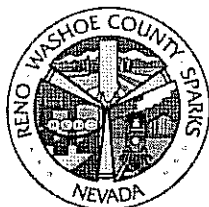


# Washoe County



MATT SMITH, Chairman  
KITTY JUNG, Vice Chairman  
GEORGE FURMAN, MD  
DAN GUSTIN

GEORGE HESS, MD  
DENIS HUMPHREYS, OD  
JULIA RATTI  
JOSEPH P. ISER, MD, DrPH, MSc  
District Health Officer

## Health District

WASHOE COUNTY HEALTH DISTRICT  
1001 East Ninth Street / P.O. Box 11130  
Reno, Nevada 89520  
Telephone 775.328-2400 • Fax 775.328.2279  
[www.washoecounty.us/health](http://www.washoecounty.us/health)

### *MEETING NOTICE AND AGENDA*

#### **Washoe County District Board of Health**

Date and Time of Meeting: Thursday, February 23, 2012, 1:00 p.m.

Place of Meeting: Washoe County Health District  
1001 East Ninth Street, Building B  
South Auditorium  
Reno, Nevada 89520

#### *District Board of Health Meeting Agenda*

Time	Agenda No.	Agenda Item	Presenter
1:00 PM	1.	Call to Order, Pledge of Allegiance Led by Invitation	Mr. Smith
	2.	Roll Call	Dr. Iser
	3.	Public Comment (limited to three (3) minutes per person)	Mr. Smith
For Possible Action	4.	Approval/Deletions to Agenda for the February 23, 2012 Meeting	Mr. Smith
For Possible Action	5.	Approval/Additions/Deletions to the Minutes of the January 26, 2012 Meeting	Mr. Smith
	6.	Recognitions and Proclamations A. Introduction of new employee: Susanne Paulson – Epidemiologist	Mr. Smith and Dr. Iser

Time	Agenda No.	Agenda Item	Presenter
		B. Years of Service 1. Nicole P. Alberti – 5 years 2. Megan C. McKinlay – 5 years 3. Rebecca L. Gonzales – 10 years C. Julie Hunter – Promoted to Senior Air Quality Specialist for Planning D. Craig Petersen – Recognition for new responsibilities as Senior Air Quality Specialist for Planning E. Tina Burton – Received Certification as an Administrative Professional (CAP) from the International Association of Administrative Professionals F. The <i>Epi-News</i> turns “30” (1981 to 2011)	
For Possible Action	7.	<p><b><u>Consent Agenda:</u> Matters which the District Board of Health may consider in one motion. Any exceptions to the Consent Agenda must be stated prior to approval.</b></p> <p><b><u>A. Air Quality Management Cases:</u></b></p> <ol style="list-style-type: none"> <li>1. Recommendation to Uphold Unappealed Citation to the Air Pollution Control Hearing Board regarding Belfor Property Restoration – Case No. 1070, NOV 4891;</li> <li>2. Recommendation of Cases Appealed to the Air Pollution Control Hearing Board. <b>There are no cases on appeal this month.</b></li> </ol> <p><b><u>B. Sewage, Wastewater &amp; Sanitation Cases:</u></b>            Recommendation to Approve Variance Case(s) Presented to the Sewage, Wastewater &amp; Sanitation Hearing Board. <b>There are no variance case requests this month.</b></p> <p><b><u>C. Budget Amendments / Interlocal Agreements:</u></b></p>	Mr. Smith
For Possible Action		<ol style="list-style-type: none"> <li>1. Approval of Notice of Subgrant Award (continuation award) from the Nevada Department of Health and Human Services, Health Division, Bureau of Child, Family and Community Wellness, for the period January 1, 2012 through December 31, 2013, in the amount</li> </ol>	Mr. Cerfoglio
			Ms. Cooke

Time	Agenda No.	Agenda Item	Presenter
For Possible Action		<p>of \$486,542 (per calendar year) in support of the HIV Prevention Grant Program (IO 10013); and authorize the Chairman of the Board to sign.</p> <p>2. Approval of Subgrant Amendment #1 from the Nevada State Health Division in the amount of \$68,079 for the period January 1, 2012 to July 31, 2012, in support of the Epidemiology and Laboratory Capacity (ELC) – Building and Strengthening Epidemiology, Laboratory and Health Information System Grant Program; Approval of amendments totaling an increase of \$68,079 in revenue and \$64,105 in expense to the ELC – Building and Strengthening Epidemiology, Laboratory and Health Information System Grant Program (internal order # 10984) FY 12 Budget; and , if approved, authorize the Chairman to execute.</p>	Ms. Buxton
For Possible Action		<p>3. Ratification of Interlocal Agreement between the Washoe County Health District and the Nevada State Health Division to provide a work location for the State Health Division’s Center for Disease Control and Prevention (CDC) assignee for the purpose of providing direct and efficient assistance to the Health District for Strategic National Stockpile planning for the period upon ratification through November 27, 2012; and if approved, authorize the Chairman to execute the Interlocal Agreement.</p>	Ms. Buxton
For Possible Action		<p>4. Recommend approval of donation of pesticide (Golden Bear Oil) to The Churchill County Mosquito Vector and Weed Control District with a current market value estimated at \$386.</p>	Ms. Buxton
For Possible Action	8.	<p><b><u>Air Pollution Control Hearing Board Cases:</u></b>  <b>Appealed to the District Board of Health. There are no cases this month.</b></p>	Mr. Cerfoglio
For Possible Action	9.	<p><b><u>Regional Emergency Medical Services Authority:</u></b></p> <p>A. Review and Acceptance of the Operations and Financial Report for January 2012</p>	Mr. Gubbels

Time	Agenda No.	Agenda Item	Presenter
		B. Update of REMSA's Community Activities Since November 2011	
For Possible Action	10.	Presentation of information for the City Council members of the Cities of Reno and Sparks in response to the November 2011 presentation by District Health Officer, Dr. Iser, regarding REMSA	Dr. Iser
For Possible Action	11.	Review and Acceptance of Monthly Public Health Fund Revenue and Expenditure for January 2012	Ms. Stickney
For Possible Action	12.	Presentation of FY 13 Budget Update	Ms. Stickney
	13.	Presentation of the new on-line "Health Department Food Facility Rating List"	Mr. Kelly
For Possible Action	14.	Presentation of Proposed Revisions to the District Board of Health's Mutli-Casualty Incident Plan Mutual Aid Evacuation Annex (MCIP-MAEA)	Ms. Akurosawa
	15.	<b><u>Staff Reports and Program Updates</u></b>	
		A. <b>Director, Epidemiology and Public Health Preparedness</b> – Communicable Disease and Public Health Preparedness	Dr. Todd
		B. <b>Director, Community and Clinical Health Services</b> - Establishment of the Nevada Statewide Maternal and Child Health (MCH) Coalition; Washoe County Food Policy Council Membership; and HIV Prevention Mpowerment Program Overview	Ms. Brown
		C. <b>Director, Environmental Health Services</b> – Food Safety (Protection) Program; Land Development; and Solid Waste/Special Events	Mr. Sack
		D. <b>Director, Air Quality Management</b> – Burn Code, Air Quality and DRI Study; Washoe Drive Fire; Air Quality Comparison for January; AQM Move; Air Quality; Planning & Monitoring Activity; Permitting Activity; Compliance & Inspection Activity; Permitting & Enforcement Activity	Mr. Dick



Time	Agenda No.	Agenda Item	Presenter
		E. <b>Administrative Health Services Officer</b> – No report this month.	Ms. Stickney
		F. <b>District Health Officer</b> – 2012-2013 Legislative Sessions; Budget; Human Resources; Communication; Accreditation; Washoe County and Community Activities; Health District Media Contacts and Outreach; State-Wide (and Beyond) Organizational Efforts; District Board of Health Information and Resources	Dr. Iser
<b>Board Comment</b>	16.	Limited to Announcements or Issues for Future Agendas	Mr. Smith
<b>Public Comment</b>	17.	Public Comment (limited to three (3) minutes per person). No action may be taken.	Mr. Smith
<b>For Possible Action</b>	18.	Adjournment	Mr. Smith

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The District Board of Health may take action on the items denoted as "For Possible Action."

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**Business Impact Statement:** A Business Impact Statement is available at the Washoe County Health District for those items denoted with a "S."

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Items on the agenda may be taken out of order, combined with other items, withdrawn from the agenda, moved to the agenda of another later meeting; moved to or from the Consent section, or they may be voted on in a block. Items with a specific time designation will not be heard prior to the stated time, but may be heard later. Items listed in the Consent section of the agenda are voted on as a block and will not be read or considered separately unless withdrawn from the Consent.

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The District Board of Health Meetings are accessible to the disabled. Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in writing at the Washoe County Health District, PO Box 1130, Reno, NV 89520-0027, or by calling 775.328.2416, 24 hours prior to the meeting.

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**Time Limits:** Public comments are welcomed during the Public Comment periods for all matters whether listed on the agenda or not. All comments are limited to three (3) minutes per person. Additionally, public comment of three (3) minutes per person may be heard during individual action items on the agenda. Persons are invited to submit comments in writing on the agenda items and/or attend and make comment on that item at the Board meeting. Persons may not allocate unused time to other speakers.

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**Response to Public Comments:** The Board of Health can deliberate or take action only if a matter has been listed on an agenda properly posted prior to the meeting. During the public comment period, speakers may address matters listed or not listed on the published agenda. The *Open Meeting Law* does not expressly prohibit responses to public comments by the Board of Health. However, responses from the Board members to unlisted public comment topics could become deliberation on a matter without notice to the public. On the advice of legal counsel and to ensure the public has notice of all matters the Board of Health will consider, Board members may choose not to respond to public comments, except to correct factual inaccuracies, ask for Health District Staff action or to ask that a matter be listed on a future agenda. The Board of Health may do this either during the public comment item or during the following item: "Board Comments – Limited to Announcement or Issues for future Agendas."

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Pursuant to NRS 241.020. Notice of this meeting was posted at the following locations:

Washoe County Health District, 1001 E. 9th St., Reno, NV

Reno City Hall, 1 E. 1st St., Reno, NV

Sparks City Hall, 431 Prater Way, Sparks, NV

Washoe County Administration Building, 1001 E. 9th St, Reno, NV

Washoe County Health District Website [www.washoecounty.us/health](http://www.washoecounty.us/health)

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

January 26, 2012

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WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING  
January 26, 2012

PRESENT: Mr. Matt Smith, Chairman; Commissioner Kitty Jung, Vice Chair; George Furman, MD; Councilman Dan Gustin (arrived at 1:14pm); George Hess, MD; Denis Humphreys, OD; and Councilwoman Julia Ratti

ABSENT: Dr. Joseph Iser, District Health Officer; Eileen Stickney, Administrative Health Services Officer; Bob Sack, Director, Environmental Health Services; Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness; Mary-Ann Brown, Director, Community and Clinical Health Services; Patsy Buxton, Fiscal Compliance Officer; Lori Cooke, Fiscal Compliance Officer; Jeanne Rucker, Environmental Health Specialist Supervisor; Erin Dixon, Chronic Disease Prevention Program Coordinator; Bryan Tyre, PE, Senior Engineer; Candy Hunter, Public Health Nurse Supervisor; Steve Fisher, Department Computer Application Specialist; Karen Barrett, Public Health Nurse II; Byron Collins, Environment Health Specialist; Lee Salgado, Environmental Health Specialist; Maria Magana, Office Support Specialist; Janet Smith, CPS/CAP, Recording Secretary; and Leslie Admirand, Deputy District Attorney

At 1:05pm, Chairman Smith called the Washoe County District Board of Health meeting to order, followed by the Pledge of Allegiance, led by Councilwoman Julia Ratti, member of the Board of Health.

ROLL CALL

Roll call was taken and a quorum noted.

PUBLIC COMMENT

There was no public comment presented.

APPROVAL/DELETIONS – AGENDA – JANUARY 26, 2012

Chairman Smith called for any deletions to the agenda of the January 26, 2012 District Board of Health meeting.

**MOTION:** Dr. Humphreys moved, seconded by Ms. Jung, that the agenda of the

**District Board of Health January 26, 2012 meeting be approved.  
Motion carried unanimously.**

APPROVAL/ADDITIONS/DELETIONS – MINUTES – DECEMBER 15, 2011

Chairman Smith called for any additions or corrections to the minutes of the December 15, 2011 meeting of the Washoe County District Board of Health.

**MOTION: Ms. Ratti moved, seconded by Dr. Hess, that the minutes of the District Board of Health December 15, 2011, meeting be approved as received.  
Motion carried unanimously.**

RECOGNITIONS AND PROCLAMATIONS

Ms. Mary-Ann Brown, Director, Community and Clinical Health Services

Introduced Ms. Karen Barrett, advising Ms. Barrett is a Public Health Nurse II, and will be working in the Health District Tuberculosis (TB) Clinic.

Chairman Smith and Dr. Joseph Iser, District Health Officer, presented a Certificate of Recognition to Mr. Byron Collins for **5 Years-of-Service**.

Chairman Smith and Dr. Iser recognized Ms. Maria Magana for receiving an Excellence in Public Service – Essentials of High Performing Teams Certificate.

Mr. Bryan Tyre, PE. Senior Engineer

Introduced Ms. Karen Sage Rosenau, advising Ms. Rosenau is being recognized for serving on the Washoe County District Board of Health Sewage, Wastewater and Sanitation (SWS) Hearing Board for twenty-one (21) years, from June 1991 through December 2011. Advised, Ms. Rosenau "also served seven (7) years as Chairman of the SWS Hearing Board; that her service is greatly appreciated and she will be missed."

CONSENT AGENDA – BUDGET AMENDMENTS/INTERLOCAL AGREEMENTS

The Board was advised Staff recommends the **retroactive approval** of the **Acting District Health Officer's acceptance** of the **Grant Agreement** from the **US Environmental Protection Agency (EPA)**, for **partial funding** in the amount of **\$351,085**, for the **Air Quality Management, EPA Air Pollution Control Program, IO 10019**, for the period of **October 1, 2011 through September 30, 2012**.

The Board was advised Staff recommends **approval** of **Subgrant Award** from the **Nevada Department of Health and Human Services, Health Division**, in the amount of **\$71,064** in support of the **Tuberculosis Centers for Disease Control and Prevention (CDC) Grant Program (IN 10016)**, for the period of **January 1, 2012 through December 31, 2012**.

Ms. Jung

Questioned if Staff utilized the "decision matrix implemented by the Board [of County Commissioners], specific to cost-benefit analysis, in regard to the retroactive approval of the Grant Agreement (Item 7.C.1.); and the Subgrant Award (7.C.2.).

Ms. Lori Cooke, Fiscal Compliance Officer

In response to Ms. Jung, advised both "are continuation awards; and therefore, not new initiatives"; that the retroactive approval of the Grant Agreement "was due to the timing requirement by the US EPA." Advised, Staff receives "electronic notification(s) and the Health District has twenty-one (21) days in which to answer."

The Board was advised Staff recommends **approval** of **budget amendments totaling an increase of \$10,880** in both revenue and expense to the **FY 12 Adult Viral Hepatitis Grant Program Budget, IO 10842**.

The Board was advised Staff recommends **approval** of **amendments totaling an increase of \$5,000** in revenue and expense to the **Medical Reserve Corps (MRC) – National Association of County and City Health Officials (NACCHO) Grant Program (Internal Order #11008) FY 12 budget**.

**MOTION:** Ms. Ratti moved, seconded by Dr. Humphreys, that the retroactive Acting District Health Officer acceptance of Grant Agreement; the Subgrant Award; budget amendments to the FY 12 Adult Viral Hepatitis Grant

Program IO 10842; and amendments to the Medical Reserve Corps (MRC)  
– NACCHO Grant IO 11008, be approved as presented.  
Motion carried unanimously.

REGIONAL EMERGENCY MEDICAL SERVICES AUTHORITY

A. Review and Acceptance of the Operations and Financial Report – November and December 2011

Mr. Jim Gubbels, Vice President, REMSA

Advised the Board members have been provided with a copy of the November 2011 Operations and Financial Report; that the overall emergency response times for life-threatening calls in November was 93% and 95% for non-life threatening calls; that within the eight (8) minute zone it was 93%; within the fifteen (15) minute zone it was 97%; and within the twenty (20) minute zone it was 97%. Advised the overall average bill for air ambulance service for November was \$6,109 with a year-to-date overall average of \$7,273. The overall average bill for ground ambulance service for November was \$1004, with a year-to-date overall average of \$999.

**MOTION: Dr. Hess moved, seconded by Dr. Humphreys, that the REMSA Operations and Financial Report for the month of November 2011 be accepted as presented.  
Motion carried unanimously.**

Advised the Board members have been provided with a copy of the December 2011 Operations and Financial Report; that the overall emergency response times for life-threatening calls in December 2011 was 93% and 96% for non-life threatening calls; that within the eight (8) minute zone it was 93%; within the fifteen (15) minute zone it was 98%; and within the twenty (20) minute zone it was 93%. Advised the overall average bill for air ambulance service in December was \$6,853, with a year-to-date overall average of \$7,214. Advised the overall average bill for ground ambulance service in December was \$1014, with a year-to-date average of \$1,001.

**MOTION: Dr. Humphreys moved, seconded by Ms. Jung, that the REMSA Operations and Financial Report for the month of December 2011 be accepted as presented.  
Motion carried unanimously.**



B. Update of REMSA's Community Activities Since December 2011

Mr. Gubbels

Advised, REMSA staff "was recognized and part of the poster in the *Reno Gazette Journal* "Citizens of the Year 2011: The first responders".

Advised this was the tenth anniversary of REMSA's *Homebound Influenza Immunization Program*; that for 2011 REMSA staff administered 75 influenza immunizations; that the first year of the *Homebound Program* in 2001 REMSA administered 34 immunizations. Advised, as the Program became known within the community the demand for this service increased; that in 2006 there were 205 immunizations administered to homebound patients. Advised there are "a couple of reasons for the decrease – some of the repeat patients have expired; and the easy accessibility to flu shots within the community." Advised REMSA will continue the *Homebound Influenza Immunization Program* for 2012; however, it will be monitored to determine if the Program will continue to be offered. Advised, "overall REMSA staff administered 289 immunizations; that previously REMSA staff conducted an on-campus clinic for Silver Saver members; however, that was discontinued this year."

Advised, although REMSA's response to the Reno National Championship Air Races' event "did not fit into any one of the [recognition] categories for the 23<sup>rd</sup> Annual Human Services Network (HSN) Awards Breakfast and Advocacy Summit", REMSA was nominated by Renown Regional Medical Center and received "a special award for that response." Advised REMSA "was very honored to be acknowledged and appreciated for its response to the Air Races' event.

REVIEW – ACCEPTANCE – MONTHLY PUBLIC HEALTH FUND REVENUE AND EXPENDITURE REPORT – DECEMBER 2011

Ms. Eileen Stickney, Administrative Health Services Officer

Advised the Board members have been provided with a copy of the Health Fund Revenue and Expenditure Report for the month of December 2011; that the Environmental Oversight Account for December is \$108,256.98. Advised, Staff will be beginning the budget process, during which Staff will review the line items within the Budget; that "the actuals become the estimates to complete for Fiscal Year 12." Ms. Stickney reviewed the Report in detail, advising Staff recommends the Board accept the Report as presented.

**MOTION:** Dr. Hess moved, seconded by Mr. Gustin, that the District Health Department Revenue and Expenditure Report for December 2011, be

accepted as presented.  
Motion carried unanimously.

PRESENTATION – FY 13 BUDGET CALENDAR – BUDGET UPDATE

Ms. Stickney

Advised the Board members have been provided with a copy of the 'Fiscal Year 2012/2013 Budget Calendar'; and a copy of the agenda item presented to the Board of County Commissioners on Tuesday, January 24, 2011 (a copy of which was placed on file for the record). Advised at the BCC meeting "a hiring freeze was approved to close the remaining gap of \$6.8 million for FY 12." Ms. Stickney reviewed the measures implemented by the County to reduce the "original shortfall of \$33.5 million." Advised, currently labor negotiations with the employee associations remain unresolved; however, there have been "voluntary concessions of \$4.8 million", resulting in the \$6.8 million necessary to close FY 12.

Advised, with labor negotiations unresolved and more than 50 percent of the fiscal year completed, the Board of County Commissioners considered four (4) options: 1) implementation of a hiring freeze; 2) departmental operating budget reductions; 3) use of reserves; and 4) implementation of the Governmental Services Tax (as outlined on page 3 of the Staff Report presented to the BCC). Advised the BCC approved option one (1), the hiring freeze.

Ms. Stickney reviewed the 'Fiscal Year 2012/2013 Budget Calendar', advising in February the fiscal Staff will be meeting with the Division Directors and Program Managers to review the amount(s) necessary to complete the current Fiscal Year; and the projected amounts for FY 13. Ms. Stickney outlined the various aspects of the program budgets that are reviewed during the budgeting process; that all of the information will be presented to the Board during the March 15, 2012 Budget meeting. Advised, the Health District's proposed budget will be submitted to the County on March 16, 2012; that in accordance with the requirements of the Interlocal Agreement Staff will be meeting with the three (3) jurisdictional managers to present the Health District budget; that the meeting is scheduled for Tuesday, March 13, 2012. Advised the comments presented by the managers will be provided to the Board during the budget meeting. Advised Staff is committed to "keeping the Board informed of any developments regarding the budget; that the budget update will remain an item on each month's agenda."

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING

January 26, 2012

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Ms. Jung

Advised she did not support the BCC decision regarding the hiring freeze; that she supported utilizing the reserves "considering all of the cuts staff has already conceded" to the County; that this fiscal year is more than half over and there is no contract. Advised she acknowledges utilizing the reserves is not sustainable; however, the County "is at a very critical period; that the County has been under a hiring freeze, with this action being referred to as a 'hard' [hiring] freeze." Advised the hard hiring freeze "only results in a \$2 million salary savings"; that what will occur is "a default will be put into effect, which will be the departmental operating budget reductions resulting in reductions in the workforce." Stated, "she doesn't know how the County will sustain that, nor how the employees can sustain it"; or how the Health District will be able to provide services "to the most vulnerable populations, who require {Health District} services even more when the economy is in the tank." Stated, the Health District is different from the Cities, as *Nevada Revised Statutes* (NRS) mandates the Health District "provide the social safety nets for these citizens"; that "should the Commission continue in this way to resolve the budget crisis she believes it will be felt by the citizens with no voice." Advised "there is no appetite by the BCC to enact the Government Services Tax", which was approved by the Legislature.

Advised the County has concerns regarding a number of pending lawsuits, including the Incline Village one and one by the City of Reno. Stated, she would recommend the Board members and Staff contact his/her respective Commissioner regarding the utilization of the reserves, which "is the only thing that can be done to maintain service levels." Stated, there are employees in the County "doing three (3) times the job because people are gone; that employees haven't received a raise; haven't received a COLA; and have graciously voted to give funds back to the County in taking cuts. This is the fourth year of this and it is unsustainable; that after this negotiation she will never again vote 'to go back to staff' for additional reductions." Stated, although she does not know how it can be done the County "has to raise revenues to support the citizens who really, really need services."

In response to Chairman Smith

Regarding a retroactive deadline for labor negotiations, Ms. Jung advised any adjustment(s) would be retroactive to the beginning of the current fiscal year.

In response to Dr. Hess

Regarding the hard freeze resulting in approximately \$2 million in savings of the necessary \$6.8 million shortfall, Ms. Jung advised that it will affect the Health District's overall budget, which can result in layoffs, as there are fixed costs which cannot be reduced.

The Board thanked Ms. Stickney and Ms. Jung for the update.

VISUAL PRESENTATION – CHRONIC DISEASE PREVENTION PROGRAM – MULTIMEDIA  
TOBACCO CESSATION CAMPAIGN GETHEALTHYWASHOE.COM WEBSITE RESOURCE –  
TOBACCO USE AND CESSATION ATTEMPTS – EPI-NEWS – JANUARY 6, 2012

Ms. Brown

Introduced Ms. Erin Dixon, advising Ms. Dixon will be presenting the new recently developed Centers for Disease Control (CDC) Prevention *Tobacco Cessation Campaign*; that she, the Health Officer, and the Public Information Officer reviewed this campaign in advance. Stated, Staff anticipated "some attention from this Campaign"; however, Staff was "not prepared for all the attention this Campaign received." Advised, the attention this Campaign received "is a good thing", as it results "in people thinking differently about [at-risk] behaviors, particularly in the area of tobacco use."

Ms. Erin Dixon, Chronic Disease Prevention Program Coordinator

Presented a photo of a billboard from the CDC *Tobacco Cessation Campaign*, advising this photo appeared on the front page of a recent edition of the *Reno Gazette Journal*. Advised, "this is a more hard-hitting campaign" than the Health District has previously done; that people start and stop smoking for a variety of reasons"; that previous campaigns focused on quitting for family and encouraging those who had previously tried to quit to continue trying. Advised, the intent of this campaign "was to reach those people who had not been reached in the previous campaigns."

Advised, this campaign is grant funded "by the merging of two (2) federal grants passed through from the State, for a total of approximately \$35,000 for the entire campaign." Advised, the campaign began in early January and will continue through February; that with the funding Staff was able to obtain TV, billboards and print advertisements. Advised this is a completely evidenced based campaign originally developed by New York City and purchased from the CDC Media Center; that the Health District purchased the entire campaign: TV, print and billboard advertisements for \$40.

Advised, the campaign began January 9<sup>th</sup>; and Staff has noted an increase in the number of inquiries through the Quitline; that as of yesterday the call volume has increased 50%, with a couple of weeks remaining in the campaign.

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING

January 26, 2012

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Advised, the Health District has received extensive media coverage, with two (2) TV stations refusing to "air the TV commercial prior to 10pm." Advised, Staff began conducting television interviews; that "when Channel 8 announced it would not be showing the commercial on its station", the campaign "became a whole other story in itself." Stated, "for the 1-800-QUIT-NOW campaign to be that prominent in the community for an entire week was very exciting" for Staff. Stated, Staff conducted five (5) television interviews, and three (3) radio interviews; that Ms. Kelli Seals, Health Educator was able to conduct the Spanish language interviews.

Ms. Dixon displayed the second print ad, advising it has a positive message "1 year after you quit smoking, your risk of heart disease is cut in half." Stated, implementing the program to coincide with New Year's Resolutions was intentional; that Washoe County data indicates approximately 58.3% of smokers quit for "at least one (1) day in the past year"; however, only 11.7% reported being successful.

Advised, the intent of the campaigns has been to connect "people to the resources when they are ready to quit." Advised the noted correlation between smoking and heart disease "was very intentional"; that the perception is "the majority of people are aware smoking causes lung cancer; however, not as many people are aware of the correlation to heart disease." Advised, the Board members have been provided with a copy of the January 6, 2012, *EPI-News*, which featured "*Tobacco Use and Cessation Attempts*"; that the newsletter is disseminated among the medical community. Advised the newsletter in conjunction with the advertisements ensured physicians "had the most recent information to help patients quit" should patients come to them to stop smoking. Advised, as noted in the *Epi-News*, smoking rates in Washoe County are no longer declining; that Staff will continue to monitor this in an effort to determine 'why'. Advised, "all Federal Drug Administration (FDA) approved cessation medications are covered by Medicaid; that Staff wanted the medical community to be aware of that."

