,843.00-	1,406,538.00-	16	2,072,399.00-	324,627.05-	1,747,771.95-	16
701110 Base Salaries	1,311,733.43	207,921.28	1,103,812.15	16	1,388,862.47	222,152.79	1,166,709.68	16
701130 Pooled Positions	8,000.00	427.49	7,572.51	5	8,000.00	581.43	7,418.57	7
701150 Contractual Wages	50,000.00		50,000.00		50,000.00		50,000.00	
701200 Incentive Longevity	21,150.00		21,150.00		23,550.00	538.44	23,011.56	2
701300 Overtime	6,057.21		6,057.21		4,535.34	189.58	4,345.76	4
701408 Call Back					1,000.00		1,000.00	
701412 Salary Adjustment					8,608.78		8,608.78	
701413 Vac Payoff/Sick Pay-Term								
701417 Comp Time						47,432.37	47,432.37-	
* Salaries and Wages	1,396,940.64	208,348.77	1,188,591.87	15	1,484,556.59	8,470.67	1,205,191.31	19
705110 Group Insurance	156,554.89	25,271.77	131,283.12	16	142,279.60	22,950.07	119,329.53	16
705210 Retirement	285,871.82	44,082.32	241,789.50	15	289,544.99	45,654.03	243,890.96	16
705230 Medicare April 1986	17,726.98	2,729.59	14,997.39	15	18,901.05	3,775.97	15,125.08	20
705320 Workmens Comp	6,740.00	1,123.34	5,616.66	17	8,000.00	1,333.34	6,666.66	17
705330 Unemploy Comp	1,300.00		1,300.00		1,300.00		1,300.00	
* Employee Benefits	468,193.69	73,207.02	394,986.67	16	460,025.64	73,713.41	386,312.23	16
710100 Professional Services	176,599.41	886.95	175,712.46	1	261,928.54	55,750.10	206,178.44	21
710200 Service Contract	350.00	363.00	13.00-	104	350.00	312.84	37.16	89
710205 Repairs and Maintenance	7,000.00	550.00	6,450.00	8	8,792.63	143.00	8,649.63	2
710300 Operating Supplies	4,100.00	171.68	3,928.32	4	4,500.00	9.25	4,490.75	0
710334 Copy Machine Expense	4,387.20	537.64	3,849.56	12	4,387.20	739.32	3,647.88	17
710350 Office Supplies	3,500.00	20.47	3,479.53	1	4,500.00	883.13	3,616.87	20
710355 Books and Subscriptions	224.00		224.00		224.00	210.77	13.23	94
710360 Postage	2,200.00	530.09	1,669.91	24	2,000.00	409.64	409.64-	
710361 Express and Courier	200.00	6.75	193.25	3	1,000.00	6.72	1,993.28	0
710500 Other Expense	200.00		200.00		1,000.00	404.97	595.03	40
710502 Printing	1,000.00	184.57	815.43	18	1,600.00	304.95	1,295.05	19
710503 Licenses & Permits	90.00		90.00					
710505 Rental Equipment	1,800.00		1,800.00		1,700.00		1,700.00	

Washoe County Health District
 Air Quality Management
 Pds 1 - 2, FY 2010

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
710508 Telephone Land Lines	9,000.00	1,182.28	7,817.72	13	12,600.00	1,266.86	11,333.14	10
710509 Seminars and Meetings	4,200.00		4,200.00		4,200.00		4,200.00	
710512 Auto Expense	1,200.00	123.75	1,076.25	10	200.00	354.40	154.40-	177
710519 Cellular Phone	3,800.00	329.66	3,470.34	9	4,145.00	330.08	3,814.92	8
710528 Dues	435.00		435.00		435.00		435.00	
710535 Credit Card Fees	1,500.00	252.83	1,247.17	17				
710546 Advertising	5,700.00		5,700.00		5,700.00		5,700.00	
710577 Uniforms & Special Clothing	1,100.00		1,100.00		1,100.00		1,100.00	
710600 LT Lease-Office Space	74,490.12	18,516.00	55,974.12	25	74,490.12	12,189.60	62,300.52	16
710721 Outpatient	1,316.00		1,316.00		1,316.00		1,316.00	
711113 Equip Srv Replace	30,340.92	3,227.99	27,112.93	11	24,384.00	5,973.18	18,410.82	24
711114 Equip Srv O & M	13,520.37	1,474.61	12,045.76	11	33,132.40	5,490.06	27,642.34	17
711115 Equip Srv Motor Pool					275.00		275.00	
711117 ESD Fuel Charge	12,187.68	1,992.87	10,194.81	16				
711119 Prop & Liab Billings	7,940.00	1,156.66	6,783.34	15	5,780.00	963.34	4,816.66	17
711210 Travel	40,227.52	555.52	39,672.00	1	38,964.00	440.80	38,523.20	1
711504 Equipment non-Capital	4,000.00	1,674.97	2,325.03	42	4,000.00	4,491.79	491.79-	112
* Services and Supplies	412,608.22	33,738.29	378,869.93	8	501,703.89	90,674.80	411,029.09	18
781004 Equipment Capital	91,708.35		91,708.35		165,850.05		165,850.05	
* Capital Outlay	91,708.35		91,708.35		165,850.05		165,850.05	
** Expenses	2,369,450.90	315,294.08	2,054,156.82	13	2,612,136.17	443,753.49	2,168,382.68	17
*** Total	693,069.90	45,451.08	647,618.82	7	539,737.17	119,126.44	420,610.73	22

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
431100 Federal Grants	2,136,246.00	66,789.97	2,069,456.03	3	2,343,949.20	46,873.87	2,297,075.33	2
432100 State Grants	407,225.57	10,419.93	396,805.64	3	564,279.80	69,414.41	494,865.39	12
* Intergovernmental	2,543,471.57	77,209.90	2,466,261.67	3	2,908,229.00	116,288.28	2,791,940.72	4
460162 Services to Other Agencies	63,657.69	23,909.21	39,748.48	38	86,494.00	5,796.55	80,697.45	7
460500 Other Immunizations	110,000.00	22,429.00	87,571.00	20	165,000.00	30,170.00	134,830.00	18
460501 Medicaid Clinical Services	36,500.00	3,765.43	32,734.57	10	30,750.00	12,030.07	18,719.93	39
460503 Childhood Immunizations	190,000.00	37,349.10	152,650.90	20	190,000.00	52,174.00	137,826.00	27
460505 Non Title X Revenue		1,245.00	1,245.00			1,821.00	1,821.00	
460508 Tuberculosis	10,000.00	1,352.38	8,647.62	14	8,000.00	2,838.67	5,161.33	35
460515 Medicare Reimbursement	500.00		500.00		250.00		250.00	
460516 Pgm Inc-3rd Pty Rec	9,000.00	1,696.62	7,303.38	19	3,000.00	1,837.94	1,162.06	61
460517 Influenza Immunization	5,000.00	64.00	4,936.00	1	10,000.00		10,000.00	
460518 STD Fees	30,000.00	4,754.00	25,246.00	16	60,000.00	7,835.54	52,164.46	13
460519 Outpatient Services	12,500.00	42.00	12,458.00	0	11,500.00	1,523.00	9,977.00	13
460524 Family Planning	100,000.00	11,517.04	88,482.96	12	100,000.00	19,009.17	80,990.83	19
460570 Education Revenue		1,297.00	1,297.00					
* Charges for Services	567,157.69	109,420.78	457,736.91	19	664,994.00	135,035.94	529,958.06	20
** Revenue	3,110,629.26	186,630.68	2,923,998.58	6	3,573,223.00	251,324.22	3,321,898.78	7
701110 Base Salaries	2,998,790.37	440,213.68	2,558,576.69	15	3,350,766.90	524,607.65	2,826,159.25	16
701120 Part Time	640,119.02	92,098.03	548,020.99	14	966,243.97	128,808.76	837,435.21	13
701130 Pooled Positions	52,466.14	2,690.98	49,775.16	5	37,818.00	10,103.29	27,714.71	27
701150 Contractual Wages					17,302.73		17,302.73	
701200 Incentive Longevity	54,059.00	338.46	53,720.54	1	53,890.00	188.37	53,701.63	0
701300 Overtime	175.00		175.00		3,835.57	93.04	3,742.53	2
701412 Salary Adjustment	161,849.28		161,849.28		403,856.66		403,856.66	
701413 Vac Payoff/Sick Pay-Term		34,498.59	34,498.59			49,651.34	49,651.34	
701415 Physical Fitness Pay						1.80	1.80	
701417 Comp Time		7,921.65	7,921.65			5,787.97	5,787.97	
701500 Merit Awards	329,645.39		329,645.39		162,541.00		162,541.00	
* Salaries and Wages	3,577,813.42	577,761.39	3,000,052.03	16	3,863,459.51	719,242.22	3,144,217.29	19
705110 Group Insurance	519,954.04	76,378.04	443,576.00	15	558,482.31	84,630.14	473,852.17	15
705210 Retirement	792,045.04	112,927.45	679,117.59	14	896,036.24	133,926.35	762,109.89	15
705230 Medicare April 1986	48,074.59	7,615.68	40,458.91	16	53,887.66	8,480.56	45,407.10	16
705320 Workmens Comp	21,231.00	3,538.46	17,692.54	17	30,000.00	4,999.96	25,000.04	17
705330 Unemploy Comp	4,095.00		4,095.00		4,875.00		4,875.00	
* Employee Benefits	1,385,399.67	200,459.63	1,184,940.04	14	1,543,281.21	232,037.01	1,311,244.20	15
710100 Professional Services	63,123.00	7,259.42	55,863.58	12	299,863.70	21,843.29	278,020.41	7
710105 Medical Services	13,000.00	2,000.00	11,000.00	15	13,350.00	1,014.00	12,336.00	8
710108 MD Consultants	43,382.00	3,462.50	39,919.50	8	45,140.00	1,200.00	43,940.00	3
710119 Subrecipient Payments	189,994.00	15,270.00	174,724.00	8	304,994.00	15,583.00	289,411.00	5
710200 Service Contract	1,100.00	2,640.23	1,540.23	240	10,954.00	2,518.26	8,435.74	23
710205 Repairs and Maintenance	5,770.00	841.50	4,928.50	15	5,410.00	230.00	5,180.00	4
710210 Software Maintenance	350.00		350.00					
710300 Operating Supplies	63,414.00	7,496.97	55,917.03	12	86,391.00	9,568.85	76,822.15	11
710334 Copy Machine Expense	16,572.00	1,567.57	15,004.43	9	17,183.00	2,070.09	15,112.91	12

Washoe County Health District
 Community and Clinical Health Services
 Pds 1 - 2, FY 2010

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
710350 Office Supplies	15,087.00	1,666.26	13,420.74	11	16,679.00	2,226.66	14,452.34	13
710355 Books and Subscriptions	1,800.00	195.44	1,604.56	11	4,595.00	669.00	3,926.00	15
710360 Postage	4,720.00	1,090.09	3,629.91	23	4,350.00	989.93	3,360.07	23
710361 Express and Courier	535.00	15.98	519.02	3	3,650.00	39.62	3,610.38	1
710500 Other Expense	11,070.52	419.93	10,650.59	4	43,298.75	3,544.06	39,754.69	8
710502 Printing	10,307.24	407.21	9,900.03	4	16,784.00	168.51	16,615.49	1
710503 Licenses & Permits	3,500.00	100.00	3,400.00	3	4,780.00	235.00	4,545.00	5
710504 Registration	900.00		900.00					
710505 Rental Equipment	469.00		469.00		469.00		469.00	
710507 Network and Data Lines	1,405.00	403.65	1,001.35	29	455.00	101.98	353.02	22
710508 Telephone Land Lines	18,212.00	2,464.47	15,747.53	14	24,270.00	2,794.45	21,475.55	12
710509 Seminars and Meetings	10,700.00	625.00	10,075.00	6	34,897.00	2,956.75	31,940.25	8
710512 Auto Expense	9,594.00	1,320.47	8,273.53	14	20,542.00	1,523.74	19,018.26	7
710519 Cellular Phone	482.00	91.74	370.26	20	2,178.00	498.46	1,679.54	23
710529 Dues	1,550.00		1,550.00		2,050.00	50.00	2,000.00	2
710535 Credit Card Fees	5,935.00	562.66	5,372.34	9	29,092.00		29,092.00	
710546 Advertising	19,248.00	978.82	18,269.18	5	450.00		450.00	
710577 Uniforms & Special Clothing	350.00		350.00					
710703 Biologicals	245,100.00	20,486.61	224,613.39	8	282,109.61	41,175.56	240,934.05	15
710714 Referral Services	112,986.00	898.32	112,087.68	1	8,700.00	450.00	8,250.00	5
710721 Outpatient	1,800.00	212.05	1,587.95	12	140,067.88	3,038.04	137,029.84	2
710872 Food Purchases	1,397.28	293.58	1,103.70	21	1,850.00	38.17	1,811.83	2
711113 Equip Srv Replace	904.60		904.60		1,800.00	353.44	1,446.56	20
711114 Equip Srv O & M	4,725.00	40.00	4,685.00	1	3,129.54	519.50	2,610.04	17
711115 Equip Srv Motor Pool	538.69		538.69		320.00	50.00	270.00	16
711117 ESD Fuel Charge	21,861.00	3,643.48	18,217.52	17	21,675.00	3,612.50	18,062.50	17
711119 Prop & Liab Billings	42,303.00	1,052.65	41,250.35	2	54,991.00	2,785.72	52,205.28	5
711210 Travel	5,950.00		5,950.00		5,017.00		5,017.00	
711504 Equipment nonCapital	948,315.33	77,506.60	870,808.73	8	1,511,485.48	121,848.58	1,389,636.90	8
* Services and Supplies	5,911,528.42	855,727.62	5,055,800.80	14	6,918,226.20	1,073,127.81	5,845,098.39	16
** Expenses	2,800,899.16	669,096.94	2,131,802.22	24	3,345,003.20	821,803.59	2,523,199.61	25
**** Total								

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
422503 Environmental Permits	69,000.00-	6,407.00-	62,593.00-	9	125,000.00-	27,116.08-	97,883.92-	22
422504 Pool Permits	33,000.00-	4,285.00-	28,715.00-	13	100,000.00-	9,009.00-	90,991.00-	9
422505 RV Permits	10,500.00-	1,554.00-	8,946.00-	15	15,000.00-	1,590.00-	13,410.00-	11
422506 Hotel Motel Permits		118.00-	118.00-					
422507 Food Service Permits	355,000.00-	62,329.00-	292,671.00-	18	410,000.00-	62,369.00-	347,631.00-	15
422508 Wat Well Const Perm	44,000.00-	5,862.00-	38,138.00-	13	40,000.00-	6,260.00-	33,740.00-	16
422509 Water Company Permits	12,000.00-	723.00-	11,277.00-	6	25,000.00-	2,895.00-	22,105.00-	12
422511 ISDS Permits	90,000.00-	8,519.85-	81,480.15-	9	125,000.00-	18,903.00-	106,097.00-	15
422513 Special Event Permits	75,000.00-	34,557.00-	40,443.00-	46	80,000.00-	41,078.00-	38,922.00-	51
422514 Initial Applic Fee	38,000.00-	6,797.00-	31,203.00-	18		1,360.00-	1,360.00-	
* Licenses and Permits	726,500.00-	131,151.85-	595,348.15-	18	920,000.00-	170,580.08-	749,419.92-	19
431100 Federal Grants	277,000.00-	15,418.53-	261,581.47-	6	277,000.00-	13,546.03-	263,453.97-	5
432100 State Grants	75,000.00-		75,000.00-		75,250.00-		75,250.00-	
432310 Tire Fee NRS 444A.090	370,534.52-	145,844.62-	224,689.90-	39	415,000.00-		415,000.00-	
* Intergovernmental	722,534.52-	161,263.15-	561,271.37-	22	767,250.00-	13,546.03-	753,703.97-	2
460162 Services to Other Agencies					109,365.10-		109,365.10-	
460510 IT Overlay	121,001.00-	22,279.00-	98,722.00-	18	150,000.00-	24,630.00-	125,370.00-	16
460513 Other Health Service Charges	8,000.00-	991.00-	7,009.00-	12	14,000.00-	738.00-	13,262.00-	5
460514 Food Service Certification	8,000.00-	3,591.00-	4,409.00-	45	8,000.00-	1,208.00-	6,792.00-	15
460520 Eng Serv Health	90,500.00-	11,576.00-	78,924.00-	13	120,000.00-	20,048.00-	99,952.00-	17
460521 Plan Review - Pools & Spas	5,000.00-	2,203.00-	2,797.00-	44	3,000.00-	986.00-	2,014.00-	33
460523 Plan Review - Food Services	30,000.00-	3,975.15-	26,024.85-	13	40,000.00-	2,855.85-	37,144.15-	7
460525 Plan Review - Vector	64,000.00-	5,699.00-	58,301.00-	9	75,000.00-	8,072.00-	66,928.00-	11
460533 Quick Start		83.00-	83.00-					
460534 Child Care Inspection	9,000.00-	1,738.00-	7,262.00-	19				
460535 Pub Accomod Inspectn	21,000.00-	2,252.00-	18,748.00-	11				
460570 Education Revenue		340.00-	340.00-					
* Charges for Services	356,501.00-	54,727.15-	301,773.85-	15	519,365.10-	58,537.85-	460,827.25-	11
485300 Other Misc Govt Rev		26.00-	26.00-					
* Miscellaneous		26.00-	26.00-					
** Revenue	1,805,535.52-	347,168.15-	1,458,367.37-	19	2,206,615.10-	242,663.96-	1,963,951.14-	11
701110 Base Salaries	3,399,403.84	493,588.07	2,905,815.77	15	3,324,778.61	540,460.73	2,784,317.88	16
701130 Pooled Positions	90,097.00	28,190.29	61,906.71	31	125,737.00	26,278.91	99,458.09	21
701140 Holiday Work	1,500.00	161.88	1,338.12	11	1,500.00		1,500.00	
701150 Contractual Wages	9,500.00	2,947.36	6,552.64	31		4,406.88	4,406.88-	
701200 Incentive Longevity	52,100.00		52,100.00		53,900.00	173.08	53,726.92	0
701300 Overtime	34,288.00	7,057.58	27,230.42	21	55,000.00	6,064.68	48,935.32	11
701406 Standby Pay	30,000.00	5,637.15	24,362.85	19	35,000.00	5,560.00	29,440.00	16
701408 Call Back	3,000.00	250.85	2,749.15	8	5,000.00	1,547.18	3,452.82	31
701412 Salary Adjustment	304.20-		304.20-					
701413 Vac Payoff/Sick Pay-Term						18,451.71	18,451.71-	
701417 Comp Time						558.00	558.00-	
* Salaries and Wages	3,619,584.64	537,833.18	3,081,751.46	15	3,600,915.61	603,501.17	2,997,414.44	17
705110 Group Insurance	480,654.08	71,829.30	408,824.78	15	411,165.33	66,300.36	344,864.97	16
705210 Retirement	740,272.62	105,762.67	634,509.95	14	692,578.60	112,174.58	580,404.02	16
705230 Medicare April 1986	43,911.91	6,751.05	37,160.86	15	42,676.59	7,629.18	35,047.41	18
706320 Workmens Comp	18,535.00	3,089.14	15,445.86	17	20,800.00	3,466.64	17,333.36	17

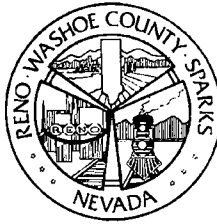
Account	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
705330 Unemply Comp	3,575.00	187,432.16	3,575.00	15	3,380.00	189,570.76	3,380.00	16
* Employee Benefits	1,286,948.61	51,216.00	1,099,516.45	28	1,170,600.52	41,462.88	981,029.76	32
710100 Professional Services	179,930.29	28.00	128,714.29	6	131,160.62		89,697.74	
710105 Medical Services	500.00		472.00		150.00		150.00	
710115 Prof Eng Services							1,208.31	
710200 Service Contract	87,300.00	23,961.33	63,338.67	27	104,700.00	26,511.55	78,188.45	25
710205 Repairs and Maintenance	1,000.00	461.97	538.03	46	1,100.00	768.70	331.30	70
710210 Software Maintenance		17,802.29	17,802.29					
710300 Operating Supplies	23,593.05	1,742.27	21,850.78	7	14,392.81	3,417.44	10,975.37	24
710302 Small Tools & Allow	1,385.00		1,385.00		2,950.00		2,950.00	
710308 Animal Supplies	2,000.00		2,000.00		2,000.00		2,000.00	
710319 Chemical Supplies	560,707.00	359,528.92	201,178.08	64	621,588.00	47,672.42	573,915.58	8
710334 Copy Machine Expense	1,280.00	59.71	1,220.29	5	4,550.00	72.78	4,477.22	2
710350 Office Supplies	9,150.00	2,889.58	6,260.42	32	9,075.00	1,172.05	7,902.95	13
710355 Books and Subscriptions	1,600.00	235.24	1,364.76	15	2,000.00	756.00	1,244.00	38
710360 Postage	5,900.00	1,344.95	4,555.05	23	1,250.00	983.20	266.80	79
710361 Express and Courier	300.00	10.34	289.66	3	7,100.00	29.94	7,070.06	0
710391 Fuel & Lube	100.00		100.00		100.00		100.00	
710500 Other Expense	800.00		800.00		3,400.00	777.36	2,622.64	23
710502 Printing	3,225.00	221.08	3,003.92	7	4,060.00	168.45	3,891.55	4
710503 Licenses & Permits	2,335.00		2,335.00		3,135.00		3,135.00	
710505 Rental Equipment					8,000.00		8,000.00	
710506 Dept Insurance Deductible		300.00	300.00					
710507 Network and Data Lines	3,200.00	403.65	2,796.35	13		435.94	435.94	
710508 Telephone Land Lines	11,425.00	1,690.85	9,734.15	15	22,845.00	1,636.74	21,208.26	7
710509 Seminars and Meetings	11,200.00	655.00	10,545.00	6	15,850.00	1,545.00	14,305.00	10
710512 Auto Expense	375.00	60.78	314.22	16	350.00	23.34	326.66	7
710519 Cellular Phone	8,405.00	723.15	7,681.85	9	16,813.00	1,386.17	15,426.83	8
710529 Dues	896.00	286.00	610.00	32	1,800.00	185.00	1,615.00	10
710535 Credit Card Fees	4,959.78	568.86	4,390.92	11				
710546 Advertising	500.00		500.00		30,500.00	189.63	30,310.37	1
710577 Uniforms & Special Clothing	1,700.00	232.87	1,467.13	14	1,950.00		1,950.00	
710600 LT Lease-Office Space	40,636.89	10,111.98	30,524.91	25	40,636.89	6,547.30	34,089.59	16
710721 Outpatient	6,048.00		6,048.00		4,922.00		4,922.00	
711113 Equip Srv Replace	67,963.08	14,519.49	53,443.59	21	78,780.00	15,180.59	63,599.41	19
711114 Equip Srv O & M	56,517.86	6,449.13	50,068.73	11	123,072.96	20,230.53	102,842.43	16
711115 Equip Srv Motor Pool	7,000.00	2,310.00	4,690.00	33	18,500.00	1,270.00	17,230.00	7
711117 ESD Fuel Charge	39,610.63	7,063.61	32,547.02	18				
711119 Prop & Liab Billings	19,085.00	3,180.84	15,904.16	17	15,028.00	2,504.66	12,523.34	17
711210 Travel	35,650.00	2,877.80	32,772.20	8	44,136.62	2,426.24	41,710.38	5
711504 Equipment nonCapital	2,643.97		2,643.97		36,202.42	1,131.84	35,070.58	3
* Services and Supplies	1,198,921.55	510,935.69	687,985.86	43	1,372,098.32	179,694.06	1,192,404.26	13
** Expenses	6,105,454.80	1,236,201.03	4,869,253.77	20	6,143,614.45	972,765.99	5,170,848.46	16
** 621001 Transfer From General	350,000.00		350,000.00		350,000.00		350,000.00	
** Other Financing Svc/Use	350,000.00		350,000.00		350,000.00		350,000.00	
*** Total	3,949,919.28	889,032.88	3,060,886.40	23	3,586,999.35	730,102.03	2,856,897.32	20

Washo County Health District
Epidemiology and Public Health Preparedness
Pds 1 - 2, FY 2010

Account	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
431100 Federal Grants	1,590,731.76	255,824.85	1,334,906.91	16	1,953,739.25	110,424.89	1,843,314.36	6
* 431105 Federal Grants - Indirect	29,531.00	3,673.06	25,857.94	12	3,140.42	3,140.42	3,140.42	5
* Intergovernmental	1,620,262.76	259,497.91	1,360,764.85	16	1,953,739.25	107,284.47	1,846,454.78	15
460511 Birth and Death Certificates	215,000.00	35,534.00	179,466.00	17	230,000.00	33,573.00	196,427.00	15
* Charges for Services	215,000.00	35,534.00	179,466.00	17	230,000.00	33,573.00	196,427.00	15
** Revenue	1,835,262.76	295,031.91	1,540,230.85	16	2,183,739.25	140,857.47	2,042,881.78	6
701110 Base Salaries	1,111,487.40	164,799.42	946,687.98	15	1,128,945.85	162,216.67	966,729.18	14
701120 Part Time	35,577.94	9,027.24	26,550.70	25	54,341.12	9,554.35	44,786.77	18
701150 Contractual Wages	24,000.00	3,193.20	20,806.80	13	29,037.14	5,119.44	23,917.70	18
701200 Incentive Longevity	8,141.00		8,141.00		7,910.50		7,910.50	
701300 Overtime	3,000.00	694.11	2,305.89	23	2,000.00	2,674.64	674.64	134
701412 Salary Adjustment	55,761.14		55,761.14		26,900.35		26,900.35	
* Salaries and Wages	1,237,967.48	177,713.97	1,060,253.51	14	1,249,134.96	179,565.10	1,069,569.86	14
705110 Group Insurance	140,445.78	22,821.70	117,624.08	16	135,468.26	16,834.35	118,633.91	12
705210 Retirement	247,747.19	36,729.10	211,018.09	15	244,226.49	34,523.41	209,703.08	14
705230 Medicare April 1986	15,647.28	2,438.04	13,209.24	16	16,553.27	2,368.00	14,185.27	14
705320 Workmens Comp	6,307.45	561.66	5,745.79	9	8,000.00	1,266.66	6,733.34	16
705330 Unemploy Comp	1,170.00		1,170.00		1,300.00		1,300.00	
* Employee Benefits	411,317.70	62,550.50	348,767.20	15	405,548.02	54,992.42	350,555.60	14
710100 Professional Services	209,832.02	47,803.37	162,028.65	23	409,145.21	134,201.35	274,943.86	33
710105 Medical Services	100.00		100.00		200.00		200.00	
710108 MD Consultants	12,000.00		12,000.00		12,000.00		12,000.00	
710200 Service Contract	1,610.00	1,616.00	600.00	100	600.00	104.28	495.72	17
710205 Repairs and Maintenance	400.00		400.00		1,233.00	299.75	933.25	24
710300 Operating Supplies	24,865.58	1,753.33	23,112.25	7	45,397.85	22,257.09	23,140.76	49
710334 Copy Machine Expense	2,233.83	347.59	1,886.24	16	3,362.98	313.40	3,049.58	9
710350 Office Supplies	10,330.09	1,255.14	9,074.95	12	10,279.55	8,338.98	1,940.57	81
710355 Books and Subscriptions	2,602.55	129.00	2,473.55	5	1,799.50	285.79	1,513.71	16
710360 Postage	3,851.87	395.72	3,456.15	10	1,351.57	385.11	966.46	28
710361 Express and Courier					3,700.00		3,700.00	
710500 Other Expense	3,726.32		3,726.32		3,620.00	3,541.76	78.24	98
710502 Printing	15,276.52	317.28	14,959.24	2	9,029.48	311.93	8,717.55	3
710507 Network and Data Lines		80.73	80.73					
710508 Telephone Land Lines	12,516.43	724.67	11,791.76	6	2,680.48	879.32	1,801.16	33
710509 Seminars and Meetings	1,400.00	50.00	1,350.00	4	6,249.00	125.00	6,124.00	2
710512 Auto Expense	100.00	234.61	134.61	235	1,003.18	98.68	904.50	10
710519 Cellular Phone	580.00	238.44	341.56	41	686.00	240.93	445.07	35
710529 Dues	580.00		580.00		40.00		40.00	
710546 Advertising	800.00		800.00		334.52		334.52	
710585 Undesignated Budget	31,331.06	1,000.00	30,331.06	125				
710620 LT Lease-Equipment					5,940.00	1,485.00	4,455.00	25
710703 Biologicals	4,300.68		4,300.68		4,900.00		4,900.00	
710721 Outpatient	3,000.00		3,000.00		3,000.00	4.00	2,996.00	0
711114 Equip Srv O & M		504.75	504.75					
711115 Equip Srv Motor Pool	200.00	12.50	187.50	6	100.00		100.00	

Washo County Health District
 Epidem. and Public Health Preparedness
 Pds 1 - 2, FY 2010



Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
711119 Prop & Liab Billings	6,246.00	1,041.00	5,205.00	17	5,491.00	915.18	4,575.82	17
711210 Travel	42,305.67		42,305.67		33,453.60	2,590.09	30,863.51	8
711504 Equipment nonCapital	23,379.53	111,633.06	88,253.53-	477	57,061.61	22,831.03	34,230.58	40
* Services and Supplies	413,568.15	169,137.19	244,430.96	41	622,658.53	199,208.67	423,449.86	32
781004 Equipment Capital	279,716.50	44,304.12	235,412.38	16	404,326.00	80,130.59	324,195.41	20
* Capital Outlay	279,716.50	44,304.12	235,412.38	16	404,326.00	80,130.59	324,195.41	20
** Expenses	2,342,569.83	453,705.78	1,888,864.05	19	2,681,667.51	513,896.78	2,167,770.73	19
*** Total	507,307.07	158,673.87	348,633.20	31	497,928.26	373,039.31	124,888.95	75



Washoe County Health District

STAFF REPORT

BOARD MEETING DATE: 9/24/09

DATE: September 12, 2009
TO: District Board of Health
THROUGH: Eileen Coulombe, Administrative Health Services Officer 
FROM: Stacey Akurosawa, Administrative Assistant II 
SUBJECT: Acceptance of the Washoe County Health District
Employee Policy Manual updated for Fiscal Year 2010

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health accept the Washoe County Health District Employee Policy Manual updated for Fiscal Year 2010.

SUMMARY

The Washoe County District Board of Health shall adopt written policies and procedures for administering the board and maintaining its programs, projects and activities. The employee policy manual ensures administrative compliance with operational policies and procedures governing employees.

District Board of Health Priority/Goal supported by this item: Acceptance of the employee policy manual supports the Administrative Health Services (AHS) role to ensure administrative compliance with fiscal and operational policies as established by the District Board of Health and Board of County Commissioners. Additionally it supports the District Board of Health Goal to recruit, retain and develop a competent public health workforce.

PREVIOUS ACTION

The District Board of Health last reviewed and accepted the Washoe County Health District's Employee Policy Manual in its entirety on April 25, 1995.

BACKGROUND

A comprehensive review of the manual was initiated in 2001 as many policies were outdated. The revised manual represents an intensive review of Human Resource and Fiscal polices and procedures and provides employees with guidance on these issues.

AGENDA ITEM # 11.

The revised manual has been discussed and reviewed by the following individuals:

- Washoe County Health District Division Directors
- Washoe County District Health Officer
- The Deputy District Attorneys assigned to the Washoe County Health District
- The Deputy District Attorney assigned to the Washoe County Department of Human Resources

In an effort to keep the document current and concise the following guidelines were implemented:

- Any policies that are duplicative of adopted Washoe County Human Resources policies have been removed and a listing of those policies and the electronic location of their full text has been included in the attachment section of the manual.
- All prior attachments were removed as they consisted of outdated forms.
- All references to "Washoe County District Health Department" have been changed to reflect the correct legal name of "Washoe County Health District".
- Additional policies were updated, added, or deleted if they were in conflict with Washoe County Human Resources Policies, Washoe County Code governing County Employees, or Employee Association Agreements.

Upon acceptance by the District Board of Health, an electronic version of the manual will be placed on the Health District's employee intranet site and all employees will be notified of its location.

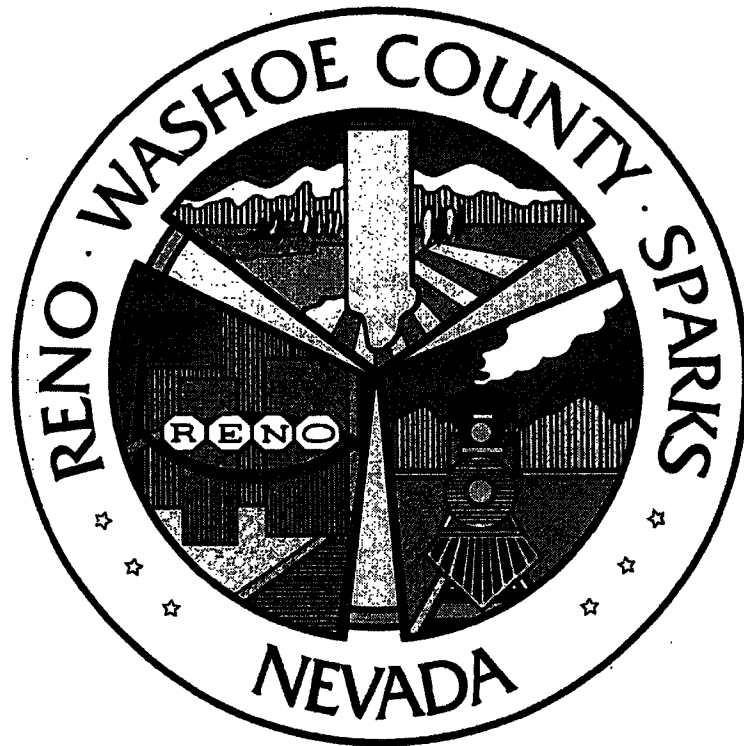
A comprehensive administrative review of the policy manual will be conducted on an annual basis. The policy manual will be kept current with the inclusion of new or revised policies as soon as they are accepted by the District Board of Health.

FISCAL IMPACT

Should the Board accept the Washoe County Health District Employee Policy Manual, there will be no fiscal impact to the adopted FY 09/10 budget.

POSSIBLE MOTION

Move to accept the Washoe County Health District Employee Policy Manual updated for Fiscal Year 2010.



**WASHOE COUNTY HEALTH DISTRICT
EMPLOYEE POLICY MANUAL**

**Accepted by the District Board of Health
September 24, 2009**

CONTENTS

Introduction and Legal Notice	Page 3
Accident and Injury Reporting	Page 4
Cash Handling	Page 6
Code of Ethical Standards	Page 7
Contact - External Agencies/Department	Page 9
Department Signatures - Contracts	Page 10
Department Signature – Correspondence	Page 11
Health Department Services to Staff and their Families	Page 12
Incompatible Activities	Page 13
Leave Without Pay	Page 14
Long Distance Telephone Calls	Page 15
Media Policy	Page 16
Personal Appearance	Page 18
Personnel Records Updates	Page 19
Photocopying	Page 20
Recording of Time – Application for Leave/Overtime	Page 21
Recording of Time – Timecards	Page 22
Termination of Services	Page 23
Use of County Vehicles	Page 24
Appendix: Reference Documents Lists and Links	
A. Washoe County Human Resources – Policy, Procedures, and Forms	Page 25
B. Other Related Documents	Page 28
• Health District Emergency Management Plan	
• Health District Infection and Bloodborne Pathogen Exposure Control Manual	
• Washoe County Complex Building Evacuation Policy and Procedures	
• Labor Relations/Employee Association Contracts	
• Washoe County Code, Chapter 5 – Administration and Personnel	
• Washoe County Code, Chapter 15 – County Finances, Purchasing	
• Washoe County Accounts Payable Procedure Manual	
• Washoe County Internal Controls Procedures Manual	

INTRODUCTION AND LEGAL NOTICE

Introduction

The Washoe County Health District Policy Manual is intended to provide general information about departmental policies.

Legal Notice

The policies and statements contained herein may include information taken from other original source documents such as the Washoe County Code and the Agreements, which exist between Washoe County and the recognized Employee Associations. This manual does not alter the provisions of the Code or the Agreements in any way, nor does it affect the relationships defined therein. Therefore, these and other pertinent source documents should be consulted for complete and up-to-date versions of the policies and statements set forth in this policy manual.

This policy manual is subject to change at any time. Employees will be notified of new policies and policy updates upon adoption. A current copy of the policy manual also can be located on the Washoe County Health District website.

Washoe County Policies are issued to employees attending Washoe County New Employee Orientation through Washoe County Human Resources. A list of these policies is included in this manual for reference and the full text of these policies may be viewed separately at the Washoe County Human Resources website.

ACCIDENT AND INJURY REPORTING

DESCRIPTION:

I. Personal Injury:

If any occupationally related injury or illness results in:

- absence from work
- necessity for transfer to another job or termination of employment
- loss of consciousness
- restriction of work or movement
- medical treatment of any kind, including first aid

1. The employee shall report the incident to the supervisor and complete the C-1 "Notice of Injury or Occupational Disease" form immediately;
2. The employee and supervisor will sign and date the form;
3. The supervisor shall complete the "Supervisor's Report of Injury form" and forward both forms to the Division Director for review and signature;
4. The Division Director will be responsible to ensure both forms are forwarded to the Washoe County Health District's Personnel Representative within 24 hours of the injury/illness;
5. The Washoe County Health District's Personnel Representative shall complete the C-3 "Employer's Report of Industrial Injury" form and forward all three forms to Risk Management within five calendar days of injury.

In the event of death, regardless of the time between injury and death or the length of the illness, the supervisor shall be responsible for the completion of all required paperwork in steps 1 - 3.

II. Liability and Property Loss:

If one or more of the following occurs:

- Personal injury to a non-employee;
- Damage to property of others (non-vehicle);
- Damage to County property (non-vehicle); or
- Incidents which may result in liability to the Department

1. The employee shall report the incident to the supervisor; and within one (1) business day of the incident, complete and submit the Saf-7 "Washoe County Liability and Property Loss Report" form and submit it to the Division Director, through their supervisor;
2. The Division Director shall submit the form to the Washoe County Health District's Personnel Representative within two (2) business days of the incident.

ACCIDENT AND INJURY REPORTING (CONTINUED)

III. Vehicle Accident:

An Employee driving any vehicle (county, rental, or personal), who is involved in an accident during the course of assigned duties shall:

1. Immediately notify the appropriate law enforcement agency for investigation at the scene, regardless of the extent of damage;
2. After notifying law enforcement, call the Washoe County Health District emergency line (328-2461) and give a preliminary verbal report;
3. Within one (1) business day, complete the Saf-5 "Washoe County Vehicle Accident Report" form and submit it to the Washoe County Health District's Personnel Representative, through their supervisor and Division Director;
4. Obtain, complete and file the Nevada Department of Motor Vehicles "Driver's Report of Traffic Accident SR-1" form; and do not sign any form(s) or materials presented by the insurance carrier(s) of the opposing party. All such materials are to be forwarded to the District Health Officer, who will advise Risk Management.

DRAFT

CASH HANDLING

DESCRIPTION:

All employees who handle cash or participate in fiscal transactions shall annually read the Washoe County Ordinances on cash handling and the Washoe County Internal Controls Procedures Manual. Upon completion of the review of the above documents, employees will sign an acknowledgement which shall be sent to the Administrative Health Services Officer for retention.

DRAFT

CODE OF ETHICAL STANDARDS

DESCRIPTION: NRS 281A.400

A code of ethical standards is hereby established to govern the conduct of public officers and employees:

1. A public officer or employee shall not seek or accept any gift, service, favor, employment, engagement, emolument or economic opportunity which would tend improperly to influence a reasonable person in his position to depart from the faithful and impartial discharge of his public duties.

2. A public officer or employee shall not use his position in government to secure or grant unwarranted privileges, preferences, exemptions or advantages for himself, any business entity in which he has a significant pecuniary interest, or any person to whom he has a commitment in a private capacity to the interests of that person. As used in this subsection:

(a) "Commitment in a private capacity to the interests of that person" has the meaning ascribed to "commitment in a private capacity to the interests of others" in subsection 8 of NRS 281A.420.

(b) "Unwarranted" means without justification or adequate reason.

3. A public officer or employee shall not participate as an agent of government in the negotiation or execution of a contract between the government and any private business in which he has a significant pecuniary interest.

4. A public officer or employee shall not accept any salary, retainer, augmentation, expense allowance or other compensation from any private source for the performance of his duties as a public officer or employee.

5. If a public officer or employee acquires, through his public duties or relationships, any information which by law or practice is not at the time available to people generally, he shall not use the information to further the pecuniary interests of himself or any other person or business entity.

6. A public officer or employee shall not suppress any governmental report or other document because it might tend to affect unfavorably his pecuniary interests.

7. A public officer or employee, other than a member of the Legislature, shall not use governmental time, property, equipment or other facility to benefit his personal or financial interest. This subsection does not prohibit:

(a) A limited use of governmental property, equipment or other facility for personal purposes if:

CODE OF ETHICAL STANDARDS (CONTINUED)

(1) The public officer who is responsible for and has authority to authorize the use of such property, equipment or other facility has established a policy allowing the use or the use is necessary as a result of emergency circumstances;

(2) The use does not interfere with the performance of his public duties;

(3) The cost or value related to the use is nominal; and

(4) The use does not create the appearance of impropriety;

(b) The use of mailing lists, computer data or other information lawfully obtained from a governmental agency which is available to members of the general public for nongovernmental purposes; or

(c) The use of telephones or other means of communication if there is not a special charge for that use. If a governmental agency incurs a cost as a result of a use that is authorized pursuant to this subsection or would ordinarily charge a member of the general public for the use, the public officer or employee shall promptly reimburse the cost or pay the charge to the governmental agency.

8. A member of the Legislature shall not:

(a) Use governmental time, property, equipment or other facility for a nongovernmental purpose or for the private benefit of himself or any other person. This paragraph does not prohibit:

(1) A limited use of state property and resources for personal purposes if:

(I) The use does not interfere with the performance of his public duties;

(II) The cost or value related to the use is nominal; and

(III) The use does not create the appearance of impropriety;

(2) The use of mailing lists, computer data or other information lawfully obtained from a governmental agency which is available to members of the general public for nongovernmental purposes; or

(3) The use of telephones or other means of communication if there is not a special charge for that use.

(b) Require or authorize a legislative employee, while on duty, to perform personal services or assist in a private activity, except:

(1) In unusual and infrequent situations where the employee's service is reasonably necessary to permit the Legislator or legislative employee to perform his official duties; or

(2) Where such service has otherwise been established as legislative policy.

9. A public officer or employee shall not attempt to benefit his personal or financial interest through the influence of a subordinate.

10. A public officer or employee shall not seek other employment or contracts through the use of his official position.

CONTACT – EXTERNAL AGENCIES/DEPARTMENTS

DESCRIPTION:

Any employee acting as a representative of the Washoe County Health District shall notify the Supervisor and Division Director prior to any work related contact of officials outside the Washoe County Health District. Such officials shall include:

- Board of Health Members,
- County Manager,
- City Managers,
- Elected Officials,
- State Health Division Administrator, and
- State Health Officer.

The Division Director shall advise the District Health Officer of the reason(s) for the contact, and the District Health Officer shall determine who shall make the contact.

If an employee is contacted directly by one of the above officials, that contact shall be reported as soon as possible to the Supervisor and Division Director, who shall notify the District Health Officer.

Administrative Health Services is the Washoe County Health District liaison to Washoe County. Other than contacting Human Resources regarding direct employee disciplinary actions, all other contact with Washoe County Departments shall be coordinated through Administrative Health Services. Such departments shall include (but are not limited to):

- Community Relations
- Comptroller
- District Attorney
- Finance
- Human Resources
- Manager's Office
- Public Works
- Purchasing
- Risk Management
- Technology Services/WINnet

Routine, work-related contact by employees with other local government department heads, may take place without obtaining advance authorization.

DEPARTMENT SIGNATURES - CONTRACTS

DESCRIPTION:

The District Health Officer is authorized by the District Board of Health to sign contracts up to an accumulative amount of \$50,000. The District Health Officer is authorized to execute contracts on an interim basis if execution is necessary to ensure the continuity of service. When this occurs, the contract must be brought to the District Board of Health for approval at their next scheduled meeting. The District Health Officer is not authorized to sign Interlocal or Cooperative Agreements.

Employees are not authorized to sign contracts of any amount for any purpose on behalf of the Washoe County Health District. Contracts are defined in the Washoe Health District Contracts Administrative Procedure.

DRAFT

DEPARTMENT SIGNATURES - CORRESPONDENCE

DESCRIPTION:

The District Health Officer or his designee shall sign all official Washoe County Health District correspondence to:

- District Board of Health Members,
- Washoe County Manager,
- City Managers,
- State Health Division Administrator,
- State Health Officer,
- Elected officials,
- Other local government officials.

Division Directors or their designees may sign routine correspondence to those individuals noted above, except District Board of Health Members, if it does not involve a statement of Washoe County Health District policy, or address personnel or fiscal matters. A copy of such correspondence shall be provided to the District Health Officer.

HEALTH DISTRICT SERVICES TO STAFF AND THEIR FAMILIES

DESCRIPTION:

Families of staff receive services under the same conditions that apply to the general public. If the service allows for a sliding fee scale, the family member must qualify according to the same criteria that apply to the general public. Staff will not qualify their family member for services at a reduced cost; this must be done by another staff member. This policy applies to District Board of Health family members as well.

When a staff member experiences acute symptoms of illness, appropriate care and testing will be provided, according to Department capabilities, and the individual will be referred to a private health care provider.

Work required immunizations or lab testing will continue to be provided to employees at no charge. Required physical examinations will be performed at Department expense, through a designated outside contractor.

DRAFT

INCOMPATIBLE ACTIVITIES

**DESCRIPTION: Washoe County Code,
Sections 5.334 through 5.339 (January 2009)**

5.334 Full-time service required: Each employee shall, during his hours of duty as an employee and subject to such other laws, rules or regulations as pertain thereto, devote his full-time attention and efforts to county employment. A full-time employee may not engage in additional part-time work for the county.
[§1, Ord. No. 729; A Ord. No. 828]

5.335 Incompatible activities: Prohibition. Employees shall not engage in any employment, activity or enterprise which has been determined to be inconsistent, incompatible or in conflict with their duties as Washoe County officers and employees, or with the duties, functions or responsibilities of their appointing authorities or departments by which they are employed.
[§158, Ord. No. 213]

5.337 Incompatible activities: Specific prohibitions. Employees shall not engage in any employment, activity or enterprise which is inconsistent, incompatible or in conflict with their duties as Washoe County officers and employees, or with the duties, functions or responsibilities of their appointing authorities or departments by which they are employed, including but not limited to:

1. Except for the limited use authorized in section 5.340, the use for private gain or advantage of the county's time, facilities, equipment and supplies.
 2. The use for private gain or advantage of a badge, uniform, prestige or influence of their county positions of employment.
 3. The receipt or acceptance by employees of any money or other consideration from anyone other than the county for the performance of an act which the employees would be required or *Washoe County Code Supplement 12 January 2009 CHAPTER 5 - ADMINISTRATION AND PERSONNEL Page 5-101* expected to render in the regular course of hours of their county employment or as a part of their duties as employees.
 4. The performance of an act in other than their capacity as employees, which act may later be subject, directly or indirectly, to control, inspection, review, audit or enforcement by such employees or the department by which they are employed.
- [§158, Ord. No. 213; A Ord. Nos. 492, 1053]

5.339 Incompatible activities: Designation. Each appointing authority may determine and describe in writing additional specific activities which, for employees under his jurisdiction, will be considered inconsistent, incompatible or in conflict with their duties as employees, and shall provide a copy to each such employee.
[§159, Ord. No. 213; A Ord. No. 492]

LEAVE WITHOUT PAY

DESCRIPTION:

Pursuant to Washoe County Code 5.269, the District Health Officer may grant a leave of absence (leave without pay) for 30 working days or less, per employee, per calendar year. Leave without pay taken pursuant to the provisions of the Family and Medical Leave Act (described in Washoe County Code 5.270) is considered separate.

Leave without pay used to create an alternate/adjusted schedule will only be granted in conjunction with an approved alternate schedule request.

Employees must submit an "Application for Leave/Overtime Authorization" form prior to the date of use. The form shall be submitted to the Washoe County Health District's Personnel Representative, through their supervisor and Division Director.

The Washoe County Health District's Personnel Representative will confirm the employee's eligibility, and forward to the District Health Officer for final approval.

DRAFT

LONG DISTANCE TELEPHONE CALLS

DESCRIPTION:

Long distance telephone calls shall be for Washoe County Health District business only. All long distance telephone calls should be made on the employee's assigned telephone line.

Collect calls to the Washoe County Health District are acceptable from employees on travel status.

DRAFT

MEDIA POLICY

DESCRIPTION:

The Washoe County Health District (WCHD) recognizes the significant role that media outlets play in providing health-related information to our community during the course of daily operations and particularly in the event of a public health emergency or a change in public health policy. Therefore, it is critically important that the WCHD be perceived by media representatives as the foremost local public health resource and as a credible, trusted and responsive source of information; that productive relationships with media contacts be established and nurtured; and that media inquiries be treated as a priority.

It is the policy of the WCHD to welcome and encourage communication with media representatives about public health-related matters, unless there is a compelling reason not to do so (e.g., Privacy Act requirements).

In support of these objectives, it is imperative that communication with media representatives be conducted in a timely, well-coordinated, respectful, and professional manner. Although effective communication is integral to the role of the WCHD public information officers (PIO), each employee, as a representative of the WCHD, also is responsible to promote and protect the brand and reputation of the WCHD by adhering to this media policy.

1. All communication with the media shall be coordinated as follows:
 - a. **Proactive (Initiating Communication with Media Representatives)** communication with the media shall be approved by Division/Department management and made through the appropriate WCHD PIO prior to its initiation/distribution (e.g., any WCHD employee can write a news release or media advisory, but it must receive PIO review, editing and/or approval before it is distributed. The appropriate PIO shall be listed as the contact on information distributed to media outlets.)
 - b. **Reactive (Responding to Inquiries from Media Representatives)** communication requests from the media should be referred to the appropriate PIO prior to responding. If the appropriate PIO is not available, then Division or Department management should be contacted for direction.
2. All communication with media representatives, whether formal (e.g., via a news release) or informal (e.g., a casual conversation at a non-WCHD event) shall be considered to be "on the record."
3. The District Health Officer must approve all press releases of a non-routine nature (as defined in the Media Administrative Procedure) prior to dissemination to the media.

MEDIA POLICY (CONTINUED)

4. To ensure compliance with federal and state patient/client privacy regulations, any WCHD client/patient participating in an interview and/or still or video shoot must sign a "Consent and Release" form prior to the interview or photo shoot taking place.
5. Employees of the WCHD are free to interact directly with the media as long as the interaction does not concern WCHD-related issues, the contact occurs on non-work time, and the employee does not use his/her affiliation with the WCHD in the context of the interaction.
6. Any employee who becomes aware of an unescorted media representative should notify a PIO or Division/Department management immediately.

DRAFT

PERSONAL APPEARANCE

DESCRIPTION:

As an employee of the Washoe County Health District, it is important to project a professional image of Washoe County as an organization and a public service entity. A professional attitude towards attire is essential to establish and maintain this image and a dress code that is appropriate to the work environment must be followed.