In response to Dr. Hess

Regarding the higher smoking rates in Washoe County among the youth and teen population as compared to Clark County, Ms. Dixon advised Clark County receives additional funding; that "Clark County has an amazing youth program that was previously funded by the Master [Tobacco] Settlement Programs." Advised, the program is "cutting-edge and recognized as a best-practice; that for two (2) years [Clark County] received the ARRA (American Recovery and Re-investment Act) funds in the total amount of approximately \$14.6 million to address tobacco use"; that those funds will no longer be available this March. Advised, in comparison the entire budget for the Washoe County Health District Program is \$113,000.

In response to Mr. Gustin

Regarding the campaign, Ms. Dixon advised the campaign was developed by New York City; that Staff "had it tagged locally."

Mr. Gustin

Stated, the campaign "is very strong; that these campaigns are needed to jolt people for the reaction." Questioned if Staff, "can make the thirty (30) second commercial available on auxiliary DVD."

In response to Mr. Gustin, Ms. Dixon stated the commercial is available on the website; that the County has placed it on the streaming video; that it can be accessed through the GetHealthyWashoe.com website; however, she can provide the Board members with the link "and a DVD copy if interested."

Ms. Dixon previewed the thirty (30) second commercial which has been aired on television.

Ms. Jung

Stated, she "thinks the commercial is awesome; that she did receive some calls"; however, "if it offends people enough to motivate them to change behaviors then that presents a very good fiscal argument." Stated, "it is a social equity and tax justice issue, as it is the lowest income who can least afford the health insurance for the medical care when people develop these secondary diseases from smoking."

Chairman Smith

Stated, he agreed "it is money well spent."

The Board thanked Ms. Dixon for the update.

SOLID WASTE MANAGEMENT

A. Presentation – Discussion – Chapter 10, Implementation Plan and Schedule of 2011 Waste Management Plan

Ms. Jeanne Rucker, Environmental Health Specialist Supervisor

Advised the Board members have been provided with a copy of the Implementation Plan for the Washoe County Health District Solid Waste Management Plan, which the Board approved and adopted on October 27, 2011. Advised, Staff submitted the Solid Waste Management Plan to the Nevada Division of Environmental Protection (NDEP); that the Plan was approved by NDEP on December 6, 2011, acknowledging "the plan adequately describes the Solid Waste Management systems serving Washoe County."

Advised, the final Chapter (Implementation Plan) was developed after the Board's October 27, 2011 approval; and the NDEP approval of December 6, 2011. Advised, the Implementation Plan "establishes priority rankings for the goals associated with the Plan, and time frames for completion." Advised, upon approval and adoption by the Board Staff will initiate implementation of the schedule.

Stated, "at this time, the total fiscal impact for implementing the Plan, and the Schedule is unknown." Advised currently the activities associated with the Solid Waste Program are primarily funded through the statewide tire fee." Stated, Staff has "deliberately set-aside monies every year in this fund, specifically for the completion of big projects; therefore, the bulk of the funding for the implementation efforts will be from that fund." Advised, the funding for implementation will not "come from the General Fund; that the funds are from a direct tax for each tire sold in Nevada, with Washoe County Health District receiving a portion of the \$1 tax per tire; that Clark County and NDEP also receive a portion of the \$1 tax." Advised, while the tire tax "will be the primary source of funding, the Health District may also be eligible for some grant funding"; however, that will not be known until such time as Staff has begun the implementation process.

Advised, some goals have been assigned a lower ranking, as those goals "depend on other agencies or legislation for implementation.

Dr. Hess

Stated, after reviewing the Implementation Plan, he noted "this will require a number of Staff for the collection and analysis of data"; and he would question "if it will require additional Staff; and if there is a level of prioritization within the priorities."

In response to Dr. Hess

Ms. Rucker

Advised, "within the Solid Waste Management Program, Staff prioritizes the workload"; that as she indicated, funds have been "set-aside" for the larger projects; that Staff would be utilizing the "services of interns and others within the community who have an expertise in specific areas and are available to the District on contract." Advised the priorities noted within the Plan "will not necessarily be conducted by Staff; that some of it will be outsourced." Ms. Rucker introduced Ms. Lee Salgado, Environmental Health Specialist, advising Ms. Salgado was previously an Intern from UNR and is now an Environmentalist with the District; that Ms. Salgado was "significantly involved in developing the Plan." Advised, the EHS Division "budgets for and utilizes the services of intermittent employees; that these employees can work twenty (20) hours per week and bring a great amount of knowledge" to the job. Advised, Staff "will be reviewing progress on an annual basis; and will be providing periodic updates to the Board throughout the processes of the Implementation Plan." Advised, at the time of the annual reviews Staff will have more information as to "what the costs have been fiscally and what Staff anticipates future costs to be."

In response to Ms. Ratti

Regarding "no due dates in 2014", Ms. Rucker advised, although there may be priorities accomplished in 2014, in determining the priorities Staff established the priorities as 1-5 years; 2-5 years, "which skipped 2014; however, there will probably on-going priorities in 2014." Regarding some priorities "being larger projects than others", Ms. Rucker advised "Staff did not 'pick and choose' what would be listed as a goal; that everything identified as a goal is listed in the Plan." Stated, she concurs, "some of the goals will be easy to accomplish and 'check-off' and others are significant and will require time."

Ms. Ratti

Stated, she would suggest "perhaps another column" [on the Schedule], which delineates "the responsibility", as she supports "standardizing the Garbage Franchise Agreements expiration dates



to facilitate the development of a Regional Garbage Franchise, which cannot occur without the consensus of the three (3) governing boards."

In response to Ms. Ratti

Ms. Rucker advised, within the context of the Plan "where it delineates the goal(s), there are provisions for "identifying the responsible agency"; that Staff "has attempted to identify those partners with whom Staff will be working to achieve those goals." Regarding presenting the Implementation Plan to the regional agencies, Ms. Rucker advised "Staff is required to submit an annual report to the Regional Planning Commission"; that the Solid Waste Management Plan, including Chapter 10, will be included with the Staff report; that Staff will be presenting the Plan to the staff of the two (2) Cities and the County.

In response to Chairman Smith

Regarding the "portion of the tire fee", Ms. Rucker advised the District receives \$.25 from the \$1 fee collected for every new tire sold in Nevada for the Solid Waste Management Program; that Clark County receives \$.35; and NDEP the remainder; that the fee is paid through the Department of Taxation to the Health District.

B. Recommendation – Approve and Adopt the Implementation Plan and Schedule of the 2011 Waste Management Plan

Ms. Rucker

Advised, Staff recommends the Board approve and adopt "the final Chapter of the Solid Waste Management Plan, specifically Chapter 10 which is the Implementation Plan component.

**MOTION: Ms. Ratti moved, seconded by Ms. Jung, that Chapter 10, Implementation Plan and Schedule of the 2011 Waste Management Plan, be approved and adopted as presented.  
Motion carried unanimously.**

PRESENTATION – STATEWIDE MEDICAL SURGE PLAN

A. Recommendation for Adoption of the Statewide Medical Surge Plan

Dr. Randall Todd

Advised, the Nevada Hospital Association received a grant in 2008 from the Nevada Department of Homeland Security to review the issue of "Statewide Medical Surge." Advised many facilities had medical surge plans; that the hospitals' medical surge plans addressed "what [the hospitals] would do should an event overwhelm that individual facility's resources"; however, should an event exceed the individual hospital's resources "there would have been problems." Advised when an event becomes regional it is rationale for "everyone to be operating from the same plan."

Advised, with the grant funding a working group was developed consisting of stakeholders from state, county, local and private organizations; that the working group identified protocols and established guidelines for use in optimizing health and medical resources during an emergency. Dr. Todd reviewed the purpose and scope of the working group, advising the Plan "defines the roles and responsibilities" of the various participating agencies.

Reviewed the various assumptions, advising the term "local" refers to the most immediate level of government within a jurisdiction; that "this is an expanded health care delivery system, which was developed to be used in conjunction with existing state, county, and local emergency management; public health; and emergency management services.

Reviewed the role and responsibilities of the participating agencies delineated in the Plan, including the Health District as the local health authority. Reviewed the Operational Functions of the Plan, advising the Operational Functions delineate "what the supporting agencies/organizations response tasks and responsibilities are."

Advised the Plan is developed on a tiered system to ensure the entire state "will understand the various roles and responsibilities of the various organizations/agencies during a medical surge event." Advised, unless specifically excluded, items in the Plan apply to all organizations.

Advised, Staff recommends the Board adopt the Statewide Medical Surge Plan as presented.

Dr. Hess

Stated, "the Health District has been a catalyst for the Statewide Medical Surge Plan; that there were local plans within several different organizations"; however, the Inter-Hospital Coordinating Council (IHCC) members have worked together on this Plan. Dr. Hess questioned, if Staff can provide a link to the Board members to allow access to the Plan, or if the Plan can be emailed to them.

Dr. Todd

Stated, Staff will provide the Plan to the Board members.

**MOTION:** Ms. Ratti moved, seconded by Dr. Hess, that the Statewide Medical Surge Plan be adopted, with the caveat that a copy be provided to the Board members; and should there be any concerns it be brought back to the Board.

Motion carried unanimously.

#### PRESENTATION – DISTRICT HEALTH DEPARTMENT EMERGENCY MANAGEMENT PLAN

##### A. Recommendation for the Approval and Adoption of the Department Emergency Management Plan

Dr. Todd

Advised the Board members have been provided with a copy of the revised "*Washoe County Health District – Department Emergency Management Plan*", which was originally adopted by the Board on June 24, 1998; and revised in 2002.

Advised the Plan was developed, as the Health District is responsible for managing "its own emergencies; but also for organizing emergency operations that have public health components throughout the District's jurisdiction." Advised the Plan delineates how the Health District operates during an emergency, including the activation of the Health District Crisis Team (HDCAT); the interaction with the County Crisis Action team (CAT), and with the Regional Emergency Operation Center (REOC); it identifies the emergency contacts and internal call down lists; how the District communicates with the public and other agencies; and the internal emergency procedures (specific to the emergency – fire, earthquake, flood, bomb threat, etc.)

Advised the Plan “establishes how the District would set-up the Department Operation Center (DOC), which would not necessarily require the activation of the Regional Emergency Operations Center (REOC)”. Advised the plan establishes protocol for communication with the public and other stakeholder; and Incident Command System (ICS) protocol.

Advised Staff recommends the Board approve and adopt the January 2012 revised “*Washoe County Health District – Department Emergency Management Plan*” as presented.

In response to Ms. Jung

Regarding the District “interfacing with the last two (2) fire emergencies”, Dr. Iser advised with the Caughlin Ranch fire the REOC was not activated; however, representatives of the Air Quality; the Environmental Health Services; and the Public Health Preparedness Divisions did respond as necessary. Advised the Health District “needs to be involved early, as it will be involved in anything; and at times will be the lead.” Advised, the REOC was activated during the Washoe Drive Fire; that Ms. Stacey Akurosawa; Mr. Kevin Dick; Mr. Bob Sack, and he responded. Advised, the Air Quality Management Division monitored the affects of the fires to the air quality as it pertained to public health. Advised, EHS Staff monitored restaurants in the affected areas to ensure those facilities, which remained open, were in compliance with the Health District’s regulatory requirements. Advised Staff did issue some Boil Water Orders to restaurant facilities that are one wells during the recent fires.

In response to Ms. Jung

Regarding the ‘Boil Water Orders’, Mr. Bob Sack, Director, Environmental Health Services, advised [40 CFR] law requires ‘Boil Water Orders’ be issued by the operator; that the Health District “does oversee this to ensure compliance.”

Advised the proposed *Health District – Department Emergency Management Plan* “will do nothing to impede the EHS Division’s ability to respond to the REOC”, nor the Cities operational plans during an emergency; that the Plan formalizes “how the District responds” at the REOC; and how the District organizes and responds internally.

In response to Ms. Jung

Regarding "if all of the positions, listed on page eight (8) in the HDCAT are filled", Dr. Todd stated "Staff, who can fill those positions when necessary, have been identified." Regarding "not having a dedicated Staff member in each of those positions due to budget reductions", Dr. Todd stated each position may not be necessary "as it would depend on the nature of the emergency" as to which Staff member position would be necessary for the response.

In response to Ms. Ratti

Regarding the positions listed on page eight (8) being "positions within the Department, such as would be noted on an organizational chart", Dr. Todd stated "these are real positions" within the Health District; that "he believes all are currently filled"; that these positions indicate "the kind of people who could occupy some of the ICS positions."

Regarding this Plan being a component of the County Emergency Management Plan, Dr. Todd stated the Health District's Plan while being separate does correlate with the County Emergency Management Plan. Advised "there are emergencies that are not primarily public health emergencies"; however, Staff may have a significant role in other types of emergencies; that in all emergency situations the Health District should have a plan delineating how the District will organize and function in those incidents.

Ms. Ratti

Stated, her concern is each of the jurisdictions and the Health District "having individual and separate plans making it difficult to sort out."

In response to Ms. Ratti

Dr. Todd stated "attempts have been made" for that not to occur. Advised the proposed Plan is "smaller than previous Plans", as Staff reviewed other Plans when preparing it; that some Plans, which had been previously included in this Plan are now "stand alone plans and are only referenced in the proposed Plan."

Mr. Sack

Stated, the proposed District Plan is to ensure the Health District "is organized to operationally accomplish what is expected" from the public and other jurisdictional entities during an event.

In response to Ms. Ratti

Regarding if there is a component specific to "activating the Board", Dr. Iser stated the Plan does indicate the Board Chairman will be notified and updated; however, there may "be a time in which the Board members' assistance may be necessary."

Ms. Ratti

Advised the City of Sparks Emergency Management Plan does contain provisions specific to Council members involvement (or non-involvement) during an emergency.

Ms. Jung

Stated, the District should use the services of the Board members "when needed."

Dr. Iser

Recommended the Board approve and adopt the Plan and Staff will review incorporating the comments into the Department Emergency Management Plan (DEMP).

**MOTION:** Ms. Ratti moved, seconded by Dr. Humphreys, that the '*Washoe County Health District – Department Emergency Management Plan*', be approved and adopted. It was further ordered that each Board member be provided with a binder containing the Plan, and any other necessary key information.

Motion carried unanimously.

#### UPDATE – DBOH STRATEGIC RETREAT SUMMARY

Dr. Iser stated the Board members have been provided with an update on the "Strategic Retreat of October 6, 2011."

STAFF REPORTS AND PROGRAM UPDATES

A. Director – Epidemiology and Public Health Preparedness

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

In response to Ms. Jung

Stated, "there seem to be a number of colds"; and questioned if the EPHP Staff monitor for colds, Dr. Todd advised the Health District does not "track colds; that the Health District tracks Influenza and Influenza-like illness (ILI), which is not a firm diagnosis." Advised, "this has been a remarkably flat year for ILI. Advised the easy accessibility of obtaining flu shots has contributed to the decrease in the number of cases of flu; and the area has experienced "a very mild winter." Advised there is a site on *Google*, which "tracks hits on flu-related subjects; and it correlates nationally with ILI trends which CDC tracks." Advised on this site Nevada indicated a high rate of ILI; however, Clark County "was receiving a high number of hits related to flu." Advised, Staff received a number of inquiries regarding this site, and the high rate noted in Nevada; that it provided Staff the opportunity to "explain flu surveillance to the media; and that according to [Washoe County] data it has been a flat year here."

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

Advised, based on the Board's discussion regarding the Jan Evans Clinical Services Pilot Project proposal, CCHS Staff has "rescinded the concept of the Pilot Project"; that in lieu of the concept Staff will "work closely with staff of the Jan Evans Center to create the most efficient and effective clinical services" for the Center. Stated, she has been assisting with the recruitment of a Nurse Practitioner for the Center. Stated, Staff will be reviewing the Health District's "role with County Departments and other community partners regarding public health and clinical services, which are within CCHS Division's area of expertise."

Advised, on January 18, 2012, the *Reno Gazette Journal*, featured an article regarding neighborhood vegetable stands after a member of the ACHIEVE partnership presented the issue to the Board of County Commissioners. Stated, included "on the front page was the announcement for volunteers to the newly formed Washoe County Food Policy Council; that to-date there have been twenty (20) applications for the ten (10) seats, with the final date for application submission being February 8, 2012."

C. Director – Environmental Health Services

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

D. Director – Air Quality Management

Mr. Kevin Dick, 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 this month.

F. District Health Officer

Dr. Joseph Iser, District Health Officer, presented his monthly District Health Officer's Report, a copy of which was placed on file for the record.

Dr. Iser

Stated, Staff has not received any further information from Tri-Data (the EMS evaluation for Fire and REMSA); that Staff was advised the initial draft Report would be available by the end of January.



Stated, Mr. Dan Inouye, Air Quality Supervisor, will be presenting an overview of the 'Red, Green, Yellow' [burn code] Program in March; that he has requested the same presentation be offered to the Reno and Sparks City Councils; and the Board of County Commissioners. Stated, he has requested Mr. Steve Kutz, Immunization Program Coordinator, present an update regarding the entirety of the Immunization Program in either February or March.

Stated, the Board members have been provided with a copy of the Health District's accomplishments for 2011; and the proposed accomplishments for 2012, as requested by the County Manager.

#### BOARD COMMENT

Ms. Ratti requested the calendar of the 2012 Board of Health meeting dates be forwarded to the Board members.

#### Dr. Hess

Requested the Volunteer Agreement "and some of the problems for recruiting individuals for the Medical Reserve Corps (MRC)", be amended, with an update from Dr. Todd. Stated, as a physician, he has concerns regarding the verbiage of the Volunteer Agreement, "as it is an impediment"; that with the provisions of Assembly Bill 98, "he believes [the Volunteer Agreement] could be revised."

#### Ms. Leslie Admirand, Deputy District Attorney

Advised, that item can be amended, "with the caveat the Volunteer Agreement is an Agreement approved by the Board of County Commissioners; that it is not an Agreement which is approved by the Board of Health."

#### Dr. Hess

Stated, "he doesn't disagree with that"; however, the Board of Health can make a recommendation to the Board of County Commissioners.

In response to Mr. Gustin

Regarding "existing information, guidelines, policy, video, etc., regarding the [proper] disposal of fireplace ashes; that he will be suggesting a segment on Reno's Public Access Channel"; however, he is unaware if this type of information is available.

Mr. Sack

Stated, he is unaware of "any information from a public health perspective"; that the issue is "proper cooling of ashes" to ensure it doesn't present a fire hazard. Stated, this would be more of a "fire department issue"; however, Staff can research the issue, which he can present in his Division Director's Report, or he will "bring something back to the Board."

Dr. Iser questioned if there are other issues, which the Board members would request be agendized.

Ms. Jung

Stated, she would request an agenda item specific to information as "to employee engagement, morale, issues of transition with more responsibility and less certainty for the future, but with the new District Health Officer." Stated, she would question if Dr. Iser has "planned anything to engage and get to know Staff."

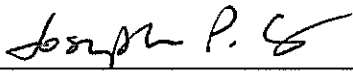
Ms. Admirand

Advised, the item can be agendized for a future meeting.

PUBLIC COMMENT

There was no public comment.

There being no further business to come before the Board, the meeting was adjourned at 2:45pm.

  
\_\_\_\_\_  
JOSEPH ISER, MD, DrPH, MSc  
DISTRICT HEALTH OFFICER/SECRETARY

  
\_\_\_\_\_  
JANET SMITH, CPS/CAP  
RECORDING SECRETARY



# WASHOE COUNTY HEALTH DISTRICT

## AIR QUALITY MANAGEMENT DIVISION



**Public Health**  
Prevent. Promote. Protect.

DATE: February 23, 2012

TO: District Board of Health

FROM: Kevin Dick, Air Quality Division Director

SUBJECT: Belfor Property Restoration - Case No. 1070  
Unappealed Citation No. 4891  
Agenda Item: 7.A.1

### Recommendation

Air Quality Management Division Staff recommends that Citation No. 4891 be upheld and a fine of \$250.00 be levied against Belfor Property Restoration for failure to control dust on a demolition site located at 6457 Meadow Valley Lane in Reno. The Citation was issued for a violation of Section 040.030 of the District Board of Health Regulations Governing Air Quality.

Recommended Fine: \$500.00

Negotiated Fine: \$250.00

### Background

On January 16, 2012, Air Quality Specialist Mike Osborn was dispatched to 6457 Meadow Valley Lane for a complaint of fugitive dust and soot caused by the demolition of the residence, which was damaged by the Caughlin Fire on November 18 & 19, 2011. When AQ Specialist Osborn arrived at the demolition site, he observed visible dust and soot emissions being caused by a work crew of four to six workers. The work crew was shoveling burned debris around the residence into a 30-yard dumpster. Their clothes were observed to be very dirty and black from shoveling of the debris. They were also wearing dust masks in an effort to protect their airways and lungs from fugitive dust, soot and ash. AQ Specialist Osborn did not observe any water being used during the demolition, nor was there any water truck, water buffalo, hoses or water of any type on the site. AQ Specialist Osborn then proceeded to consult with the on site supervisor, Mr. Parks, who worked for Wells Construction, a subcontractor for Belfor Property Restoration. Mr. Parks stated that the job site had no water available for him and his demolition crew to use to control fugitive dust and soot. AQ Specialist Osborn advised Mr. Parks to shut the job down until proper water was on site and available to control any fugitive dust and soot caused by the demolition process. Mr. Parks was issued Notice of Violation (NOV) Warning No. 4890, for failure to control dust on a job site.

DBOH AGENDA ITEM NO. 7.A.1

P.O. BOX 11130 Reno, NV 89520-0027 • (775) 784-7200 • FAX (775) 784-7225

[www.washoecounty.us/health](http://www.washoecounty.us/health)

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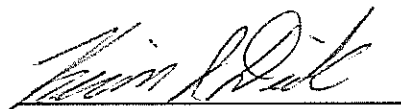
AQ Specialist Osborn then contacted Mr. Sean Lyons, site manager for Belfor Property Restoration, about the complaint and the fact that there was no water on site to control any fugitive dust. Mr. Lyons arrived on site with Mr. Chris Nelson, Project Manager for Belfor Property Restoration, to talk to AQ Specialist Osborn about the complaint. Mr. Nelson was the responsible party listed on the Air Quality notification of demolition form. The notification of demolition form clearly states adequate water during demolition must be used to control any fugitive dust. Mr. Nelson was issued NOV Citation No. 4891 for failure to control dust on a demolition site.

On January 20, 2012, Senior AQ Specialist Dennis Cerfoglio, AQ Specialist Mike Osborn, and AQ Engineer Charlene Albee meet with Mr. Paul Gardner, General Manager for Belfor Property Restoration for a negotiated meeting. After consideration of all the facts of this case, Mr. Gardner agreed to a fine of \$250.00. A Memorandum of Understanding was signed by all parties.

#### Alternatives

1. The District Board of Health may determine that no violation of the Regulations has taken place and dismiss Citation No. 4891.
2. The Board may determine to uphold Citation No. 4891 but levy any fine in the range of 0 to \$500.

In the event the Board determines to change the proposed penalty, the matter should be continued so that Belfor Property Restoration may be properly noticed.



Kevin Dick  
Air Quality Division Director

KD/DC: ma

See also - Warning 489C



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT  
AIR QUALITY MANAGEMENT DIVISION  
401 RYLAND STREET, SUITE 331 • P.O. BOX 11130 • RENO, NV 89520  
(775) 784-7200



cmP12-0012

NOTICE OF VIOLATION

NOV 4891

DATE ISSUED: 1-16-12

ISSUED TO: Belfor Property Restoration PHONE #: 233-0379

MAILING ADDRESS: 50 Antelope Meadows Way CITY/ST: Reno, NV ZIP: 89511

NAME/OPERATOR: Cris Nelson PHONE #: 233-0379

DRIVER LICENSE #/SSN W/A

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 01-16-2012 (DATE) AT 1015 (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

- |  |   |
|--|---|
| <input type="checkbox"/> MINOR VIOLATION OF SECTION:                       | <input type="checkbox"/> MAJOR VIOLATION OF SECTION:            |
| <input checked="" type="checkbox"/> 040.030 DUST CONTROL                   | <input type="checkbox"/> 030.000 OPERATING W/O PERMIT           |
| <input type="checkbox"/> 040.055 ODOR/NUISANCE                             | <input type="checkbox"/> 030.2175 VIOLATION OF PERMIT CONDITION |
| <input type="checkbox"/> 040.200 DIESEL IDLING                             | <input type="checkbox"/> 030.105 ASBESTOS/NESHAP                |
| <input checked="" type="checkbox"/> OTHER <u>Water Required 040.030 2A</u> | <input type="checkbox"/> OTHER _____                            |

VIOLATION DESCRIPTION: Failure to control dust by having water on site during a dismantling or demolition of a building. No water truck, buffers or hoses of any type on site.

LOCATION OF VIOLATION: 6457 Meadows Valley Lane, Reno, NV

POINT OF OBSERVATION: on site

Weather: cloud - slight breeze Wind Direction From: N E S W

Emissions Observed: Dark Fine Dust  
(If Visual Emissions Performed - See attached Plume Evaluation Record)

WARNING ONLY: Effective \_\_\_\_\_ a.m./p.m. \_\_\_\_\_ (date) you are hereby ordered to abate the above violation within \_\_\_\_\_ hours/days. I hereby acknowledge receipt of this warning on the date indicated.

Signature \_\_\_\_\_

CITATION: You are hereby notified that effective on 01-16-2012 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within 5 hours/days. You are further advised that within ten days of the date of this violation you may submit a written notice of appeal to the Chairman, Hearing Board, P.O. Box 11130, Reno, Nevada 89520. Failure to submit a notice of appeal in the time specified will result in submission of this violation to the District Board of Health, together with a request that an administrative fine be levied against you. If you do not wish to file an appeal the appropriate fine may be paid at the District Health Department.

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: [Signature] Date: 1-16-12

Issued by: J.R. Nelson Title: Adst

WASHOE DOES NOT DISCRIMINATE ON THE BASIS OF SEX, RACE, COLOR, AGE, RELIGION, DISABILITY OR NATIONAL ORIGIN IN THE ACTIVITIES AND OR SERVICES WHICH IT PROVIDES. IF YOU HAVE ANY QUESTIONS, PLEASE CALL WASHOE COUNTY HUMAN RESOURCES - 328-2080; TDD NUMBER 328-3685.