If you are conducting office business, attending or conducting meetings, seminars, or conferences, where you are representing the Washoe County Health District and/or Washoe County in an official capacity, you are expected to represent the office in a professional manner and dress appropriately for conducting such business. Remember: know your audience, honor the dignity of the Washoe County Health District whom you represent, and dress accordingly.

It is important that you are well groomed, neat, and correctly attired for your job function. Clothes and footwear should always be:

- Clean
- Neat
- Pressed as appropriate
- In good repair
- Selected to provide adequate physical coverage to ensure safety and a business-like appearance
- Free of statements, advertising or adornments that may be offensive or violate the "Washoe County Discrimination and Harassment Policy"

Management reserves the right to determine appropriateness of clothing. It is suggested that, if you question the suitability of an item of clothing, do not wear it until you clear it with your supervisor. If an employee is determined to be wearing inappropriate clothing, management will take action on a case-by-case basis.

PERSONNEL RECORDS UPDATES

DESCRIPTION:

Each employee is responsible for reporting any changes of record (e.g., address, telephone number, marital status, insurance beneficiary, military status, etc.) to the Washoe County Health District's Personnel Representative in order to keep all personnel records current.

Each employee shall be requested by their division's Administrative Liaison to validate/update contact information on a quarterly basis in order to maintain the department's emergency contact list.

DRAFT

PHOTOCOPYING

DESCRIPTION:

Photocopiers shall be used for Washoe County Health District business only. The appropriate program or division code will be used when making copies.

Bulk copies should be processed through the Washoe County Reprographics Department, whenever possible.

Copies being made for customers who are waiting should take priority over all other copy jobs.

DRAFT

RECORDING OF TIME – APPLICATION FOR LEAVE/OVERTIME AUTHORIZATION

DESCRIPTION:

Leave:

When leave is anticipated, an employee must receive authorization in advance using the instrument required within their division. In case of emergency, verbal approval for the use of leave may be obtained from the Supervisor.

Public Meetings, Committees, or Organizations:

Employees requesting to attend public meetings or participate as members of committees or organizations during work hours shall submit their written request through the Supervisor and Division Director for approval. The request shall indicate the times, inclusive dates, and reason(s) for the request. The Division Director or designee shall determine whether the request is work related. If the request is not work related, the employee shall submit an "Application for Leave/Overtime Authorization" form through the Supervisor and Division Director or District Health Officer for approval.

Employee Association Activities:

Release time for Employee Association Activities shall be granted in accordance with the Agreements between Washoe County and the recognized Employee Associations. An employee requesting time shall complete an "Application for Leave/Overtime Authorization" form and shall submit the form through the Supervisor and Division Director to the District Health Officer for approval.

Overtime:

Overtime should be authorized in advance. In all cases where overtime is necessary, it shall be authorized by the responsible supervisor before being worked, approved or liquidated by the subordinate. The authorization will include the type of compensation to be received by the employee.

RECORDING OF TIME - TIMECARDS

DESCRIPTION:

Each employee is responsible for the timely submittal of an accurate and complete timecard thru the ESS Portal.

Each supervisor/division director or designee shall review the timecard for accuracy prior to approval. Inaccurate timecards will be returned to the employee for corrections.

A notification shall be sent via email to the department prior to the close of each pay period stating the time and date timecards are due for that period. Time cards must be approved by supervisors and released no later than the stated date and time. Employees are responsible to coordinate with their supervisor to ensure their timecards are submitted in a timely manner to allow the supervisor to meet the deadline.

If an employee fails to complete their time card, Annual Leave will be encoded by the department's personnel representative. If there is not sufficient Annual Leave available in the employee's leave bank, other leave types may be used to fulfill the minimum time requirements for the employee.

If a supervisor fails to approve an employee's time card, the department's personnel representative can approve the requisite number of hours to give the employee their budgeted hours for the pay period. Compensatory time earned, overtime, mileage reimbursement, etc. must be approved in SAP by the employee's supervisor or designated substitute. Approval for these categories of compensation cannot be delegated to the department's personnel representative.

TERMINATION OF SERVICES

DESCRIPTION:

Prior to termination of service with Washoe County Health District, an employee should give at least two weeks written notice. Per Washoe County Code 5.295, failure to give at least 2 weeks written notice constitutes cause for denial of future employment with Washoe County. Once written notice is received from an employee, the original shall be sent to the Washoe County Health District's Personnel Representative.

When an employee terminates service with Washoe County Health District, the employee shall turn in all department equipment, supplies, keys, and identification cards to their Supervisor, Division Director, or designee. The equipment property forms maintained by the Washoe County Health District must reflect that all equipment has been accounted for prior to discharge of the employee.

The employee shall report to the Washoe County Health District's Personnel Representative prior to the last day of employment in order to complete all required personnel documents, including an Employee Certification of Resignation.

SAP processing of the termination/transfer will not be completed until the Personnel Representative has received all required personnel documents and completed equipment property forms. Failure by an employee to complete all required steps may delay final leave bank payouts.

USE OF COUNTY VEHICLES

DESCRIPTION:

County vehicles should be used when practical before the use of private automobiles. County vehicles shall be used for official business only. County vehicles shall be driven only by employees. Passengers are restricted to other employees or individuals on official business.

Employees driving County vehicles shall:

- Have a valid driver's license
- Provide verification of same to the Washoe County Health District's Personnel Representative
- Comply with the County's relevant policies and procedures, (e.g., defensive driving policy, use of safety belts, service station, vehicle maintenance, motor pool and parking of vehicles)
- Comply with all traffic regulations, and
- Pay for parking tickets and moving violations
- Secure the vehicle, valuables, and equipment during routine stops
- Lock the vehicle at the end of the workday in an area designated by the County and
- Be responsible for keeping them clean

**Washoe County Human Resources
Policy, Procedure, and Forms
(as of 09/15/09)**

Full Text available at
<http://www.co.washoe.nv.us/humanresources/policies/all.htm>

NAME

- **ADA Guide**
- **ADA Reasonable Accommodation to Perform**
- **ADA Reasonable Accommodation to Test**
- **ADA Inventory of Auxiliary Aids**
- **Alcohol and Drug Testing Program**
- **Alternative Work Schedule Form**
- **Alternative Work Schedule Policy**
- **Appeal Process**
- **Background Reference Checks Policy**
- **Budget Calendar 2008-09**
- **Call Back Form - Payroll**
- **Classification and Compensation Guide for Managers, Supervisors, and Employees**
- **Code of Conduct**
- **Defensible Hiring Guide**
- **Designation of Beneficiary**
- **Direct Deposit Request Form**
- **Discrimination Complaint Form**
- **Discrimination/Harassment Policy**
- **Diversity in Action**
- **Driver Selection**
- **DUI Procedure**
- **Employee Parking Policy**
- **Equal Employment Opportunity Plan**
- **Equal Employment Opportunity Plan (Sheriff's Department)**
- **External Training Policy**
- **Fingerprint Request Form**
- **FMLA Employer Response Form to FMLA Request**
- **FMLA FAQ's**
- **FMLA Policy**
- **FMLA Regulations 2009 Addendum**
- **FMLA Required Forms**
- **Fitness for Duty Policy**
- **Fitness for Duty/Essential Job Functions(Long Form)**
- **Handling Medical Information**
- **Holiday Calendar 2008-2009**
- **Holiday Calendar 2009-2010**
- **I-9(Link to IRS E-File)**

• ID Badge Policy
• ID Badge - Acknowledgement and Issuance Form
• ID Badge Replacement Form
• Independent Contractor Agreement for Services
• Individual Development Form
• Intermittent Hourly Agreement
• Internet Policy
• Life Threatening Illness
• Lobbying Policy - State Legislature
• Military Leave
• Modified Duty
• Nepotism Statement
• New Employee Orientation Agenda 2009
• New Employee Orientation Schedule 2009
• Parking Allowance Form
• Payroll Calendar 2009
• Performance Improvement Plan
• Performance Management Guide
• Performance Review and Development Form
• PERS Member Change of Personal Information
• PERS Member Enrollment (Non-Choice Agency)
• PERS Member Survivor Beneficiary Designation
• PERS Removal from Retirement (Link to PERS site)
• PERS Reemployment Notification (Non-PERS Eligible position)
• Physical Abilities Worksheet
• Position Budget Request
• Position Description Questionnaire
• Position Types/Definitions
• Probationary Employees - Washoe County Code
• Probationary Employees Guidelines
• Procedures for Handling Complaints of Harassment or Discrimination against Department Heads
• Public Records Policy and Procedures
• Reference Guidelines
• Reinstatement Request
• Release Authorization
• Request for +5%/Out of Class Pay
• Request for Accelerated Rate of Pay
• Request for Duplicate W-2
• Request for Reasonable Accommodations to Perform Essential Job Functions form
• Request to Transfer Annual Leave
• Resignation Certification Form
• Security Policy
• Sexual Harassment Complaint Form

• Sexual Harassment Policy
• Sick Leave Usage Guide
• Smoking Policy
• SSA-1945 Statement
• Standby Form - Payroll
• Subsequent Injury Program Form
• Substance Abuse Policy and Procedures
• Suggestion Policy
• Telecommuting Form
• Telecommuting Policy
• Temporary Employment Agreement
• Transfer Request
• Tuition Reimbursement Policy
• Tuition Reimbursement Process
• Voluntary Demotion Request
• W-4(Link to IRS web page)
• Washoe County Scholarship Fund
• Whistleblower Notice
• Whistleblower Ordinance
• Workplace Violence Policy

DRAFT

Other Related Documents

Health District Emergency Management Plan:
<http://eww/health/files>

Health District Infection and Bloodborne Pathogen Exposure Control Plan:
[http://eww/health/files/WCDHD/2006-7 Infection Control Manual.doc](http://eww/health/files/WCDHD/2006-7%20Infection%20Control%20Manual.doc)

Washoe County Complex Evacuation Policy and Procedures:
<http://eww/health/files/>

Labor Relation/Employee Association Contracts:
<http://www.co.washoe.nv.us/humanresources/laborrelations.html>

Washoe County Code, Chapter 5 – Administration and Personnel:
http://www.co.washoe.nv.us/clerks/files/pdfs/county_code/Chapter005.pdf

Washoe County Code, Chapter 15, County Finances, Purchasing:
http://www.co.washoe.nv.us/clerks/files/pdfs/county_code/Chapter015.pdf

Washoe County Accounts Payable Procedure Manual:
[http://eww/comptroller/Accounts Payable/Accounts Payable Manual files/Accounts%20Payable%20Manual.doc](http://eww/comptroller/Accounts%20Payable/Accounts%20Payable%20Manual%20files/Accounts%20Payable%20Manual.doc)

Washoe County Internal Control Procedures Manual:
<http://eww/comptroller/Administration/WC%20Internal%20Controls%2096V2.pdf>

DBOH Item No. 12
9/24/09



PANDEMIC FLU

PUBLIC INFORMATION SERIES

Preparing for a Swine Flu (H1N1) Pandemic Coping and Emotional Well-Being

What is a pandemic? Who is at risk? What will happen? Are my children safe? As these questions occur to you, it may be helpful to learn what to expect, how to prepare and where to find needed information and support. This may increase your resilience, decrease your stress and minimize the impact on you and your loved ones during these difficult times.

What to Prepare For

The swine flu (H1N1) outbreak has gained prominence since it began in April 2009. A flu pandemic is a global outbreak of disease that occurs when a new influenza virus appears to which people have little or no immunity. It affects people of all ages, backgrounds and locations, and could cause high numbers of illness and death as well as social disruption. During a flu pandemic—

- Many people are likely to become ill at the same time. The severity of the disease and the number of deaths caused by a pandemic virus vary greatly and can change over time.
- People who are infected with swine flu may be isolated, which means that they are separated from healthy people to reduce the chances of spreading the flu.
- People who have been exposed to the flu virus may be quarantined. This means those who have been exposed to the flu virus are physically separated from those who have not been exposed.
- A practice called “social distancing” may be in effect to limit face-to-face interaction in order to prevent exposure and transmission of the flu virus. Many things may be shut down or be canceled, including public transportation, gathering places, events, schools and businesses.
- Community services and utilities may be disrupted.
- Health care services could become overwhelmed.

These circumstances could significantly affect you. You may need to reorganize your life to care for loved ones or to receive care. You may lose income if your workplace closes or you become ill. School closures can result in the need for home-schooling or other activities for homebound children. Access to food and other household goods may become limited. The many changes in day-to-day living can cause anxiety and stress.

Coping with Stress and Anxiety

Some ways that you can cope with stress and anxiety are—

- Get accurate information from reliable sources.
- Educate yourself about the flu pandemic.
- Maintain your normal daily routine, if you can.
- Exercise, eat well and rest.
- Stay active—physically and mentally.
- Stay in touch with family and friends.
- Spend more time with your children. Talk with them (as is age appropriate) about swine flu.
- Maintain a hopeful outlook—be prepared for things to get worse, but remember that governments and experts around the world are working hard to make things better.
- Find comfort in your spiritual and personal beliefs.
- Keep a sense of humor.

Coping Through Preparedness

Being adequately prepared will significantly affect how you cope with stress and anxiety during a flu pandemic. It will help you feel more in control and lower your stress. Your children will also feel more secure and less anxious. Consider adopting the following preparedness strategies:

- Reduce the likelihood of infection by using good personal hygiene and self-care practices.
 - Wash your hands frequently with soap and water or an alcohol-based sanitizer.
 - Cough or sneeze into a tissue and place used tissues directly into the trash.
 - If you do not have a tissue, cough or sneeze into your elbow or upper sleeve.
 - After coughing or sneezing, clean your hands with soap and water or an alcohol-based hand sanitizer.
 - Stay at home if you are ill.
 - Talk with your family and friends and make a plan for taking care of one another should any of you become ill.

- Keep at least a two-week supply of non-perishable easy-to-prepare food, water and other critical household and hygiene goods.
- Keep medical supplies, prescription and non-prescription drugs on hand.
- Investigate how your health insurance carrier plans to handle costs of treatment during a pandemic.
- Check with your employer regarding policies for dealing with a pandemic.
- Ask about plans at your child's school or day-care for dealing with a pandemic, and develop plans now for how you would keep homebound children occupied.

Increase Your Psychological Resilience

Psychological resilience is your ability to “bounce back” from difficult events. Certain strategies can increase your resilience and bring about new emotional strengths. The following tips can help you deal with life's difficulties, including a pandemic.

Identify how you cope with a crisis

Identify your coping strengths. What other crises have occurred in your life? How did they affect you? How did you cope? Did your coping style work? Are there other ways you might cope?

Foster healthy attitudes and beliefs

Crises and difficult circumstances are stressful but can be overcome. Focus on finding solutions and ways to improve your situation.

Choose nurturing and healthy behaviors

Identify your goals and move toward them, even though progress may seem slow at times. Take decisive action in protecting and preparing yourself and your loved ones, rather than letting the pandemic situation make your choices for you.

Professional Help

Seek professional mental health care for yourself or your loved ones if you or they experience—

- Loss of sleep, frequent nightmares or disruptive and intrusive thoughts.
- Feelings of depression or feelings that lead to an inability to engage in usual activities.
- Disorientation, extreme memory difficulties or losing awareness of time, date and place.
- Hallucinations or delusions, such as hearing or seeing things that are not here, extremely unrealistic thinking or excessive preoccupation with an idea or thought.
- A previously identified mental health condition recurs or becomes worse.

If these circumstances occur, contact your personal physician or mental health provider. If you are currently working with a mental health provider, ask how services will be provided during a pandemic, and consider or discuss how you might get needed support or assistance from family and friends. You can also seek local mental health resources by contacting the U.S. National Mental Health Information Center at www.mentalhealth.samhsa.gov/databases/ or 1-800-789-2647.


Stay Informed

- The situation with swine flu can change daily. Gather information on a regular basis from reliable sources, such as the Centers for Disease Control and Prevention (CDC) and your local or state health department. You can visit the CDC Web site at www.CDC.gov/swineflu/ for more information.
- Stay informed, but do not constantly watch broadcast news or continually check online news sources. Excessive attention to news coverage can be unnecessarily stressful, especially for children.
- Seek information on public services that may close, so that you can plan ahead.

You can find additional information on planning and preparing for pandemic flu at www.RedCross.org and www.pandemicflu.gov/.

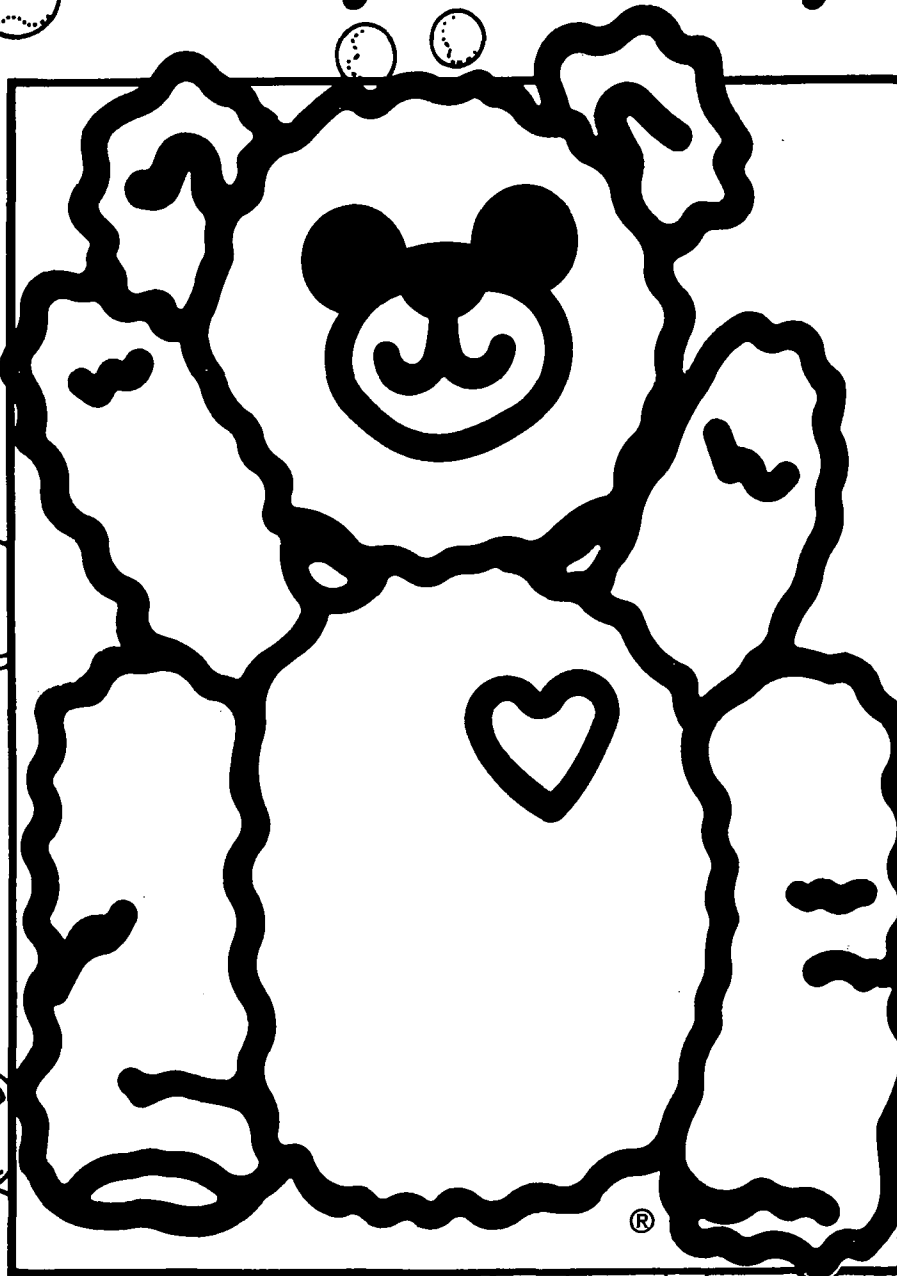
Stay connected

Stay in touch with others by telephone, e-mail and other means should you be unable to get around due to movement restriction measures.

Emergency Contact Card	
	American Red Cross
Name:	_____
Home Address:	_____ _____ _____
Important Phone Numbers	
Local Health Department:	_____ _____
Local Red Cross Chapter:	_____ _____
Family Health Provider:	_____ _____
Mental Health Provider:	_____ _____

During a pandemic or other disaster, you can let others know of your well-being by registering on the Safe and Well Web site at <https://disastersafe.redcross.org/>.

Scrubby Bear[®] says:



**Don't get sick,
Wash up quick!**



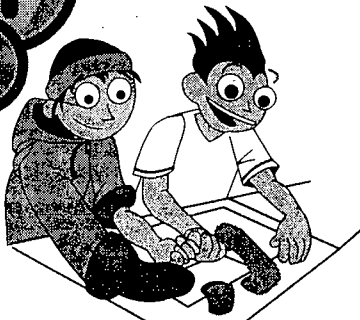


American Red Cross

The 6 Steps of Handwashing

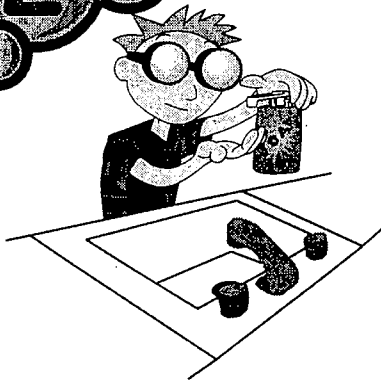
NSF Scrub Club®

1



Step #1:
Wet your hands with warm water.

2



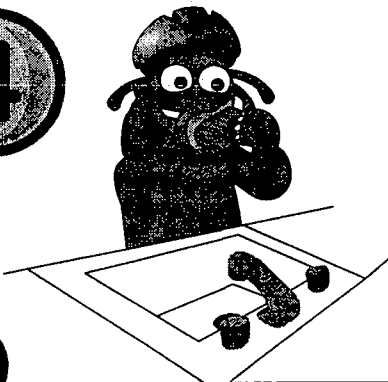
Step #2:
Apply soap.

3



Step #3:
Rub your hands together, and even get between those fingers for 20 seconds.

4



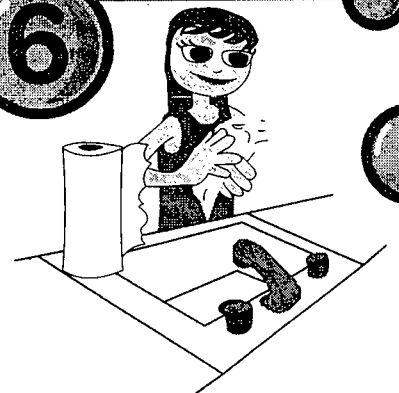
Step #4:
Don't forget your fingernails. Use a nailbrush if you have one.

5



Step #5:
Rinse the germs away.

6



Step #6:
Dry your hands.

Scrub Club® and Scrub Club characters are copyright 2004 NSF International.
"BAC" Character copyright 2004 The Partnership for Food Safety Education.

www.scrubclub.org
(888) 99-SAFER

www.nevada.redcross.org

WASH, WASH, WASH YOUR HANDS

6 Steps of Handwashing

- Step #1:** Wet your hands with warm water. *Don't forget your fingernails. Use a nailbrush if you have one.*
- Step #2:** Apply soap.
- Step #3:** Rub your hands together and scrub for 20 seconds.
- Step #4:** Rinse your hands.
- Step #5:** Rub the palms dry.
- Step #6:** Dry your hands.



Scrub Club® Word Search

U N L G W B F H J Z Z X W R Y
 C T A A N C U C J J B A V P A G
 Z R T E J I N B Y V Z N K T D
 A E N H L G H U B M C W A S U
 R L N G T C S S K L X Y Y R P
 Z E E H G V E W A B E O H E G
 B A C T E R I A U W X D W L A Y
 P M O A R T L W X B Y N V O X
 A S C O M F C H M B L O A A S E
 O D X L S U A G P C V E X E W
 S M Q M U A F T H E A F J W X
 H D R F F T T K A A O M P E N
 Q C C R A L T H H T O O B B
 W L S D N A H T B F P B D C S

BACTERIA
 BUBBLES
 CLEAN
 GERMS
 HANDS

HANDWASHING
 SCRUBCLUB
 SOAP
 SOAPERSTAR
 WATER

Can you help Taki unscramble these words?

Oaps _____
 Trawe _____
 Mergs _____
 Blebbus _____
 Dansh _____

Can you match the Six Steps of Handwashing to their correct number?

- Rinse germs away
- Don't forget to clean your fingernails
- Dry your hands
- Apply soap
- Wet your hands with warm water
- Rub your hands together for 20 seconds.

Join the Scrub Club!

Your name: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____
 Phone: _____

Wash up!
 Since germs are everywhere, it's important to wash your hands frequently. The Scrub Club® offers an especially fun way to help fight germs. Join Hot Shot & Chill, Squelch, and Tank, and help fight germs away by joining the Scrub Club!

Help the Scrub Club® Gang find their way to the soap!



NSF International
 7890 Al Dibson Road
 Ann Arbor, Michigan 48105 USA

1-888-995-AFEEER 1-734-769-6310 phone 1-734-769-0109 fax
 info@nsf.org www.nsf.org www.scrubclub.org
 Scrub Club® and Scrub Club® characters © 2008 NSF International, LSC-115-0668

A LAVARSE, LAVARSE, LAVARSE LAS MANOS

6 Pasos del Lavado de Manos

- Paso #1:**
Lávase las manos con agua.
No se olvide de sus uñas.
Use un cepillo si tiene.
- Paso #2:**
Apliquese jabón.
- Paso #3:**
Frotase las manos juntas, y entre los dedos por 20 segundos.
- Paso #4:**
Enjuaguese los gérmenes.
- Paso #5:**
Sequese las manos.



Búsqueda de las palabras del Scrub Club®

S E S H U M X A D J J X W O L W
 K O T U A H I X I D K K Q B H Z
 U V N N U R N J Z C K H U M Y
 D G O A E P J Z H T L N L K J J
 R S E T M Q X R Q I F Q C K F L
 G T C R R E B F U Z X K B D L
 K A N Z M K D G C D Q Y U E T
 B P V G O E D O J O J D R L Q
 J K S B X N N M D O C D C I G
 N O B A J Q X E B A T J S M N
 A K D T V L T G S O V X O P H
 L U N G A B J Z G C C A K I O
 B E G R N I C S J L S E L O Z
 N O B A J L E D S E O R E H K
 B U R B U J A S I Z A R F Z Y

BACTERIA
 BURBUJAS
 LIMPIO
 GERMEÑES
 MANOS
 LAVADODEMANOS
 HEROESDELJABON
 SCRUBCLUB
 JABON
 AGUA

¡Ayuda a el Grupo del Scrub Club® a conseguir el camino! hacia el jabón!

¿Puedes tú ayudar a Taki a descifrar éstas palabras?

Bójan _____
 Gaua _____
 Mregesen _____
 Rbubujisa _____
 Nmosa _____

¿Puedes tú emparejar los Seis Pasos del Lavado de Manos con el número correcto?

- Enjuaga y elimina los gérmenes
- No te olvides de limpiarle las uñas
- Secate las manos
- Ponte el jabón
- Lávate las manos con agua tibia
- Frotate las manos juntas por 20 segundos

¡Únete a Scrub Club®!

¿De qué se trata el lavado de manos? ¿Por qué es importante? ¿De qué se trata el lavado de manos? ¿Por qué es importante? ¿De qué se trata el lavado de manos? ¿Por qué es importante?

El lavado de manos es una de las mejores maneras de prevenir la propagación de enfermedades. Los gérmenes se transmiten fácilmente de una persona a otra o de una superficie a una persona. Lavarse las manos con agua y jabón puede eliminar los gérmenes y prevenir la propagación de enfermedades.

¡Únete al Scrub Club® hoy!

Scrub Club®
 1-888-955-5478
 www.scrubclub.org

NSF International
 789 N. Dixboro Road
 Ann Arbor, Michigan 48105 USA
 1-888-955-5478
 www.scrubclub.org

Do you speak English? See the flipside.

Washoe

WASHOE COUNTY DISTRICT BOARD OF HEALTH
ATTENDANCE CARD
PLEASE PRINT

DATE: Sept 24, 2009 AGENDA ITEM: 14

NAME: Chuck Laking

ADDRESS: 315 LITTLE WASHOE DR, WASHOE VALLEY NV 89704

I REPRESENT: _____

I AM IN ATTENDANCE CONCERNING: Item (14) appeal from case
CMD 0000684

DO YOU WISH TO MAKE A STATEMENT: YES NO
_____ IN FAVOR _____ IN OPPOSITION

NOTE: GENERAL POLICIES FOR ADDRESSING THE BOARD:
1. PUBLIC COMMENT (5 MINUTE TIME LIMIT PER PERSON)

agree

WASHOE COUNTY DISTRICT BOARD OF HEALTH
ATTENDANCE CARD

PLEASE PRINT

DATE:

9/24/09

AGENDA ITEM:

14

NAME:

Greg Park

ADDRESS:

320 Little Washoe Drive

I REPRESENT:

Myself

I AM IN ATTENDANCE CONCERNING:

Illegal Dumping Citation
for Old Washoe Estates

DO YOU WISH TO MAKE A STATEMENT:

YES

NO

IN FAVOR

IN OPPOSITION

NOTE: GENERAL POLICIES FOR ADDRESSING THE BOARD:

1. PUBLIC COMMENT (5 MINUTE TIME LIMIT PER PERSON)

09/24/09

WASHOE COUNTY DISTRICT BOARD OF HEALTH
ATTENDANCE CARD
PLEASE PRINT

DATE: 9/24/09 AGENDA ITEM: 14

NAME: Jim Martin

ADDRESS: 330 Sanctuary Way, WV NV 89704

I REPRESENT: Myself

I AM IN ATTENDANCE CONCERNING: OWE Dumping of Debris in Common Area

DO YOU WISH TO MAKE A STATEMENT: YES NO

IN FAVOR IN OPPOSITION

NOTE: GENERAL POLICIES FOR ADDRESSING THE BOARD:
1. PUBLIC COMMENT (5 MINUTE TIME LIMIT PER PERSON)

WASHOE COUNTY DISTRICT BOARD J. HEALTH
ATTENDANCE CARD
PLEASE PRINT

DATE: 9/24/09 AGENDA ITEM: 14

NAME: DOUGLAS VAN TREETIC

ADDRESS: 345 LITTLE WASHOE DRIVE

I REPRESENT: OLD WASHOE ESTATES

I AM IN ATTENDANCE CONCERNING: MATERIAL/DIRT MOVED FROM FRONT TO BACK OF OLD WASHOE ESTATES

DO YOU WISH TO MAKE A STATEMENT: YES NO

IN FAVOR IN OPPOSITION

NOTE: GENERAL POLICIES FOR ADDRESSING THE BOARD:
1. PUBLIC COMMENT (5 MINUTE TIME LIMIT PER PERSON)

WASHOE COUNTY DISTRICT BOARD OF HEALTH
ATTENDANCE CARD

PLEASE PRINT

DATE:

9/

AGENDA ITEM:

NAME:

MARIE-ELENA VAN TREECK

ADDRESS:

345 LITTLE WASHOE DR.

I REPRESENT:

OLD WASHOE ESTATES

I AM IN ATTENDANCE CONCERNING:

DO YOU WISH TO MAKE A STATEMENT:

YES

NO

IN FAVOR

IN OPPOSITION

NOTE: GENERAL POLICIES FOR ADDRESSING THE BOARD:

1. PUBLIC COMMENT (5 MINUTE TIME LIMIT PER PERSON)



Washoe County Health District

ENVIRONMENTAL HEALTH SERVICES DIVISION

DATE: August 20, 2009

TO: Washoe County District Board of Health Members

FROM: R. Jeanne Rucker, REHS
Environmental Health Specialist Supervisor

SUBJECT: Appeal of Enforcement Action
Old Washoe Estates
Case Number CM09000684

Recommendation:

Staff recommends that the Board deny the appeal filed by Mr. Hans Struffert on behalf of the homeowners of Old Washoe Estates (OWE). The appeal was filed in response to a Notice of Violation issued to the OWE Homeowner's Association by Mr. Luke Franklin, Environmental Health Specialist, for violation of Sections 040.005 and 090.180 of the Regulations of the Washoe County District Board of Health Governing Solid Waste Management.

Background:

The Environmental Health Services Division received a complaint from Mr. Jim Martin on July 15, 2009. The complaint alleged that landscaping material had been dumped by a construction company onto common ground of the OWE property and the material was used as fill. Mr. Franklin sent a letter of notification to the OWE on July 16, 2009 advising that said activity was a violation of the Regulations of the Washoe County District Board of Health Governing Solid Waste Management. Mr. Franklin's letter further stated that the OWE had seven (7) days after receipt of the letter to comply with the order to remove the material and abate the violation.

On July 20, 2009 Mr. Franklin met with Ms. Rhonda Freih and Mr. Hans Struffert at the location of the alleged dumping to discuss the problem. Mr. Franklin advised both that dumping sod is not considered composting and that the landscape material had to be removed. He further advised them to notify the contractor to explain the problem.

On July 21, 2009 Mr. Franklin sent a second letter indicating that dumping of landscape material onto the common area of Old Washoe Estates and using it for fill was a violation of Sections 040.005 and 090.180 of the Regulations of the Washoe County District Board of Health Governing Solid Waste Management. This second notice required that the violation be corrected and abated within 14 days of receipt of the letter. Mr. Franklin confirmed that Ms. Freih had received the letter on July 24, 2009. Therefore, compliance had to be achieved by August 7, 2009.

On July 23, 2009 Mr. Hans Struffert appeared before the District Board of Health during the public comment period of their regularly scheduled meeting and requested their review of the alleged violation(s). He provided both verbal and written comment. He asked that the Board rescind staff's order for abatement because the regulations are not applicable in this situation.

On July 27, 2009, the complainant contacted Mr. Franklin and indicated that trucks were grinding the waste material into the ground.

On August 4, 2009, it was determined by the Deputy District Attorney representing the District Board of Health that Mr. Struffert's letter to the Board should be considered an appeal of staff's enforcement action. All further enforcement action is held in abeyance until such time as the appellant is afforded the opportunity for a hearing.

Mr. Struffert was advised via telephone on August 7, 2009 that the letter he provided to the Board at the July District Board of Health meeting was accepted as an official appeal; he was further advised that the appeal hearing would be held during the August District Board of Health meeting.

Due to staff's difficulty in meeting with legal counsel, the appeal hearing was postponed until the September District Board of Health meeting. The original complainant was advised of this on August 24, 2009. The complainant expressed concern over the continued degradation of the area where the sod and landscape materials were dumped.

Regulations of the Washoe County District Board of Health Governing Solid Waste Management, **Section 040.005 states:**

"Solid waste storage must not:

- A. Cause a health hazard.
- B. Attract or propagate vectors, vermin or pests.
- C. Create unpleasant odors.
- D. Create a nuisance."

Section 090.180 states:

“No person may place or deposit or cause to be placed or deposited any material of any nature for use as a fill, in or upon any parcel of land, public or private, located within Washoe County Health District, unless said person has received a valid permit for establishing a fill from the appropriate local regulatory authority.”

The definition of Solid Waste in the District Board of Health regulations is:

“Solid waste means garbage, refuse, sludge from a waste treatment plant, water supply treatment plant, or air pollution control facility. Other discarded material including solid, liquid, semi-solid, or contained gaseous material resulting from industrial, commercial, mining, and agricultural operations. Waste materials from community activities including, but not limited to, garbage, rubbish, junk vehicles, ashes or incinerator residue, street refuse, dead animals, demolition waste, construction waste, solid or semi-solid commercial and industrial waste, and hazardous waste, including explosives, pathological waste, chemical waste and herbicide or pesticide waste.”

With the exclusion of hazardous waste, solid waste is similarly defined in the Nevada Revised Statutes (NRS).

It has been the practice and policy of this agency to include discarded landscaping material as solid waste. Tree trimmings, sod, weeds, grass clippings, etc. are frequently illegally dumped and become the genesis of an illegal dump site. Additionally, landscapers have been issued misdemeanor citations for dumping landscaping waste on their own property rather than dispose of it properly. Therefore, it is the opinion of staff that the solid waste regulations are applicable in this case.

The attached maps indicate the locations on which the landscape waste was dumped. There are three (3) areas that are clearly identified that cover a substantial area of property. Additionally, copies of photographs taken by staff are included in your packet. (Note: Copies of photographs taken by Kate Park and Greg Park will be available for your review during the hearing.) Contrary to the photo provided by Mr. Struffert during the July Board meeting, this is not a small amount of sod. It is clear that this material is not being composted as was suggested to the case officer by Ms. Freih and Mr. Struffert. Composting is a scientific process whereby organic material is degraded under controlled and monitored conditions to a usable product. In this case it has simply been dumped and spread out.

Therefore, staff recommends that the Board deny the appeal in this case and uphold the Notice of Violation issued by Mr. Franklin. Additionally, staff recommends that the OWE homeowners be required to remove the dumped landscape waste to an approved disposal site within 7 days of this hearing.

Fiscal Impact:

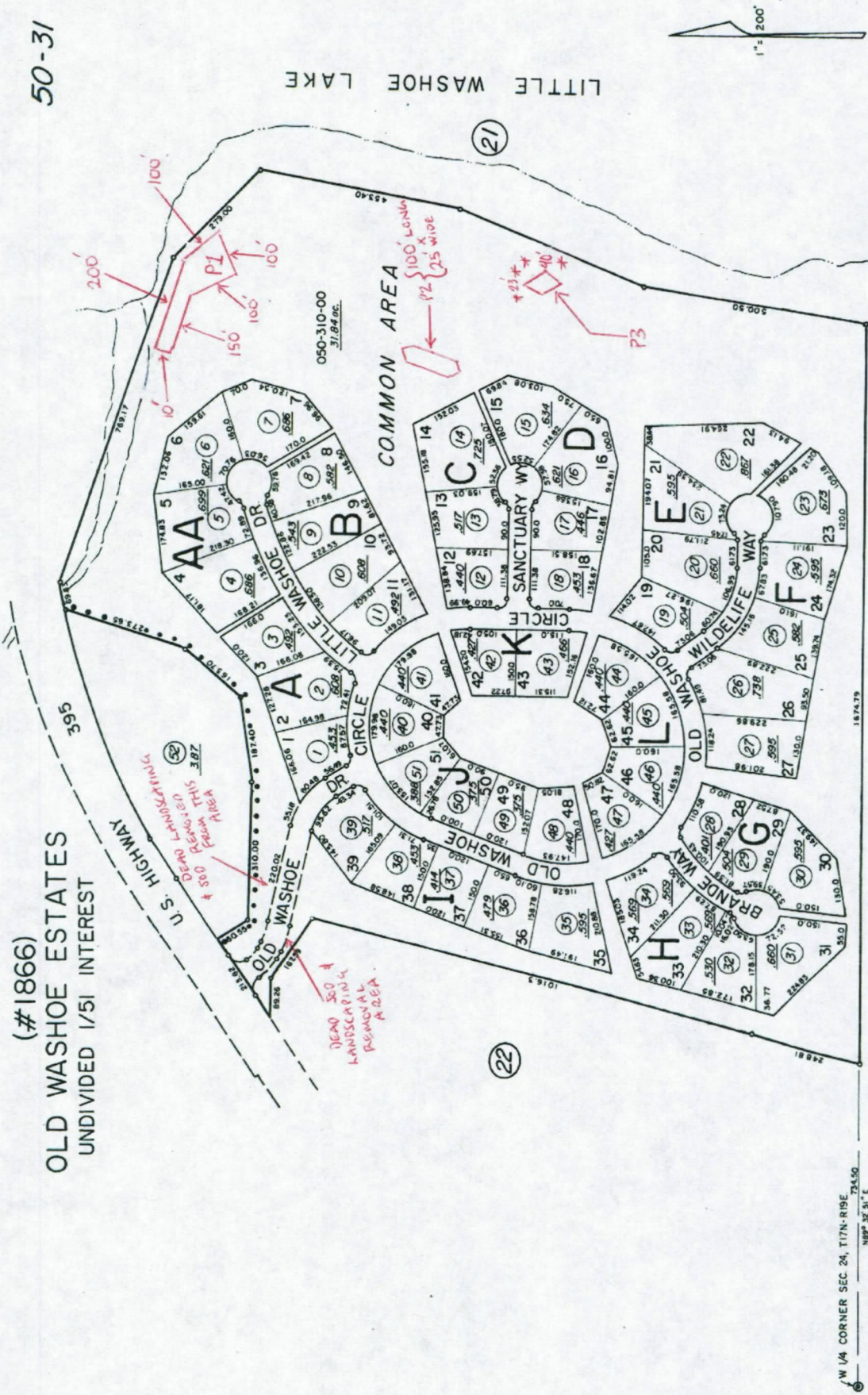
Not applicable.

Alternatives:

1. The Board can approve the appeal and vacate the Notice of Violation issued by staff.
2. The Board can approve staff recommendations with additional requirements.

50-31

(#1866)
OLD WASHOE ESTATES
UNDIVIDED 1/51 INTEREST

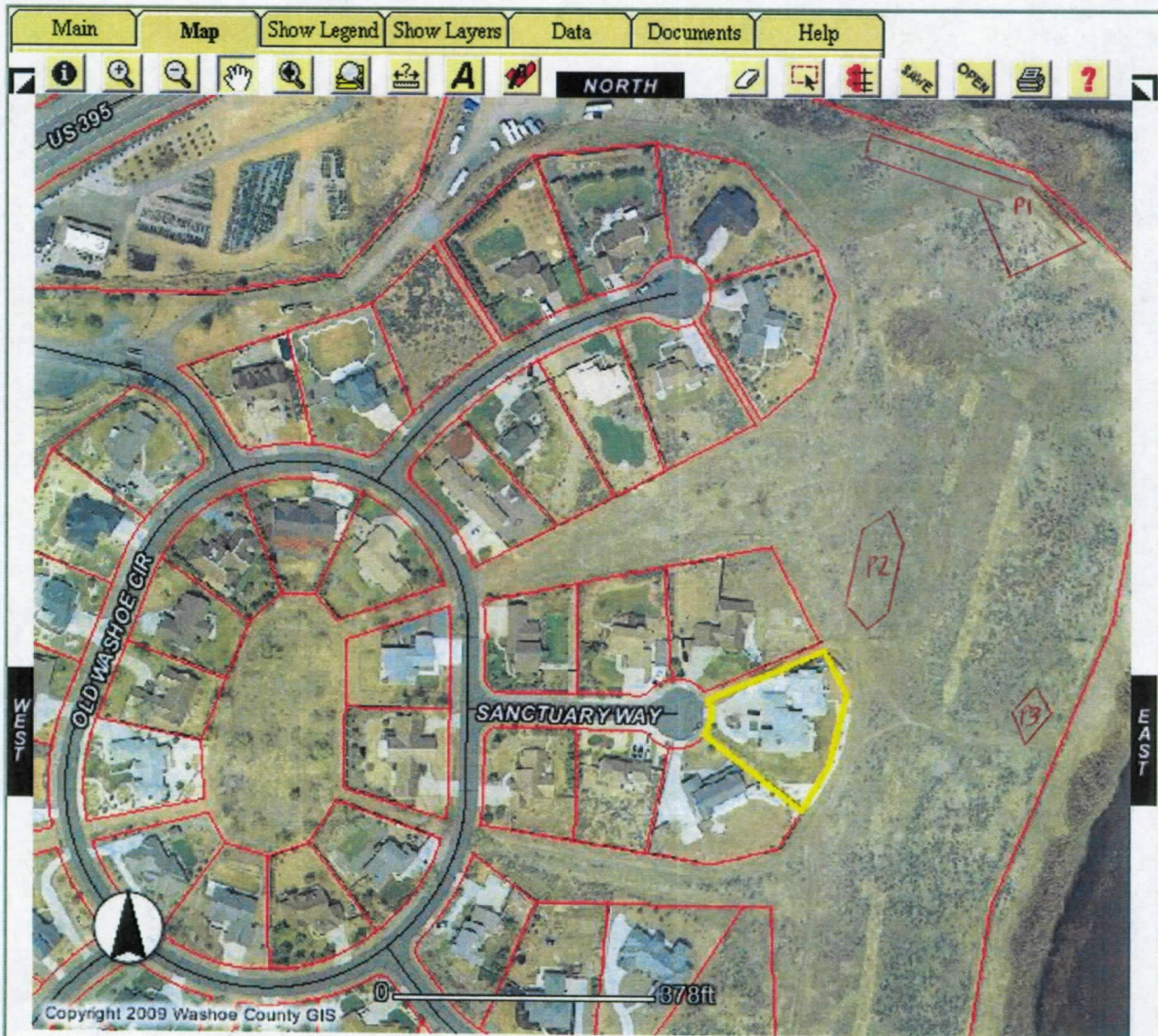


drawn by	MARY CRAIG	8/79
revised by	DL52/GB	
superseded		

Assessor's Map County of Washoe, Nevada
NOTE - ASSESSOR'S BLOCK NUMBERS SHOWN IN ELLIPSES
ASSESSOR'S PARCEL NUMBERS SHOWN IN CIRCLES

NOTE This Map is prepared for the use of the Washoe County Assessor's Office and is not a representation of the survey. No liability is assumed as to the sufficiency or accuracy of the data delineated hereon.

W 1/4 CORNER SEC 24, T17N-R15E
744.50
1897 32' 51" E



This is where data will appear after a query.

Old Washoe Estates Photograph Description 8-4-2009

Pile #1:

Photo 1- Taken facing east depicting deposited sod and sticks and length of 10 foot wide 200 foot long drive area. 100' foot measuring tape stretched to full capacity and only going half way down drive area.

Photo 2- Depicting detail and thickness of material deposited.

Photo 3- Taken facing SE depicting thickness of material deposited and 100' length of side closest to fence.

Photo 4- Facing NW depicting 100' tape measure stretched to full capacity along fence line on east end of property.

Photo 5- Facing W and showing thickness and type of material deposited. Taken from eastern end of Pile #1 along fence.

Photo 6- Facing NW depicting 100' width of trapezoidal area of material deposited.

Photo 7- Facing W showing detail of material deposited. Small pinecones and sod. No pinecones within 1000' of Pile #1. Native material versus deposited material.

Pile #2:

Photo 8- Facing SW showing 100' tape measure stretched to capacity. Depicting sod and pinecones dumped and deposited and location.

Photo 9- Facing NE showing 100' tape measure stretched to capacity and showing sod and pinecones deposited versus native material.

Photo 10- Facing N showing detail of sod and pinecones dumped and thickness.

Photo 11- Facing S showing more detail of material deposited.

Pile #3:

Photo 12- Depicting proximity of pile #3 to Little Washoe Lake and type of material deposited. Facing E.

Photo 13- Facing SW depicting material deposited and thickness as well as difference between native flora versus deposited material.

Photo 14- Depicting tape measure stretched to 40' facing NE.

Photo 15- Facing SE and showing thickness and type of material deposited.

Photo 16- Facing E and showing detail of material and thickness.

Area where material was removed:

Photo 17- White top butting against area where sod was removed. Directly adjacent. Facing NW.

Photo 18- White top directly adjacent to removal area. Facing SE.