See also - NOV CITATION 4891



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT  
AIR QUALITY MANAGEMENT DIVISION  
401 RYLAND STREET, SUITE 331 • P.O. BOX 11130 • RENO, NV 89520  
(775) 784-7200



NOTICE OF VIOLATION CMP12-0012

NOV 4890

DATE ISSUED: 1-16-12

ISSUED TO: Water Construction PHONE #: 775-771-6485

MAILING ADDRESS: Darline Ct. CITY/ST: Jenny Valley, Reno ZIP: \_\_\_\_\_

NAME/OPERATOR: Dave Parks PHONE #: Same

DRIVER LICENSE #/SSN W/A

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 16 Jan 12 (DATE) AT 11:55 A.M. (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

- |   |   |
|---|---|
| <input type="checkbox"/> MINOR VIOLATION OF SECTION:            | <input type="checkbox"/> MAJOR VIOLATION OF SECTION:            |
| <input checked="" type="checkbox"/> 040.030 <u>DUST CONTROL</u> | <input type="checkbox"/> 030.000 OPERATING W/O PERMIT           |
| <input type="checkbox"/> 040.055 <u>ODOR/NUISANCE</u>           | <input type="checkbox"/> 030.2175 VIOLATION OF PERMIT CONDITION |
| <input type="checkbox"/> 040.200 <u>DIESEL IDLING</u>           | <input type="checkbox"/> 030.105 ASBESTOS/NESHAP                |
| <input type="checkbox"/> OTHER <u>no water on site</u>          | <input type="checkbox"/> OTHER _____                            |

VIOLATION DESCRIPTION: Failure to control dust on fire demo with water, no water on site.

LOCATION OF VIOLATION: 645 Meadow Valley Lane, Reno, NV

POINT OF OBSERVATION: on site

Weather: cool - calm Wind Direction From: N E S W

Emissions Observed: Dust from shovels  
(If Visual Emissions Performed - See attached Plume Evaluation Record)

**WARNING ONLY:** Effective 1155 a.m. 01-14-2012 (date) you are hereby ordered to abate the above violation within 1 hours/days. I hereby acknowledge receipt of this warning on the date indicated.

Signature [Signature]

**CITATION:** You are hereby notified that effective on \_\_\_\_\_ (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within \_\_\_\_\_ hours/days. You are further advised that within ten days of the date of this violation you may submit a written notice of appeal to the Chairman, Hearing Board, P.O. Box 11130, Reno, Nevada 89520. Failure to submit a notice of appeal in the time specified will result in submission of this violation to the District Board of Health, together with a request that an administrative fine be levied against you. If you do not wish to file an appeal the appropriate fine may be paid at the District Health Department.

**SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Issued by: W.R. Osborn Title: ASST



# DISTRICT HEALTH DEPARTMENT

## AIR QUALITY MANAGEMENT DIVISION

### MEMORANDUM OF UNDERSTANDING

#### WASHOE COUNTY DISTRICT HEALTH DEPARTMENT AIR QUALITY MANAGEMENT DIVISION

Date: 1-20-2012

Company Name: Belfor Property Restorations  
Address: 50 Artisan Means Way  
Notice of Violation # 4891 Case # \_\_\_\_\_

The staff of the Air Quality Management Division of the Washoe County District Health Department issued the above referenced citation for the violation of Regulation 040.030 Failure To Control Dust on a Demolition site.

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 250<sup>00</sup>. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on February 23, 2012.

[Signature]  
Signature of Company Representative

Paul Gardner  
Print Name

General Manager  
Title

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

[Signature]  
Signature of District Representative

DENNIS CERFOGLIO  
Print Name

Senior Air Quality Specialist  
Title

Charlene Albee  
Witness

\_\_\_\_\_  
Witness



COMPLAINT INVESTIGATION REPORT  
Washoe County Air Quality Management Division

Complaint Number: **CMP12-0012**

Complaint Status: ASSIGNED

Source of Complaint: ANSWERING SERVICE

Complaint Type: CNSTDUST

Date Received: 01/17/2012

Time: 9:08 a.m.

Inspector: MOSBORN

Inspector Area: 3

Complaint Description: DEMOLITION OF BURNT HOME CAUSING DUST AND SOOT EVERYWHERE

Address:

Location: 6457 Meadow Valley Lane Reno Nevada

Parcel Number:

Related Permit Number: ASB12-0033

Complainant:

LINDA NORDBLAD  
6455 MEADOW VALLEY LANE  
RENO NEVADA  
89519  
775-303-5417

Responsible Party:

BELFOR PROPERTY RESTORATION  
CHRIS NELSON/SEAN LYON  
50 ARTESAN MEANS WAY STE B  
RENO NEVADA 89511  
775-233-0379

Investigation:

At approximately 0911 a.m. on January 16,2012, Specialist Osborn received a call from Comstock Answering Service. The answering service reports that a complaint had just been received with allegations of dust and soot everywhere from the demolition of a house located at 6457 Meadow Valley Lane, Reno, Nevada.

Specialist Osborn drove to the Washoe County Complex and then departed for the above address and complaint arriving at approximately 1015 a.m. On driving into the area visible emissions were observed coming from the area of 6457 Meadow Valley Lane. The temperature was approximately 20 degrees with a very slight breeze. There was visible signs of snow in and around the demolition site that had not melted due to the cold temperatures. Also observed was a 30 yard debri dumpster in the area of the burned out residence. Working at shoveling and clearing debri from the residence was a crew of approximately four to six men including the supervisor. The crew was observed to be very dirty and some were wearing dust masks to protect their lungs and airway system from dust, soot and ash. There were large scoop type shovels and a wheel barrow being used to clean the loose ash like material and debri from what once was the garage. Photographs were taken of the area.

**BACKGROUND**

On November 19, 2011, a large fire dubbed the "Caughlin Fire" burned many acres of ground and destroyed many homes prior to being contained. Frontier Adjusters of Reno/Sparks engaged EICS, Mr.

Larry Thir, an asbestos consultant to enter the structure for the purpose of asbestos sampling prior to demolition of the residence. The residence is a two story above ground stick build home with a block walkout basement. Due to extensive damage, some areas of the home were blocked or unsafe to enter by Mr. Thir. A total of 8 samples were removed from the basement living area. One sample was taken from the wallboard in the living room and one from a roof shingle in the front yard. All samples taken were found to be negative for asbestos content. (see attached copy of analytical report)

On January 12, 2012, Sean Lyon of Belfor Property Restoration entered the Washoe County Air Quality Office with the purpose of obtaining an Acknowledgement of Asbestos Assessment Pink Copy. This is needed in order to obtain City Of Reno permits. On completion of entering these forms into Permits Plus copies of the assessment were presented to Mr. Lyon for his signature. Located under the owner/Respresentative's signature block where Mr. Lyon signed were comments made by the Health District Representative Charlene Albee. One comment was "Use adequate water during demo to control dust." (See attached asbestos assessment dated 01/12/12).

Belfor Property Restoration began their Manual/hand demo portion of the demolition at approximately 8:00 a.m. on the 16th of January 2012. One thirty yard container of debri had been filled/removed and the second container brought in. At approximately 0850 the complainant, Mrs. Nordblad states that she approached a person in the area of a Belfor Restoration truck. Believeing he was the supervisor she asked him why they weren't watering during the demolition. Allegedly the person (believed to be Sean Lyon) stated that they had all their permits and weren't required to use water. The complainant then called the Air Quality Office with her complaint.

On initial arrival at 6457 Meadow Valley Lane visble emissions were observed coming from garage area. Personnel were using their shovels to scoop material into the wheelbarrow. Specialist Osborn advised Dave parks, supervisor of the crew to put some water on the area due to the dust. Mr. Parks stated that they didn't have any water. I explained to Mr. Parks that my response was due to a complaint received from a neighbor. Mr. Parks said that he was familiar with the neighbor and saw and heard what she had to say to the Belfor Supervisor. I then asked Mr. Parks at about what time they had last applied water to the site. He stated that they had no water and had never applied water to the area. After looking in the area there was no water truck, buffalo or even a garden hose anywhere to be found.

Mr. Parks was advised to shut his crew down and not to continue the demo until there was water on site to control the emissions. Mr. Parks is a subcontractor for Belfor. Parks works for Vince Wells of Wells Construction. Mr. Parks was issued Warning Notice #4890 for 040.030, failure to control dust.

Specialist Osborn then contacted Belfor Property Restoration and spoke with Sean Lyons, Belfor site supervisor. Mr. Lyons was advised of the complaint and situation with his subcontractors being shut down until water obtained for the site. Mr. Lyons was also asked to come to the site with his permits and paperwork.

At approximately 1:00 p.m., Mr. Lyons arrived on site with Mr. Chris Nelson the Project Manager who is listed as the Responsible person of this report. Both parties were explained the complaint and both individuals told Osborn that they had completed several demolitions in the area and had NEVER used water and had never had a complaint. Mr. Nelson, the responsible party was issued notice of violation #4891 for 040.030 dust control applicable under 2A for dismantling or demolition of a building.

Enforcement Activities

Warning Citation.: 01/16/2012  
NOV.....: 01/16/2012

Settlement.....:  
Appealed.....:  
Upheld.....:

Citation Number: 4890  
NOV Number....: 4891  
Case Number.....: 0  
Amount.....: \$0.00  
  
Amount.....: \$0.00

Status Information

Initialized By.....: MOSBORN  
Date Assigned.....: 01/17/2012

Completed Date.: 1-17-2010  
Completed By.. PAC

# RECOMMENDED FINE WORKSHEET

DATE: 1-19-2012

CASE NO.: 1070

NOV NO.: 4891

COMPANY NAME: Belfor Property Restoration

CONTACT NAME: Paul Gardner, General Manager

VIOLATION OF SECTION(S): 040.030 Sec A(2) (MAJOR/ MINOR)

X 1<sup>ST</sup> VIOLATION      \_\_\_\_\_ 2<sup>ND</sup> VIOLATION      \_\_\_\_\_ 3<sup>RD</sup> VIOLATION

NO HAZARDOUS AIR POLLUTANT      YES / NO

PM TYPE OF AIR CONTAMINANT  
(CO, NOX, SOX, PM, VOC'S)

YES LEGALLY PERMITTED SOURCE      YES / NO

YES PUBLIC HEALTH EXPOSURE      YES / NO

2 NUMBER OF DAYS IN VIOLATION      YES / NO

YES PUBLIC COMPLAINTS      YES / NO

1. **DEGREE OF VIOLATION:** MINOR      MODERATE      MAJOR  
(The degree to which the person/company has deviated from the regulatory requirements)

Water required during demolition process to control dust

2. **ECONOMIC BENEFIT COMPONENT:** (OPTIONAL): MINOR      MODERATE      MAJOR  
ESTIMATED COST \$ 15.00

(Economic effect to the person/company for NOT complying with the Regulations including avoided costs and delayed costs)

3. **DEGREE OF COOPERATION:** MINOR      MODERATE      MAJOR  
(The person/company's efforts to immediately cease the violation and come into compliance)

Ceased work and hooked up water that afternoon. Good cooperation once educated on water use.

4. **ADDITIONAL COMMENTS:**

No further complaints from citizens.

RECOMMENDED FINE: \$500

\_\_\_\_\_  
AQ SPECIALIST'S SIGNATURE

NOTE: "Minor Violations", per District Regulations, cannot exceed \$1000 for the first and second violations.  
Third minor violations, plus "major violations" cannot exceed \$10,000 per day.

ACKNOWLEDGMENT OF ASBESTOS ASSESSMENT  
AND  
ASBESTOS TEM LABORATORIES INC ASBESTOS SURVEY RESULTS

ACKNOWLEDGMENT OF ASBESTOS ASSESSMENT  
Washoe County Air Quality Management Division

Permit Number: ASB12-0026

Property Owner: JOHN LEFCOURT

Phone: 829-8589

Property Being Evaluated: DEMO OF FIRE DAMAGED SINGLE FAMILY RESIDENCE - CAUGHLIN FIRE

Address: 6457 MEADOW VALLEY LN RENO

<u>TYPE OF PROJECT</u>	-	<u>TYPE OF PROPERTY</u>	-	<u>PROPERTY BEING ASSESSED</u>
DEMO		RES		TOTAL

FILING FEE: \$0.00

\*Note: If this project is a partial renovation and additional work is to be conducted later, additional asbestos assessment(s) will be required unless this assessment covers all pertinent representative asbestos suspected materials throughout the building.

General Contractor:

BELFOR  
SEAN LYON  
50 ARTISAN MEANS WAY, STE B  
RENO NV 89511

Consultant or Assessment Company:

EICS  
LARRY THIR  
2900 VASSAR ST #503  
RENO NV 89502

Abatement Contractor:

Assessment Results: ACM ABSENT

Abatement Completed:

\*\* Note: If asbestos present, abatement must be conducted in accordance with NESHAP and OSHA regulations before renovation or demolition work may proceed.

10-DAY NOTIFICATION MANDATORY FOR DEMOLITION



Owner / Representative's Name

Comments:

Demo of fire damaged single family residence. Sampling found no ACM present. 10-day period waived. Use adequate water during demo to control dust. Dispose of waste properly.

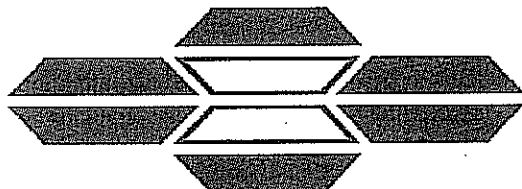
Charlene Albo  
Health District Representative

1/12/12  
Date

Signature on this asbestos assessment document does NOT constitute full Health District approval for this project. Any additional Health permits such as are required for bar or restaurant operations, underground storage tanks, hazardous material disposal or air pollution sources must be obtained separately.

Signature by the Washoe County Health District does not warrant, nor should this report be taken to warrant, that asbestos was or was not present on stated property. Exposure to even small amounts of airborne asbestos fibers may cause cancer. For this reason the Health District recommends that all asbestos handling and abatement work be performed by certified asbestos contractors.

1/12/12



**ASBESTOS TEM LABORATORIES, INC.**

**EPA Method 600/R-93/116  
Polarized Light Microscopy  
Analytical Report**

**Report No. 118110**

1350 Freeport Blvd., Unit 104  
Sparks, NV 89431  
(775) 359-3377  
FAX (775) 359-2798

*With Main Office Located At:*  
630 Bancroft Way, Berkeley, CA 94710  
Ph. (510) 704-8930 Fax (510) 704-8929

---

Dec 02, 2011

**CLIENT**

Mr. John Lefcourte  
6457 Meadow Valley Lane  
Reno, NV 89519-6309  
ANPAC cl# 27-D-2EL437

**PROJECT LOCATION**

6457 Meadow Valley Lane  
Reno, NV

**PURPOSE OF INSPECTION**

Planned demolition following fire damage

**REFERENCE**

Asbestos TEM Laboratories report # 118110  
Exhibit A

**Background**

EICS was engaged by Frontier Adjusters or Reno/Sparks on behalf of the homeowner to inspect the above noted location for asbestos containing materials (acm). The site consists of a frame 2 story single family dwelling approximately 32 years of age. The building was destroyed by fire on Nov 19, 2011. The inspection was performed on Dec 01, 2011 by Lawrence G. Thir, owner and Senior Hygienist of EICS. The building was un-occupied at the time of inspection. Due to extensive damage, some areas of the home were obstructed by debris and other areas were unsafe to enter and assess.

**Asbestos Inspection**

I visually inspected the home for suspect acm. I then wetted, and using a clean sharp instrument, carefully extracted 10 bulk samples of suspect acm from the home. The samples were placed in individual sealed and labeled containers and logged on a chain of custody. They were taken directly to Asbestos TEM Laboratories in Sparks, NV for analysis by polarized light microscopy (PLM), using EPA method 600/R-93/116.

**Laboratory results**

Sample no.	Location	Material	Asbestos content
1.	Front yard	Roof shingle	None detected
2.	Liv. room	Wallboard	None detected
3.	Basement family room ceiling	Spray acoustic	None detected
4.	Basement family room ceiling	Spray acoustic	None detected
5.	Basement hall ceiling	Spray acoustic	None detected
6.	Basement family room ceiling	Spray acoustic	None detected
7.	Basement family room wall	Surface texture	None detected
8.	Basement closet wall	Surface texture	None detected
9.	Basement family room wall	Surface texture	None detected

**Summary**

The above noted materials were found with no asbestos content. Those materials may be disturbed with no precautionary measures for asbestos exposure.





EPA NESHAP  
NOTIFICATION OF DEMOLITION AND RENOVATION FORM

JAN 11 2012

WASHOE COUNTY HEALTH DIST.

**EPA NESHAP  
Notification OF DEMOLITION AND RENOVATION**

FILL IN ALL NUMBERED BLANKS

*10 day notification period waived - Coughlin Fire*

Operator Project #	Postmark	Date Received <i>1/11/2012</i>	Notification Permit # <i>ASB12-0033</i>		
. TYPE OF NOTIFICATION (O=Original R= Revised C=Canceled) <input type="radio"/>					
. FACILITY INFORMATION (Identify Owner, Removal Contractor, and Other Operator)					
OWNER NAME: <i>JOHN LEFLOURTE</i>					
Address: <i>6457 MEADOWS VALLEY LN</i>					
City: <i>RENO</i>	State: <i>NV</i>	Zip: <i>89519</i>			
Contact Person: <i>JOHN</i>		Tel: <i>829-8589</i>			
REMOVAL CONTRACTOR: <i>BELFOIR</i>					
Address: <i>50 ARTISAN MANS WAY SUITE B</i>					
City: <i>RENO</i>	State: <i>NV</i>	Zip: <i>89511</i>			
Contact Person: <i>SEAN LYNN</i>		Tel: <i>233-0379</i>			
OTHER OPERATOR/CONSULTANT:					
Address:					
City:	State:	Zip:			
Contact Person:		Tel:			
. TYPE OF OPERATION (D=Demo O=Ordered Demo R=Renovation E=Emergency Renovation)					
. IS ASBESTOS PRESENT? (Yes/No) <input checked="" type="radio"/>					
. Facility Description (Include Building Name, Number, and Floor or Room Number)					
Building Name: <i>RESIDENCE</i>					
Address: <i>6457 MEADOWS VALLEY LN</i>					
City: <i>RENO</i>	State: <i>NV</i>	County: <i>WASHOE</i>	Zip Code: <i>89519</i>		
On-Site Location: <i>6457 MEADOWS VALLEY LN</i>					
Building Size: <i>4356</i>	# of Floors: <i>1</i>	Age in Years: <i>20</i>			
Present Use: <i>DWELLING</i>	Prior Use: <i>DWELLING</i>				
PROCEDURE INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ACM:					
. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:					
1. Regulated ACM to be removed.	Amount of RACM To Be Removed	Amount of Nonfriable ACM Not To Be Removed		Amount of Nonfriable ACM To Be Removed	
2. Category I ACM Not Removed.		Cat I	Cat II	Cat I	Cat II
3. Category II ACM Not Removed.					
*** Note material being removed to the right of measurement ***					
Pipes (Linear Ft.)					
Surface Area (Square Ft.)					
Vol RACM off facility Component (Cubic Ft.)					
. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY)		Start:	Completed:		
. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY)		Start: <i>1/16/12</i>	Completed: <i>1/30/12</i>		

CHECK \$113.00

(10)

0. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHODS TO BE USED:

HEAVY EQUIP, MANUAL

1. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

2. WASTE TRANSPORTER #1 CASTAWAY

Name: CASTAWAY

Address: 1000 AVE DE LA COULEURS

City: SPARKS

State: NV

Zip: 89434

Contact Person:

Telephone: 342-2444

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Telephone:

3. WASTE DISPOSAL SITE

Name: LOCK WOODS LAND FILL

Location:

City:

State:

Zip:

Telephone:

4. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

Date of order (MM/DD/YY):

Date ordered to begin (MM/DD/YY):

5. FOR EMERGENCY RENOVATIONS:

Date and hour of emergency (MM/DD/YY - HH:MM):

Description of Sudden, Unexpected Event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

3. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

STOP WORK, NET MATERIAL & CONTACT AQMD

7. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.

(Print Name: Owner/Operator)

(Title)

(Signature of Owner/Operator)

(Date)

3. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

(Print Name: Owner/Operator)

(Affiliation)

(AHERA Certificate Number)

(Expiration Date)

3. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

SEAN LYON

SUPERVISOR

(Signature of Owner/Operator)

1-12-2012

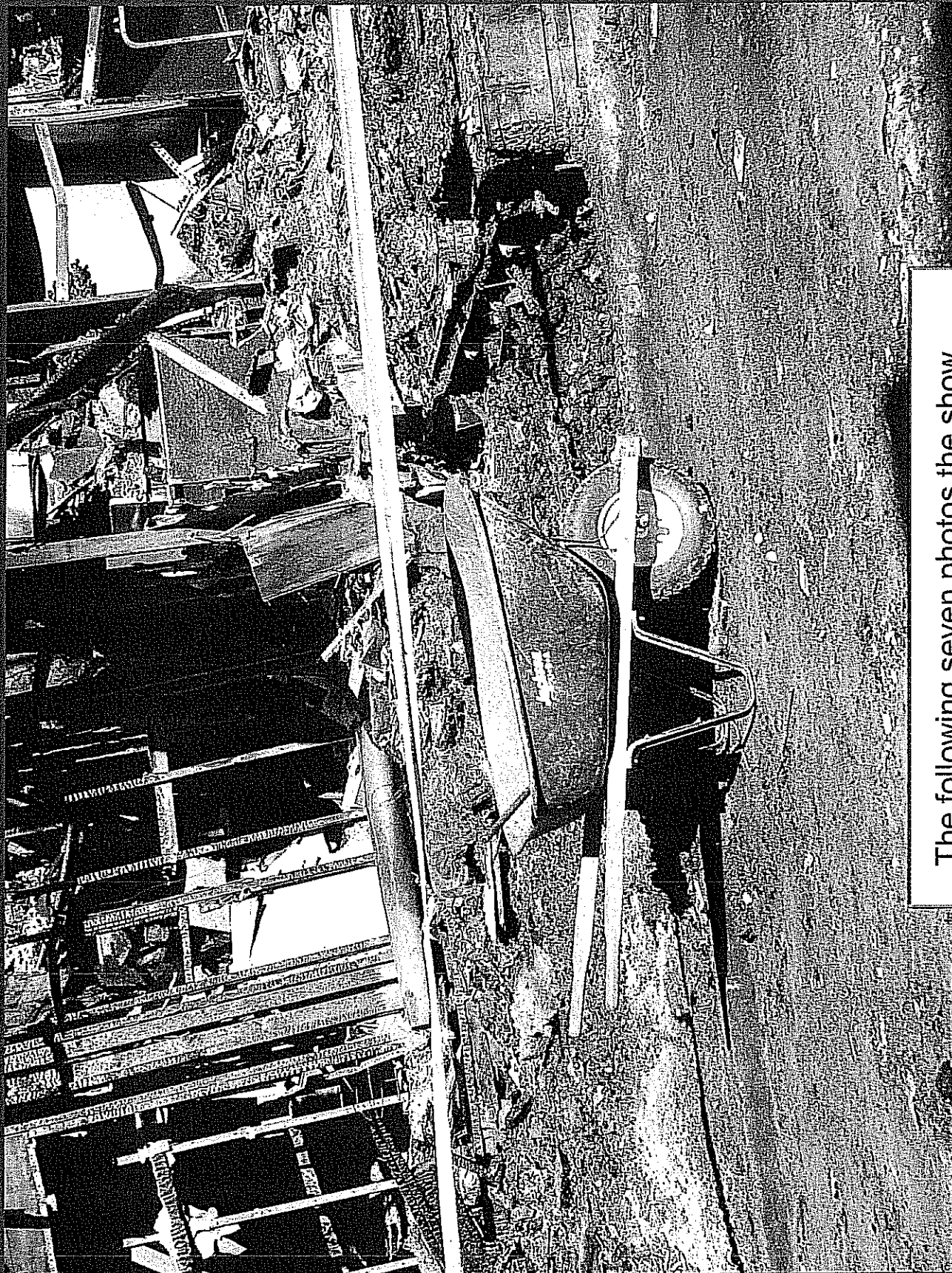
(Print Name: Owner/Operator)

(Title)

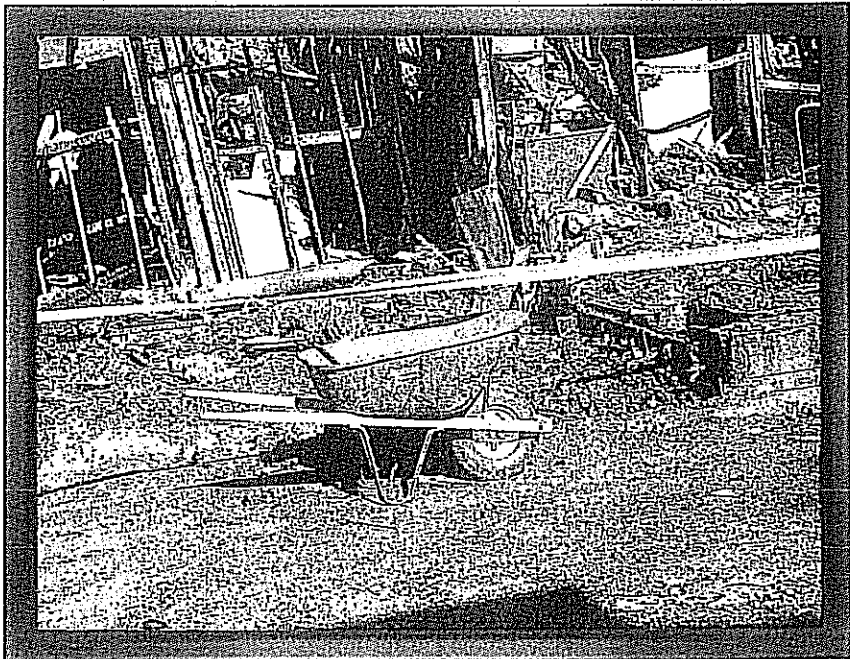
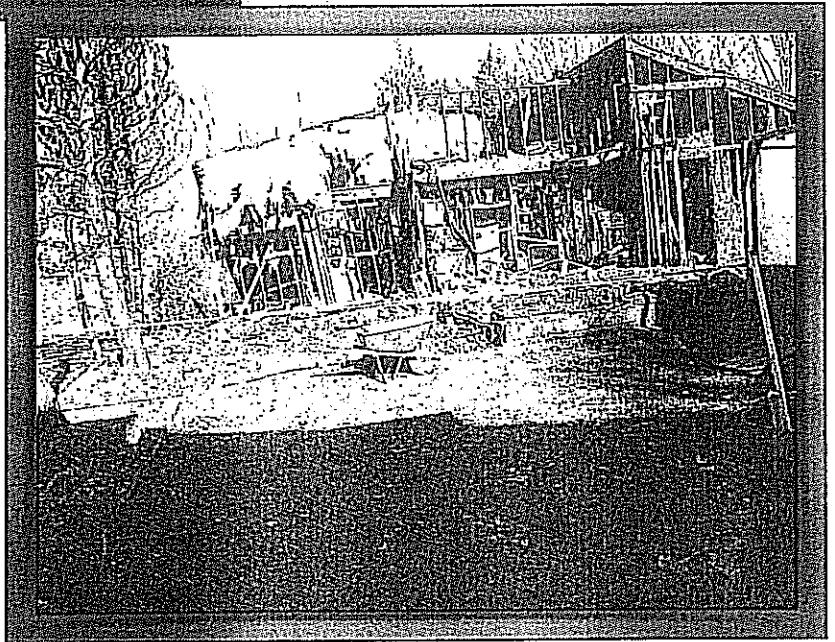
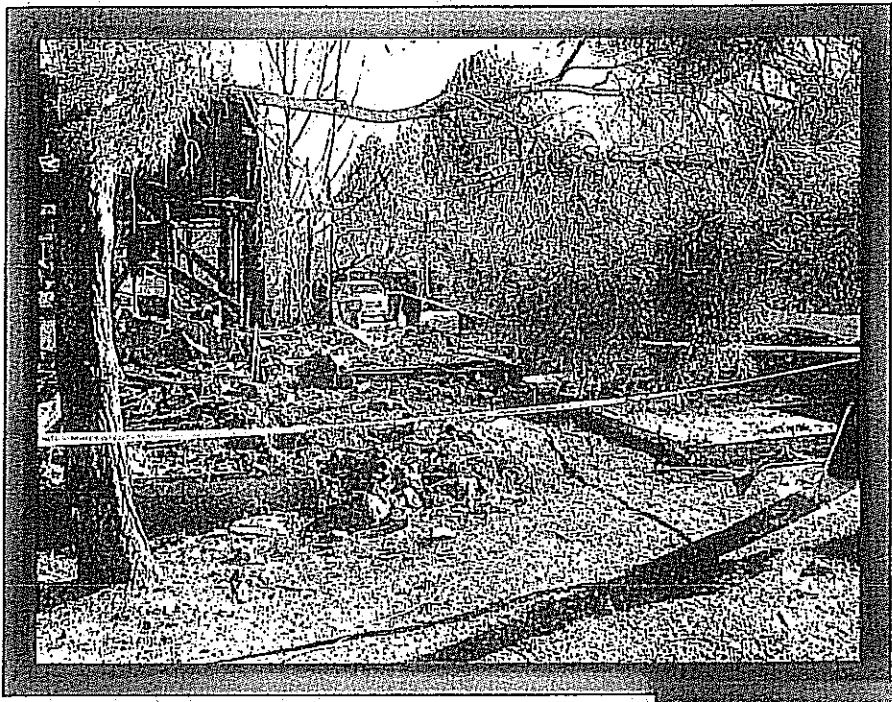
(Signature of Owner/Operator)