08/04/2009 11:25

#1



2#

08/04/2009 11:26



08/04/2009 11:32

#3



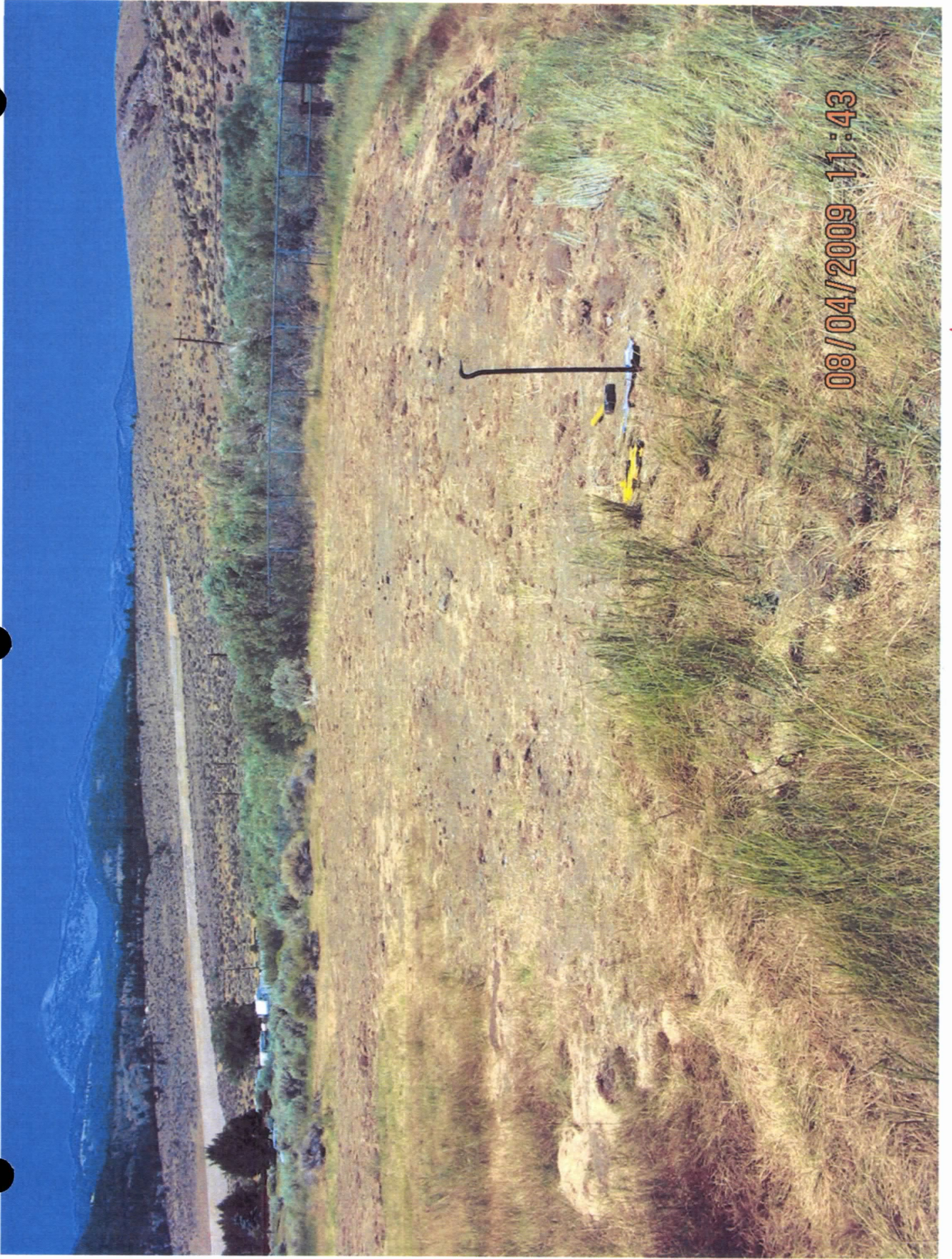
08/04/2009 11:40

#4



08/04/2009 11:41

#5



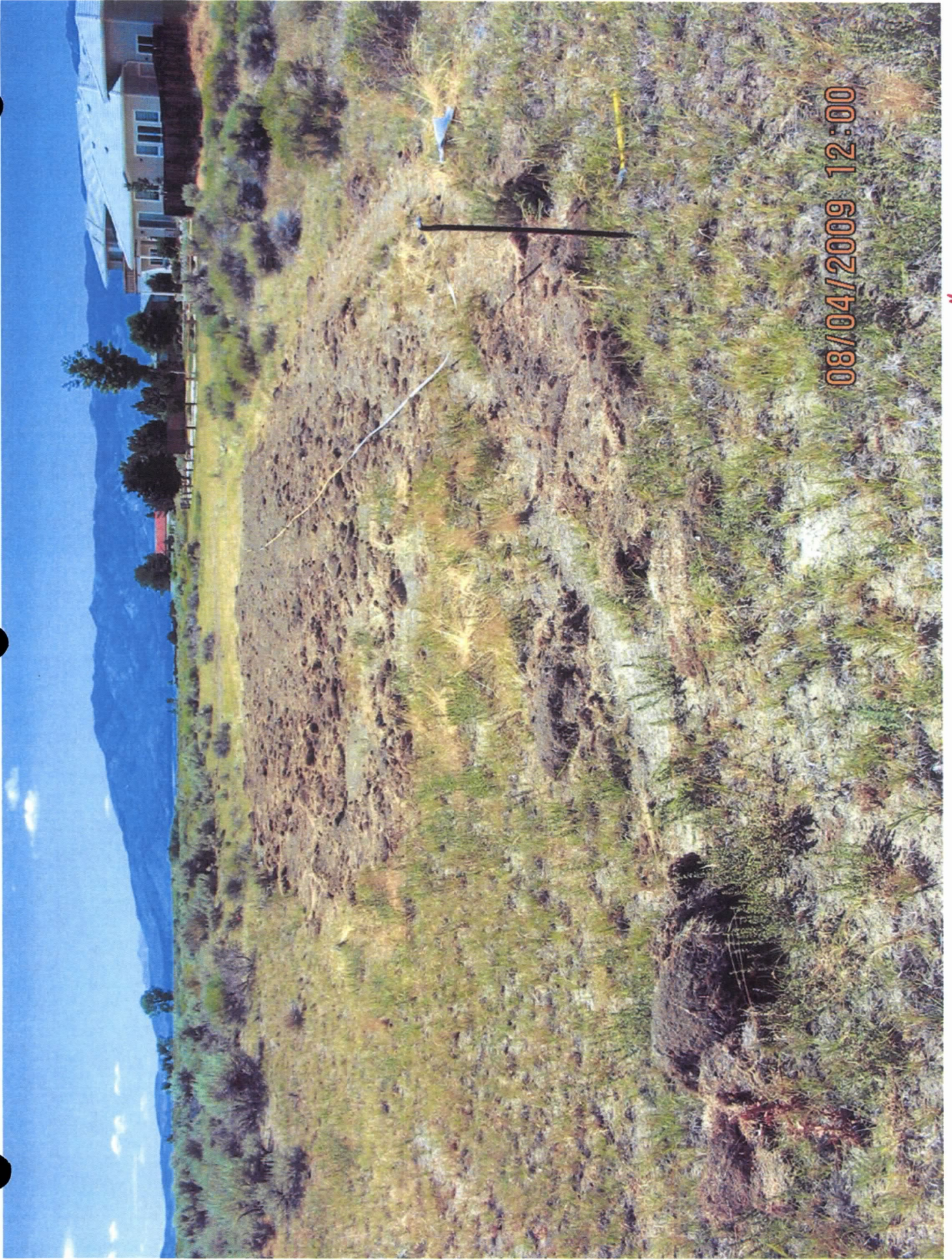
08/04/2009 11:43

#6



08/04/2009 11:45

#7



08/04/2009 12:00

#8



08/04/2009 12:00

#9

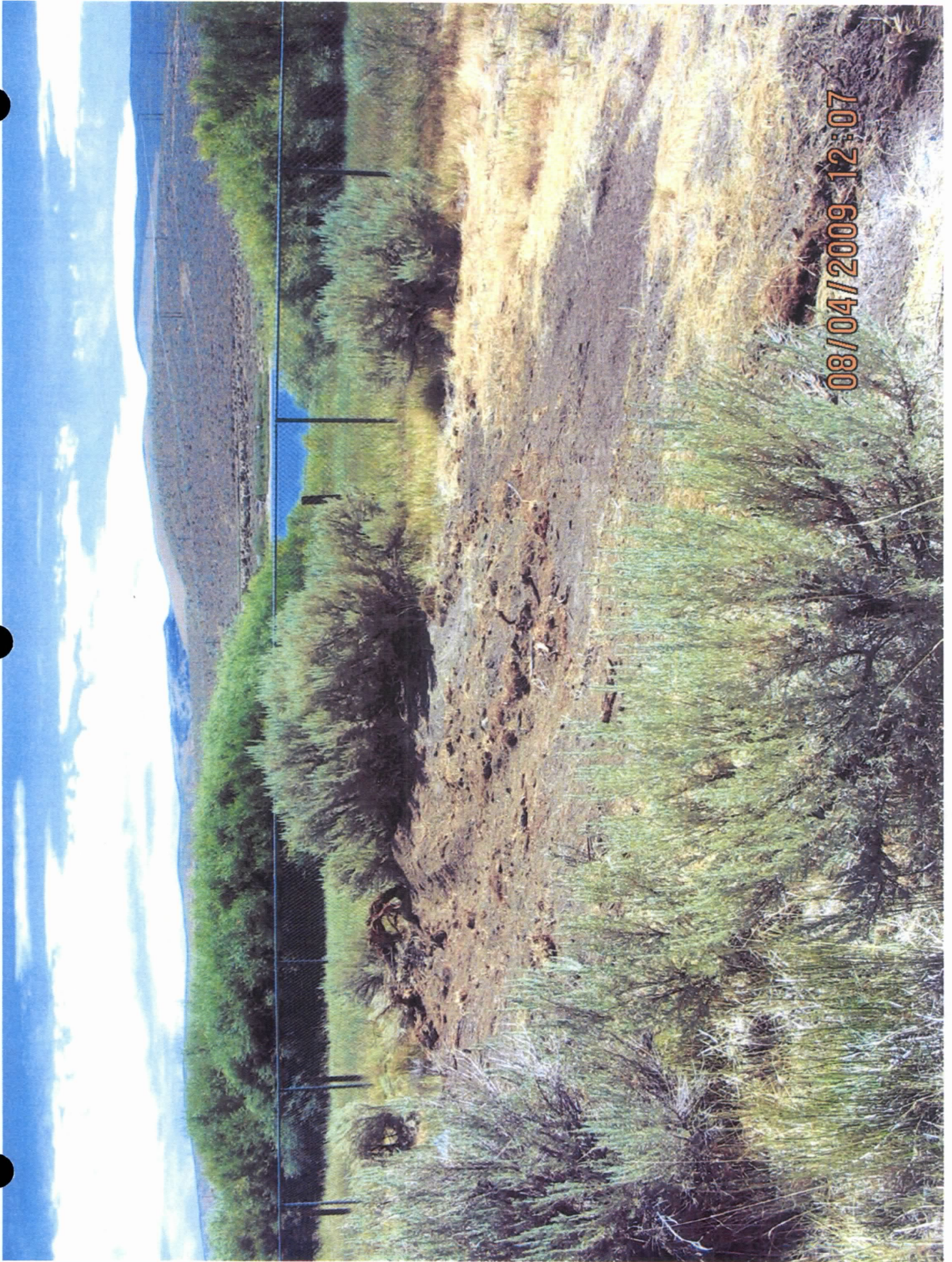


01#

08/04/2009 12:01

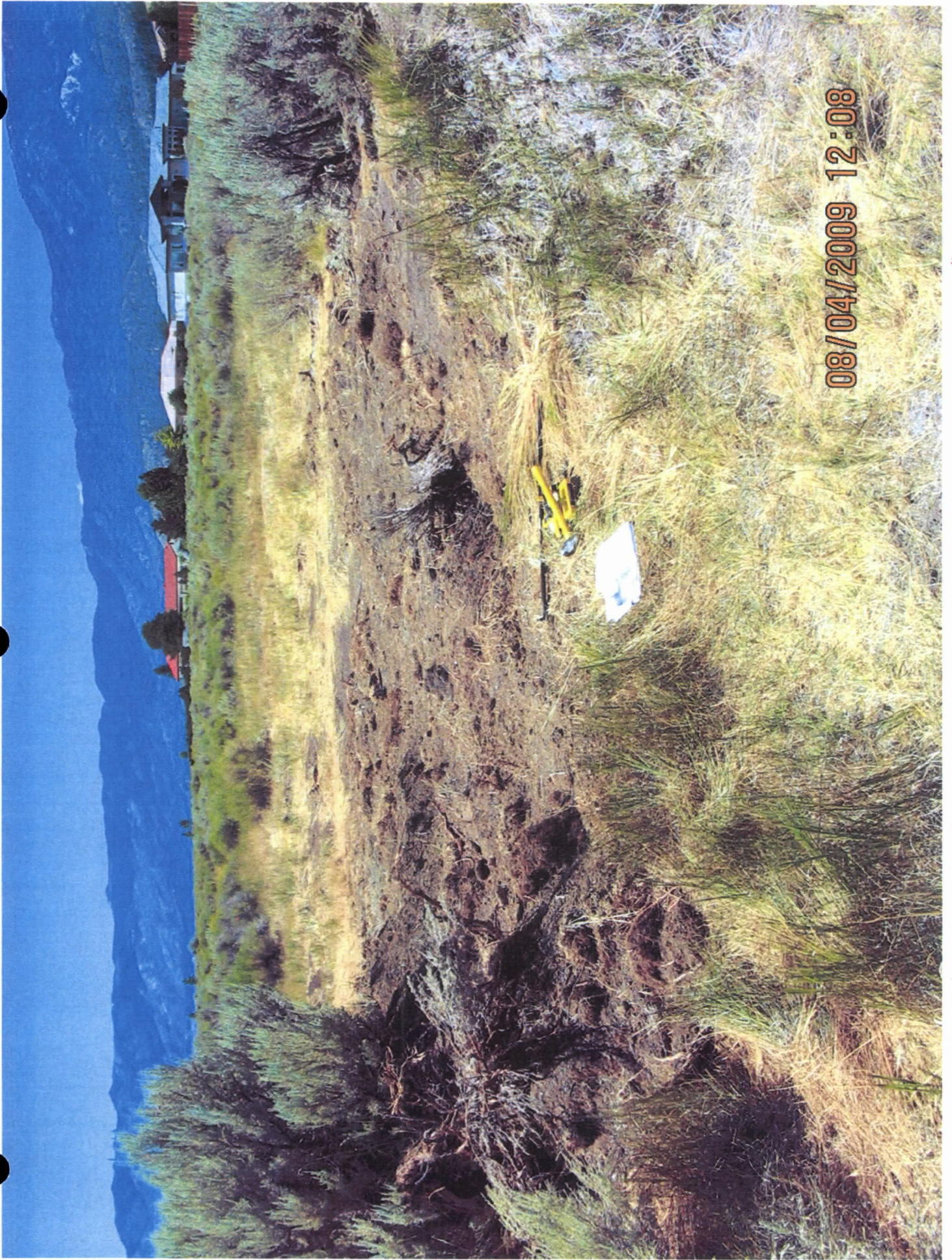


11#



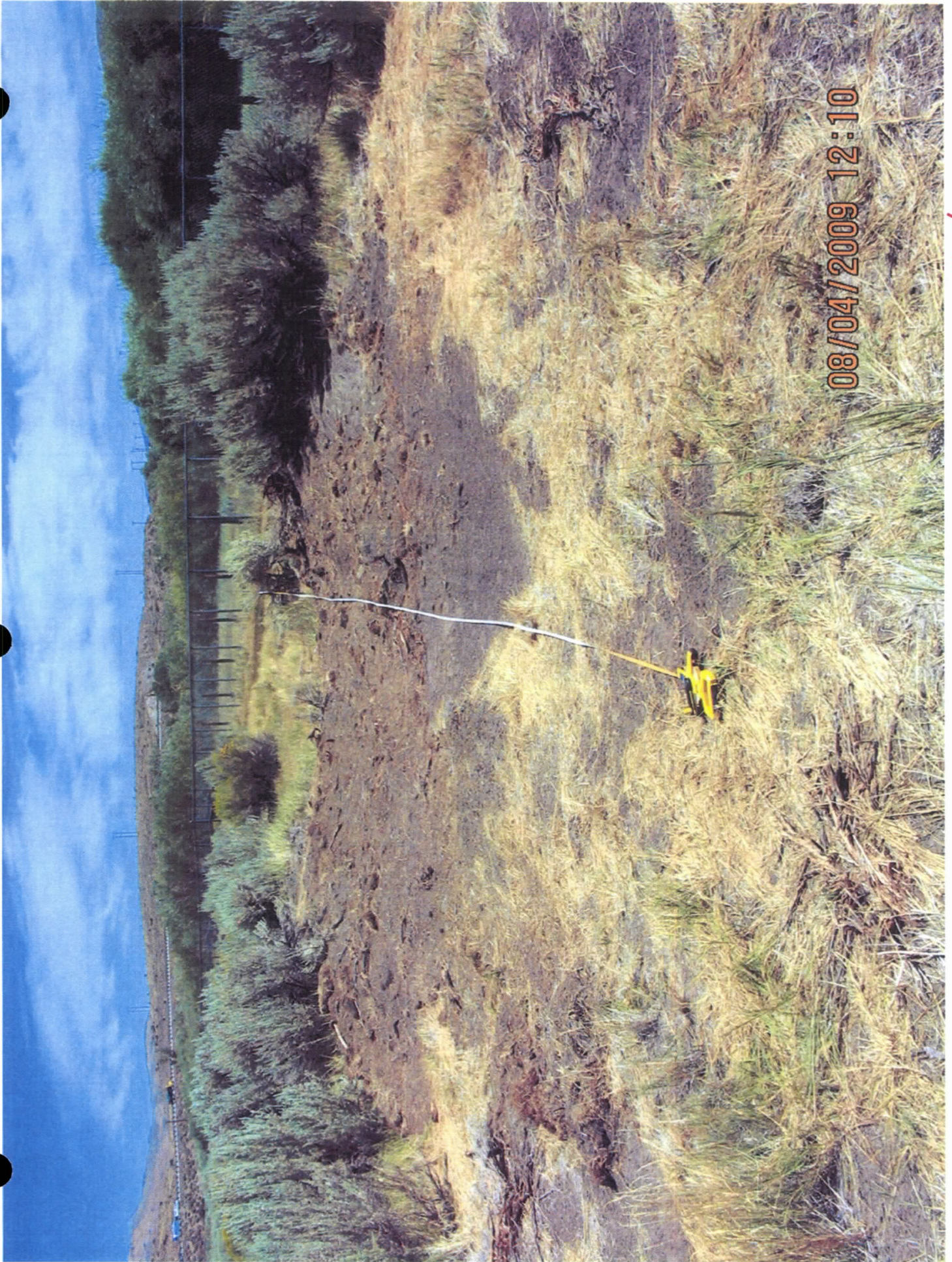
08/04/2009 12:07

#12



08/04/2009 12:08

#13



08/04/2009 12:10

#14



08/04/2009 12:11

#15

08/04/2009 12:14

#16





08/04/2009 12:24

#17



08/04/2009 12:24

#18

DB04 9/24/09
Item No. 14

We, the undersigned below, do hereby swear that the attached photographs were taken by us on the dates and times as indicated on each.

14 represents July 14, 2009

26 represents July 26, 2009

Greg Park 8/9/2009

Greg Park

Kate Park 8/9/2009

Kate Park



Caroline Cathey
8/10/09

EB 7.56PM

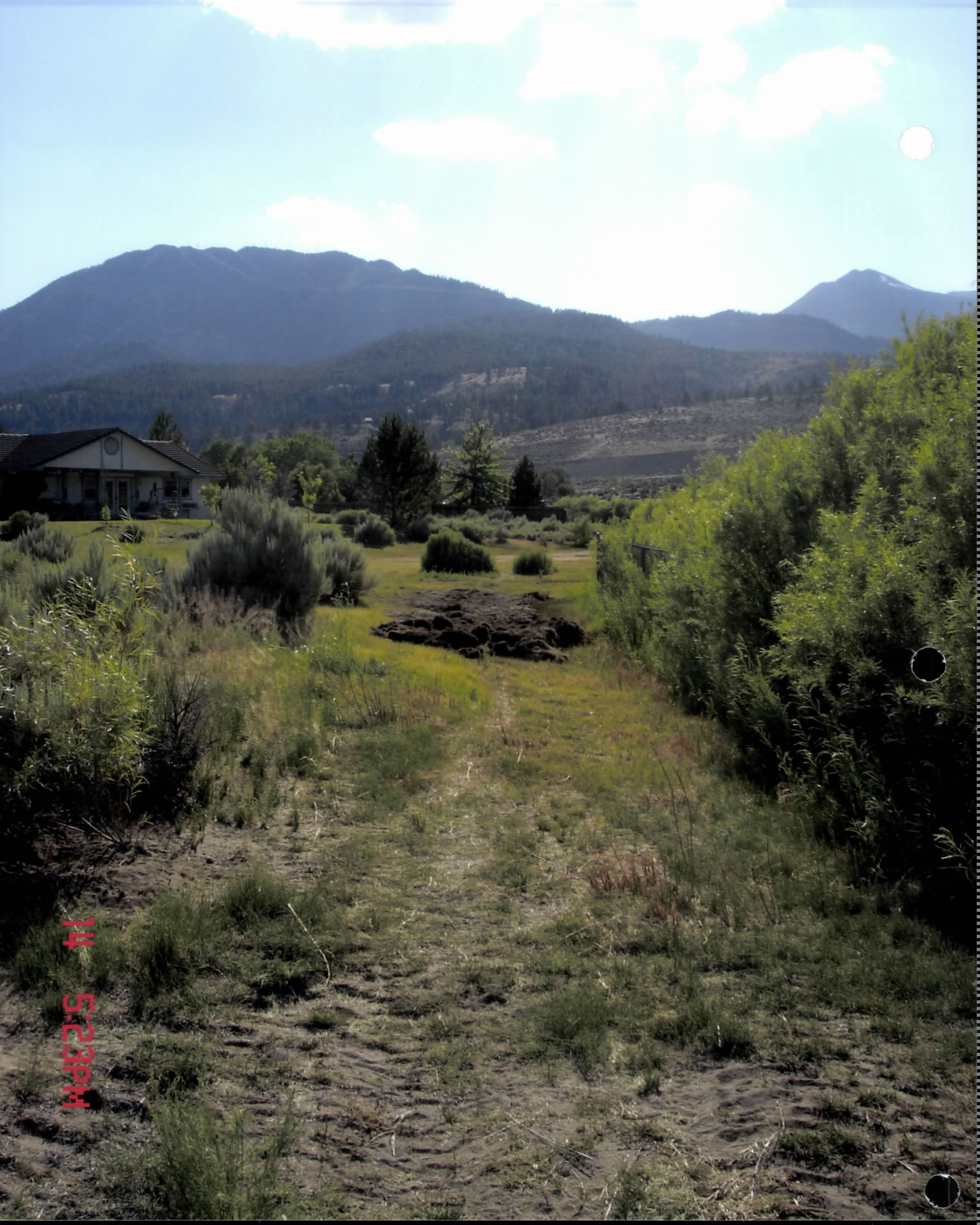




26 7:52PM



14 5:23PM



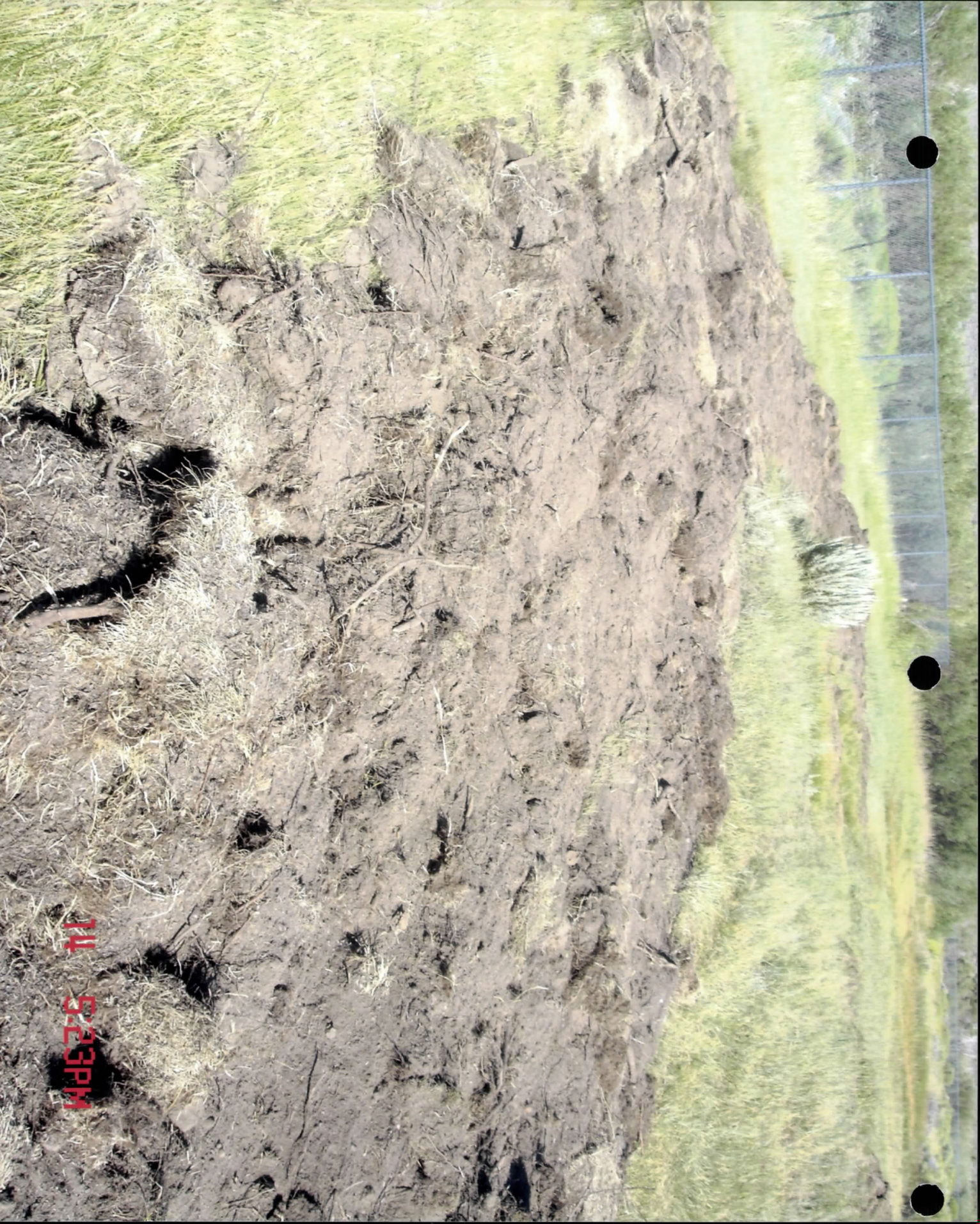
14 5:23PM



W462.5 11
5:23PM



14 5:23PM



11 5:23PM

11 5:24 PM





14 5:25PM



11 5:25 PM



11 5:26PM

14 5:29PM



DBOH 9/24/09
Item No- 14

Old Washoe Estates Homeowners Association
Hans Struffert

September 24,, 2009

Washoe County
District Board of Health

Good afternoon, Mr. Chairman and Ladies and Gentlemen of the Board.

It is almost two months to the day that I stood in front of you to ask for your review and rescission of an order by the health department to remove "solid waste". This solid waste is some sod that was moved a couple of hundred yards and spread thinly over a portion of common area in Old Washoe Estates in order to make room for draught resistant native vegetation.

Old Washoe Estates is an area at the north end of Washoe Valley that was an industrial area starting about 150 years ago. Historical records show a population of up to 8,000 at that time. Just walking around will turn up everything from old square nails to bottles and all kinds of metal utensils and tools and, of course, trash. I am not attempting to give you a history lesson of Old Washoe Estates. But I would like to set the record straight that the area we are talking about is not a pristine nature reserve as some may think.

Around 1970 a developer saw an opportunity for an upscale equestrian community. He prepared asphalt bridle paths and a network of pedestrian walks which have deteriorated and have never been kept up. Please see the attachments A and B for details.

In July of this year the homeowners association started to upgrade the landscaping in the area of the front entrance. Part of the project consisted of the replacement of high water usage lawn with native drought resistant shrubbery. The old sod that was taken up was thought to be organic material well suited to become part of an existing 15 acre common area.

We exercised due diligence when we called the building department to find out about permits needed and were told that none were required. We did not anticipate at all having to involve the health department in a landscaping project. After all, one associates the health department with vector borne diseases, flu shots and septic systems. Imagine our surprise when the health department served us with notice on July 23 to remove the "solid waste" sod. Attachment C shows a typical location and condition of the sod at that time.

Bringing in heavy equipment then, or now, would have and will cause irreparable damage to the soil and vegetation. As you can see from pictures D and E the so-called solid waste seems to have acted as a fertilizer and has supported healthy new growth of native grasses. In fact the picture clearly shows the more healthy vegetation in the area of the overlay than outside of it.

Ladies and gentlemen, we realize that according to existing regulations the health department has the authority to insist that this new growth be torn up. However, my fellow association members who are here with me today and I ask for your discretion to decide that in our case an exception be made to permit that the material be allowed to stay where it is now and support continued growth.

Thank you for your understanding and consideration.

WASHOE CITY HISTORY I

Washoe City was founded by 1861 on the site of the ancient Washo Indian encampment for the region. Its strategic location was ideal to provide the Virginia City Mines with water for the ore crushing stamp mills, and with timber from the Sierras, which was brought to the sawmills by greased wooden flumes from the Mount Rose area—

In 1861, Washoe City became the first County Seat and soon was the second largest city in Nevada. Its economy, based on the needs of the Comstock, grew with the mines' demands for water, timber, quartz stamp mills and sawmills. Endless freight wagon-trains working around the clock brought the heavy loads of ore down precarious Jumbo Grade from Virginia City, and groaned back up the long haul loaded with timbers for the mines and supplies and water for the bustling Boomtown. At its peak of activity, 75 10-mule teams were operating between Virginia City and Washoe City.

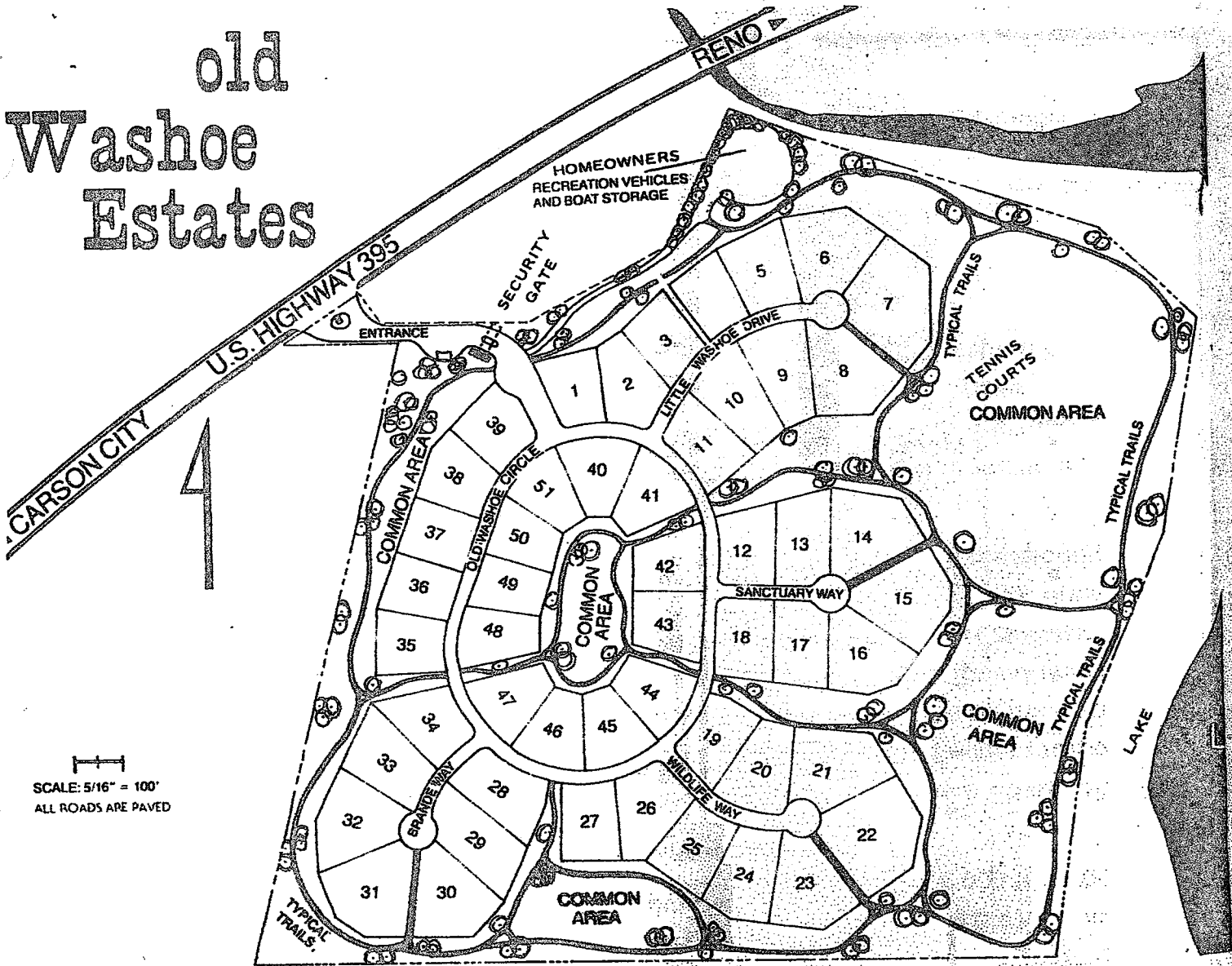
By the mid-1860's Washoe City was a thriving metropolis of 6,000 to 8,000 people with more than 100 businesses and many mills. The advent of the Virginia and Truckee Railroad doomed the town, since the rail lines could now transport ore to new mills on the Carson River, and provide lumber from Carson City, as well as supplies from the new transcontinental railroad passing through Reno.

With the mainstays of milling and lumbering activity dying out, Washoe City faced losing the County Seat to Reno. After two lengthy court fights in 1870-71, the County Seat was moved. The 10-chimney Court House was soon dismantled and moved as were most other buildings.

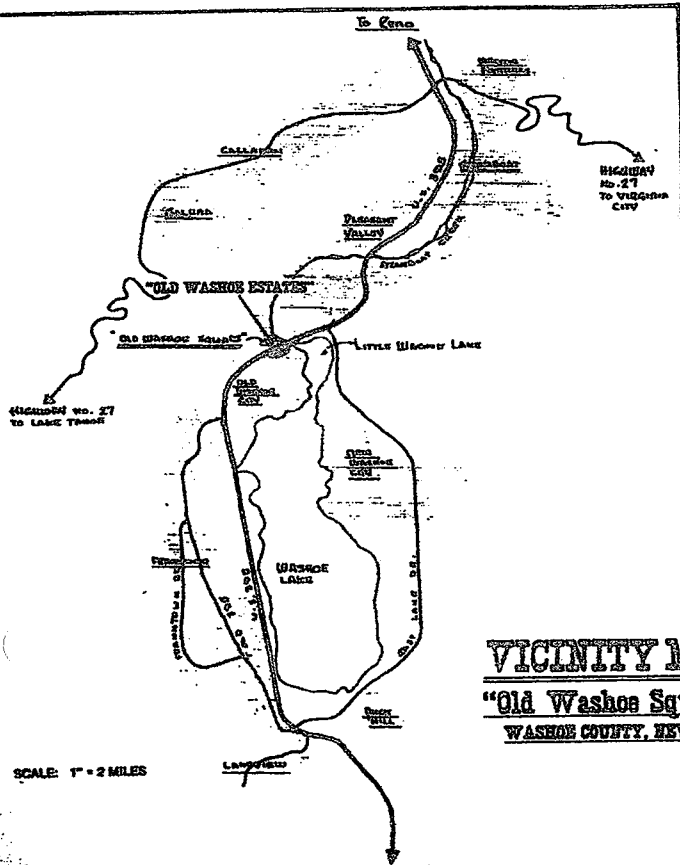
By 1880, the population had dwindled to 200, and by 1894 the post office was closed. All that remains today of the early buildings of the once thriving town are the stone building, now restored, alongside Highway 395, the yellow residence on the hill that once was the Methodist Church, and the red schoolhouse, now hidden amongst the antique shop buildings.

A

old Washoe Estates



SCALE: 5/16" = 100'
ALL ROADS ARE PAVED



VICINITY MAP
"Old Washoe Square"
WASHOE COUNTY, NEVADA

Historical townsite of Washoe City, the original county seat of Washoe County, Nevada. The property has both prehistoric and historic significance, with archaeological discovery of prehistoric Indian camp site intermingled with foundations and relics of the 1860's.

A way of living you would have to see to appreciate
OLD WASHOE ESTATES - Located in Washoe Valley between Reno and Carson City by Washoe Lake

For information call or write:

OLD WASHOE ESTATES
100 N. 395
Carson City, Nevada 89701
(702) 849-2441



(Another Standard Investment Development) NAV #7902



**Work in Progress. Relocated
Sod Before Processing.**



New Growth of Native Grasses in Area Where Sod Was Spread



Typical Area with Relocated Purely Organic Material (Sod)



DBOH 9/24/09
Item No. 17

WASHOE COUNTY COMMISSION

1001 E. 9th Street
P.O. Box 11130
Reno, Nevada 89520
Phone (775) 328-2005
Fax (775) 328-2037



TO: Members, District Board of Health

FROM: Commissioner Kitty Jung

SUBJECT: Annual Conference-National Association of Local Boards of Health (NALBOH)

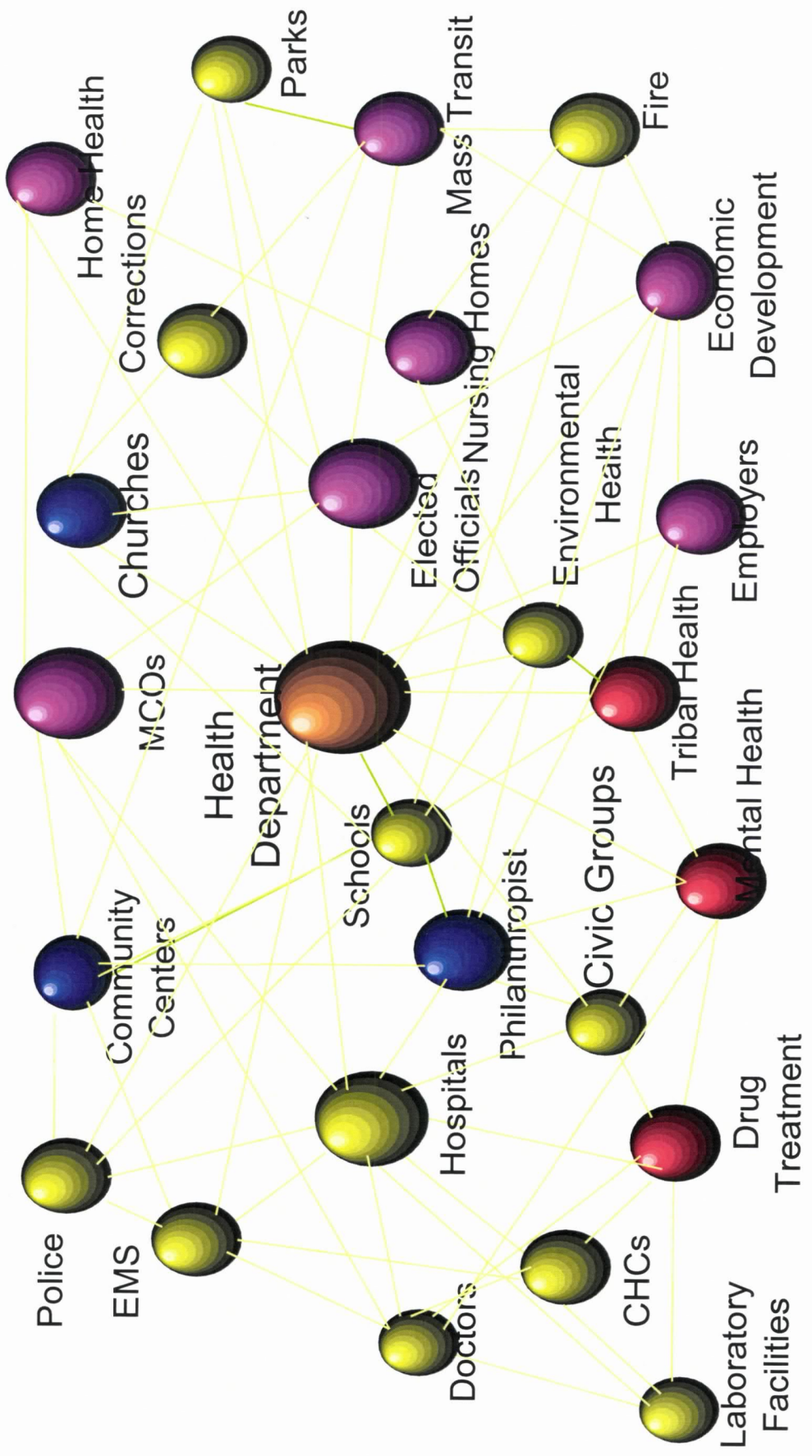
National Association of Local Boards of Health-Annual Conference

On July 1 through July 3, I attended the National Association of Local Boards of Health annual conference. The theme of the conference was improving public health through leadership and knowledge. Multiple key note speakers presented information on climate change, national public health accreditation, tobacco control and creating a healthier America.

One of the most productive workshops was a board of health orientation. The workshop was led by Dr. L. Fallon, a brilliant professor of public health from Bowling Green State University. The objectives were to provide an initial discussion on the relationship of a local public health agency to local public health system, relate public health guiding principles to work as board members, describe the role of the local board of health and their members, discuss the use of the public health performance standards, and explain NALBOH's relationship to local board of health. One of the most striking visuals was a representation of the entire the public health system (attached). The slide represents all local systems which contribute to the health and well-being of the community.

Among the items I brought back from the conference is information on tobacco prevention and control efforts, NALBOH business meeting materials and the fall/winter edition of the Drexel University publication "Interaction." Presentation materials were supplied to all participants electronically. I am happy to provide copies of materials to interested board members and staff.

THE PUBLIC HEALTH SYSTEM



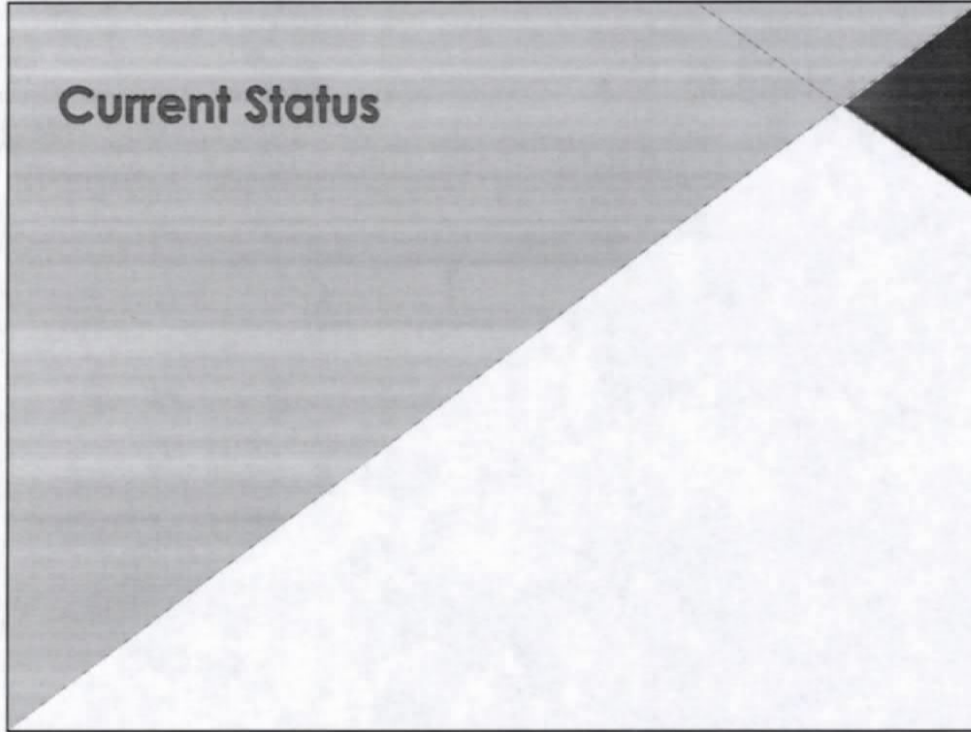
Novel Influenza A H1N1 Pandemic

Washoe County District Board of Health
24 September 2009

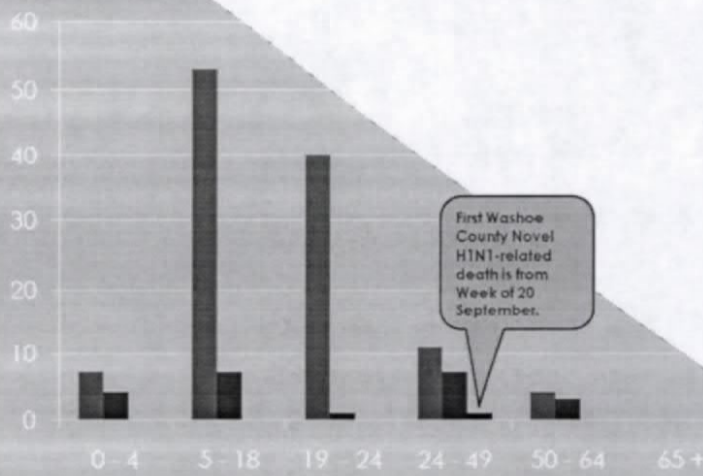
Topics

- Current Status
- Vaccine availability
- Vaccine cost
- Vaccine administration
- Staffing
- Rural plans
- Best practices
- Public information
- Surveillance

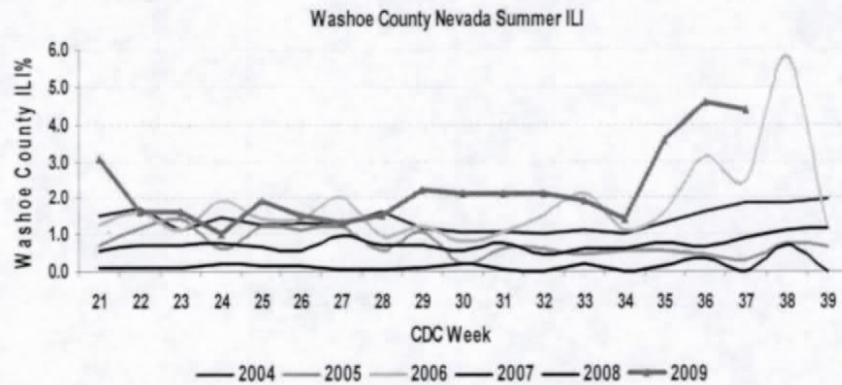
Current Status



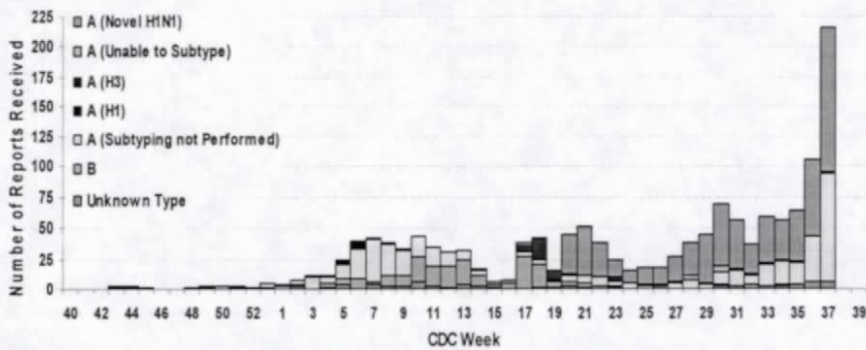
Washoe County Novel H1N1 Through 19 September 2009



Influenza-like Illness (ILI)



Laboratory Surveillance



Vaccine Availability

Vaccine Availability

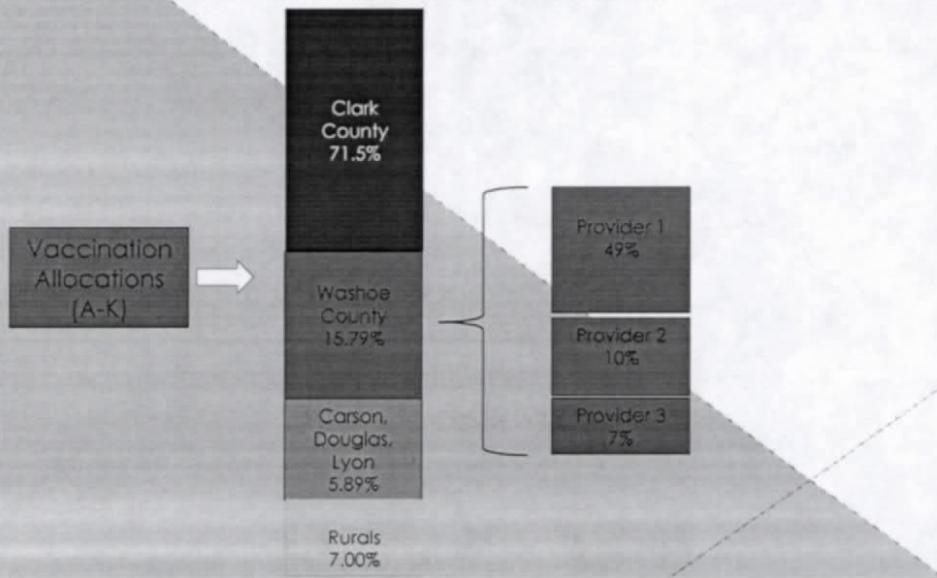
- First shipment – 30 September 2009
 - > Small amount of LAIV (FluMist)
 - > Only for ages 2 – 49 years
 - > Not for pregnant women
- Additional supplies – Mid October
- Shift to single dose regimen – Age 10
 - > Decreases logistical burden for PODs
 - > Increases % of population to be covered
- Remaining problem for POD schedules
 - > How much?
 - > Of what?
 - > By when?

Vaccine Availability

Vaccine Code	Manufacturer	Description	Target
A	Sanofi	Prefilled syringe, 0.25 ml, 10 10-packs	6 – 35 months
B	Sanofi	Prefilled syringe, 0.5 ml, 10 10-packs	36 months +
C	Sanofi	Multi-dose vial (10 doses) 5 ml, 10 1-packs	6 months +
D	Sanofi	Prefilled syringe, 0.25 ml, 4 25-packs	6 – 35 months
E	Sanofi	Prefilled syringe, 0.5 ml, 4 25 packs	36 months +
F	Novartis	Prefilled syringe, 0.5 ml, 10 10-packs	4 years +
G	Novartis	Multi-dose vial (10 doses) 5 ml, 10 1-packs	4 years +
H	CSL	Prefilled syringe, 0.5 ml, 10 10-packs	18 years +
J	CSL	Multi-dose vial (10 doses) 5 ml, 10 1-packs	18 years +
K	MedImmune	Nasal sprayer, 10 10-packs	2 – 49 years Healthy Not pregnant

Vaccine Availability

NV H1N1 Vaccine Distribution Model



Vaccine Availability

- H1N1 Vaccination Distribution Algorithm
 - > For each presentation
 - > Divide by County population
 - > Within each County
 - Sum total provider requests for a specific presentation
 - Divide each request by the total request to determine percentage
 - Apply percentage to allocation for that County

Vaccine Availability

- Application of Algorithm – Example
 - > Nevada receives 28,000 doses of FluMist
 - > 15.79% is allocated to Washoe = 4,421
 - > WCHD requested 30,000 doses
 - > Washoe provider A requested 35,000 doses
 - > Washoe provider B requested 35,000 doses
 - > Total doses requested in Washoe = 100,000
 - > WCHD request = 30% of total
 - > WCHD would receive 30% of 4,421 doses available to Washoe County = 1,326

Vaccine Availability

- How much?
- Of what?
- By When?
- State proposal fails to account for:
 - > Variation in provider ability to rapidly dispense
 - > Variation in provider wastage
 - > Variation in provider ability to track doses
 - > Variation in provider willingness to adhere to target groups
- Possible difficulty in accumulating sufficient vaccine to operate PODs
 - > High volume
 - > Short time frame
 - > Important early in season to drive down attack rate

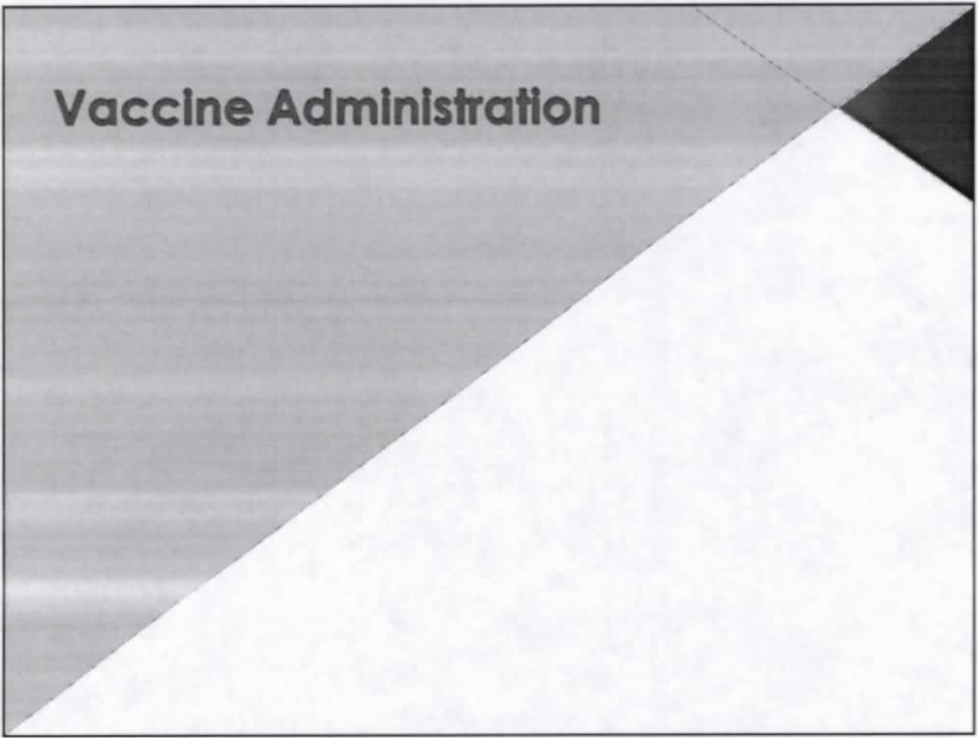
Vaccine Availability

Vaccine Code	Manufacturer	Description	Target
A	Sanofi	Prefilled syringe, 0.25 ml, 10 10-packs	6 – 35 months
B	Sanofi	Prefilled syringe, 0.5 ml, 10 10-packs	36 months +
C	Sanofi	Multi-dose vial (10 doses) 5 ml, 10 1-packs	6 months +
D	Sanofi	Prefilled syringe, 0.25 ml, 4 25-packs	6 – 35 months
E	Sanofi	Prefilled syringe, 0.5 ml, 4 25 packs	36 months +
F	Novartis	Prefilled syringe, 0.5 ml, 10 10-packs	4 years +
G	Novartis	Multi-dose vial (10 doses) 5 ml, 10 1-packs	4 years +
H	CSL	Prefilled syringe, 0.5 ml, 10 10-packs	18 years +
J	CSL	Multi-dose vial (10 doses) 5 ml, 10 1-packs	18 years +
K	MedImmune	Nasal sprayer, 10 10-packs	2 – 49 years Healthy Not pregnant

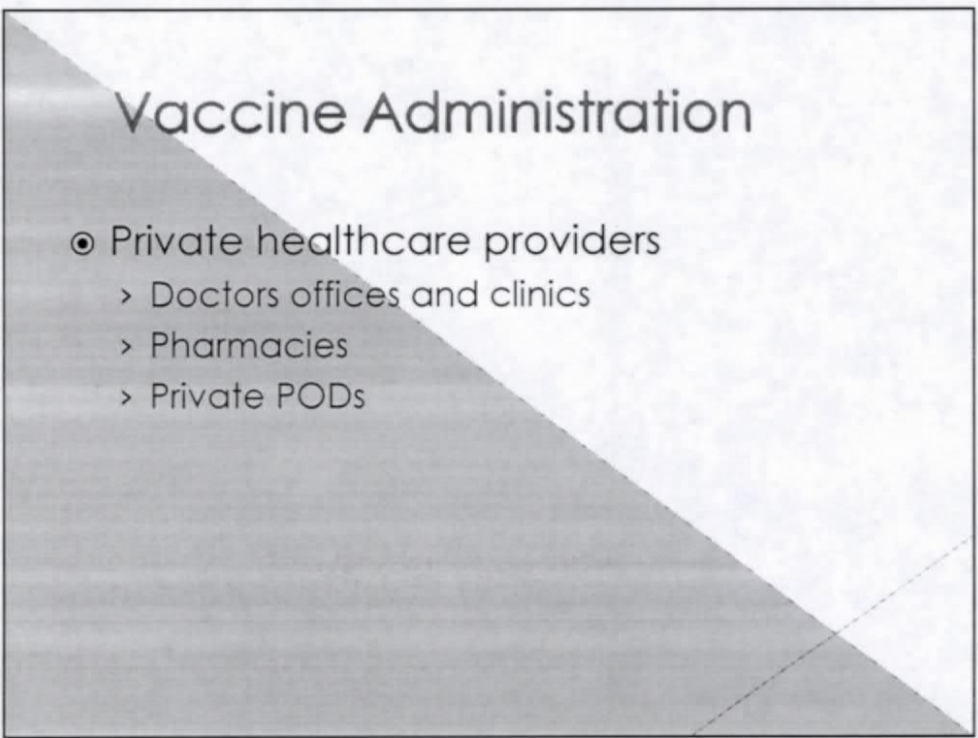
Vaccine Cost

Vaccine Costs

- No cost to County or other healthcare providers for vaccine
- Vaccine will ship in increments of 100 doses
- Shipments will include needles, syringes, alcohol wipes, etc.
- Costs will relate primarily to vaccine administration
 - > Private healthcare providers allowed to charge administration fee
 - > WCHD receiving PHER funds ~ \$1.6 million

A rectangular slide with a geometric background. The top-left corner is a dark grey triangle. The top-right corner is a black triangle. The rest of the slide is white. The text "Vaccine Administration" is in the top-left area.