(Date)

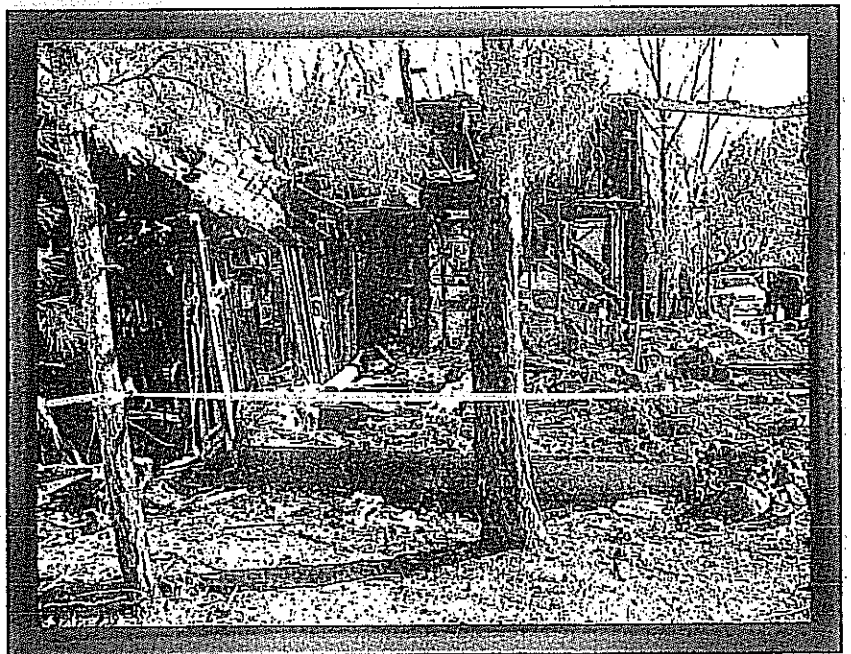
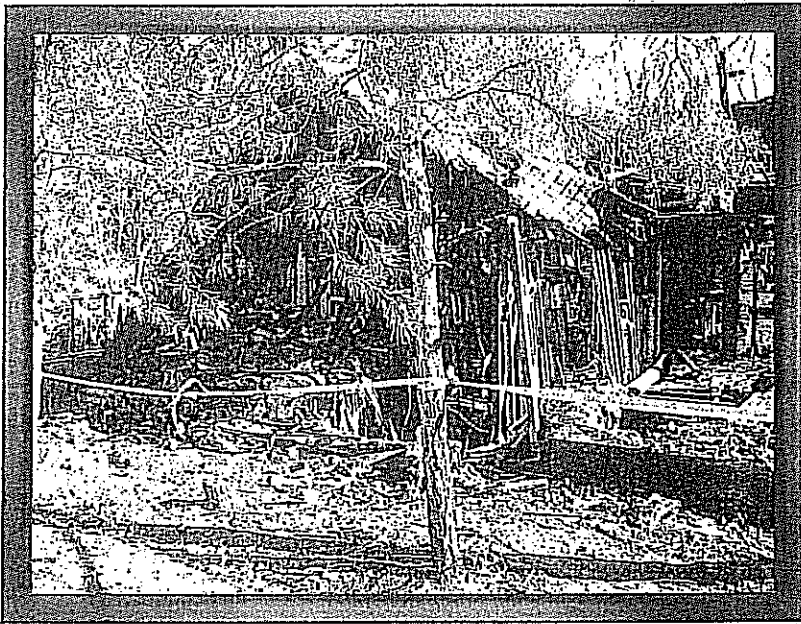
PHOTOS TAKEN BY AQ SPECIALIST, MIKE OSBORN



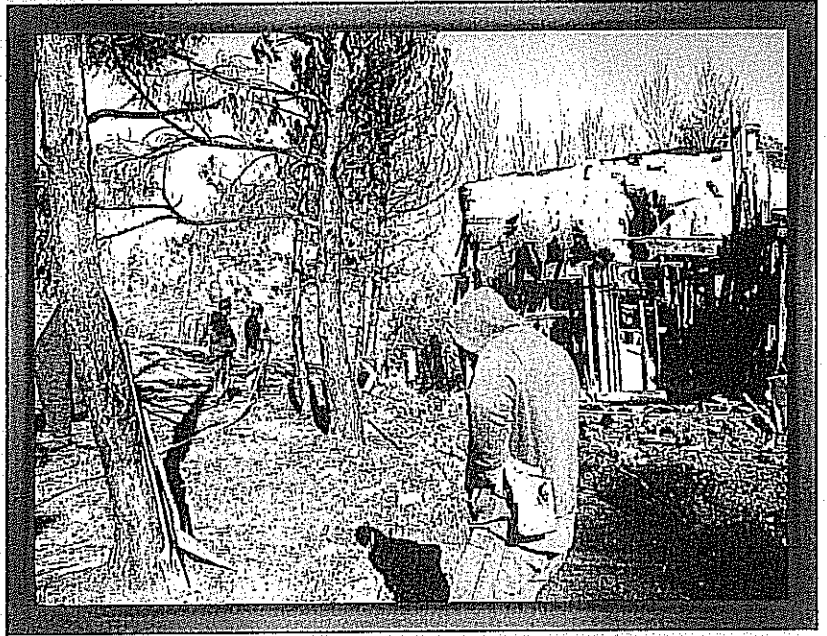
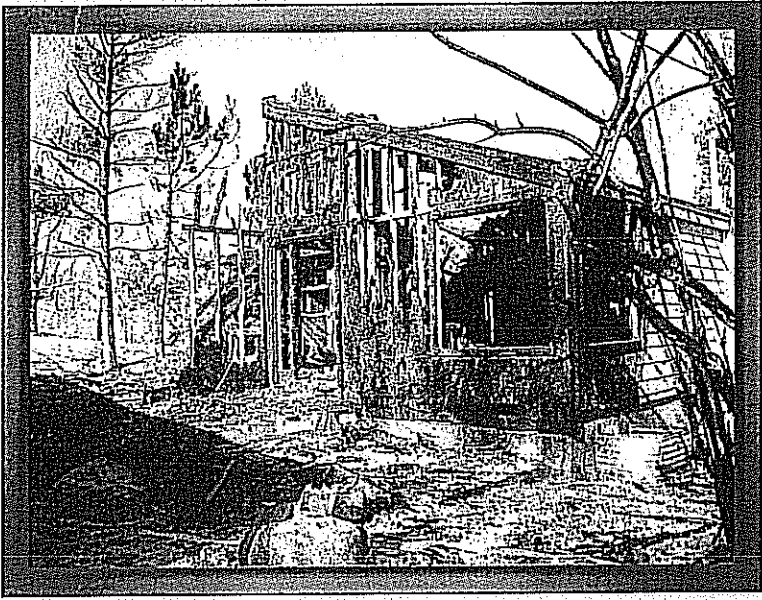
The following seven photos show the conditions at 6457 Meadow Valley Lane on 01-16-2012.

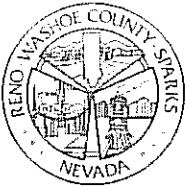












# Washoe County Health District



DBOH Agenda Item No. 7.C.1. **Public Health**  
Prevent. Promote. Protect.  
February 23, 2012

## STAFF REPORT BOARD MEETING DATE: February 23, 2012

**DATE:** February 13, 2012  
**TO:** District Board of Health  
**FROM:** Lori Cooke, Fiscal Compliance Officer, Washoe County Health District *LC*  
775-325-8068, [lcooke@washoecounty.us](mailto:lcooke@washoecounty.us)  
**THROUGH:** Eileen Stickney, Administrative Health Services Officer *ES*  
**SUBJECT:** Approval of Notice of Subgrant Award (continuation award) from the Nevada Department of Health and Human Services, Health Division, Bureau of Child, Family and Community Wellness, for the period January 1, 2012 through December 31, 2013 in the amount of \$486,542 (per calendar year) in support of the HIV Prevention Grant Program (IO 10013); and authorize the Chairman of the Board to sign.

### 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 Washoe County Health District (District) received a Notice of Subgrant Award from the Nevada Department of Health and Human Services, Health Division in the amount of \$486,542 (per calendar year), for the period January 1, 2012 through December 31, 2013 in support of the HIV Prevention program. A copy of the Notice of Subgrant Award is attached.

*Priority/Goal supported by this item:* Approval of the Notice of Subgrant Award supports the District's Community & Clinical Health Services Division Sexual Health program's mission to provide comprehensive prevention education, treatment, and surveillance activities in Washoe County that reduce the incidence of STD infection including HIV. The Sexual Health Program emphasizes strategies that empower individuals to decrease risk-related behaviors, thereby decreasing the incidence of new STD and HIV infections in the community.

### PREVIOUS ACTION

The Washoe County District Board of Health approved a Notice of Subgrant Award in the amount of \$570,611 (per calendar year) in support of the HIV Prevention Program on February 12, 2010 for the period January 1, 2010 through December 31, 2011.

**AGENDA ITEM # 7.C.1.**

**BACKGROUND**

This Subgrant provides funding for personnel, travel and training, operating supplies, professional services, educational supplies, advertising , lab/outpatient, non-capital equipment, and other expenses, including funding specifically for community outreach, planning meetings and program participation via the use of incentives/enablers (including but not limited to, gift cards/gift certificates, transportation and food vouchers, educational outreach items, nutritious food and beverage, behavioral reinforcers, etc.).

**FISCAL IMPACT**

This is a calendar year grant and sufficient budget authority exists through June 30, 2012. As such, no budget amendment is necessary.

**RECOMMENDATION**

Staff recommends that the District Board of Health approve the Notice of Subgrant Award (continuation award) from the Nevada Department of Health and Human Services, Health Division, Bureau of Child, Family and Community Wellness, for the period January 1, 2012 through December 31, 2013 in the amount of \$486,542 (per calendar year) in support of the HIV Prevention Grant Program (IO 10013); and authorize the Chairman of the Board to sign.

**POSSIBLE MOTION**

Move to approve the Notice of Subgrant Award (continuation award) from the Nevada Department of Health and Human Services, Health Division, Bureau of Child, Family and Community Wellness, for the period January 1, 2012 through December 31, 2013 in the amount of \$486,542 (per calendar year) in support of the HIV Prevention Grant Program (IO 10013); and authorize the Chairman of the Board to sign.

HEALTH DIVISION

(hereinafter referred to as the DIVISION)

Budget Account #: 3215  
 Category #: 15  
 GL #: 8516

NOTICE OF SUBGRANT AWARD

<b>Program Name:</b> HIV Prevention Program Bureau of Child, Family and Community Wellness Nevada State Health Division		<b>Subgrantee Name:</b> Washoe County Health District Attn: Eileen Stickney	
<b>Address:</b> 4150 Technology Way, Suite #106 Carson City, NV 89706-2009		<b>Address:</b> P.O. Box 11130 Reno, NV 89520-0027	
<b>Subgrant Period:</b> <del>Upon approval through December 31, 2013</del> January 1, 2012 through December 31, 2013		<b>Subgrantee's</b> <b>EIN#:</b> 88-60000138 <b>Vendor#:</b> T40283400Q <b>Dun &amp; Bradstreet#:</b> 73786998	
<b>Reason for Award:</b> To conduct HIV prevention services in Northern Nevada.			
<b>County(ies) to be served:</b> ( ) Statewide ( X ) Specific county or counties: <u>Washoe County</u>			
<b>Approved Budget Categories:</b>			
	<b>Year One</b>	<b>Year Two</b>	
1. Personnel	\$365,509.00	\$365,509.00	
2. Travel	\$4,549.00	\$4,549.00	
3. Operating	\$5,410.00	\$5,410.00	
4. Equipment	<0>	<0>	
5. Contractual/Consultant	<0>	<0>	
6. Training	\$24,605.00	\$24,605.00	
7. Other	\$86,469.00	\$86,469.00	
<b>Total Cost</b>	<b>\$486,542.00</b>	<b>\$486,542.00</b>	
<b>Disbursement of funds will be as follows:</b> Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i> . Total reimbursement will not exceed \$ 486,542 .00 during the subgrant period. <i>See Year 1 \$973,094 for the subgrant team. [Signature]</i>			
<b>Source of Funds:</b>			
	<b>% of Funds:</b>	<b>CFDA#:</b>	<b>Federal Grant #:</b>
1. Centers for Disease Control and Prevention	100%	93.940	1U62PS003654-01
<b>Terms and Conditions</b> In accepting these grant funds, it is understood that: 1. Expenditures must comply with appropriate state and/or federal regulations. 2. This award is subject to the availability of appropriate funds. 3. Recipient of these funds agrees to stipulations listed in Sections A, B, and C of this subgrant award.			
Authorized Sub-grantee Official Title	Signature		Date
Lyell S. Collins, MBA, Ph.D (c) Program Manager	<i>[Signature]</i>		1/11/12
Deborah A. Harris, MA Bureau Chief	<i>[Signature]</i>		1/13/12
Richard Whitley, MS Administrator, Health Division	<i>[Signature]</i>		

**HEALTH DIVISION**  
**NOTICE OF SUBGRANT AWARD**  
**SECTION A**  
**Assurances**

As a condition of receiving subgranted funds from the Nevada State Health Division, the Subgrantee agrees to the following conditions:

1. Subgrantee agrees grant funds may not be used for other than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance must be refunded to the Health Division.
2. Subgrantee agrees to submit reimbursement requests for only expenditures approved in the spending plan. Any additional expenditures beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Health Division, may result in denial of reimbursement.
3. Approval of subgrant budget by the Health Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work the transfer of funds between budgeted categories without written prior approval from the Health Division is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
4. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
  - a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer of the Health Division. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Health Division.
  - b. In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual subgrants.

Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this Subgrant Award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.

5. Subgrantee agrees to disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Health Division reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. Subgrantee agrees to comply 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 or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. Subgrantee agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
8. Subgrantee agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or

activities that involve the use or disclosure of Protected Health Information, the Subgrantee agrees to enter into a Business Associate Agreement with the Health Division, as required by 45 C.F.R 164.504 (e).

9. Subgrantee certifies, by signing this subgrant, that neither it 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). This provision shall be required of every Subgrantee receiving any payment in whole or in part from federal funds.
10. Subgrantee agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
  - a. any federal, state, county or local agency, legislature, commission, council, or board;
  - b. any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
  - c. any officer or employee of any federal, state, county or local agency, legislature, commission, council, or board.
11. Health Division subgrants are subject to inspection and audit by representatives of the Health Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to
  - a. verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
  - b. ascertain whether policies, plans and procedures are being followed;
  - c. provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
  - d. determine reliability of financial aspects of the conduct of the project.
12. Any audit of Subgrantee's expenditures will be performed in accordance with Generally Accepted Government Auditing Standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Health Division (as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133 [Revised June 27<sup>th</sup>, 2003]) that each grantee annually expending \$500,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. **A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of the Subgrantee's fiscal year. To ensure this requirement is met Section D of this subgrant must be filled out and signed.**

**HEALTH DIVISION  
NOTICE OF SUBGRANT AWARD  
SECTION B**

Description of services, scope of work, deliverables and reimbursement

Washoe County Health District, hereinafter referred to as Subgrantee, agrees to provide the following services and reports according to the identified timeframes:

**A. HIV Testing**

A.1: During the funding period, 100% of HIV media messages disseminated will include predetermined language promoting the recommendation of opt-out testing by healthcare providers;

A.2: By December 31, 2012, the Subgrantee will create and distribute provider packets on the importance of opt-out HIV testing to the top 10% of providers reporting morbidity on HIV, STD, TB, and Hepatitis;

A.3: By December 31, 2012, opt-out testing will be provided throughout 100% of the clinics at the local health authority;

A.4: During the funding period, the Subgrantee will offer HIV testing at least once a week in a non-healthcare setting;

A.5: During the funding period, the Subgrantee will offer HIV testing at a setting that is selected based on high-risk clientele, or venues where high-risk activities are known to occur;

A.6: During the funding period, the Subgrantee will ensure at least 90% of clients testing for HIV are informed of their test results;

A.7: During the funding period, the Subgrantee will ensure that 95% of clients testing positive for HIV are informed of their test results within 7 days;

A.8: During the funding period, the Subgrantee will participate on the HIV Testing Workgroup and meet at least semi-annually to determine testing priorities;

A.9: By June 30, 2013, the Subgrantee must implement the Social Networks Testing model within their health jurisdiction;

A.10: By January 1, 2013, the Subgrantee will participate in the GIS mapping study to determine high-morbidity areas, in order to strengthen current testing efforts;

A.11: By June 30, 2012, the Subgrantee will have the RESPECT counseling and testing intervention fully implemented into its Counseling and Testing Program;

A.12: By December 31, 2012, the Subgrantee will administer at least 3,295 HIV tests within its health jurisdiction, of which, at least 75% must be determined to be at high-risk for acquiring HIV.

## B. Comprehensive Prevention with Positives

B.1: During the funding period, the Subgrantee will link 85% of newly identified HIV-positive individuals into Partner Services;

B.2: During the funding period, the Subgrantee will ensure at least 80% of HIV-positive individuals referred to an HIV care provider attend their first appointment;

B.3: During the funding period, the Subgrantee will ensure their local HIV care services referral list is updated;

B.4: By June 30, 2013, the Subgrantee will work with the Nevada State Health Division to develop a Post Exposure Prophylaxis (PEP) and Pre Exposure Prophylaxis (PrEP) educational brochure, which will be disseminated to community members and providers.

## C. Condom Distribution

C.1: By December 31, 2012, the Subgrantee will distribute at a minimum 24,000 condoms to individuals at highest-risk and at locations where high-risk individuals gather.

## D. HIV Prevention Interventions

D.1: By December 31, 2012, the Subgrantee will implement the Mpowerment Program within its health jurisdiction. The Subgrantee will recruit 20 participants (young gay and bisexual MSM) and conduct at least 12 sessions, one-time per month. The Subgrantee will follow the program protocols to ensure the program is implemented with fidelity. All program facilitators shall be properly trained in the intervention by certified trainers.

## E. Prevention Planning

E.1: During the grant period the Subgrantee will provide administrative oversight and leadership to the Prevention Planning Group. This includes, but is not limited to the provision of oversight of logistical planning, training to new co-chairs, taking of minutes, provision of hydration/nutrition to members, and general leadership. This will ensure that the Prevention Planning Group is adhering to the Centers for Disease Control and Prevention's Prevention Planning Guidance and its Policies and Procedures.

E.2: The Subgrantee will participate in the statewide and regional prevention planning process as described in the CDC Prevention Planning Guidance.

## F. Reporting

F.1: The Subgrantee will submit to the Nevada State Health Division a narrative and statistical report on July 30, 2012 and January 30, 2013, July 30, 2013 and January 30, 2014. The report will be submitted in a format as determined by the Centers for Disease Control and Prevention. Measurements for each goal contained in the subgrant can be found on pages 43-46 of the grant application. Unless otherwise instructed data must be collected to address each deliverable.



## G. Evaluation

G.1: Subgrantee will collect process-monitoring data on HIV prevention activities.

G.2: Subgrantee will be responsible for the collection of all performance indicator data, as well as counseling and testing data using the CDC recommended format, or a format agreeable by Subgrantee and the Nevada State Health Division. Data entry will be kept current and reported to the Nevada State Health Division as indicated by the Centers for Disease Control and Prevention data submission timeline.

- Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Health Division through Grant Number 1U62PS003654-01 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Nevada State Health Division nor the Centers for Disease Control and Prevention."
- Any activities performed under this subgrant shall acknowledge the funding was provided through the State Health Division by Grant Number 1U62PS003654-01 from the Centers for Disease Control and Prevention.

Subgrantee agrees to adhere to the following budget:

(continued on next page)

1. Personnel	\$ 365,509		
		\$65,775	HIV Prevention Program Coordinator- J. Howell (1.0 FTE)
		\$68,680	Health Educator II- G. Dermid (1.0 FTE)
		\$78,420	Disease Intervention Specialist- B. Mullen (1.0 FTE)
		\$21,462	Disease Intervention Specialist- C. Sobrio (.28 FTE)
		<u>\$13,975</u>	Office Assistant II- J. Cabrales (.32 FTE)
		<u>\$248,312</u>	<i>Sub Total</i>
		\$97,065	Fringe Benefits: 39.09% of salary = \$97,065
		\$20,132	RN- Intermittent Hourly Pooled (\$25.81/hr x 15 hrs per wk x 52 wks per year. (Amount Does not include fringe benefits.)
2. Travel	\$ 4,549		
		\$ 549	<u>In-State Travel</u> Mileage: \$0.555 per mile x 990 miles= \$549
		\$1,300	<u>Out-of-State Travel</u> Air Fare: \$650 per r/trip x 2 trips= \$1,300
		\$ 260	Per Diem: \$26/day x 5 days x 2 trips= \$260
		\$ 120	Airport Parking: \$12/day x 5 days x 2 trips= \$120
		\$ 120	Ground Transportation: \$12/day x 5 days x 2 trips= \$120
		\$1,200	Lodging: \$150 per night x 4 nights x 2 trips= \$1,200
		\$1,000	Conference Registration: 2 conferences x \$500/conference= \$1,000
3. Operating	\$ 5,410		
		\$ 300	Postage and Freight: \$25 per mo x 12 mos.= \$300
		\$ 950	Copy Machine: \$79.16 per mo x 12 mos.= \$950
		\$2,200	Printing: \$183.33 per mo x 12 mos.= \$2,200
		\$ 480	Licenses and Certification= \$480
		\$ 900	Telephone: \$75 per mo x 12 mos.= \$900
		\$ 480	Network and Data Lines: \$40 per mo x 12 mos.= \$480
		\$ 100	Books and Subscriptions= \$100
4. Equipment	\$ <0>	\$<0>	
5. Contractual Consultant	\$ <0>	\$<0>	
6. Supplies	\$ 24,605		
		\$ 4,305	Educational Materials=\$4,305
		\$17,500	Medical Supplies=\$17,500
		\$ 2,800	Office Supplies: \$233.33 x 12 mos.= \$2,800

7. Other	\$ 86,469		
		\$ 9,451	Professional Services=\$9,451
		\$ 100	Health Fair Registrations and Meeting Room Rental= \$100
		\$17,000	Advertising: \$1,416.66 x 12 mos.=\$17,000
		\$19,000	Program Incentives=\$19,000
		\$32,718	Lab/Outpatient Services=\$32,718
		\$ 2,500	Equipment: Audio/Visual= \$2,500
		\$ 4,500	Hydration/Nutrition Mpowement Program=\$4,500
			<u>Northern Nevada HIV Prevention Planning Group:</u>
		\$ 1,000	Hydration/Nutrition for NNPPG meetings=\$1,000
		\$ 200	Supplies for NNPPG meetings=\$200
<b>Total Cost</b>	<b>\$ 486,542</b>		

The Subgrantee may move no more than 10% of their total budget (\$48,654) between existing budget categories without prior approval, if it does not alter the agreed upon Scope of Work. However, the Subgrantee must submit a revised budget within fourteen (14) days, should the Subgrantee alter its budget.

- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

Subgrantee agrees to request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subgrant period.

- Request for Reimbursements must be at least quarterly but may be made monthly;
- The maximum available through this grant is \$486,542, per grant year;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Supporting documentation to support reimbursement requests must be retained and made available to the Nevada State Health Division when requested;
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

- A complete financial accounting of all expenditures to the Health Division within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Health Division at that time, or if not already requested, shall be deducted from the final award.

**The Nevada State Health Division agrees:**

- To provide technical assistance upon request and when feasible;
- Must provide prior approval of all reports or documents to be developed by the subgrantee;
- Will be responsible for forwarding all documents or other required reports to the Centers for Disease Control and Prevention or other entity, as required under this grant.
- The Health Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Health Division

**Both parties agree:**

The Subgrantee will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that could involve confidential information; therefore, the Subgrantee is requested to fill out and sign Section E., which is specific to this subgrant, and will be in effect for the term of this subgrant.

- This subgrant may be extended up to a maximum term of four years upon agreement of both parties and if funding is available.

All reports of expenditures and requests for reimbursement processed by the Health Division are SUBJECT TO AUDIT.