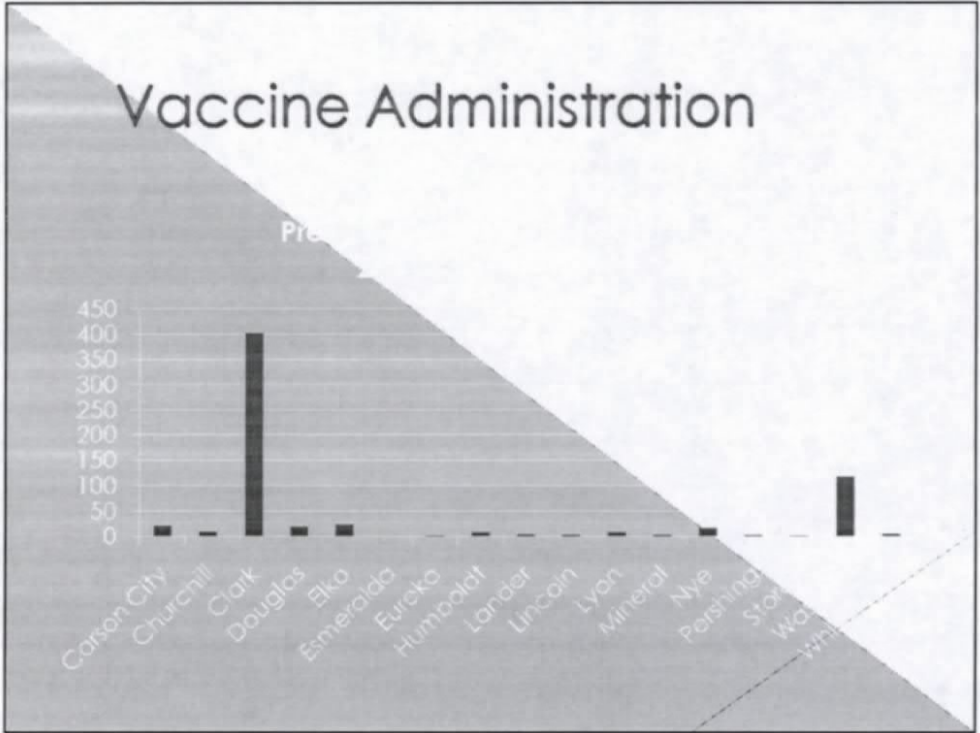
Vaccine Administration

A rectangular slide with a geometric background. The top-left corner is a dark grey triangle. The bottom-right corner is a dark grey triangle. The rest of the slide is white. The text "Vaccine Administration" is in the top-left area, and a bulleted list is below it.

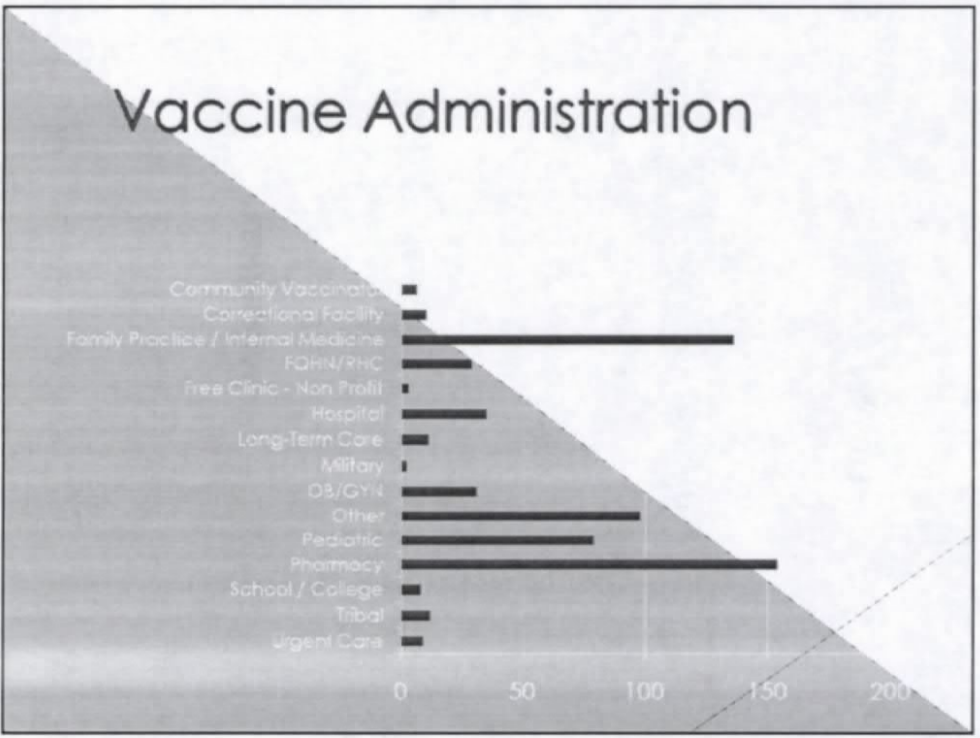
Vaccine Administration

- Private healthcare providers
 - > Doctors offices and clinics
 - > Pharmacies
 - > Private PODs

Vaccine Administration

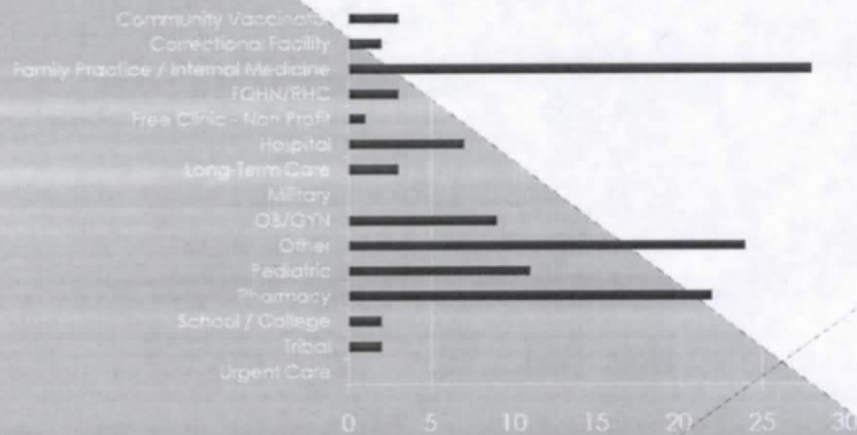


Vaccine Administration



Vaccine Administration

Pre-Reg



Vaccine Administration

Public Health

- > Increase capacity of IZ clinic (PHER funds)
- > Public PODs
 - Self-certification of membership in target groups
 - High volume in short time period
 - Staffing – Paid/Volunteers
 - Scheduling (Unknowns – How much of what when?)

Other Public – VA, DoD

Staffing

Staffing

- Volunteers
 - > MRC – 120 to date
 - > Hospitals
 - > University
 - > Rotary
- Paid staff – PHER funds
 - > Overtime
 - > Temporary staff to augment IZ clinic
 - > Other contractual
 - POD needs
 - Other clinics

Rural Plans

Rural Plans

- Carson City Health and Human Services
 - > Carson City
 - > Douglas County
 - > Lyon County
- Frontier and Rural Program – 12 Counties
 - > School strike teams
 - Fallon
 - Elko
 - Ely
 - > Private providers and CHN staff
 - > HAWC now in Virginia City

Best Practices

Best Practices

- Difficult to determine – Task unprecedented
- Whatever results in most rapid uptake of vaccine by target populations
 - > Marketing
 - Need
 - Safety
 - Efficacy
 - > Availability / Convenience
 - Private providers
 - PODs

Best Practices

- Washoe County POD Plan
 - > Highly detailed
 - > Developed for bioterrorism events
 - Assumes higher demand than pandemic flu
 - Adaptable to pandemic situation
 - > Proven effective under real world conditions
 - > Reviewed by federal experts
 - "One of the best"
 - > Adopted by State of Nevada for areas without a plan

Public Information

Public Information

- H1N1 media interviews
 - > > 160 since April
- Electronic updates
 - > 38 since April
 - > Wide audience
- Staff presentations ~ 20
 - > Community leaders
 - > School Superintendants (statewide)
 - > School Administrators (Washoe)
 - > Nevada Health Care Coalition
- Partnership with WCSD
- Partnership with Diocese

Public Information

- Paid advertising – PHER funds
 - > Nevada Immunization Coalition
- Statewide PIO group
 - > Rocky Mountain Poison Control
- Washoe Community Relations
 - > E-updates
 - > Washoe County TV
- Renown
 - > Community forums planned
 - > Medical Potpourri planned
- Evaluation

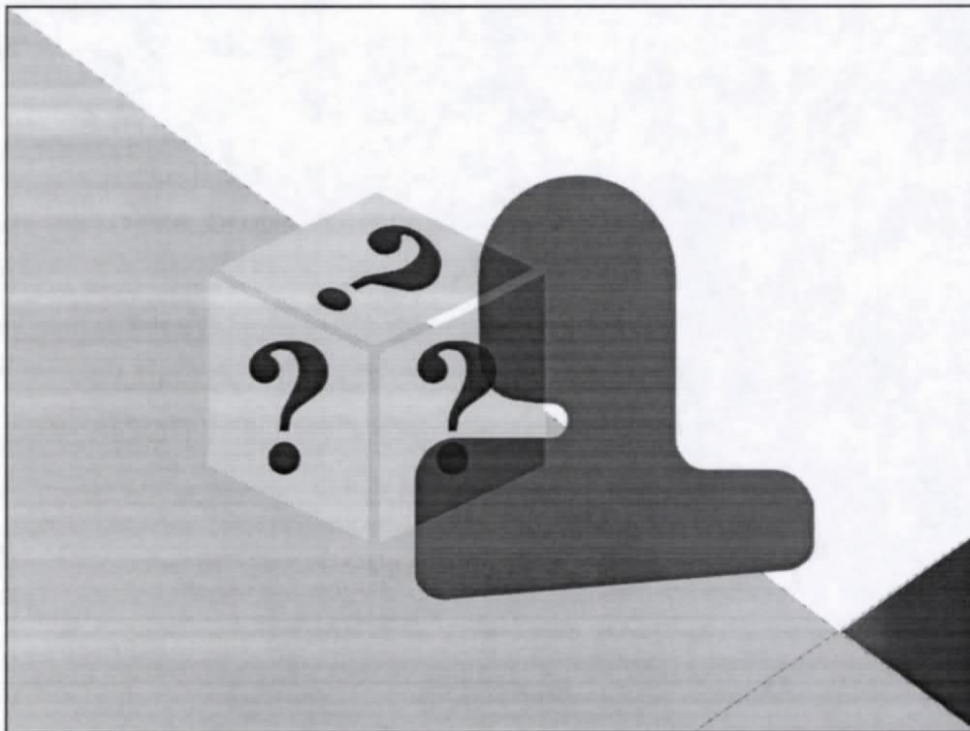
Surveillance

Surveillance

- Continued sentinel provider surveillance
- Continued laboratory surveillance
- New federal demands
 - > Number of lab confirmed cases in hospital
 - Any confirmed influenza – not just H1N1
 - > Number of deaths with any lab confirmed influenza
 - > Syndromic option

Surveillance

- Impact on Communicable Disease Program
 - > Incoming phone calls – 86% ↑
 - > Incoming faxes – 133% ↑
 - > Reported CD cases – 159% ↑
- Minimal funds available to augment CD staff through PHER





DISTRICT HEALTH DEPARTMENT

September 15, 2009

TO: District Board of Health Members

FROM: Mary-Ann Brown, R.N., M.S.N.
Division Director, Community and Clinical Health Services

SUBJECT: Report for September 2009 District Board of Health Meeting

1. Washoe County Childhood Obesity Forum
2. Nevada Public Health Association (NPHA) Annual Conference
3. Maternal Child Health Update

1. Washoe County Childhood Obesity Forum

The Washoe County Childhood Obesity Forum was held on September 10, 2009 at the Boys & Girls Club of Truckee Meadows. Approximately 90 public health professionals, educators, and members of the public were in attendance, including representatives from the District Board of Health, Legislative Council Bureau, Nevada State Health Division, and Washoe County School District.

Matt Smith provided opening remarks on behalf of the Board, and newly-appointed State Health Officer, Dr. Tracey Green, provided the closing. Drs. Mary Anderson and George Furman were also in attendance.

Evaluation data is being analyzed by staff and the preliminary review points to a positive response by attendees. One participant wrote in their evaluation, "I will now be able to provide adequate resources to my clients and patient teaching about obesity." And another summarized the event as "energizing." KOLO (Channel 8) provided media coverage, which can be viewed at the following link:

<http://www.kolotv.com/home/headlines/58650682.html>.

The forum was organized by the CCHS Chronic Disease Prevention Program to commemorate the release of the second year of Washoe County youth BMI data collected per legislative action in the 2007 and 2009 state legislative sessions. The goal of the forum was to identify and prioritize effective strategies for Washoe County to address childhood overweight and obesity trends. Speaker presentations are available at www.gethealthywashoe.com along with links to the Health District's *EpiNews* of the 2008-2009 childhood BMI data and the *CDC's Recommendations for Curbing Obesity in Children and Adults* (July 2009).

2. Nevada Public Health Association (NPHA) Annual Conference

The 2009 NPHA Annual Conference will take place September 21 – 22, 2009 at the Joe Crowley Student Union at UNR. The theme of this year's conference is: "The State of Public Health in Nevada: Taking Stock on the Eve of *Healthy People 2010*." A representative from the U.S. Department of Health and Human Services will provide the keynote address on the subject of *Healthy People 2020*. Plenary and breakout session speakers will discuss where Nevada stands on leading health indicators, effective approaches to public health such as policy and environmental change strategies, and new local research on public health issues across the lifespan. Several Health District staff have pivotal roles in this year's conference:

- **Breakfast Roundtable.** Dr. Mary Anderson will join the Health Officers from Southern Nevada and Carson City as well as representatives from the State Health Division in the conference's annual *Breakfast Roundtables with Nevada's Public Health Leaders*.
- **Plenary Speaker.** Nicole Alberti, Health Educator II in CCHS, will speak about her work to establish smoke-free multi-family housing units on a conference plenary entitled *Healthy Living by Design: Policy from a (New) Public Health Perspective*.
- **Breakout Session.** Three CCHS staff will serve on a breakout session entitled *Responding to Chronic Disease in Nevada: Policy, Programs, and Promising Results* to present on the following data topics:
 1. "Menu Labeling in Nevada" by Kelli Seals, Health Educator II
 2. "Smoking Restrictions and Economic Impacts: A Preliminary Analysis of the 2006 Nevada Clean Indoor Air Act in Clark and Washoe County" by Michelle Washington, Health Educator II
 3. "Using Bike to Work Day to Promote Commuter Behavior Change" by Erin Dixon, Program Coordinator

In addition, CCHS staff served on the planning committee for the conference, and Jennifer Hadayia, Public Health Program Manager, will give closing remarks as the incoming NPHA President for 2010. For more information about the conference or to view a conference brochure, please visit: <http://www.nphaonline.org/conference.htm>.

3. Maternal Child Health Update

Every five years, the Nevada State Health Division's Maternal and Child Health (MCH) Program launches a comprehensive needs assessment to set priorities for the next five years. The two part process includes:

1. Identification of needs and gaps in Nevada's health status and health services delivery systems; and
2. Assessment of strengths and weaknesses in the system's capacity for addressing the identified needs and responsiveness to changes in the community.

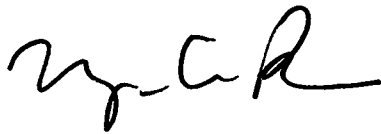
The goal is to identify service needs for MCH populations which include:

1. Preventive and primary care services for pregnant women, mothers and infants up to age one;
2. Preventive and primary care services for children; and
3. Services for children and youth with special health care needs.

As a member of the state's Maternal and Child Health Advisory Board, Candy Hunter, Public Health Nursing Supervisor, will provide input from Northern Nevada stakeholders, including the Health District. Plans call for an online survey of MCH community partners and consumers. The survey data analysis will then be used to conduct focus groups and town hall meetings to gather input on priorities for 2010. The final report will summarize findings and include the following:

- An analysis of Nevada systems' capacity to meet MCH needs for direct and enabling services, and population-based services. Emphasis will be placed on accessibility, quality and affordability of services;
- Infrastructure-building capacity; and
- Individual and organizational assets to support and improve the MCH system.

The process started in August 2009 and concludes with submission of the report to Health Resources and Service Administration (HRSA) on July 15, 2010 as part of the MCH Block Grant report.



Mary-Ann Brown, RN, MSN
Division Director
Community and Clinical Health Services



WASHOE COUNTY HEALTH DISTRICT


AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

Date: September 24, 2009

To: District Board of Health

From: Andrew Goodrich, Director, Air Quality Management 

Re: Monthly Report for Air Quality Management

Agenda Item: 19.D.

The enclosed Air Quality Management Division Report is for the month of August 2009 and includes the following sections:

Air Quality
Monitoring Activity
Planning Activity
Permitting Activity
Compliance/Inspection Activity
Enforcement Activity

DBOH AGENDA ITEM # 19.D.

P.O. BOX 11130 Reno, NV 89520-0027 • 401 Ryland Street, Ste. 331 • (775) 784-7200 • FAX (775) 784-7225

www.washoecounty.us/health

WASHOE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER HIRING EMPLOYMENT ELIGIBLE APPLICANTS
Printed on Recycled Paper

Director's Report

August 2009



Air Quality Office is Moving!

After 15 years of being located at 401 Ryland Avenue, the Air Quality office is returning to the Washoe County 9th street complex. A Washoe County facilities master plan drafted a number of years ago called for all the "permitting" divisions and departments to be co-located in the same building. This arrangement will provide added convenience to the public who require multi-agency permits. Due to some recent department reorganizations and shifting of offices, portions of that master plan are now being implemented.

In addition to improving customer service, the move will ultimately save the county money. Obviously there are costs associated with the physical moving process, and some important space improvements will need to be completed, however funds will no longer be allocated for annual lease payments to privately-owned office space.

Remodeling construction begun on August 24th and is scheduled to be complete within 60 days. In addition to general office space needs, we also require an environmentally-controlled clean-room be constructed within the office area. We are anticipating moving into our new space by November 1st. Once we get settled into our new space, I'm looking forward to having everyone visit for a quick tour.

Andy Goodrich, Director

AIR QUALITY COMPARISON FOR AUGUST

Air Quality Index Range		# OF DAYS AUGUST 2009	# OF DAYS AUGUST 2008
GOOD	0 to 50	23	30
MODERATE	51 to 100	8	1
UNHEALTHY FOR SENSITIVE GROUPS	101 to 150	0	0
UNHEALTHY	151 to 200	0	0
VERY UNHEALTHY	201 to 300	0	0
TOTAL		31	31

Air Quality

HIGHEST AQI NUMBER BY POLLUTANT

POLLUTANT	AUGUST 2009	Highest for 2009	AUGUST 2008	Highest for 2008
CARBON MONOXIDE (CO)	12	37	13	32
OZONE 8 hour (O3)	93	74	51	140
PARTICULATES (PM _{2.5})	87	48	42	211
PARTICULATES (PM ₁₀)	34	94	40	167

For the month of August, there were no exceedances of Carbon Monoxide, Particulate Matter, or Ozone standards at any of the monitoring stations. The highest Air Quality Index (AQI) value reported for the month of August was ninety-three (93) for Ozone. There were twenty-three (23) days in the month of August where the Air Quality was in the good range, and eight (8) days the Air Quality fell into the moderate range.

Duane Sikorski, Air Quality Supervisor

Monitoring Activity

Daily monitoring operational, quality assurance, data submission and network upgrade activities continued throughout the month. Additionally, electrical upgrades were made to the shelter in order to accommodate the addition of additional monitoring equipment as implementation of the Ncore monitoring program begins to ramp up for an anticipated start date in January of 2010.

Preparation of the 2008 Northern California Wildfires Exceptional Events petition continued during the month of August.

County Manager Katy Simon made a 2-hour visit to the Air Quality offices on Monday August 24th. The visit included a tour of the Reno 3 monitoring site and an overall description of the monitoring program including efficiencies incorporated and those to be incorporated in the near future.

Duane Sikorski, Air Quality Supervisor

Planning Activity

The process of researching, developing and preparing a county-wide greenhouse gas emissions inventory continues while staff is developing the next (2008) triennial emissions inventory for submission to EPA by June of 2010.

Staff has been participating on the Truckee Meadows Community Forestry Coalition (TMCFC) spearheaded by TMWA over the last six months

Duane Sikorski, Air Quality Supervisor

Permitting Activity

TYPE OF PERMIT	2009		2008	
	AUGUST	YTD	AUGUST	ANNUAL TOTAL
Renewal of Existing Air Permits	106	917	103	1302
New Authorities to Construct	6	49	5	81
Dust Control Permits	19 (126 acres)	91 (1105 acres)	20 (426 acres)	195 (3012 acres)
Wood Stove Certificates	15	141	17	170
WS Dealers Affidavit of Sale	6 (3 replacements)	76 (52 replacements)	27 (15 replacements)	250 (145 replacements)
WS Notice of Exemptions	500 (2 stoves removed)	3292 (132 stoves removed)	414 (36 stoves removed)	3729 (139 stoves removed)
Asbestos Assessments	61	540	68	856
Asbestos Removal Notifications	26	199	27	322

Compliance/Inspection Activity

Staff reviewed thirty-eight (38) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

Staff conducted fifty-five (55) stationary source renewal inspections. Staff also conducted inspections on asbestos removal and construction/dust projects.

Permitting/Enforcement
Activity

AQMD staff continues to work with the Washoe County School District regarding energy retrofit programs at local schools. Money is provided via the air quality fines collected from upheld Notice of Violations. Money is still being provided for the science classroom needs on a request basis.

A draft dry cleaning rule has been developed which is the subject of a public workshop being held on September 16th. Notices are being mailed to all local dry cleaners soliciting comments on the proposed perchloroethylene (PERC) ban in the year 2023. The AQMD will address all comments and concerns made by the industry in the DBOH staff report for the planned public hearing on October 22nd.

Finally, AQMD staff continues to make numerous presentations on asbestos issues before local industry to keep them apprised of the local and federal requirements.

Noel Bonderson, Air Quality Supervisor

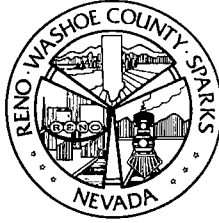
Enforcement Activity

COMPLAINTS	2009*		2008		
	AUGUST	YTD	AUGUST	YTD	Annual Total
Asbestos	4	15	0	15	21
Burning/Smoke	1	5	0	8	12
Dust	16	82	15	186	229
Gas Station/Oxy Fuel	0	0	0	1	0
Miscellaneous	2	6	1	8	12
Odor	0	26	5	22	31
Painting (spray painting)	3	5	0	5	8
Permit Violation	0	5	2	9	20
TOTAL	26	144	23	254	334
NOV'S	AUGUST	YTD	AUGUST	YTD	Annual Total
Warnings	0	5	1	11	16
Citations	0	5	0	16	27
TOTAL	0	10	1	27	43

* Discrepancies in totals between Monthly Reports can occur because of data entry delays.