This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if, for any reason, the Health Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

**HEALTH DIVISION  
NOTICE OF SUBGRANT AWARD  
SECTION C  
Financial Reporting Requirements**

- ☞ A Request for Reimbursement is due on a **monthly or quarterly** basis, based on the terms of the subgrant agreement, no later than the 15<sup>th</sup> of the month.
- ☞ Reimbursement is based on **actual** expenditures incurred during the period being reported.
- ☞ Payment will not be processed without all reporting being current.
- ☞ Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.
- ☞ **PLEASE REPORT IN WHOLE DOLLARS**

Provide the following information on the top portion of the form: Subgrantee name and address where the check is to be sent, Health Division (subgrant) number, Bureau program number, draw number, employer I.D. number (EIN) and Vendor number.

An explanation of the form is provided below.

**A. Approved Budget:** List the approved budget amounts in this column by category.

**B. Total Prior Requests:** List the **total** expenditures for all previous reimbursement periods in this column, for each category, by entering the numbers found on Lines 1-8, Column D on the **previous** Request for Reimbursement/Advance Form. If this is the first request for the subgrant period, the amount in this column equals zero.

**C. Current Request:** List the **current** expenditures requested at this time for reimbursement in this column, for each category.

**D. Year to Date Total:** Add Column B and Column C for each category.

**E. Budget Balance:** Subtract Column D from Column A for each category.

**F. Percent Expended:** Divide Column D by Column A for each category and total. Monitor this column; it will help to determine if/when an amendment is necessary. Amendments **MUST** be completed (including all approving signatures) 30 days **prior** to the end of the subgrant period.

*\* An Expenditure Report/Backup that summarizes, by expenditure GL, the amounts being claimed in column 'C' is required.*

**Nevada Department of Health and Human Services**

Health Division # 12132  
 Bureau Program # 3215 15  
 GL # 8516  
 Draw #: \_\_\_\_\_

**HEALTH DIVISION**

**REQUEST FOR REIMBURSEMENT / ADVANCE**

<b>Program Name:</b> HIV Prevention Program Bureau of Child, Family, and Community Wellness Nevada State Health Division	<b>Subgrantee Name:</b> Washoe County Health District Attn: Eileen Stickney
<b>Address:</b> 4150 Technology Way, Suite 106 Carson City, NV 89706	<b>Address:</b> P.O. Box 11130 Reno, NV 89520-0027
<b>Subgrant Period:</b> Upon approval through December 31, 2013	<b>Subgrantee EIN#: 88-60000138</b> <b>Subgrantee Vendor#: T40283400Q</b>

**FINANCIAL REPORT AND REQUEST FOR FUNDS**

**Report in whole. Request must be accompanied by expenditure report/back-up.**

**Month(s):**

**Calendar Year:**

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year To Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$ 365,509	\$ 0	\$ 0	\$ 0	365,509	0%
2 Travel	\$ 4,549	\$ 0	\$ 0	\$ 0	4,549	0%
3 Operating	\$ 5,410	\$ 0	\$ 0	\$ 0	5,410	0%
4 Equipment	\$ 0	\$ 0	\$ 0	\$ 0	0	#DIV/0!
5 Contract/Consultant	\$ 0	\$ 0	\$ 0	\$ 0	0	#DIV/0!
6 Supplies	\$ 24,605	\$ 0	\$ 0	\$ 0	24,605	0%
7 Other	\$ 86,469	\$ 0	\$ 0	\$ 0	86,469	0%
8 <b>Total</b>	\$ 486,542	\$ 0	\$ 0	\$ 0	486,542	0%

This report is true and correct to the best of my knowledge.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 Reminder: Request for Reimbursement cannot be processed without an expenditure report/back-up.  
 Reimbursement is only allowed for items contained within Subgrant Award documents. If applicable, travel claims must accompany report.

**FOR HEALTH DIVISION USE ONLY**

Program contact necessary?  Yes  No Contact Person: \_\_\_\_\_  
 Reason for contact: \_\_\_\_\_  
 Fiscal review/approval date: \_\_\_\_\_ Signed: \_\_\_\_\_  
 Scope of Work review/approval date: \_\_\_\_\_ Signed: \_\_\_\_\_  
 ASO or Bureau Chief (as required): \_\_\_\_\_ Date: \_\_\_\_\_

HEALTH DIVISION  
NOTICE OF SUBGRANT AWARD  
SECTION D

NEVADA STATE HEALTH DIVISION  
AUDIT INFORMATION REQUEST

1. Non-Federal entities that expend \$500,000.00 or more in total Federal Awards are required to have a single or program-specific audit conducted for that year, in accordance with *OMB Circular A-133*. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of your fiscal year.
2. Did your organization expend \$500,000.00 or more in all Federal Awards during your most recent fiscal year? YES xx NO \_\_\_\_\_
3. When does your fiscal year end? June 30th
4. How often is your organization audited? Annually
5. When was your last audit performed? Approved by BCC 11/8/2011
6. What time period did it cover? 7/1/10 through 6/30/11
7. Which accounting firm conducted the audit? Rafoury & Armstrong

Edwin Strickney Administrative Health Services Officer 2/10/12  
SIGNATURE TITLE DATE

## SECTION E

STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

*NEVADA STATE HEALTH DIVISION*

### **CONFIDENTIALITY ADDENDUM**

BETWEEN  
Nevada State Health Division

---

Hereinafter referred to as "Division"  
and  
(Enter Organization/Individual Name)  
**Washoe County Health District**

---

hereinafter referred to as "Contractor"

This CONFIDENTIALITY ADDENDUM (the Addendum) is hereby entered into between Division and Contractor.

WHEREAS, Contractor may have access, view or be provided information, in conjunction with goods or services provided by Contractor to Division that is confidential and must be treated and protected as such.

NOW, THEREFORE, Division and Contractor agree as follows:

#### I. DEFINITIONS

The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.

1. **Agreement** shall refer to this document and that particular inter-local or other agreement to which this addendum is made a part.
2. **Confidential Information** shall mean any individually identifiable information, health information or other information in any form or media.
3. **Contractor** shall mean the name of the organization described above.
4. **Required by Law** shall mean a mandate contained in law that compels a use or disclosure of information.

#### II. TERM

The term of this Addendum shall commence as of the effective date of the primary inter-local or other agreement and shall expire when all information provided by Division or created by Contractor from that confidential information is destroyed or returned, if feasible, to Division pursuant to Clause VI (4).



III. LIMITS ON USE AND DISCLOSURE ESTABLISHED BY TERMS OF CONTRACT OR LAW

Contractor hereby agrees it shall not use or disclose the confidential information provided, viewed or made available by Division for any purpose other than as permitted by Agreement or required by law.

IV. PERMITTED USES AND DISCLOSURES OF INFORMATION BY CONTRACTOR

Contractor shall be permitted to use and/or disclose information accessed, viewed or provided from Division for the purpose(s) required in fulfilling its responsibilities under the primary inter-local or other agreement.

V. USE OR DISCLOSURE OF INFORMATION

Contractor may use information as stipulated in the primary inter-local or other agreement if necessary for the proper management and administration of Contractor; to carry out legal responsibilities of Contractor; and to provide data aggregation services relating to the health care operations of Division. Contractor may disclose information if:

1. The disclosure is required by law; or
2. The disclosure is allowed by the inter-local or other agreement to which this Addendum is made a part; or
3. The Contractor has obtained written approval from the Division.

VI. OBLIGATIONS OF CONTRACTOR

1. **Agents and Subcontractors.** Contractor shall ensure by subcontract that any agents or subcontractors to whom it provides or makes available information, will be bound by the same restrictions and conditions on the access, view or use of confidential information that apply to Contractor and are contained in Agreement.
2. **Appropriate Safeguards.** Contractor will use appropriate safeguards to prevent use or disclosure of confidential information other than as provided for by Agreement.
3. **Reporting Improper Use or Disclosure.** Contractor will immediately report in writing to Division any use or disclosure of confidential information not provided for by Agreement of which it becomes aware.
4. **Return or Destruction of Confidential Information.** Upon termination of Agreement, Contractor will return or destroy all confidential information created or received by Contractor on behalf of Division. If returning or destroying confidential information at termination of Agreement is not feasible, Contractor will extend the protections of Agreement to that confidential information as long as the return or destruction is infeasible. All confidential information of which the Contractor maintains will not be used or disclosed.

IN WITNESS WHEREOF, Contractor and the Division have agreed to the terms of the above written Addendum as of the effective date of the inter-local or other agreement to which this Addendum is made a part.

CONTRACTOR/ORGANIZATION

DIVISION

Joseph P. Iser  
Signature

\_\_\_\_\_  
Signature

Joseph P. Iser, MD, DrPH, MSc  
Print Name

Richard Whitley  
Print Name

District Health Officer  
Title

Administrator  
Title



# Washoe County Health District



**Public Health**  
Prevent. Promote. Protect.

DBOH Agenda Item No. 7.C.2.  
February 23, 2012

## STAFF REPORT BOARD MEETING DATE: 2/23/12

**DATE:** February 13, 2012

**TO:** District Board of Health

**FROM:** Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District, [pbuxton@washoecounty.us](mailto:pbuxton@washoecounty.us) *PB*

**THROUGH:** Eileen Stickney, Administrative Health Services Officer, Washoe County Health District, [estickney@washoecounty.us](mailto:estickney@washoecounty.us) *ES*

**SUBJECT:** Approval of Subgrant Amendment #1 from the Nevada State Health Division in the amount of \$68,079 for the period January 1, 2012 to July 31, 2012 in support of the Epidemiology and Laboratory Capacity (ELC) – Building and Strengthening Epidemiology, Laboratory and Health Information System Grant Program; Approval of amendments totaling an increase of \$68,079 in revenue and \$64,105 in expense to the ELC – Building and Strengthening Epidemiology, Laboratory and Health Information System Grant Program (internal order # 10984) FY 12 Budget; and if approved authorize the Chairman to execute.

### 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 Washoe County Health District received a Subgrant Amendment from the Nevada State Health Division for the period January 1, 2012 through July 31, 2012 in the total amount of \$68,079. A copy of the Subgrant Amendment is attached.

**District Board of Health strategic priority:** Protect population from health problems and health hazards.

BCC Strategic Objective supported by this item: Safe, Secure and Healthy Communities.

BCC Strategic Outcome supported by this item: Healthy communities.

### PREVIOUS ACTION

There has been no action taken by the Board this fiscal year.

### BACKGROUND

The Washoe County Health District received a Notice of Subgrant Award for the period January 1, 2012 through July 31, 2012 in the total amount of \$42,275.

AGENDA ITEM # 7.C.2.

Funding for this award is through the Affordable Care Act: Building Epidemiology, Laboratory, and Health Information Systems Capacity in the Epidemiology and Laboratory Capacity for Infection Disease (ELC) and Emerging Infections Program (EIP) Cooperative Agreements. This award supports a portion of the epidemiological activities of the Senior Epidemiologist. The District Health Officer accepted this award on November 7, 2011.

The Washoe County Health District received a Subgrant Amendment to cover total salary costs of the Senior Epidemiologist through July 31, 2012 and a portion of indirect costs.

### **FISCAL IMPACT**

As this is a different funding source (CFDA 93.521) than previous awards, this award was not anticipated in the FY12 budget. A budget amendment in the total amount of \$68,079 is necessary to bring the Award into alignment with the program budget.

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

Should the Board approve these budget amendments, the total adopted FY12 budget will be **increased by \$68,079** by adjustments to the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-10969-431100	Federal Revenue	\$64,105
2002-IO-10969-431100	Federal Revenue - Indirect	\$ 3,974
	<b>Total Revenue</b>	<b>\$68,079</b>
2002-IO-10984-701110	Base Salaries	52,139
2002-IO-10984-705210	Retirement	11,210
2002-IO-10984-705230	Medicare	756
	<b>Total Expenditures</b>	<b>\$64,105</b>

### **RECOMMENDATION**

Staff recommends that the Washoe County District Board of Health approve Subgrant Amendment #1 from the Nevada State Health Division in the amount of \$68,079 for the period January 1, 2012 to July 31, 2012 in support of the Epidemiology and Laboratory Capacity (ELC) – Building and Strengthening Epidemiology, Laboratory and Health Information System Grant Program; approve amendments totaling an increase of \$68,079 in revenue and \$64,105 in expense to the ELC – Building and Strengthening Epidemiology, Laboratory and Health Information System Grant Program (internal order # 10984) FY 12 Budget; and if approved authorize the Chairman to execute.

### **POSSIBLE MOTION**

Move to approve Subgrant Amendment #1 from the Nevada State Health Division in the amount of \$68,079 for the period January 1, 2012 to July 31, 2012 in support of the Epidemiology and Laboratory Capacity (ELC) – Building and Strengthening Epidemiology, Laboratory and Health Information System Grant Program; approve amendments totaling an increase of \$68,079 in revenue and \$64,105 in expense to the ELC – Building and Strengthening Epidemiology, Laboratory and Health Information System Grant Program (internal order # 10984) FY 12 Budget; and if approved authorize the Chairman to execute.

**Nevada Department of Health and Human Services**  
**HEALTH DIVISION**  
 (hereinafter referred to as the DIVISION)

HD Amendment #: 12097-01  
 HD Contract #: 12097  
 Budget Account #: 3219 ✓  
 Category #: 16 ✓  
 GL #: 8516 ✓

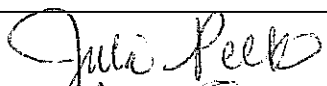
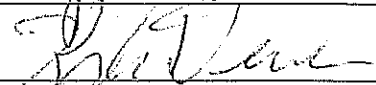

**SUBGRANT AMENDMENT #1**

<b>Program Name:</b> Office of Public Health Informatics and Epidemiology Bureau of Health Statistics, Planning, Epidemiology, and Response Nevada State Health Division		<b>Subgrantee Name:</b> Washoe County Health District (WCHD) <i>IS - 10984</i>	
<b>Address:</b> 4150 Technology Way, Suite #300 Carson City, NV 89706-2009		<b>Address:</b> 1001 East Ninth Street Reno, NV 89502	
<b>Original Subgrant Period:</b> January 1, 2012 through July 31, 2012		<b>Subgrantee EIN#:</b> 88-6000138	
		<b>Subgrantee Vendor#:</b> T41107900	
<b>Source of Funds:</b>	<b>% of Funds:</b>	<b>CFDA#:</b>	<b>Federal Grant #:</b>
Centers for Disease Control and Prevention	100%	93.521	5U50CI000900-02

**Amendment #1:** This amendment will increase funding to cover total salary costs for Lei Chen, Senior Epidemiologist, at WCHD and related indirect expenses at the new rate of 6.2% from January 1, 2012 through July 31, 2012.

	<u>Current Amount</u>	<u>Amendment 1</u>	<u>New Total</u>
Personnel	\$ 38,467	\$ 25,638	\$ 64,105
Indirect (6.2%)	\$ 3,808	\$ 166	\$ 3,974
<b>TOTAL</b>	<b>\$ 42,275</b>	<b>\$ 25,804</b>	<b>\$ 68,079</b>

By signing this Amendment, the Authorized Subgrantee Official or their designee, Program Manager, Bureau Chief, and Health Division Administrator acknowledge the above as the new standard of practice for the above referenced Subgrant. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the Original Subgrant Award and all of its Attachments.

	Signature	Date
Authorized Sub-grantee Official Washoe County Health District		
Julia Peek, MHA Program Manager		4/17/12
Luana J. Ritch, PhD, Chief, BHSPER		1/18/12
Richard Whitley, MS Administrator, Health Division		

HEALTH DIVISION

(hereinafter referred to as the DIVISION)

Budget Account #: 3219

Category #: 16

GL #: 8516

NOTICE OF SUBGRANT AWARD

<b>Program Name:</b> Office of Epidemiology Bureau of Health Statistics, Planning, Epidemiology, and Response Nevada State Health Division		<b>Subgrantee Name:</b> Washoe County Health District (WCHD)  <i>IO-10484</i>	
<b>Address:</b> 4150 Technology Way, Suite #300 Carson City, NV 89706-2009		<b>Address:</b> 1001 East Ninth Street Reno, NV 89502	
<b>Subgrant Period:</b> January 1, 2012 through July 31, 2012		<b>Subgrantee EIN#:</b> 88-6000138 <b>Subgrantee Vendor#:</b> T41107900 <b>DUNS #:</b> 73-786-998	
<b>Reason for Award:</b> This award is funded through the <i>Epidemiology and Laboratory Capacity (ELC) Program - Building and Strengthening Epidemiology, Laboratory and Health Information System</i> grant from the CDC. The WCHD will use these funds to support the epidemiological activities Senior Epidemiologist.			
<b>County(ies) to be served:</b> ( ) Statewide (X) Specific county or counties: Washoe County, Nevada			
<b>Approved Budget Categories:</b>			
1. Personnel	\$ 38,467	Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work.	
Travel	\$ 0		
3. Operating	\$ 0		
4. Equipment	\$ 0		
5. Contractual/Consultant	\$ 0		
6. Other	\$ 0		
7. Indirect	\$ 3,808		
<b>Total Cost</b>		\$ 42,275	
<b>Disbursement of funds will be as follows:</b> Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i> . Total reimbursement will not exceed \$ 42,275 during the subgrant period.			
<b>Source of Funds:</b> Centers for Disease Control and Prevention		<b>% of Funds:</b> 100%	<b>CFDA#:</b> 93.521 <b>Federal Grant #:</b> 5U50CI000900-02
<b>Terms and Conditions</b> In accepting these grant funds, it is understood that:			
1. Expenditures must comply with appropriate state and/or federal regulations. 2. This award is subject to the availability of appropriate funds. 3. Recipient of these funds agrees to stipulations listed in Sections A, B, and C of this subgrant award.			
Authorized Sub-grantee Official Washoe County Health District	Signature <i>Joseph P. Ts...</i>		Date 11-7-11
Michelle Urrutia, M.Ed. Program Manager	Signature <i>Michelle Urrutia</i>		Date 9-20-11
Luana J. Ritch, PhD, Chief, BHSPER	Signature <i>L. Ritch</i>		Date 9/20/11
Richard Whitley, MS Administrator, Health Division	Signature <i>R. Whitley</i>		Date 11/14/11

**HEALTH DIVISION**  
**NOTICE OF SUBGRANT AWARD**  
**SECTION A**  
**Assurances**

As a condition of receiving subgranted funds from the Nevada State Health Division, the Subgrantee agrees to the following conditions:

1. Subgrantee agrees grant funds may not be used for other than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance must be refunded to the Health Division.
2. Subgrantee agrees to submit reimbursement requests for only expenditures approved in the spending plan. Any additional expenditures beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Health Division, may result in denial of reimbursement.
3. Approval of subgrant budget by the Health Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work the transfer of funds between budgeted categories without written prior approval from the Health Division is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
4. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
  - a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer of the Health Division. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Health Division.
  - b. In all cases\*an overriding requirement exists to retain records until resolution of any audit questions relating to individual subgrants.

Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this Subgrant Award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.

5. Subgrantee agrees to disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Health Division reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. Subgrantee agrees to comply 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 or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. Subgrantee agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
8. Subgrantee agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of Protected Health Information, the Subgrantee agrees to enter into a Business Associate Agreement with the Health Division, as required by 45 C.F.R 164.504 (e).

9. Subgrantee certifies, by signing this subgrant, that neither it 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). This provision shall be required of every Subgrantee receiving any payment in whole or in part from federal funds.
10. Subgrantee agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
  - a. any federal, state, county or local agency, legislature, commission, council, or board;
  - b. any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
  - c. any officer or employee of any federal, state, county or local agency, legislature, commission, council, or board.
11. Health Division subgrants are subject to inspection and audit by representatives of the Health Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to
  - a. verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
  - b. ascertain whether policies, plans and procedures are being followed;
  - c. provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
  - d. determine reliability of financial aspects of the conduct of the project.
12. Any audit of Subgrantee's expenditures will be performed in accordance with Generally Accepted Government Auditing Standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Health Division (as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133 [Revised June 27<sup>th</sup>, 2003]) that each grantee annually expending \$500,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. **A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of the Subgrantee's fiscal year. To ensure this requirement is met Section D of this subgrant must be filled out and signed.**

**HEALTH DIVISION  
NOTICE OF SUBGRANT AWARD  
SECTION B**

Description of services, scope of work, deliverables and reimbursement

**Washoe County Health District (WCHD)** hereinafter referred to as Subgrantee, agrees to provide the following services and reports according to the identified timeframes:

- The Senior Epidemiologist will assist with communicable disease reporting, tracking, follow up, and analysis. Support to include sample size determination, data collection instrument development, analytical statistical analyses, report review, epidemiological software training, outbreak response timeliness evaluation for Nevada State Health Division.
- The WCHD will submit a written progress report to the Health Division electronically on or before January 10, 2012. This report must have updates on current project progress as well as the future funding year project proposal and budget.
- Additional information may be requested by the Health Division, as needed, due to evolving state and federal reporting requirements.
- Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Health Division through Grant Number 5U50CI00900-02 from Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Nevada State Health Division nor Centers for Disease Control and Prevention (CDC)."
- Any activities performed under this subgrant shall acknowledge the funding was provided through the State Health Division by Grant Number 5U50CI00900-02 from the Centers for Disease Control and Prevention.

(continued on next page)



Subgrantee agrees to adhere to the following budget:

1. Personnel	\$ 38,467	To cover a partial FTE Senior Epidemiologist, includes fringe, for the time period January 1, 2012 through July 31, 2012.
2. Travel	\$ 0	
3. Supplies	\$ 0	
4. Equipment	\$ 0	
5. Contractual Consultant	\$ 0	
6. Indirect	\$ 3,808	Indirect at 9.9% of total direct expenses
7. Other	\$ 0	
Total Cost	\$ 42,275	

- Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work.
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

Subgrantee agrees to request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subgrant period.

- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred, summarizing the total amount and type of expenditures made during the reporting period.
- Requests for Reimbursements will be submitted monthly.
- Submit monthly Requests for Reimbursement no later than 15 days following the end of the month.
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

- A complete financial accounting of all expenditures to the Health Division within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Health Division at that time, or if not already requested, shall be deducted from the final award.

**The Nevada State Health Division agrees:**

- Review and approve activities through programmatic and fiscal reports and conduct site visits at the Subgrantee's physical site as necessary.
- Provide reimbursements, not to exceed a total of \$42,275, for the entire subgrant period.
- Provide technical assistance, upon request from the Subgrantee.
- The Health Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Health Division.
- The Health Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Health Division.

**Both parties agree:**

- Based on the bi-annual narrative progress and financial reporting forms, as well as site visit findings, if it appears to the Health Division that activities will not be completed in time specifically designated in the Scope of Work, or project objectives have been met at a lesser cost than originally budgeted, the Health Division may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state. This includes but is not limited to:
  - Reallocating funds between the subgrantee's categories, and
  - Reallocating funds to another subgrantee or funding recipient to address other identified Health Division priorities, by removing it from this agreement through a subgrant amendment,

All reports of expenditures and requests for reimbursement processed by the Health Division are SUBJECT TO AUDIT.

This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Health Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

**HEALTH DIVISION  
NOTICE OF SUBGRANT AWARD  
SECTION C  
Financial Reporting Requirements**

- ☞ A Request for Reimbursement is due on a **monthly or quarterly** basis, based on the terms of the subgrant agreement, no later than the 15<sup>th</sup> of the month.
- ☞ Reimbursement is based on **actual** expenditures incurred during the period being reported.
- ☞ Payment will not be processed without all reporting being current.
- ☞ Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.
- ☞ **PLEASE REPORT IN WHOLE DOLLARS**

Provide the following information on the top portion of the form: Subgrantee name and address where the check is to be sent, Health Division (subgrant) number, Bureau program number, draw number, employer I.D. number (EIN) and Vendor number.

An explanation of the form is provided below.

**A. Approved Budget:** List the approved budget amounts in this column by category.

**B. Total Prior Requests:** List the **total** expenditures for all previous reimbursement periods in this column, for each category, by entering the numbers found on Lines 1-8, Column D on the **previous** Request for Reimbursement/Advance Form. If this is the first request for the subgrant period, the amount in this column equals zero.

**C. Current Request:** List the **current** expenditures requested at this time for reimbursement in this column, for each category.

**D. Year to Date Total:** Add Column B and Column C for each category.

**.. Budget Balance:** Subtract Column D from Column A for each category.

**F. Percent Expended:** Divide Column D by Column A for each category and total. Monitor this column; it will help to determine if/when an amendment is necessary. Amendments **MUST** be completed (including all approving signatures) 30 days **prior** to the end of the subgrant period.

***\* An Expenditure Report/Backup that summarizes, by expenditure GL, the amounts being claimed in column 'C' is required.***

**NOTICE OF SUBGRANT AWARD**  
**SECTION D**

NEVADA STATE HEALTH DIVISION  
AUDIT INFORMATION REQUEST

1. Non-Federal entities that expend \$500,000.00 or more in total Federal Awards are required to have a single or program-specific audit conducted for that year, in accordance with *OMB Circular A-133*. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of your fiscal year.
2. Did your organization expend \$500,000.00 or more in all Federal Awards during your most recent fiscal year? YES X NO
3. When does your fiscal year end? June 30, 2012
4. How often is your organization audited? Annually
5. When was your last audit performed? 10/19/2010, FY11 in progress
6. What time period did it cover? 7/1/09 - 6/30/10
7. Which accounting firm conducted the audit? Kafoury, Armstrong & Co.

  
SIGNATURE

Administrative Health  
Services Officer  
TITLE

10/10/11  
DATE

## SECTION E

### BUSINESS ASSOCIATE ADDENDUM

BETWEEN

*Nevada State Health Division*  
Hereinafter referred to as the "Covered Entity"

and

(Enter Business Name)

*Washoe County Health District*

Hereinafter referred to as the "Business Associate".

**PURPOSE.** In order to comply with the requirements of HIPAA and the HITECH Act, this Addendum is hereby added and made part of the Contract between the Covered Entity and the Business Associate. This Addendum establishes the obligations of the Business Associate and the Covered Entity as well as the permitted uses and disclosures by the Business Associate of protected health information it may possess by reason of the Contract. The Covered Entity and the Business Associate shall protect the privacy and provide for the security of protected health information disclosed to the Business Associate pursuant to the Contract and in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-5 ("the HITECH Act"), and regulation promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.

WHEREAS, the Business Associate will provide certain services to the Covered Entity, and, pursuant to such arrangement, the Business Associate is considered a business associate of the Covered Entity as defined in HIPAA, the HITECH Act, the Privacy Rule and Security Rule; and

WHEREAS, Business Associate may have access to and/or receive from the Covered Entity certain protected health information, in fulfilling its responsibilities under such arrangement; and

WHEREAS, the HIPAA Regulations, the HITECH Act, the Privacy Rule and the Security Rule require the Covered Entity to enter into a contract containing specific requirements of the Business Associate prior to the disclosure of protected health information, as set forth in, but not limited to, 45 CFR Parts 160 & 164 and Public Law 111-5.