Notices of Violation (NOVs):

There were no Notice of Violations (NOVs) issued in August 2009.



DISTRICT HEALTH DEPARTMENT

DBOH AGENDA ITEM NO. 19.F.

September 16, 2009

TO: Members, District Board of Health
FROM: Mary A. Anderson, MD, MPH, FACPM
SUBJECT: District Health Officer's Report

Childhood Obesity Forum

The Childhood Obesity Forum was one of the best half-day programs on a "hot topic" which I have ever attended. All the speakers were engaging and informative on the various factors which have contributed to the childhood obesity epidemic. The efforts of our own chronic disease team and biostatistician were fundamental to the success of the forum. Mr. Matt Smith, who provided opening remarks, and Dr. George Furman, who has had a long-standing interest in school nutrition issues, represented the Board of Health. The Body Mass Index (BMI) data for Nevada students, which was collected by school nurses over the last two years, enabled us to have a snapshot of the situation that exists among a sampling of our students. The collection and the analysis of the data was a considerable effort which has given us a basis for monitoring the effects of strategies we need to employ to solve this massive problem.

Day for Kids Event—"Clean Hands Month" Activities


The Washoe County Health District sponsored a table at the recent "Days for Kids" held at the Boys and Girls Club at Ardmore Park in Sparks which was staffed by members of our Environmental Health Services division. The purpose of the event was to teach children about the proper technique for effective handwashing by using a solution that highlighted unwashed areas on the hands. The children who visited the display seemed eager to test their skills and parents were willing participants, too. Board of Health members, Councilwoman Julia Ratti and Commissioner Kitty Jung, along with Ms. Victoria Campbell of Channel 8, and I were contestants in a handwashing contest. One might describe the event as "good, clean fun"! I will let Councilwoman Ratti, in whose district the event took place, reveal who won.

Extension for Compliance with Tdap Immunization Requirements for 7th Graders in the Washoe County School District

Our immunization team worked diligently with the School District to comply with the requirement for all 7th graders to receive a mandatory Tdap immunization. In consultation with the School District leadership and with the concurrence of the State Health Officer, Dr. Tracey Green, we developed a plan to provide Tdap immunizations to the students who were unable to meet the requirement when school began. To achieve our mutual goals of maximizing attendance and minimizing the potential for disease transmission, we offered special walk-in clinics and worked out a plan to enable the school nurses to partner with us in providing Tdap immunizations to the students whose personal situations made compliance difficult. I have attached a letter of thanks from the Superintendent of Schools, Mr. Heath Morrison that highlights this important and successful collaboration (Enclosure 1).

H1N1 Update

Information about the upcoming novel H1N1 immunization campaign is being updated daily. I, with the assistance of Dr. Todd and his team, will provide you with the latest information about vaccine availability and our planning efforts at the DBOH meeting.



Mary A. Anderson, MD, MPH, FACPM
District Health Officer



Washoe County School District

425 East Ninth Street • P.O. Box 30425 • Reno, NV 89520-3425

Phone (775) 348-0200 • Fax (775) 348-0304 • www.washoe.k12.nv.us

Board of Trustees: Barbara Clark, President • Estela Gutierrez, Vice President • Barbara McLaury, Clerk
Dan Carne • Ken Grein • Nancy Hollinger • Scott Kelley • Dr. Heath Morrison, Superintendent

September 14, 2009

M.A. Anderson, MD, MPH
District Health Officer
1001 East Ninth St.
P.O. Box 11130
Reno, NV 89520

Re: Tdap Immunizations

Dear Dr. Anderson:

On behalf of the Washoe County School District, I would like to express my appreciation to you, Ms. Brown, and Mr. Kutz for your invaluable expertise and support in developing a strategic plan to ensure that all our seventh grade students receive the required Tdap vaccine. The collaborative efforts of you and your fine team of health professionals at the Washoe County Health District have significantly promoted the educational mission of the school district, while safeguarding the health of students and families in our community.

I am pleased to report that your endorsement of a 30-day grace period for Tdap and implementation of additional walk-in and school-based immunization clinics since August 24, have made it possible for hundreds of our students to comply with the Nevada immunization requirement without missing school. I know we have more work to do to ensure that the remaining 300 students in our district are immunized with the Tdap vaccine by the September 28 deadline. Throughout the next two weeks, I will continue to allocate district personnel and resources to assist with the process.

Through our collaborative efforts with the Washoe County Health District, I am confident that we can accomplish our mutual objective of having 100% compliance with Nevada's Tdap requirement. Once again, thank you for your technical assistance and commitment to serving our children.

Sincerely,

A handwritten signature in black ink, appearing to read "Heath Morrison".

Heath Morrison, Ph.D.
Superintendent



Certificate No. 41433



CHILDHOOD OVERWEIGHT AND OBESITY IN WASHOE COUNTY – 2009

Across the nation, childhood overweight and obesity has become a growing concern as local, statewide and national rates increase at drastic levels. Of greatest concern are the health problems that plague overweight children and their increased risk of life long health problems.

Overweight and obese children are more likely to have risk factors associated with cardiovascular disease, including high blood pressure, high cholesterol, and Type 2 diabetes.¹ Overweight and obese children also are more likely to be obese as adults.²

Methods

For the past two school years height and weight were collected on samples of Nevada's 4th, 7th, and 10th graders. The Center for Health Data and Research with the Nevada State Health Division randomly selected the schools using school enrollment for Washoe County School District for the 2005-06 school year. The process randomly selected 16 elementary schools, four middle schools, and four high schools. These schools remained consistent from the 2007-08 to the 2008-09 school year and this data can be generalized to all Washoe County school-age children.

The Body Mass Index (BMI) and BMI percentile were calculated using the CDC provided children's BMI tool for schools. This tool did not calculate BMI or percentile for three students since the height and/or weight data were extremely unlikely and they were omitted for the analysis. See the table below for how weight status categories are defined.

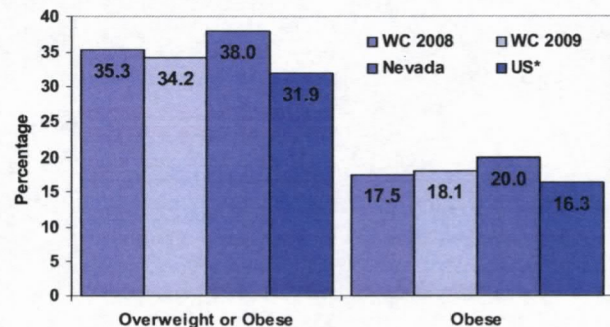
Weight Status	Percentile Range
Underweight	< 5th percentile
Healthy Weight	5th to < 85th percentile
Overweight	85th to < 95th percentile
Obese	=> than 95th percentile

Although BMI is used only as a screening tool to identify possible weight problems for children and is not a diagnostic tool, it is currently the best assessment available to determine weight classifications.

Results & Discussion

For the simplicity of graphs, the following reported values are point estimates. The 95% confidence intervals are not presented in this report.

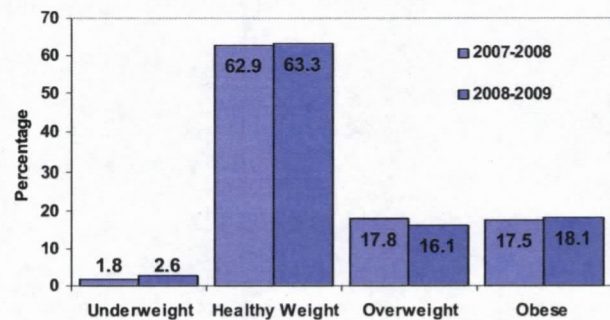
Figure 1. Washoe County BMI Grouping (2007-08 & 2008-09) Compared to NV (2007-08) & US (2003-2006).



*Data source: JAMA, Vol 299 No.20, May 28, 2008

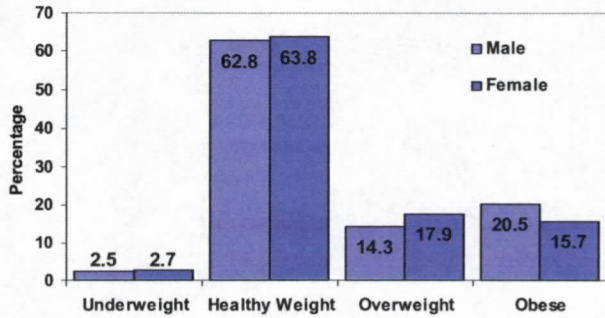
Washoe County students continue to have a higher prevalence of overweight and obesity compared to students nationally, and a lower prevalence compared to all Nevada students. A significant decrease was seen in our rate of overall "Overweight or Obese" at $p < .001$.

Figure 2. BMI Grouping by Year, Washoe County, 2007-08 and 2008-09.



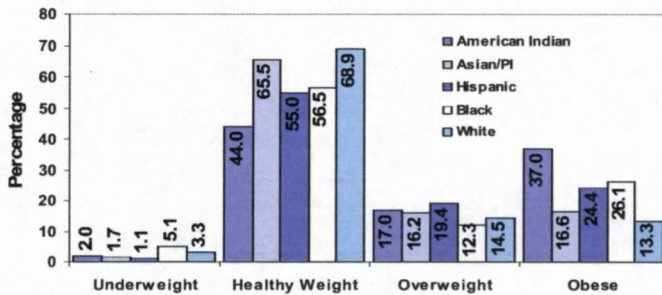
Comparing the two years of Washoe County BMI youth data (2007-08, 2008-09) there is a difference in the BMI groupings ($p=.024$). There was a non-significant decrease in overweight children; however, there was a significant increase in obese children ($p=.001$) and in underweight children ($p = .016$).

Figure 3. Washoe County BMI Grouping By Gender, 2008-09.



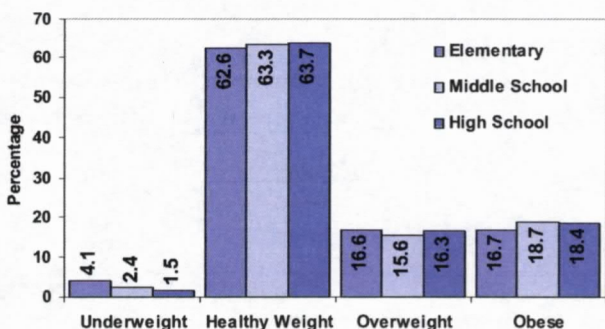
Girls are more likely than boys to be overweight, and boys are more likely than girls to be obese. Girls also have a slightly higher prevalence of being underweight than do their male peers. Gender differences within the categories overweight, obesity and underweight, are significant for elementary school ($p=.021$) and high school ($p=.007$) students.

Figure 4. Washoe County BMI Grouping By Race, 2008-09.



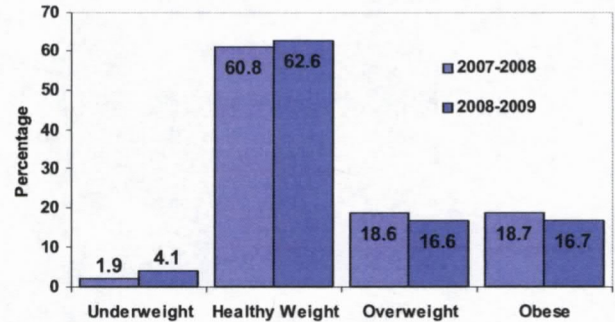
Due to small population sizes in some of the racial groups it is difficult to make race specific assumptions based solely on this data; however, overall, minority children tend to have a higher prevalence of overweight and obese ($p < .0001$), which is consistent with national data. Socioeconomic status is not available with this data set.

Figure 5. Washoe County BMI Grouping By Grade Level, 2008-09.



Middle and high school students experience a higher rate of obesity compared to elementary school students. Elementary school students have a higher prevalence of being underweight compared to middle and high school students ($p<.001$).

Figure 6. Washoe County BMI Grouping By Elementary School, 2007-08 & 2008-09.



Elementary schools saw a significant increase of underweight students in 2008-09 compared to 2007-08 ($p=.002$). This increase was not mirrored at the middle or high school levels. In addition, the 4.1% for Washoe County is higher than the national average for children ages 6 – 11, which is 2.7%.³

The rate for underweight for 12-19 year olds across the nation is 3.8%. Both the middle school and high school students are lower in this category. Other changes were not significant at $p = .05$ for middle or high school students.

While the prevalence of obesity and overweight children in Washoe County far surpass that of underweight children, it's important to continue collecting and analyzing youth BMI data to help identify trends surrounding underweight. This is particularly important given that underweight can be indicative of underlying health conditions, disordered eating, or food access issues.

Recommendations

Unhealthy weight is caused primarily by an imbalance between calories consumed and calories used. This imbalance can result from the influences of a number of factors including genetic, behavioral, and environmental conditions. Although genetics may increase an individual's susceptibility to becoming overweight, it is not considered a primary factor in the increase in childhood overweight. Behavioral and environmental factors such as nutritional intake and physical activity levels are considered to be the primary contributing factors to increasing overweight. Following are recommendations to effectively combat the various influences on childhood obesity.

Recommendations for health care professionals:

The American Academy of Pediatrics recommends the following actions to reduce overweight and obesity in children:⁴

Assess:

1. Conduct a thorough history including family history, eating and physical activity with all patients (including screen time, sweetened beverages, eating out and fruits and vegetables).
2. Consider each patient's risk by virtue of family history, height and weight gain pattern, socioeconomic, ethnic, cultural, presence of co-morbidities and/ or environmental factors.
3. Beginning at age 2, calculate and plot BMI for all patients on a yearly basis.

Prevent and Treat:

1. Prevention is for all patients and should include promotion and support for breastfeeding, family meals, limited screen time, regular physical activity and yearly BMI monitoring.
2. Prevention Plus is for children between the 85th – 94th percentiles BMI. Specifically encourage 5 servings of fruits and vegetables/day, 2 hours or less of screen time, 1 hour or more of physical activity and 0 sugared drinks. Also discuss the importance of family meal time, limiting eating out, consuming a healthy breakfast, preparing your own foods, and promotion of breastfeeding.
3. Structured Weight Management is used if prevention plus has not been effective and BMI is between 95th – 98th percentiles. This approach combines more frequent follow-up with written diet and exercise plans.
4. Comprehensive Multidisciplinary Intervention is used when 3 - 6 months of structured weight management has failed to achieve targets. This approach combines more frequent visits with an MD and a dietician and could also include exercise and behavioral specialists.
5. Tertiary Care Intervention is for patients with a BMI in the 99th percentile or greater and with associated co-morbidities or for those for whom structured weight management and comprehensive multidisciplinary intervention were not effective. This approach consists of all that is contained in the previous delivered interventions plus consideration of more aggressive therapies including meal replacements, pharmacotherapy, and even bariatric surgery in selected adolescents.

Recommendations for all community members:

CDC recently published comprehensive recommendations for community strategies to reduce obesity prevalence in the United States.⁵ Many recommended strategies specifically address reducing overweight and obesity among youth. Those strategies include supporting or advocating for:

- ◆ enhanced infrastructure to support walking and biking to school,
- ◆ reduced screen time in venues such as licensed daycare facilities,
- ◆ improved access to outdoor recreational facilities,
- ◆ improved access to healthier food and beverage choices,
- ◆ physical education in schools,
- ◆ increased extracurricular physical activities, and
- ◆ decreased advertisements of less healthy foods and beverages.

References

1. Freedman DS, Mei Z, Srinivasan SR, Berenson GS, Dietz WH. Cardiovascular risk factors and excess adiposity among overweight children and adolescents: the Bogalusa Heart Study. *J Pediatr.* 2007 Jan;150(1):12–17.e2.
2. Whitaker RC, Wright JA, Pepe MS, Seidel KD, Dietz WH. Predicting obesity in young adulthood from childhood and parental obesity. *N Engl J Med* 1997; 37(13):869–873.
3. Fryar, Cheryl, Cynthia Ogden. Prevalence of Underweight Among Children and Adolescents: United States, 2003-2006. *NCHS - Health E Stats.* July 2009.
4. American Academy of Pediatrics. Prevention and treatment of childhood overweight and obesity. Retrieved August 21, 2009 from http://www.aap.org/obesity/health_professionals.html?technology=0
5. Centers for Disease Control and Prevention. Recommended Community Strategies and Measurements to Prevent Obesity in the United States. *MMWR Recommendations and Reports* 2009; 55(RR07):1-26.



We would like to thank the Washoe County School District for their cooperation with this project by collecting and providing data. Due to their diligence and dedication to the health of Washoe County children, Washoe County is the only area in Nevada with a report of this kind utilizing local childhood height and weight data.



In This Issue:

- ◆ Updated CDC Recommendations for Testing, Treatment and Chemoprophylaxis of Influenza for the 2009-10 Influenza Season

September 16, 2009

Vol. 29, No.12

Telephone (775) 328-2447

Fax (775) 328-3764

epicenter@washoecounty.us

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT • P.O. BOX 11130 • RENO, NEVADA • 89520-0027 • (775) 328-2447

UPDATED CDC RECOMMENDATIONS FOR TESTING, TREATMENT AND CHEMOPROPHYLAXIS OF INFLUENZA FOR THE 2009-10 INFLUENZA SEASON

The following provides a brief summary of information released September 8, 2009 from CDC.

The complete document can be accessed at: <http://www.cdc.gov/h1n1flu/recommendations.html>.

TESTING USING rRT-PCR

At this time, testing for 2009 H1N1 (novel H1N1) influenza infection with real-time reverse transcriptase-polymerase chain reaction (rRT-PCR) **should be limited to persons with suspected or confirmed influenza REQUIRING HOSPITALIZATION.**

RECOMMENDED ANTIVIRALS

At this time, recommended antivirals for treatment or chemoprophylaxis of influenza during the 2009-10 influenza season include oseltamivir (trade name Tamiflu®) or zanamivir (trade name Relenza®). Recommendations for their use are included below. See Tables 1 and 2 (following page) for dosage recommendations. These recommendations may change if there is a change in the predominant circulating influenza strain(s) and will be updated in future editions of the Epi-News.

ANTIVIRAL TREATMENT

Recommendations:

- 1) Treatment is recommended for all hospitalized patients with confirmed, probable or suspected 2009 H1N1 or seasonal influenza.
- 2) Treatment generally is recommended for patients who are at higher risk for influenza-related complications:
 - Children younger than 5 years old. However, the risk for severe complications from seasonal influenza is highest among children younger than 2 years old.
 - Adults 65 years of age or older.
 - Pregnant women.
 - Persons with the following conditions:
 - Chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), neurologic, neuromuscular, or metabolic disorders (including diabetes mellitus);
 - Immunosuppression, including that caused by medications or by HIV;
 - Persons younger than 19 years of age who are receiving long-term aspirin therapy, because of an increased risk for Reye syndrome.
- 3) Treatment should be initiated empirically when the decision is made to treat patients who have illnesses that are clinically compatible with influenza. Treatment should not await laboratory confirmation because laboratory testing can sometimes delay treatment and because a negative rapid test does not rule out influenza. (For more information on the use of rapid influenza diagnostic tests go to: http://www.cdc.gov/h1n1flu/guidance/rapid_testing.htm).

Notes on antiviral treatment:

Persons who are not at higher risk for complications or do not have severe influenza requiring hospitalization generally do not require antiviral medications for treatment or prophylaxis. However, any suspected influenza patient presenting with warning symptoms (e.g., dyspnea) or signs (e.g., tachypnea,

unexplained oxygen desaturation) of lower respiratory tract illness should promptly receive empiric antiviral therapy.

- ◆ Clinical judgment is an important factor in antiviral treatment decisions for all patients presenting for medical care who have illnesses consistent with influenza.
- ◆ Treatment should be initiated as early as possible because studies show that treatment initiated early (i.e. within 48 hours of illness onset) is more likely to provide benefit.
- ◆ Patients with obesity (body mass index 30 to 39) or morbid obesity (body mass index \geq 40) should be carefully evaluated for the presence of underlying medical conditions that are known to increase the risk for influenza complications, and receive empiric treatment when these conditions are present, or if signs of lower respiratory tract infection are present.

ANTIVIRAL CHEMOPROPHYLAXIS

Post-exposure antiviral chemoprophylaxis can be considered for the following:

- ◆ Persons who are at higher risk for complications of influenza and are a **close contact*** of a person with confirmed, probable, or suspected 2009 H1N1 or seasonal influenza during that person's infectious period.
- ◆ Health care personnel, public health workers, or first responders who have had a recognized, unprotected **close contact*** exposure to a person with confirmed, probable, or suspected 2009 H1N1 or seasonal influenza during that person's infectious period. Information on appropriate personal protective equipment is available on CDC's website at: http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm.

***Close contact** is defined as having cared for or lived with a person who is a confirmed, probable or suspected case of influenza, or having been in a setting where there was a high likelihood of contact with respiratory droplets and/or body fluids of such a person. Examples of close contact include sharing eating or drinking utensils, physical examination, or any other contact between persons likely to result in exposure to respiratory droplets. Close contact typically does not include activities such as walking by an infected person or sitting across from a symptomatic patient in a waiting room or office.

Notes on antiviral chemoprophylaxis:

- ◆ Chemoprophylaxis generally is not recommended if more than 48 hours have elapsed since the last contact with an infectious person.
- ◆ Chemoprophylaxis is not indicated when contact occurred before or after, but not during, the ill person's infectious period. Although infected persons may shed influenza virus beginning one day before they develop symptoms to up to 7 days after they become ill, **for this guidance, the infectious period for influenza is defined as one day before until 24 hours after fever ends.**
- ◆ Antiviral agents should not be used for post-exposure chemoprophylaxis in healthy children or adults based on potential exposures in the community, school, camp or other setting.

Please share this document with all physicians & staff in your facility/office.

**Table 1. Antiviral medication dosing recommendations
for treatment or chemoprophylaxis of 2009 h1n1 infection**
(reprinted from: <http://www.cdc.gov/h1n1flu/recommendations.htm#table1>)

Agent, group		Treatment (5 days)	Chemoprophylaxis (10 days)
Oseltamivir (Tamiflu®)			
Adults		75-mg capsule twice per day	75-mg capsule once per day
Children ≥ 12 months	15 kg or less	60 mg per day divided into 2 doses	30 mg once per day
	16-23 kg	90 mg per day divided into 2 doses	45 mg once per day
	24-40 kg	120 mg per day divided into 2 doses	60 mg once per day
	>40 kg	150 mg per day divided into 2 doses	75 mg once per day
Zanamivir (Relenza®)			
Adults		Two 5-mg inhalations (10 mg total) twice per day	Two 5-mg inhalations (10 mg total) once per day
Children		Two 5-mg inhalations (10 mg total) twice per day (age, 7 years or older)	Two 5-mg inhalations (10 mg total) once per day (age, 5 years or older)

Notes:

- ◆ Pregnant women are known to be at higher risk for complications from infection with seasonal influenza viruses, and severe disease among pregnant women was reported during past pandemics.
- ◆ Hospitalizations and deaths have been reported among pregnant women with 2009 H1N1 influenza virus infection, and one study estimated that the risk for hospitalization for 2009 H1N1 influenza was four times higher for pregnant women than for the general population.
- ◆ While oseltamivir and zanamivir are "Pregnancy Category C" medications, indicating that no clinical studies have been conducted to assess the safety of these medications for pregnant women, the available risk-benefit data indicate pregnant women with suspected or confirmed influenza should receive prompt antiviral therapy.
- ◆ Pregnancy should not be considered a contraindication to oseltamivir or zanamivir use. Because of its systemic activity, oseltamivir is preferred for treatment of pregnant women.
- ◆ The drug of choice for chemoprophylaxis is less clear. Zanamivir may be preferable because of its limited systemic absorption; however, respiratory complications that may be associated with zanamivir because of its inhaled route of administration need to be considered, especially in women at risk for respiratory problems.

**Table 2. Dosing recommendations for antiviral treatment or chemoprophylaxis
of children younger than 1 year using oseltamivir***

(reprinted from: <http://www.cdc.gov/h1n1flu/recommendations.htm#table2>)

Age	Recommended treatment dose for 5 days	Recommended prophylaxis dose for 10 days
Younger than 3 months	12 mg twice daily	Not recommended unless situation judged critical due to limited data on use in this age group
3-5 months	20 mg twice daily	20 mg once daily
6-11 months	25 mg twice daily	25 mg once daily

*Oseltamivir is authorized for emergency use in children < 1 year of age under an Emergency Use Authorization (EUA) issued by FDA, subject to the terms and conditions of the EUA. Additional information is at: <http://www.cdc.gov/h1n1flu/eua/tamiflu.htm>.

Notes:

- ◆ Some experts prefer weight-based dosing for children aged younger than 1 year, particularly for very young or premature infants based on preliminary data from a National Institutes of Health funded Collaborative Antiviral Study Group (CASG). When using weight-based dosing for infants aged younger than 1 year for treatment, those 9 months or older should receive 3.5 mg/kg/dose BID, and those aged younger than 9 months should receive 3.0 mg/kg/dose BID. When using weight-based dosing for infants aged younger than 1 year for chemoprophylaxis, those 9 months or older should receive 3.5 mg/kg/dose QD, and those aged younger than 9 months should receive 3.0 mg/kg/dose QD (Source: D Kimberlin et al. Oseltamivir (OST) and OST Carboxylate (CBX) Pharmacokinetics (PK) in Infants: Interim Results from a Multicenter Trial. Abstract accepted to Infectious Diseases Society of America meeting, October 2009).

Health care providers should be aware of the lack of data on safety and dosing when considering oseltamivir use in a seriously ill young infant with confirmed 2009 H1N1 influenza virus infection or who has been exposed to a confirmed 2009 H1N1 influenza case, and carefully monitor infants for adverse events when oseltamivir is used. Additional information on oseltamivir for this age group can be found at <http://www.fda.gov/downloads/Drugs/DrugSafety/InformationbyDrugClass/UCM153547.pdf>.