THEREFORE, in consideration of the mutual obligations below and the exchange of information pursuant to this Addendum, and to protect the interests of both Parties, the Parties agree to all provisions of this Addendum.

I. **DEFINITIONS.** The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.

1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
3. **CFR** stands for the Code of Federal Regulations.
4. **Contract** shall refer to this Addendum and that particular Contract to which this Addendum is made a part.
5. **Covered Entity** shall mean the name of the Division listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.

7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.
8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.
13. **Parties** shall mean the Business Associate and the Covered Entity.
14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.
16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes, but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

## II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e) (2) (ii) (E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and

- subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).
5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.
  6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
  7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the Contract, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: the Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
  8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.
  9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
  10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
  11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the Contract or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.
  12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
  13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
  14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business

Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.

15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use, or disclose protected health information as provided for by the Contract and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the Contract or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

III. **PERMITTED AND PROHIBITED USES AND DISCLOSURES BY THE BUSINESS ASSOCIATE.** The Business Associate agrees to these general use and disclosure provisions:

1. **Permitted Uses and Disclosures:**
  - a. Except as otherwise limited in this Addendum, the Business Associate may use or disclose protected health information to perform functions, activities, or services for, or on behalf of, the Covered Entity as specified in the Contract, provided that such use or disclosure would not violate the HIPAA Privacy and Security Rule or the HITECH Act, if done by the Covered Entity in accordance with 45 CFR 164.504(e)(2)(i) and 42 USC 17935 and 17936.
  - b. Except as otherwise limited by this Addendum, the Business Associate may use or disclose protected health information received by the Business Associate in its capacity as a Business Associate of the Covered Entity, as necessary, for the proper management and administration of the Business Associate, to carry out the legal responsibilities of the Business Associate, as required by law or for data aggregation purposes in accordance with 45 CFR 164.504(e)(2)(A), 164.504(e)(4)(i)(A), and 164.504(e)(2)(i)(B).
  - c. Except as otherwise limited in this Addendum, if the Business Associate discloses protected health information to a third party, the Business Associate must obtain, prior to making any such disclosure, reasonable written assurances from the third party that such protected health information will be held confidential pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to the third party. The written agreement from the third party must include requirements to immediately notify the Business Associate of any breaches of confidentiality of protected health information to the extent it has obtained knowledge of such breach. Refer to 45 CFR 164.502 and 164.504 and 42 USC 17934.
  - d. The Business Associate may use or disclose protected health information to report violations of law to appropriate federal and state authorities, consistent with 45 CFR 164.502(j)(1).
2. **Prohibited Uses and Disclosures:**
  - a. Except as otherwise limited in this Addendum, the Business Associate shall not disclose protected health information to a health plan for payment or health care operations purposes if the patient has required this special restriction, and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with 42 USC 17935.



- b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, as specified by 42 USC 17935, unless the Covered Entity obtained a valid authorization, in accordance with 45 CFR 164.508 that includes a specification that protected health information can be exchanged for remuneration.

#### IV. OBLIGATIONS OF COVERED ENTITY

1. The Covered Entity will inform the Business Associate of any limitations in the Covered Entity's Notice of Privacy Practices in accordance with 45 CFR 164.520, to the extent that such limitation may affect the Business Associate's use or disclosure of protected health information.
2. The Covered Entity will inform the Business Associate of any changes in, or revocation of, permission by an individual to use or disclose protected health information, to the extent that such changes may affect the Business Associate's use or disclosure of protected health information.
3. The Covered Entity will inform the Business Associate of any restriction to the use or disclosure of protected health information that the Covered Entity has agreed to in accordance with 45 CFR 164.522 and 42 USC 17935, to the extent that such restriction may affect the Business Associate's use or disclosure of protected health information.
4. Except in the event of lawful data aggregation or management and administrative activities, the Covered Entity shall not request the Business Associate to use or disclose protected health information in any manner that would not be permissible under the HIPAA Privacy and Security Rule and the HITECH Act, if done by the Covered Entity.

#### V. TERM AND TERMINATION

1. **Effect of Termination:**
  - a. Except as provided in paragraph (b) of this section, upon termination of this Addendum, for any reason, the Business Associate will return or destroy all protected health information received from the Covered Entity or created, maintained, or received by the Business Associate on behalf of the Covered Entity that the Business Associate still maintains in any form and the Business Associate will retain no copies of such information.
  - b. If the Business Associate determines that returning or destroying the protected health information is not feasible, the Business Associate will provide to the Covered Entity notification of the conditions that make return or destruction infeasible. Upon a mutual determination that return or destruction of protected health information is infeasible, the Business Associate shall extend the protections of this Addendum to such protected health information and limit further uses and disclosures of such protected health information to those purposes that make return or destruction infeasible, for so long as the Business Associate maintains such protected health information.
  - c. These termination provisions will apply to protected health information that is in the possession of subcontractors, agents, or employees of the Business Associate.
2. **Term.** The Term of this Addendum shall commence as of the effective date of this Addendum herein and shall extend beyond the termination of the contract and shall terminate when all the protected health information provided by the Covered Entity to the Business Associate, or accessed, maintained, created, retained, modified, recorded, stored, or otherwise held, transmitted, used or disclosed by the Business Associate on behalf of the Covered Entity, is destroyed or returned to the Covered Entity, or, if it not feasible to return or destroy the protected health information, protections are extended to such information, in accordance with the termination.
3. **Termination for Breach of Contract.** The Business Associate agrees that the Covered Entity may immediately terminate the Contract if the Covered Entity determines that the Business Associate has violated a material part of this Addendum.

#### VI. MISCELLANEOUS

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.
2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:

- a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and
  - b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the Contract that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the Contract shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.
5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

IN WITNESS WHEREOF, the Business Associate and the Covered Entity have agreed to the terms of the above written agreement as of the effective date set forth below.

COVERED ENTITY

BUSINESS ASSOCIATE

Health Division

(Enter Division Name)

Washoe County Health District

(Enter Business Name)

4150 Technology Way

(Enter Division Address)

1001 East Ninth Street

(Enter Business Address)

Carson City, NV 89706

(Enter Division City, State and Zip Code)

Reno, NV 89520

(Enter Business City, State and Zip Code)

775-684-4200

(Enter Division Phone Number)

775-328-2410

(Enter Business Phone Number)

775-684-4211

(Enter Division Fax Number)

775-328-2279

(Enter Business Fax Number)

(Authorized Signature)

(Authorized Signature)

Richard Whitley

(Print Name)

Joseph P. Iser, MD, DrPH, MSc

(Print Name)

Administrator

(Title)

District Health Officer

(Title)

## Nevada Department of Health and Human Services

Health Division # 12097  
 Bureau Program # 3219  
 GL # 8516  
 Draw #: \_\_\_\_\_

### HEALTH DIVISION

#### REQUEST FOR REIMBURSEMENT / ADVANCE

<b>Program Name:</b> Office of Epidemiology Nevada State Health Division	<b>Subgrantee Name:</b> Washoe County Health District
<b>Address:</b> 4150 Technology Way, Suite #300 Carson City, NV 89706-2009	<b>Address:</b> P. O. Box 11130 Reno, NV 89502
<b>Subgrant Period:</b> January, 1, 2012 through July 31, 2012	<b>Subgrantee Vendor#:</b> T41107900

#### FINANCIAL REPORT AND REQUEST FOR FUNDS

(report in whole dollars; must be accompanied by expenditure report/back-up)

Month(s): \_\_\_\_\_ Calendar Year: \_\_\_\_\_

Approved Budget Category		A	B	C	D	E	F
		Approved Budget	Total Prior Requests	Current Request	Year To Date Total	Budget Balance	Percent Expended
1	Personnel	\$ 38,467	\$ 0	\$ 0	\$ 0	\$ 38,467	0%
2	Travel	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	#DIV/0!
3	Operating	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	#DIV/0!
4	Equipment	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	#DIV/0!
5	Contract/Consultant	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	#DIV/0!
6	Other	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	#DIV/0!
7	Indirect	\$ 3,808	\$ 0	\$ 0	\$ 0	\$ 3,808	0%
8	<b>Total</b>	\$ 42,275	\$ 0	\$ 0	\$ 0	\$ 42,275	0%

This report is true and correct to the best of my knowledge.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Reminder: Request for Reimbursement cannot be processed without an expenditure report/backup.  
 Reimbursement is only allowed for items contained within Subgrant Award documents. If applicable, travel claims must accompany report.

#### FOR HEALTH DIVISION USE ONLY

Program contact necessary?  Yes  No Contact Person: \_\_\_\_\_

Reason for contact: \_\_\_\_\_

Fiscal review/approval date: \_\_\_\_\_ Signed: \_\_\_\_\_

Scope of Work review/approval date: \_\_\_\_\_ Signed: \_\_\_\_\_

ASO or Bureau Chief (as required): \_\_\_\_\_ Date: \_\_\_\_\_



# Washoe County Health District



**Public Health**  
Prevent. Promote. Protect.

November 8, 2011

Ms. Julia Peek, Program Manager  
Office of Epidemiology  
Nevada State Health Division  
4150 Technology Way, Suite 211  
Carson City, NV 89706-2009

Dear Ms. Peek,

Please find enclosed two copies of the Subgrant Award - HD #12097 between Nevada State Health Division Office of Epidemiology and Washoe County Health District in the amount of \$42,275. The Subgrant award through the Epidemiology & Laboratory Capacity Program - Building and Strengthening Epidemiology, Laboratory and health information System grant from the CDC will be used to fund support the epidemiological activities and Senior Epidemiologist in Washoe County.

Both copies of the Subgrant Award have been signed by a representative from the Washoe County Health District and now require an authorized signature in the places indicated from Mr. Richard Whitley, MS or his representative. Once these documents have been signed, please retain one copy of each for your files and return the other set to us at your earliest convenience.

Washoe County Health District  
Attn: Eileen Coulombe – Administrative Health Services Officer  
P O Box 11130  
Reno, NV 89520-0027

If you have any questions please feel free to contact Patsy Buxton 328-2418.

Sincerely,

Eileen Coulombe  
Administrative Health Services Officer

cc: Patsy Buxton  
EPHP - Jeanne Harris  
File



# Washoe County Health District



Public Health  
Prevent. Promote. Protect.

STAFF REPORT  
BOARD MEETING DATE: 2/23/12

DBOH Agenda Item No. 7.C.3.  
February 23, 2012

**DATE:** February 13, 2012

**TO:** District Board of Health

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

**THROUGH:** Eileen Stickney, Administrative Health Services Officer, Washoe County Health District, 775-328-2417, [estickney@washoecounty.us](mailto:estickney@washoecounty.us) *ES*

**SUBJECT: Ratification of Interlocal Agreement between the Washoe County Health District and the Nevada State Health Division to provide a work location for the State Health Division’s Center for Disease Control and Prevention (CDC) assignee for the purpose of providing direct and efficient assistance to the Health District for Strategic National Stockpile planning for the period upon ratification through November 27, 2012; and if approved, authorize Chairman to execute the Interlocal Agreement.**

**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.

**District Board of Health strategic priority:** Protect population from health problems and health hazards.

BCC Strategic Objective supported by this item: Safe, Secure and Healthy Communities.  
BCC Strategic Outcome supported by this item: Healthy communities.

**PREVIOUS ACTION**

The Board has taken no action this year.

**BACKGROUND**

The Washoe County Health District proposes to enter into an Interlocal Agreement with the Nevada State Health Division to provide a location for the Health Division’s Center for Disease Control and Prevention (CDC) assignee for the purpose of providing direct and efficient assistance to the Washoe County Health District for Strategic National Stockpile (SNS) planning.

The CDC assignee will be responsible for completing the following objectives:

- 1) Strategic National Stockpile – Technical Assistance Review (TAR) planning
- 2) Develop a matrix of TAR requirements identifying the following:
  - Items Washoe County Health District (WCHD) is currently in compliance with

**AGENDA ITEM # 7.C.3**

- Which of those items need to be “renewed” each year
  - Items WCHD are not in compliance with
- 3) Develop a brief “Objective to accomplish” for each compliance item
  - 4) Assist WCHD in accomplishing successful compliance with TAR items to include assistance with planning, conducting exercises and drills, and development of plans and protocols which will increase WCHD’s total TAR score.

**FISCAL IMPACT**

Should the Board approve this Interlocal Agreement there will be no additional impact to the adopted FY 12 budget. The Washoe County Health District will absorb the costs of this agreement (providing a computer work station, telephone, etc.) within their adopted budget.

**RECOMMENDATION**

Staff recommends that the Washoe County District Board of Health ratify the Interlocal Agreement between the Washoe County Health District and the Nevada State Health Division to provide a work location for the State Health Division’s Center for Disease Control and Prevention (CDC) assignee for the purpose of providing direct and efficient assistance to the Health District for Strategic National Stockpile planning for the period upon ratification through November 27, 2012; and if approved, authorize Chairman to execute the Interlocal Agreement.

**POSSIBLE MOTION**

Should the Board agree with staff’s recommendation, a possible motion would be: ratify the Interlocal Agreement between the Washoe County Health District and the Nevada State Health Division to provide a work location for the State Health Division’s Center for Disease Control and Prevention (CDC) assignee for the purpose of providing direct and efficient assistance to the Health District for Strategic National Stockpile planning for the period upon ratification through November 27, 2012; and if approved, authorize Chairman to execute the Interlocal Agreement.

INTERLOCAL CONTRACT BETWEEN PUBLIC AGENCIES

A Contract between  
Washoe County Health District  
P O Box 11130  
Reno, NV 89520  
Phone: (775) 328-2400 Fax: (775) 328-2279

and

The State of Nevada  
Acting by and through Its

Department of Health and Human Services  
Health Division

4150 Technology Way, Suite 200  
Carson City, NV 89706  
Phone: (775) 684-XXXX Fax: (775) 684-XXXX

WHEREAS, NRS277.180 authorizes any one or more public agencies to contract with any one or more other public agencies to perform any governmental service, activity or undertaking which any of the public agencies entering into the contract is authorized by law to perform; and WHEREAS, it is deemed that the services of Washoe County Health District hereinafter set forth are both necessary to the Health Division and in the best interests of the State of Nevada; NOW, THEREFORE, in consideration of the aforesaid premises, the parties mutually agree as follows:

1. REQUIRED APPROVAL. This Contract shall not become effective until and unless approved by appropriate official action of the governing body of each party.
2. DEFINITIONS. "State" means the State of Nevada and any state agency identified herein, its officers, employees and immune contractors as defined in NRS 41.0307.
3. CONTRACT TERM. This Contract shall be effective from date of final signature until November 27, 2012.
4. TERMINATION. This Contract may be terminated by either party prior to the date set forth in paragraph (3) or any consecutive year thereafter, provided that a termination shall not be effective until 30 days after a party has served written notice upon the other party. This Contract may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Contract shall be terminated immediately if for any reason Health Division, State and/or Federal funding ability to satisfy this Contract is withdrawn, limited, or impaired.
5. NOTICE. All notices or other communications required or permitted to be given under this Contract shall be in writing and shall be deemed to have been duly given if delivered personally in hand, by telephonic facsimile with simultaneous regular mail, or mailed certified mail, returned receipt required, postage prepaid on the date posted, and addressed to the other party at the address set forth above.

6. INCORPORATED DOCUMENTS. The parties agree that the services to be performed shall be specifically described; this Contract incorporates the following attachments in descending order of constructive precedence:  
ATTACHMENT AA: SCOPE OF WORK
7. ASSENT. The parties agree that the terms and conditions listed on incorporated attachments of this Contract are also specifically a part of this Contract and are limited only by their respective order of precedence and any limitations expressly provided.
8. BREACH: REMEDIES. Failure of either party to perform any obligation of this Contract shall be deemed a breach. Except as otherwise provided for by law or this Contract, the rights and remedies of the parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including but not limited to actual damages, and to prevailing party reasonable attorney's fees and costs.
9. LIMITED LIABILITY. The parties will not waive and intend to assert available NRS Chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages. To the extent applicable, actual contract damages for any breach shall be limited by NRS 353.260.
10. FORCE MAJEURE. Neither party shall be deemed to be in violation of this Contract if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or military authority, act of public enemy, accidents, fires, explosions, or acts of God, including, without limitation, earthquakes, floods, winds, or storms. In such an event the intervening cause must not be through the fault of the party asserting such an excuse, and the excused party is obligated to promptly perform in accordance with the terms of the Contract after the intervening cause ceases.
11. INDEMNIFICATION.
  - a. Consistent with paragraph (9) of this Contract, each party shall indemnify, hold harmless and defend, not excluding the other's right to participate, the other form and against all liability, claims, actions, damages, losses, and expenses, including but not limited to reasonable attorney's fees and costs, arising out of any alleged negligent or willful acts or omissions of the party, its officers, employees and agents. Such obligations shall not be construed to negate, abridge, or otherwise reduce any other right or obligation of indemnity, which would otherwise exist as to any party or person, described in this paragraph.
  - b. The indemnification obligation under this paragraph is conditioned upon receipt of written notice by the indemnifying party within 30 days of the indemnified party's actual notice of any actual or pending claim or cause of action. The indemnifying party shall not be liable to hold harmless any attorneys' fees and costs for the indemnified party's chosen right to participate with legal counsel.
12. INDEPENDENT PUBLIC AGENCIES. The parties are associated with each other only for the purposes and to the extent set forth in this Contract, and in respect to performance of services pursuant to the Contract, each party is and shall be a public agency separate and distinct from the other party and, subject only to the terms of this Contract, shall have the sole right to supervise, manage, operate, control and direct performance of the details incident to its duties under this Contract. Nothing contained in this Contract shall be deemed or construed to create a partnership or joint venture, to create relationships of an employer-employee or principal-agent, or to otherwise create any liability for one agency whatsoever with respect to the indebtedness, liabilities, and obligations of the other agency or any other party.



13. WAIVER OF BREACH. Failure to declare a breach or the actual waiver of any particular breach of the Contract or its material or nonmaterial terms by either party shall not operate as a waiver by such party of any of its rights or remedies as to any other breach.
14. SEVERABILITY. If any provision contained in this Contract is held to be unenforceable by a court of law or equity, this Contract shall be construed as if such provision did not exist and the non-enforceability of such provision shall not be held to render any other provision or provisions of this Contract unenforceable.
15. ASSIGNMENT. Neither party shall assign, transfer or delegate any rights, obligations or duties under this Contract without the prior written consent of the other party.
16. OWNERSHIP OF PROPRIETARY INFORMATION. Unless otherwise provided by law any reports, histories, studies, tests, manuals, instructions, photographs, negatives, blue prints, plans, maps, data, system designs, computer code (which is intended to be consideration under this Contract), or any other documents or drawings, prepared or in the course of preparation by either party in performance of its obligations under this Contract shall be the joint property of both parties.
17. PUBLIC RECORDS. Pursuant to NRS 239.010, information or documents may be open to public inspection and copying. The parties will have the duty to disclose unless a particular record is made confidential by law or in a common law balancing of interests.
18. CONFIDENTIALITY. Each party shall keep confidential all information, in whatever form, produced, prepared, observed or received by that party to the extent that such information is confidential by law and otherwise required by this Contract.
19. PROPER AUTHORITY. The parties hereto represent and warrant that the person executing this Contract on behalf of each party has full power and authority to enter into this Contract and that the parties are authorized by law to perform the services set forth in paragraph (6).
20. GOVERNING LAW; JURISDICTION. This Contract and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Nevada. The parties consent to the jurisdiction of the Nevada district courts for enforcement of this Contract.
21. ENTIRE AGREEMENT AND MODIFICATION. This Contract and its integrated attachment(s) constitute the entire agreement of the parties and such are intended as a complete and exclusive statement of the promises, representations, negotiations, discussions, and other agreements that may have been made in connection with the subject matter hereof. Unless an integrated attachment to this Contract specifically displays a mutual intent to amend a particular part of this Contract, general conflicts in language between any such attachment and this Contract shall be construed consistent with the terms of this Contract. Unless otherwise expressly authorized by the terms of this Contract, no modification or amendment to this Contract shall be binding upon the parties unless the same is in writing and signed by the respective parties hereto, approved by the Office of the Attorney General.
22. All services rendered under this contract will be provided in compliance with the Federal Civil Rights Act of 1964, as amended, and the American Disabilities Act, and no person shall be denied service on the grounds of race, creed, color, sex, national origin, or disability.

IN WITNESS WHEREOF, the parties hereto have caused this Contract to be signed and intend to be legally bound thereby.

\_\_\_\_\_  
Contractor's Signature                      Date

\_\_\_\_\_  
Title, Washoe County Health District

\_\_\_\_\_  
Signature: Richard Whitely, MS      Date

\_\_\_\_\_  
Administrator, State Health Division  
Title

\_\_\_\_\_  
Signature: Michael J. Wilden      Date

\_\_\_\_\_  
Director, Department of Health and Human Services  
Title

\_\_\_\_\_  
Signature – Board of Examiners

APPROVED BY BOARD OF EXAMINERS

On \_\_\_\_\_  
Date

Approved as to form by:

\_\_\_\_\_  
Deputy Attorney General for Attorney General

On \_\_\_\_\_  
Date

INTERLOCAL CONTRACT  
BETWEEN: WASHOE COUNTY HEALTH DISTRICT  
AND  
NEVADA STATE HEALTH DIVISION

ATTACHMENT AA: SCOPE OF WORK

Agreement for Work Location of CDC assignee

This Scope of Work contains the terms of the Contract between the Washoe County Health District, hereinafter called "Health District" and the Nevada State Health Division, hereinafter called "Health Division" ; and

The Health Division is responsible for assuring that local health jurisdictions have adequate and appropriate plans in place that will enable a timely and successful deployment of assets from the Centers for Disease Control and Prevention (CDC) Strategic National Stockpile (SNS); and has a staff member who is on assignment from the CDC who is knowledgeable with respect to SNS planning; and

The Health District is in need of assistance with respect to planning for deployment of assets from the Centers for Disease Control and Prevention (CDC) Strategic National Stockpile (SNS); and the Health Division is willing to make the CDC assignee available to the Health District.

Now, therefore, in view of their complimentary goals, the parties wish to enter into this Agreement with the intention of establishing a partnership regarding the work location of the Health Division's CDC assignee for the purpose of providing more direct and efficient assistance to he Health District for SNS planning.

Both parties agree that:

- a) The CDC assignee will remain an employee of the Centers for Disease Control and Prevention for purposes of compensation, worker compensation, and professional liability
- b) They are subject to the provisions of the Health Insurance Portability and Accountability Act and the regulations promulgated there under (hereinafter "HIPAA"), pertaining to the maintenance, handling, retention, confidentiality and availability of records and data containing protected health information, as that term is defined by 45 C.F.R.§164.501. It is agreed that in addition to maintaining such records and data in accordance with HIPAA and any more restrictive provisions of state law, including but not limited to, chapters 441A of the Nevada Revised Statutes and the Nevada Administrative Code, the parties will require that all employees, contractors, and agents with whom they share the records and data provide comparable protections to those provided by the parties.
- c) Both Agencies enter into this agreement with the intent of carrying out their respective missions effectively and efficiently.

The Health Division Agrees to:

- a) Respond promptly to questions and issues that the Health District may raise
- b) Work with the Health District to make this arrangement beneficial to both agencies
- c) To share information as appropriate and legal for the Health Division to share
- d) Require the CDC assignee to adhere to Health District policies and procedures

The Health District agrees to:

- a) Provide office space for the CDC assignee located within Building B of the Washoe County Complex on Ninth Street
- b) Provide a computer work station, broadband access, appropriate software, telephone, and other normal business services for the use of the CDC assignee
- c) Provide the CDC assignee with an identification badge/key card.
- d) Provide the CDC assignee with new employee orientation and training equivalent to that received by Health District employees
- e) To share information with the CDC assignee as appropriate and legal for the Health District to share

The CDC assignee will be responsible for completing the following objectives:

1. Strategic National Stockpile - Technical Assistance Review (TAR) Planning
2. Develop a matrix of TAR requirements identifying the following:
  - Items Washoe County Health District (WCHD) is currently in compliance with
  - Which of those items need to be "renewed" this year
  - Items WCHD are not in compliance with
3. Develop a brief "Objective to accomplish" for each compliance item
4. Assist WCHD in accomplishing successful compliance with TAR items to include assistance with planning, conducting exercises and drills, and development of plans and protocols which will increase WCHD's total TAR score.



# Washoe County Health District



**Public Health**  
Prevent. Promote. Protect.

**STAFF REPORT**  
**BOARD MEETING DATE: 2/23/12**

**DATE:** February 13, 2012

**DBOH Agenda Item No. 7.C.4.**  
**February 23, 2012**

**TO:** District Board of Health

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

**THROUGH:** Eileen Stickney, Administrative Health Services Officer, Washoe County Health District, *ES*  
775-328-2417, [estickney@washoecounty.us](mailto:estickney@washoecounty.us)

**SUBJECT: Recommend approval of donation of pesticide (Golden Bear Oil) to The Churchill County Mosquito Vector and Weed Control District with a current market value estimated at \$386.00.**

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## SUMMARY

Pursuant to NRS 244.1505, Board of County Commissioners (BCC) may donate to a governmental entity for any purpose which will provide a substantial benefit to the inhabitants of the county. As the policy making board for the Washoe County Health District, this approval is first being brought forth for District Board of Health approval and will be scheduled for BCC approval.

**District Board of Health strategic priority:** Protect population from health problems and health hazards.

BCC Strategic Objective supported by this item: Safe, Secure and Healthy Communities.

BCC Strategic Outcome supported by this item: Healthy communities.

## PREVIOUS ACTION

There has been no action taken this fiscal year.

## BACKGROUND

Per Washoe County Health District Vector Borne Disease Program staff, Golden Bear Oil, a non-ecotoxic pesticide used in controlling mosquito larval populations was purchased in early 1990. This material has not been used by the program since the mid 1990's due to its adverse effects on the environment. Although the label states it can be used for ponds, ditches, catch basins and or bodies of water, staff has determined that it is not an environmentally safe product to use in the Truckee Meadows Community and therefore stopped using this product.

Staff is unable to determine the purchase price for the oil in 1990 as invoices from that period are no longer available. However, per Witco (the oil distributor) the oil sold for \$1.93 per gallon in 1990. Vector program staff has estimated there are 200 gallons of this oil on hand.

**AGENDA ITEM # 7.C.4.**

The only authorized users of this product are public mosquito abatement agencies. It can not be used commercially. Staff contacted Churchill County Mosquito Vector and Weed Control District and they have an interest in this product. Should this donation valued at approximately \$386.00 be approved, Churchill County Mosquito Vector and Weed Control District will pick up the Golden Bear Oil from the Washoe County Health District.

**FISCAL IMPACT**

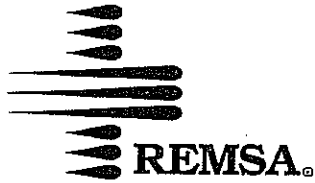
There is no fiscal impact associated with the donation of 200 gallons of pesticide (Golden Bear Oil).

**RECOMMENDATION**

Staff recommends that the Washoe County District Board of Health approve donation of pesticide (Golden Bear Oil) to The Churchill County Mosquito Vector and Weed Control District with a current market value estimated at \$386.00.

**POSSIBLE MOTION**

Move to approve donation of pesticide (Golden Bear Oil) to The Churchill County Mosquito Vector and Weed Control District with a current market value estimated at \$386.00.



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*Regional Emergency Medical Services Authority*

**REMSA**

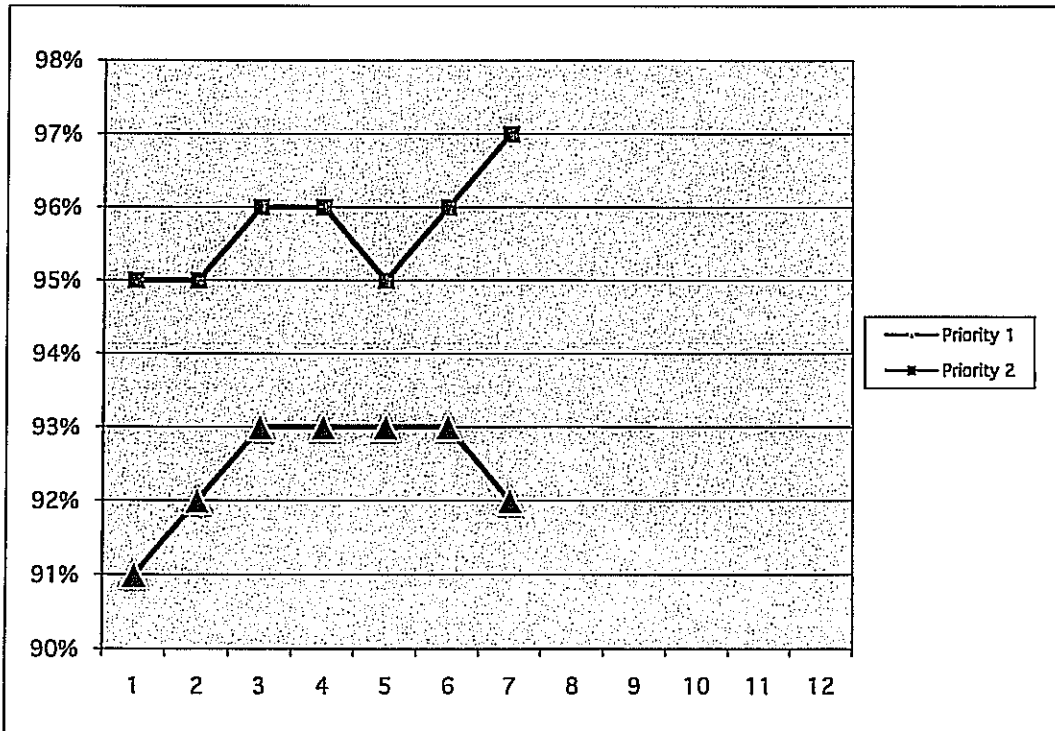
**OPERATIONS REPORTS**

**FOR**

**JANUARY 2012**

Fiscal 2012

Month	Avg. Response Time	Avg. Travel Time	Priority 1	Priority 2
Jul-11	6 mins. 14 secs.	4 mins. 58 secs.	91%	95%
Aug.	6 mins. 8 secs.	4 mins. 58 secs.	92%	95%
Sept.	6 mins. 0 secs.	4 mins. 51 secs.	93%	96%
Oct.	5 mins. 46 secs.	4 mins. 44 secs.	93%	96%
Nov.	5 mins. 44 secs.	4 mins. 41 secs.	93%	95%
Dec.	5 mins. 40 secs.	4 mins. 39 secs.	93%	96%
Jan. 12	5 mins. 49 secs.	4 mins. 51 secs.	92%	97%
Feb.				
Mar.				
Apr.				
May				
Jun-12				





Care Flight

Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-11	14	\$107,958	\$7,711	\$7,711
Aug.	18	\$124,011	\$6,889	\$7,249
Sept.	11	\$84,315	\$7,665	\$7,355
Oct.	10	\$78,523	\$7,852	\$7,449
Nov.	8	\$48,875	\$6,109	\$7,273
Dec.	10	\$68,529	\$6,853	\$7,214
Jan. 2012	8	\$50,377	\$6,297	\$7,121
Feb.			\$0	\$7,121
Mar.			\$0	\$7,121
Apr.			\$0	\$7,121
May			\$0	\$7,121
June			\$0	\$7,121
<b>Totals</b>	<b>79</b>	<b>\$562,588</b>	<b>\$7,121</b>	<b>\$7,121</b>

Adjusted Allowed Average Bill - \$7,098.00

REMSA Ground

Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-11	3142	\$3,105,565	\$988	\$988
Aug.	3235	\$3,191,785	\$987	\$988
Sept.	3135	\$3,171,136	\$1,012	\$995
Oct.	3064	\$3,079,888	\$1,005	\$998
Nov.	2954	\$2,965,724	\$1,004	\$999
Dec.	3020	\$3,061,272	\$1,014	\$1,001
Jan. 2012	3085	\$3,115,988	\$1,010	\$1,003
Feb.			\$0	\$1,003
Mar.			\$0	\$1,003
Apr.			\$0	\$1,003
May			\$0	\$1,003
June			\$0	\$1,003
<b>Totals</b>	<b>21635</b>	<b>\$21,691,358</b>	<b>\$1,003</b>	<b>\$1,003</b>

Allowed ground avg bill - \$1,002.00



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*Regional Emergency Medical Services Authority*

**CARE FLIGHT  
OPERATIONS REPORT  
FOR  
JANUARY 2012**



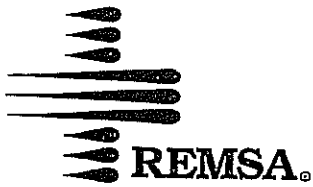
**CARE FLIGHT OPERATIONS REPORT  
JANUARY 2012  
WASHOE COUNTY**

- ❖ **In Town Transfer:**
  - 0 Ground ITTs were completed**
  
- ❖ **Outreach, Education, & Marketing:**
  - > 0 Community Education & Public Events**

❖ **Statistics**

**Washoe County Flights**

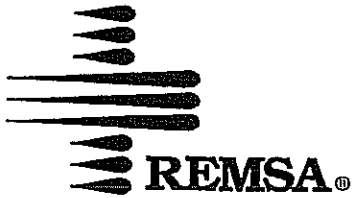
	# patients
Total Flights:	8
Total Patients	8
Expired on Scene	0
Refused Transport (AMA)	0
Scene Flights	5
Hospital Transports	3
Trauma	3
Medical	3
High Risk OB	0
Pediatrics	0
Newborn	0
Full Arrest	2
<b>Total</b>	<b>8</b>



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*Regional Emergency Medical Services Authority*

**REMSA**  
**GROUND OPERATIONS REPORT**  
**FOR**  
**JANUARY 2012**



## GROUND AMBULANCE OPERATIONS REPORT

January 2011

### 1. OVERALL STATISTICS:

Total Number Of System Responses	4976
Total Number Of Responses In Which No Transport Resulted	1905
Total Number Of System Transports	3071

### 2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests		2%
Medical		47%
OB		1%
Psychiatric/Behavioral		5%
Transfers		17%
Trauma		24%
	Trauma – MVA	6%
	Trauma – Non MVA	18%
Unknown/Other		4%
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
- 100% of pediatric patients both ALS and BLS transport and non-transport patients
- 100% of advanced airways (outside cardiac arrests)
  - ETCO2 use in cardiac arrests and advanced airway
- 100% of Phase 6 Paramedic and EMT PCRs
- 100% Pain/Sedation Management
- Total of 2461 PCRs

All follow-up deemed necessary resulting from Communication CQI was completed by Chris Barton, EMD, Communications Education and CQI Coordinator

<b>4. EDUCATION AND TRAINING REPORT:</b>
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**A. Public Education**

**Advanced Cardiac Life Support**

Date	Course Location	Students
1/13/12	REMSA	12
1/24/12	REMSA	13
1/24/12	Tahoe Pacific Hospital	4
1/29/12	Matt Brown	5

**Advanced Cardiac Life Support Recert**

Date	Course Location	Students
1/5/12	REMSA	1
1/10/12	EMS CES 911	2
1/11/12	Eastern Plumas Health Care	3
1/13/12	REMSA	1
1/16/12	EMS CES 911	1
1/17/12	REMSA	8
1/18/12	North Star FD	2
1/19/12	John Mohler & CO	15
1/20/12	EMS CES 911	1
1/22/12	NWEMS	4
1/23/12	EMS CES 911	4
1/23/12	Summit Medical Training	2
1/25/12	Sierra Army Depot	1
1/29/12	EMS CES 911	3

1/30/12	REMSA	18
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**Advanced Cardiac Life Support Skills**

Date	Course Location	Students
1/14/12	REMSA	1
1/18/12	REMSA	1
1/26/12	REMSA	2

**Advanced Cardiac Life Support Prep Course**

Date	Course Location	Students
1/11/12	REMSA	6

**Advanced Medical Life Support**

Date	Course Location	Students
12/15/11	REMSA	9

**Bloodborne Pathogen**

Date	Course Location	Students
12/22/11	Career College of Northern Nevada	2
1/4/12	Career College of Northern Nevada	6
1/4/12	Career College of Northern Nevada	10
1/6/12	Career College of Northern Nevada	2

**Bloodborne Pathogen Instructor Course**

Date	Course Location	Students
12/9/11	REMSA	15

**Basic Life Support Instructor**

Date	Course Location	Students
10/8/11	Great Basin College	4

**Family & Friends CPR Awareness**

Date	Course Location	Students
1/21/12	REMSA	22

**Health Care Provider**

Date	Course Location	Students
12/15/11	Washoe County School District	4
12/16/11	AACT	38
12/22/11	Career College of Northern Nevada	7
12/28/11	Karen Mowrey	12
1/1/12	Robert Painter	1
1/2/12	EMS CES 911	6
1/4/12	EMS CES 911	1
1/4/12	REMSA	9
1/4/12	Milan	21
1/4/12	Milan	26
1/4/12	Silver Legacy Casino	2
1/5/12	REMSA	8
1/5/12	Regent Care Center	4
1/6/12	Career College of Northern Nevada	2
1/6/12	Nye CO EMS	2
1/7/12	EMS CES 911	1
1/7/12	Riggs Ambulance Service	16
1/9/12	Jennifer Kraushaar	8
1/10/12	Robert Painter	4
1/10/12	EMS CES 911	5
1/10/12	REMSA	10



1/11/12	Willow Springs Center	4
1/11/12	Silver Legacy Casino	3
1/12/12	Eastern Plumas Health Care	8
1/12/12	AACT	1
1/13/12	West Hills Hospital	2
1/13/12	Storey County Fire Department	4
1/14/12	REMSA	8
1/15/12	EMS CES 911	2
1/16/12	EMS CES 911	8
1/16/12	Peter Larsen	3
1/17/12	EMS CES 911	3
1/18/12	REMSA	10
1/20/12	JS Red Path	3
1/20/12	Sierra Nevada Job Corps	5
1/21/12	Melissa McDonald	7
1/21/12	EMS CES 911	4
1/24/12	Barrick Goldstrike	10
1/24/12	EMS CES 911	4
1/24/12	Silver Legacy Casino	5
1/25/12	Willow Springs Center	3
1/25/12	Jennifer Kraushaar	11
1/25/12	Squaw Valley Ski Area	7
1/26/12	REMSA	10
1/28/12	EMS CES 911	3
1/28/12	Nye CO EMS	4
1/30/12	Milan	20

1/31/12	EMS CES 911	1
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**Health Care Provider, Employee**

Date	Course Location	Students
11/8/11	REMSA	1
1/12/12	REMSA	1
1/16/12	REMSA	1
1/20/12	REMSA	1
1/20/12	REMSA	1
1/24/12	REMSA	1
1/25/12	REMSA	1
1/25/12	REMSA	1
1/26/12	REMSA	1
1/27/12	REMSA	1
1/31/12	REMSA	1
1/31/12	REMSA	1

**Health Care Provider Skills**

Date	Course Location	Students
1/3/12	REMSA	1
1/5/12	REMSA	2
1/6/12	Eastern Plumas Health Care	1
1/9/12	REMSA	2
1/10/12	Tahoe Forest Hospital	1
1/10/12	REMSA	1
1/11/12	Lander County School District	1
1/13/12	REMSA	1

1/14/12	Riggs Ambulance Service	2
1/17/12	Tahoe Forest Hospital	2
1/17/12	Tahoe Forest Hospital	1
1/18/12	Tahoe Forest Hospital	2
1/19/12	Lander County School District	1
1/20/12	REMSA	1
1/24/12	Lander County School District	1
1/25/12	REMSA	3
1/25/12	Tahoe Forest Hospital	2
1/25/12	Tahoe Pacific Hospital	1
1/26/12	REMSA	1
1/27/12	Tahoe Forest Hospital	1
1/30/12	Riggs Ambulance Service	3
1/30/12	Tahoe Forest Hospital	2

**Heart Saver AED**

Date	Course Location	Students
12/1/11	Washoe County School District	3
12/3/11	Washoe County School District	6
12/5/11	Washoe County School District	2
12/5/11	Washoe County School District	5
12/7/11	Washoe County School District	5
12/8/11	Washoe County School District	4
12/10/11	Trinity Security	6
12/10/11	Trinity Security	6
12/12/11	Washoe County School District	6
12/13/11	Washoe County School District	5

12/14/11	Washoe County School District	6
12/16/11	Rave Family Center	5
12/17/11	Washoe County School District	5
12/18/11	New Creation outreach Ministries	2
12/19/11	Washoe County School District	7
12/20/11	Washoe County School District	4
1/2/12	REMSA	2
1/5/12	Reno High School	5
1/5/12	Reno High School	7
1/7/12	Jennifer Kraushaar	5
1/11/12	REMSA	9
1/28/12	Performance Athletic	8
1/28/12	Performance Athletic	8
1/30/12	Las Vegas	1

#### Heart Saver CPR/First Aid

Date	Course Location	Students
12/10/11	Ramada Copper Queen	13
12/13/11	Small Mine Development	20
12/20/11	Small Mine Development	21
12/30/11	Community Living options	4
1/3/12	HGH EMS Rescue	21
1/11/12	Reno-Tahoe Airport Fire Dept.	5
1/17/12	L. Cowger	1
1/17/12	Community Living options	4
1/18/12	Elko BLM	3
1/18/12	Reno-Tahoe Airport Fire Dept.	6

1/19/12	Nampa Fire Dept.	14
1/19/12	Sierra Home Health Care	10
1/21/12	Curves	6
1/21/12	REMSA	7
1/22/12	Rocky Baros	2
1/24/12	Nevada Department of Corrections	6
1/26/12	Pets Mart	7
1/27/12	Riggs Ambulance Service	7
1/27/12	Pets Mart	6
1/29/12	JOIN Inc.	7
1/31/12	Riggs Ambulance Service	2

**Heart Saver First Aid**

Date	Course Location	Students
1/4/12	Silver Legacy Casino	2
1/5/12	Milan	21
1/11/12	Silver Legacy Casino	3
1/12/12	REMSA	2
1/18/12	Elko BLM	5
1/20/12	Sierra Nevada Job Corps	5
1/24/12	Silver Legacy Casino	5
1/31/12	Milan	21
12/13/11	Washoe County School District	2
12/22/11	Career College of Northern Nevada	7
1/2/12	Riggs Ambulance Service	1
1/3/12	Sierra Nevada Job Corps	1
1/4/12	EMS CES 911	1

1/5/12	Milan	26
1/6/12	EMS CES 911	1
1/6/12	Career College of Northern Nevada	3
1/23/12	Monaco Ridge Assisted living	2

**Heart Saver Pediatric CPR/First Aid**

Date	Course Location	Students
1/13/12	Sierra Army Depot	11
1/14/12	REMSA	6
1/27/12	Sierra Army Depot	9
1/28/12	Alex MacLennan	7
1/28/12	Jennifer Kraushaar	9

**International Trauma Life Support**

Date	Course Location	Students
1/26/12	REMSA	9

**Pediatric Advanced Life Support**

Date	Course Location	Students
1/31/12	Truckee Meadows	16
1/18/12	REMSA	17

**Pediatric Advanced Life Support Recert**

Date	Course Location	Students
11/29/11	East Fork Fire	9
11/30/11	East Fork Fire	7
12/2/11	East Fork Fire	6
12/11/11	East Fork Fire	6
1/13/12	John Mohler & CO	9

1/14/12	EMS CES 911	1
1/19/12	North Star FD	2
1/27/12	EMS CES 911	4

**Ongoing Courses**

Date	Course Description / Location	Students
1/4/11	Paramedic Program	9
7/5/11	Paramedic Program	9
10/3/11	EMT Intermediate	25
7/1/11	EMT Basic Online	1
1/3/12	EMT/Paramedic	15

Total Students This Report	1170
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**5. COMMUNITY RELATIONS:**

**Community Outreach:**

**Point of Impact**

Date	Description	Attending
1/28/12	Child Safety Seat Checkpoint, Reno Fire Department Station 1, Reno, 15 cars and 15 seats inspected.	5 staff, 10 volunteers

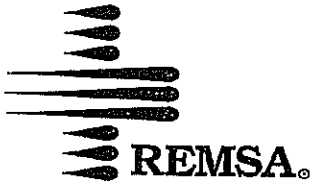
**Northern Nevada Fitting Station Project**

Date	Description	Attending
1/25/12	Fitting Station quarterly partners meeting, Saint Mary's.	8 partners

Safe Kids Washoe County

Date	Description	Attending
1/4/12	Safe Kids USA Advisory Council monthly teleconference.	1 staff
1/9/12	Cribs for Kids meeting with Renown managers of Labor & Delivery, Neonatal Intensive Care and Pediatrics.	1 staff, 1 volunteer
1/10/12	Safe Kids monthly Coalition meeting, Sparks. Completed annual planning.	14 volunteers, 1 staff
1/11/12	Northern Nevada Immunization Coalition monthly meeting, Reno.	2 staff
1/12/12	Esther Bennett Safety Committee monthly meeting, Sun Valley.	6 volunteers, 1 staff
1/19/12	Maternal Child Health Coalition of Northern Nevada monthly meeting, Reno.	1 staff
1/25/12	Give Kids a Boost committee meeting, Sun Valley.	6 volunteers
1/26/12	Child Death Review Board data analysis committee.	3 staff
1/27/12	Esther Bennett Photojournalism Project, photography lesson, Sun Valley.	2 volunteers, 1 staff, 19 students
1/30/12	State of Nevada EMS for Children subcommittee quarterly meeting, Las Vegas.	18 volunteers





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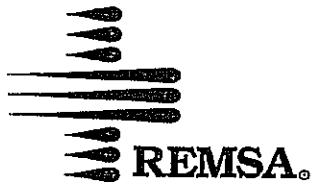
*Regional Emergency Medical Services Authority*

**GROUND AMBULANCE AND CARE FLIGHT  
INQUIRIES  
FOR  
JANUARY 2012**

**INQUIRIES**

**January 2011**

There were no inquiries in the month of January.



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*Regional Emergency Medical Services Authority*

**GROUND AMBULANCE  
CUSTOMER SERVICE  
FOR  
JANUARY 2012**

## GROUND AMBULANCE CUSTOMER COMMENTS JANUARY 2012

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
1	Everything	Keep doing what youre doing.	
2	Very fast and poltte and professional.		
3	Kept me calm, professional with a sense of humor. Followed procedures I believe	Nothing good job	Too costly. Gave me more to be concerned about.
4	Very good trip	Nothing	
5	Very good trip- staff pleasant		
6	You're very quick and efficient and got me through the difficult part.		
7	They didn't listen to me. My income is small. Just let my family take me home. I did not want REMSA, I wanted to go home with my family.		The urgent care are receiving too many people now with a little bump.
8	Very patient and gentle	Nothing	
9	Cared for me well.		You are great!
10	Transport care excellent.		
11	TLC		
12	EMTs were pros, made me feel that everything would be ok.		Hope I won't be a regular customer. They did a great job
13	Your drivers were so comforting and helpful.		
14	Very prompt and kind	You are fine	Very good.
15	Kind. Checks vitals a lot.	Not take long way to the hospital.	You are all an asset to Remsa. Thanks. I don't remember much, I had no idea what was happening.
16	Had to have gallbladder surgery	Just be there when needed.	
17	Nice slow ride takes me all the way to the hospital.	Husband spoke with dispatch	Very good service
18	Everything!		Thank you for being there when I needed you.
19	Service was great. Asked which hospital to go to.		Excellent service.
20	Thoughtful, considerate and kind.	Thanks so much!	
21	Everything	Service was awesome!	
22	Calmed and reassured my wife and me!		
23		Everything is ok	
24	Got info and kept family informed	Charge less.	
25	Taking myself (RLQ) to the hospital, that made me feel I was in good hands with your professional crew. Thanks again!		
26	Care and understanding of a 97 year old.		
27	No sirens on the street as I requested. Very kind and helpful at all times. Even helped to the gurney which doesn't fit through my door.	Nothing	Had REMSA and Live Liveness at the same time. Did not need fire department.
28	Very polite, friendly, they treated me with respect and kept me comfortable.		
29	All of it. Thank you	Can't think of anything.	Care is wonderful- thank you!
30	Every one from when I called and when they were here and when they took my mother to the hospital were very professional and also very nice to me and my mom.	Nothing	Remsa should be very proud of their employees, they were very helpful.
31	Everything	Very good.	
32	Above and beyond!		
33	Transport me to hospital with min discomfort.		
34	All of the above		
35	Everything	Nothing	
36	Came quick gave good service ok questions.	Everything was handled well.	Speedy. Got me to the hospital quick.
37	Everything		
38	My mom is very heavy and was unable to explain what was wrong. Your staff was kind and calmly explained the situation making her at ease.	You did an excellent job.	
39	Everything	Nothing	
40		Very nice service this time!	

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
41	Very caring and attentive to patient. Thank you!		
42	Put my dog in her cage. She gave them quite a chase.	Can't think of a thing.	
43	Everything. Very professional	The service I received couldn't be any better. Excellent!	
44	Yes	All ok	
45	Response time was great although they could not get an IV started.		
46	Handled everything well.		
47	Courteous, cheerful, provided info about where we were going.	Can't think of anything.	
48	Everything thank you!		
49	Very impressed with your EMTs. Kept family informed of steps they were taking. Very kind and helpful		
50	The paramedics were wonderful, caring, kind, and comforting. They took great care of me.	They served me well.	I couldn't have asked for better service.
51	Comfort and care. Very professional.		
52	Very professional help. Thank you carflight nurses who were grounded but helped in the ambulance		
53	Saved my life!		
54	Moved me from urgent care to Renown quickly.		Thank you :)
55	Everything		
56	Staff was nice and helpful. Thanks		
57	Moving from Manor Care to Renown	You've done everything possible.	Very well done
58	Everything.		
59	Very professional and caring		
60	Everything was great and well done.		
61	Everything		
62	Timely		The service was fine
63	Alex and Dominic are a blessing to Remsa. They couldn't not have been more caring.	Stay as you are	Thank god for you
64	My mom has alzheimer's and they made her feel comfortable.		
65	Transfer to gueney. Information to family throughout driving.	No suggestions.	
66	Professional and courteous behaviour.	Nothing	
67	Informed me of each procedure, why we were going to the ER. Found wife and calmed her down.	Teach me to fall better	I wish I knew who called you. My gratitude is real.
68	Communication was the key and very cordial.		
69	Very professional. thank you		
70	Moving the body.		Good Service!
71	Everything		
72	A lot! You stopped the bleeding, got me into the ambulance, hosed the blood off the porch and got me to the ER.	Well, you might have swept up the leaves (forgive a bit of recovered patient humor)	Outstanding!
73	My mom has alzheimers and they made her feel comfortable.		
74	Everything. They treated me like a person.		I just wanted to thank them for treating me like I was a real person.
75	Immediate thoughtful help with consideration to my daughter who was very upset.	All was good.	It was such a blessing to have you there in an emergency
76	Your medics were very helpful and kind.		
77	Very friendly, I did not know what was going on.		Great service!
78	Everything	Nothing.	All were great to me and my husband. Thank you so much.
79	Very helpful and respectful		We were very pleased.
80	Made sure the patients needs were taken care of.		
81	Reasoned quickly- asked the right questions. Very respectful.	Pleased with your service.	Marg was asked pain level from 1 to 10. She said 1 and it was more like an 8. Responder believed her (not good) she has slight dementia and ended up having a broken pelvis
82	Have not heard from the billing department.		

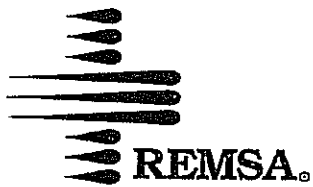
	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
83	Arrived quickly, was prompt.	Excellent service!	
84	Everything- wonderful!	Nothing- all was perfect!	Great! Thank you for caring for me!
85	Everything.	Don't think that is possible.	
86	They were kind.	If you are non-profit why are you charging me \$1200 when I am destitute & out of work for 6 weeks?	
87	All of the above		
88	This is my first ride in an ambulance. I hope it's my only. The staff was great for our short ride.		
89	Communication and reassurance.		Everything went well.
90	Everything		
91	Everything	Keep up the good work	
92	The crew communicated exceptionally well.		Thank you for coming.
93	Everything thank you!		
94	Prompt, efficient service		
95	Great	Nothing	
96	It was very good all in all. Can't complain.		
97	Everything!		Very expedient with response.
98	Everything	No complaints	
99	Quick response polite and knowledgeable service.		
100	Service was timely, friendly effective.		
101	They took very good care of me and the service was the best.	Nothing. Everything was perfect.	
102	The attendands were kind and gentle.	Can't think of anything.	My complaint is with 911, I told them it was not an emergnecy, I only wanted the REMSA notified. But Fire Dept come which was a waste of their time!
103	Care of my arm.	My wife called 2x no answer (911) then 911 call back.	Great service.
104	All is great!		
105	Transport		
106	Very professional and caring.		
107	Great staff/teamwork		Great Service
108	They kept me calm and comfortable and were very caring.		
109	Came in 10 minutes. Very well mannered.		
110	They were so kind and helpful while I was very afraid.	Hopefully I will not be using your service again. I give them an A+	Thank you for taking care of me I had no one else to help me
111	Everything		
112	Were there when needed	Same alertness	Very good.
113	Rapid Response		
114	The crew were here quickly and were very calm, professional and kind.	They couldn't have been better!	I was amazed at their professionalism and they made me feel unafraid and calm.
115	Everything was satisfactory.		
116	Remsa service was timely, effective and efficient.	It would be difficult to improve on the service my wife received	My wife and I both thank Remsa for their service.
117	Their procedure for handling a diabetics seizure was done expertly.	As far as I know they couldn't have done any better.	
118	Everything.		Thank you for your quick response and excellent service.
119	All	Nothing	
120	All were very professional, helpful, informative, caring and courteous.		
121	EVERYTHING	N/A	
122	They were very professional.		
123	The staff was very accomodating.	Get to the patient quicker.	911 did not answer at 1st then called me back.
124	Everything	Nothing	

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
125	Thank you for all of your hard work!		
126	EVERYTHING. OVERALL, Everything went smooth. I was REALLY CONFIDENT OF your CARE	N/A	N/A
127	Everything	Can't think of anything	you make the patient comfortable
128	Everything		
129	Very friendly and helpful.		
130	Your EMT staff made me feel secure enough so that I could relax and let air into my lungs.		
131	Very caring.	Be sure attendants know how to insert IV lines on first try.	
132	Everything was well done, as always. We thank you for your promptness.	Just be available.	We have always been please with your service.
133	You were calm and informative and patient		
134	Paramedics were helpful and friendly.		
135		Injered + dont know	
136		I don't know	
137	Put me at ease and made me feel secure and comfortable during a stressful time.		
138	friendly and caring.		
139	Both EMTs were very courteous and professional		
140	Responded quickly very professional dedicated and got me to the hospital quickly.		I broke my leg in a car accident and the team that responded was amazing! my care was amazing. I'm glad Remsa responded to my accident.
141	Got me to the hospital in a timely manner		
142	Arrived quickly.		
143	Kept me informed of the procedures they were doing and why. Explained why I was feeling the way I was.		I was the patient, my husband called it in. He commented the dispatcher was short and not helpful. Other times he has called in he was relaxed and felt confident on the directions of the dispatcher.
144	All		
145	Kind and careful	Continue as trained	We were pleased with the care given
146	You all were great	Nothing. Just keep doing the great job	
147	Everything		
148	Everything		
149	Quick response and very professional		
150	Service was excellent		Staff was very calming and professional
151			Employees were prompt and professional
152	strong concern of the problem and patient comfort	unknown at this time you do a great job	well trained and patient oriented . Thank You
153	You did everything great. It was the first time you had to take me to the hospital.		
154	Gave me a ride and got me to the hospital in quick time.		
155	Not well-OUTSTANDING		Your organization is the best trained, kind, and most efficient that I have encountered.
156	Everything		
157			Thank you for your services
158	REMSA was exceptional as usual. My problem is with the Fire Dept who basically told me I just "wanted a ride to the hospital". When I said we tried to get my husband to the car, but couldn't.		Do not understand why Fire Dept comes when ambulance is called.
159	Good treatment! Good communication. Efficient service.		
160	Coming in a timely fashion		

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
161	Got me to the hospital safely. However, not in a timely manner. We sat in front of my apartment for over five minutes, not telling me anything about what I was experiencing and instead they talked about football and potatoe chips!	The dispatcher had to ask me to repeat my address and phone number over four times each while I was barely able to stay conscious and speak. However, the paramedic said that I was speaking perfectly clear and he understood everything I said.	I do want to point out that the ambulance did arrive extremely quick once I was able to get my address across to the dispatcher. But the paramedics seemed very unorganized and very unprofessional. I was taken by ambulance 3 years ago for heart surgery and those paramedics were amazing and they save my life. But I was not impressed by my recent experience.
162	Took care of me and got me to the hospital quickly.		
163	Very professional, respectful and kind.		
164	Got me into the gurney without hurting me more than normal and got me to the hospital quickly.		
165	Took very good care of me. very professional during my trip to St. Mary's		
166	Quick response, professionalism of all workers, care of patient.		
167	Everything		Great
168	From start to finish the crew was awesome- they treated me + my family with tender care and respect. Best paramedics ever!	Nothing- everything was perfect.	
169	Being in an ambulance is scary but the young men did everything to reassure me.		
170	This was a new crew to our home and I appreciate they stayed professional and did ask if we were a "care facility", etc.	Maybe it would be good to have a supervisor or someone come & make suggestions how we can work together better. We have 6 disabled/medically fragile persons I've adopted & 1 foster, I myself am disabled and would like to know if theres anything we need to do different on ways we can help you all better.	
171	Very polite, nice, and professional. Made me feel relaxed and safe.	Save the city of Reno money by only dispatching REMSA and not also sending firemen as firemen are expensive to send and they have never been needed in my case.	
172	Everything		
173	Your staff was very kind and great respect for me.		
174	The most pleasent experience under the conditions.		Positive, informative and very caring.
175	As a first responder you did well.		
176	Your crew listened to me. They took me to the hospital that I suggested saw I was admitted.	You did a wonderful job.	
177		I am a nurse. I was very dehydrated and needed an IV. Crew would not listen to me. Even ER staff was puzzled as to why crew did not start an IV.	
178	Made me feel comfortable and were very nice and polite.		
179	Very pleased		
180	Quick response to the scene.	Communicate to the patient better, tend to their needs better. Didn't seem to care.	Crew did not seem concerned as to my condition. Talked to each other laughing and joking, but did not talk to me much. I would have liked a little more attention.
181		Can you tell me why pt was taken to Renown when wife instructed going to St. Mary's?	
182	Everything		
183	Thank you. Cutting clothes off = you saved the shoes by cutting the strings.	Not. But get rid of all the speed bumps.	
184	Everything! Prompt		Greatest service available.
185	The crew were very helpful and helped me to relax and stay calm.		
186	Took care of me very well	I don't know	
187	Very effecent and kind.		
188	Told me exactly what they were going to do and that they could help me		They were EMTs. All very helpful and informative.
189	Everything. Probably saved my life and I thank you!		
190	They treated me very well.	Just keep doing what you're doing.	



	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
191	Everything I guess. First time I have ever been in an ambulance.		The two men were really respectful. However, I found it odd that one of the men smoked and chewed tobacco, not what I would expect from an ambulance driver.
192	You did very well, sorry i was such a mess.		Your service was all a person could ask for. They were all very polite.
193	The team responded quickly. They were professional and compassionate toward my mother's needs.	Be more specific as to which hospital you are going to. I was told they were taking my mother to Renown. I live off of Zolezzi Lane, so i thought they were taking her to Renown South Meadows. I drove to that location, and when i arrived the hospital staff told me my mother was not there and suggested I go to the Renown on Mill Street. When I arrived, that is where REMSA had taken her. This location would not have been my choice.	
194			The driver on 12/30 was short and not helpful - don't know his name.
195	Arrived in a very timely manner following the call, and provided needed medical measures and reassurance.		



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*Regional Emergency Medical Services Authority*

**CARE FLIGHT  
CUSTOMER SERVICE  
FOR  
JANUARY 2012**



## CARE FLIGHT CUSTOMER COMMENTS JANUARY 2012

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
1	They did everything well. They explained what they were going to do before they did it and made us feel good about his care.		Jim doesn't remember anything about these services but I know they were very cautious and helpful.
2	Couteous and friendly.		My mom had an ischemic right foot and her leg ws very painful and they kept bumping it, several times as they loaded her into the helicopter. My mom suffered quite a bit as a result and it was extremely frustrating for our family to see.
3	Everything, thank you very much.		Excellent again thank you.
4			
5	Everything, very kind.	Everything was great and I was very happy. I can't think of any thing.	The people made me feel that they cared for me!
6	Got there fast and moved me with not too much discomfort. Pleasant and helpful.	Pay attention to actual patient needs and common sense assessment. Level 5 trauma care was very overkill.	Thanks for much for your help.
7	Made sure that I was comfortable through out the flight.		
8			The service was provided through the hospital. There is no info to offer you as the patient Mary did not survive.
9	The staff on the helicopter was very concerned that I was comfortable at the time.	I have no idea as I was very pleased with the service I got.	I have the deepest respect for what the crew does.
10	Very personable.	Keep up the good work.	
11	Very polite with calming attitudes. Thank you!	We are part of the Flight Plan Program. What do we do to use it?	



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*Regional Emergency Medical Services Authority*

REMSA  
PUBLIC RELATIONS REPORT  
FOR  
JANUARY 2012

**PUBLIC RELATIONS**

**January 2012**

<b>ACTIVITY</b>	<b>RESULTS</b>
Wrote and distributed press release regarding REMSA being honored by Human Services Network.	Press release was sent on 1/19
Began press release for Valentines Day CPR class.	Press release will go out in February.
Scheduled and conducted a tour with new Washoe County PIO.	Tour will take place in February.
Wrote fitting station press release to promote the lower cost and importance given winter driving conditions.	Release went out on 1/31.



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State of Nevada

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Join Together Northern Nevada

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Volunteers of America / ReStart

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Regional Transportation Commission

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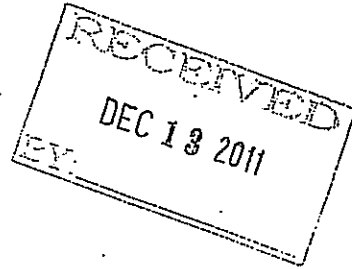
Armando Ormelas  
City of Sparks

**Executive Director**  
Erik Schoen

PO Box 980  
Virginia City, NV 89440  
(775) 847-9311, x102  
Fax: (775) 847-9335  
[humanservices@shcglobal.net](mailto:humanservices@shcglobal.net)  
[www.humanservicesnetwork.org](http://www.humanservicesnetwork.org)

December 10, 2011

Jim Gubbles  
REMSA  
450 Edison Way  
Reno, NV 89502



Dear Mr. Gubbles:

Congratulations! REMSA has been selected to receive a **Special Recognition** award at the Human Services Network's 23rd Annual Human Services Awards breakfast supported by NV Energy and Renown Health. The mission of the Human Services Network is to support and sustain the collective action necessary to assure the provision of quality human services in the Truckee Meadows.

The Human Services Awards breakfast is an opportunity to recognize those agencies and individuals who have made great strides in support of human services over the past year. Occasionally the awards committee will choose to recognize an individual or agency that doesn't quite fit in one of the standard award categories but where a level of excellence or innovation exists that calls for recognition. REMSA is being recognized for its professionalism and expert skill for its response at the 2011 Reno Air Races.

We would be very honored if you would join us on **January 19, 2011** at the **Peppermill Resort Hotel Casino** from **8:00am until 10:00am** where we will recognize your outstanding contribution. You will be scheduled approximately 2 - 3 minutes for remarks when accepting your award. Your breakfast is at our expense. **Please RSVP as soon as possible** at [erik@communitychestnevada.net](mailto:erik@communitychestnevada.net).

If you have any questions, please call me at 847-9311, x102. Once again, congratulations. We look forward to seeing you on the 19th.

Sincerely,  
Erik Schoen  
Executive Director

**23rd Annual  
Human Services  
Awards Breakfast**

January 19, 2011

***Breakfast***

***Opening Remarks***

Misty Vaughn Allen  
President

***HSN Update***

Erik Schoen  
Executive Director

***Awards***

***Raffle***

***Closing Remarks***

Misty Vaughn Allen  
President

***Advocacy Summit***

Immediately to Follow at 10 a.m.

Politician of the Year

**David Bobzien**  
Nevada State Assemblyman

Board Member of the Year  
**Korri Ward**

Governor's Council on Developmental Disabilities

Staff Member of the Year  
**Lieutenant Byron "Mac" Venzon**  
Reno Police Department

Administrator of the Year  
**Kathy Bartosz**  
Partnership Carson City

Agency of the Year  
**Nevada Network Against Domestic Violence**

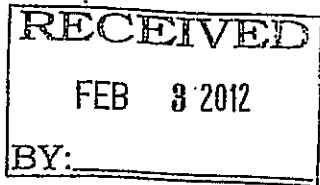
Special Recognition Award  
**REMSA**

Mike O'Callaghan Humanitarian Award  
**Kathy Jacobs**



U.S. Department of Justice

Federal Bureau of Investigation



In Reply, Please Refer to  
File No.

980 Sandhill Road  
Reno, Nevada 89521  
January 27, 2012

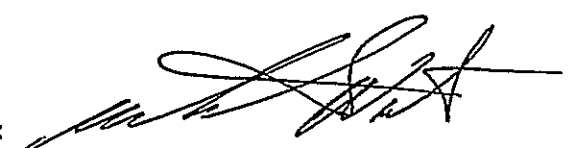
Patrick Smith  
President and CEO, REMSA  
450 Edison Way  
Reno, Nevada 89502

Dear Mr. Smith:

The Federal Bureau of Investigation's Reno Resident Agency would like to thank REMSA for its assistance during our operation on January 26, 2012 in Palomino Valley. Your TEMS medics Todd Kerfoot, Matt Dixon, and Mike Roen all provided invaluable support to our FBI tactical teams while displaying great professionalism. We appreciate your agency's willingness to respond whenever they are needed, and we look forward to continue working with you in the future.

Sincerely,

Kevin Favreau  
Special Agent in Charge

By:   
Michael A. West  
Supervisory Senior Resident Agent



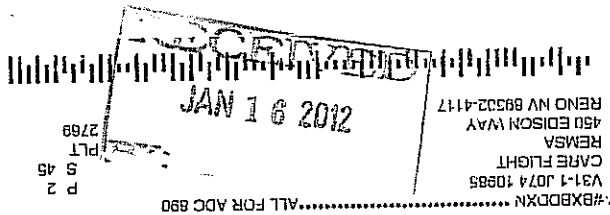
# Air Medical Journal

January  
February  
2012  
Volume 31  
Number 1

The Journal of Transport Medicine  
[www.airmedicaljournal.com](http://www.airmedicaljournal.com)



Jacqueline C. Stocking, RN, MSN, MBA, CMTE, CEN, CFRN, FP-C, CCP-C, NREMT-P, & Eric R. Swanson, MD, FACEP  
Editors



The Official Journal of the Air & Surface Transport Nurses Association,  
Air Medical Physician Association, Association of Air Medical Services,  
National EMS Pilots Association,  
and International Association of Flight and Critical Care Paramedics





REMSA paramedics Mike Garrett and Lori Mayford helped save the life of a runner in early November. / Tim Durn / RGJ

## 'In the twinkle of an eye'

Written by  
**Pamela Everett**

**Special to the RGJ**  
Dec. 25, 2011

*Note: Pamela Everett is a writer and columnist for the Omaha (Neb.) Herald as well as a graduate of the University of Nevada, Reno and former broadcast journalist and news director for KOH. In early November, Everett's fiance had a heart attack while jogging along Riverside Drive in Reno. Against the odds, he recovered, leaving Everett grateful for the Reno residents who went out of their way to save his life.*

His heart stopped beating about 50 minutes into the run. His two friends had peeled off in another direction just a minute earlier, so he was alone when it happened. He was alone when he died.

A passing motorcyclist saw him collapse and called 911.



The boxing coach drove by about the same time and stopped to help. He immediately started CPR.

The two paramedics arrived moments later and launched into action. They knew that the odds for surviving such a cardiac event were zero, but they shocked his body anyway, and after three tries, they saw the slightest signs of life.

The ER team at the hospital was ready when he arrived. The cardiologists worked quickly, assessed the blockage and inserted two stents into the heart's right ventricle.

The team lowered his body temperature to induce a cold coma that could save him from brain and heart damage, assuming there was anything left to save. His flesh cooled. Blood flowed. The ventilator breathed rhythmically. The name on his chart was John Doe.

Twenty-four hours and a series of perfectly-timed and totally serendipitous events later, he finally was identified. Almost instantly, a vast network of friends and family from Reno, Oregon, Colorado and even Nebraska rushed to his bedside.

I was one of them.

The doctors told us to brace for the worst. Who knows how long he went without oxygen after the collapse? It could be fatal.

I heard the word "vegetable" many times in those first hours. Suddenly, death was the preferred outcome. We were wishing for death to save ourselves from grief we couldn't possibly imagine or endure. But we wouldn't know anything until they started thawing his body and bringing him out of the coma.

And so began the next set of miracles.

He warmed. He began moving ever so slightly. He slowly opened his eyes but couldn't focus and closed them again.

We tried to be like a lighthouse, a beacon just beyond his drug-induced fog. We called to him. We touched him. We pleaded to no one in particular under our collective breath. We waited.

Eight days and many more miracles later, he stood up from the wheelchair outside the hospital's double doors and walked to the car.

He went from zero chance that he would ever see another sunrise to marveling at the changing leaves.

My dad used to say: "In the twinkle of an eye, your whole life can change." And mine did two weeks ago when I first learned that my best friend, my other half, was missing.

Then it changed again -- when I learned that he'd been shocked back to life, when I first held his warming hand, when he first made eye contact, when he first asked, "What happened?"

It changed again when we met Pat Schellin, the UNR boxing coach who saved his life. "It was nothing," he said. "Just make sure you do something good for someone else."

And when he met the REMSA paramedics, Lori Mayfield and Mike Garrett, and when **Lori told him that his survival had made her entire career worthwhile.**

It changed every day that I spent at St. Mary's Cardiac Care Unit, where everyone knew that genuine healing requires caring not only for the patient but for all the concerned souls at the bedside, too.

And it changed again when we walked out of the hospital into the beautiful fall light, grateful for all of these angels who made the moment possible.

Don't wait for tragedy to jolt you from your slumber.

Life is unbelievably short.

Open your heart.

Hold your friends and family close and don't let them go.

Help others.

Learn CPR and buy a paramedic a cup of coffee just because.

Say, "I love you."

And muster the courage to really live the life you want, this day and every day you have left.



Pat Schellin is a Nevada boxing coach who saved the life of a jogger. Schellin was passing by, saw the jogger and performed CPR until REMSA arrived.

#### Postscript:

REMSA Paramedic Lori Mayfield passed away suddenly on January 27, 2012. The patient she helped to save in this story came to her Celebration of Life and spoke about her and the effect all of these events has had on his second chance at life.



# Washoe County Health District



**Public Health**  
Prevent. Promote. Protect.

DBOH Agenda Item No. 11  
February 23, 2012

February 14, 2012

To: Members District Board of Health  
From: Eileen Stickney  
Subject: Public Health Fund Expenditure and Revenue Report for January 2012  
Agenda Item No. -

### Recommendation

Staff recommends that the District Board of Health accept the attached report of revenues and expenditures for the Health Fund for January 2012 of fiscal year 12.

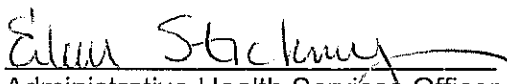
### Background

The attached reports are for the accounting period 7/12 and the percentages should approximate 58% of the year. Our total revenues and expenditures for the current year (FY12) compared to last year (FY11) are as follows:

January 2012	FY12 – REV	FY11 – REV	FY12 – EXP	FY11 – EXP
Transfer	17%	33%		
AHS	53%	43%	50%	46%
AQM	52%	61%	45%	52%
CCHS	44%	46%	53%	54%
EHS	57%	63%	54%	54%
EPHP	53%	35%	52%	38%
<b>TOTAL</b>	<b>47%</b>	<b>49%</b>	<b>49%</b>	<b>50%</b>

The Environmental Oversight Account for January 2012 is \$108,266.03.

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

  
Administrative Health Services Officer

Enclosure

Agenda Item No. 11



Washoe County Health District  
 REVENUE  
 Periods 1-7, FY 2012

Accounts	2012 Plan	2012 Actuals	Balance	Act%	2011 Plan	2011 Actual	Balance	Act%
422503 Environmental Permits	46,900.00	26,787.00	20,113.00	57	43,000.00	28,346.00	14,654.00	66
422504 Popul Permits	63,000.00	13,545.85	49,454.15	22	63,000.00	13,450.00	49,550.00	21
422505 RV Permits	9,700.00	6,008.00	3,692.00	62	10,500.00	6,258.00	4,242.00	60
422507 Food Service Permits	342,000.00	199,267.00	142,733.00	58	342,000.00	210,604.00	131,396.00	62
422508 Wat/Well Const Perm	27,000.00	6,627.00	20,373.00	25	34,500.00	14,799.00	19,701.00	43
422509 Water Company Permits	3,500.00	936.00	2,564.00	27	4,000.00	702.00	3,298.00	18
422510 Air Pollution Permits	370,485.00	177,086.00	193,399.00	48	391,000.00	203,629.00	187,371.00	52
422511 SDS Permits	47,000.00	32,434.00	14,566.00	69	47,000.00	34,128.00	12,872.00	73
422513 Special Event Permits	74,000.00	42,767.00	31,233.00	58	70,500.00	41,002.00	29,498.00	58
422514 Initial Applic Fee	25,000.00	12,869.00	12,131.00	51	35,000.00	15,881.00	19,119.00	45
* Licenses and Permits	1,008,585.00	518,326.85	490,258.15	51	1,040,500.00	568,799.00	471,701.00	55
431100 Federal Grants	6,065,350.10	2,681,484.91	3,383,865.19	44	6,300,118.54	2,632,080.06	3,668,038.48	42
431105 Federal Grants - indirect	31,837.00	53,527.79	21,690.79	168	32,599.00	45,929.51	13,330.51	141
432100 State Grants	458,327.00	281,264.91	177,062.09	61	470,737.42	237,985.06	232,752.36	51
432810 Title Fee NRS 424A-090	452,000.00	333,043.06	118,956.94	74	370,535.00	357,042.56	13,492.44	96
482311 Pol Contr 455B-830	297,006.07	235,393.00	61,613.07	79	290,140.86	159,845.00	130,295.86	55
* Intergovernmental	7,304,520.17	3,584,713.67	3,719,806.50	49	7,464,130.82	3,432,882.19	4,031,248.63	46
460500 Other Immunizations	89,000.00	48,975.73	40,024.27	55	85,000.00	53,941.44	31,058.56	63
460600 Medicaid/Clinical Services	40,300.00	12,723.26	27,576.74	32	32,000.00	24,425.84	7,574.16	76
460503 Childood Immunizations	59,000.00	17,430.54	41,569.46	30	140,000.00	35,071.50	104,928.50	25
460508 Tuberculosis	6,250.00	2,247.11	4,002.89	36	7,000.00	4,157.89	2,842.12	59
460509 Water Quality						432.00	432.00	
460510 Air Overlay	96,800.00	50,818.00	45,982.00	52	111,000.00	52,150.00	58,850.00	47
460511 Birth and Death Certificates	280,000.00	250,286.00	29,714.00	89	210,000.00	159,634.00	50,366.00	76
460512 Duplication Service Fees		249.39	249.39		115.00	1,129.43	1,014.43	982
460513 Other Health Service Charges	2,700.00	1,107.00	1,593.00	41	2,700.00	5,619.25	2,919.25	208
460514 Food Service Certification	9,000.00	10,586.00	1,586.00	118	8,000.00	7,845.00	155.00	98
460515 Medicare Reimbursement	300.00		300.00		500.00	265.60	234.40	53
460516 Pgm Lic and Priv Rec	4,750.00	8,752.83	4,002.83	184	6,500.00	3,176.58	3,323.42	49
460517 Influenza Immunization	7,000.00	4,041.00	2,959.00	58	12,000.00	5,408.99	6,591.01	45
460518 STD Fees	28,000.00	13,083.04	14,916.96	47	30,000.00	17,509.56	12,490.44	58
460520 Eng Serv Health	42,000.00	17,413.00	24,587.00	41	55,000.00	23,584.00	31,416.00	43
460521 Plan Review Pools & Spas	2,500.00	2,604.00	104.00	104	2,500.00	3,601.00	1,101.00	144
460523 Plan Review Food Services	17,000.00	8,929.00	8,071.00	53	17,000.00	14,792.15	2,207.85	87
460524 Family Planning	44,000.00	17,561.04	26,438.96	40	66,000.00	25,925.52	40,074.48	39
460525 Plan Review Vector	24,000.00	15,960.00	8,040.00	67	24,000.00	21,311.00	2,689.00	89
460526 Plan Review Air Quality	25,000.00	16,981.00	8,019.00	68	11,270.00	17,208.00	5,938.00	153
460527 NCE AQM	76,000.00	57,761.00	18,239.00	76	40,000.00	44,940.00	4,940.00	112
460528 NESAP AQM	66,000.00	43,637.00	22,363.00	66	62,000.00	42,720.00	19,230.00	69
460529 Assessments AQM	28,000.00	18,774.00	9,226.00	67	21,000.00	16,674.00	4,326.00	79
460530 Inspector Register AQ	3,115.00	2,670.00	445.00	86	1,900.00	3,395.00	1,495.00	179
460531 Dust Plan Air Quality	165,000.00	57,972.00	107,028.00	35	165,000.00	87,136.00	77,864.00	53
460532 Plan Review/Hotel						69.00	69.00	
460533 Guide Start		87.00	87.00			87.00	87.00	
460534 Child Care Inspection	8,000.00	4,278.00	3,722.00	53	8,300.00	4,761.00	3,539.00	57

Washoe County Health District  
 REVENUE  
 Periods 1-7, FY 2012

Accounts	2012 Plan	2012 Actuals	Balance	Act%	2011 Plan	2011 Actual	Balance	Act%
460535- Pub/Accomod/Inspection	16,000.00-	7,877.00-	8,123.00-	49	17,000.00-	8,735.00-	8,265.00-	51
460570- Education Revenue	13,400.00-	3,804.00-	9,596.00-	28	13,400.00-	7,710.00-	5,690.00-	58
* Charges for Services	1,153,115.00-	696,607.94-	456,507.06-	60	1,149,185.00-	693,465.74-	455,719.26-	60
484050- Donations/Federal/Rgn Income	41,450.00-	25,901.14-	15,548.86-	62		24,630.41-	24,630.41	
485100- Reimbursements		150.00-	150.00			150.00-	150.00	
485121- Jury Reimbursements		200.00-	200.00					
485300- Other Misc Govt Rev	805,650.00-	1,253.80-	804,396.20-	0		25.00-	25.00	
* Miscellaneous	847,100.00-	27,504.94-	819,595.06-	3		24,805.41-	24,805.41	
** Revenue	10,313,320.17-	4,827,153.40-	5,486,166.77-	47	9,653,815.82-	4,719,952.34-	4,933,863.48-	49

Washoe County Health District  
EXPENSE  
Periods 1-7, FY 2012

Accounts	2012 Plan	2012 Actuals	Balance	Act%	2011 Plan	2011 Actual	Balance	Act%
70110-Base Salaries	9,426,414.73	5,078,922.21	4,347,492.52	54	10,284,441.92	5,357,273.75	4,927,166.17	52
70120-Paid Time	542,290.09	319,506.08	222,784.01	59	654,044.80	337,897.09	316,147.71	52
70130-Pooled Positions	443,998.50	192,584.29	251,414.21	43	413,252.66	227,541.48	185,711.18	55
70140-Holiday Work	1,200.00	3,001.33	1,801.33-	250	1,200.00	1,592.87	392.87-	133
701200-Incentive Longevity	162,380.00	82,616.90	79,763.10	51	162,000.00	80,444.26	81,555.74	50
701300-Overtime	57,406.25	23,473.12	33,933.13	41	43,664.26	66,671.03	23,006.77-	153
701406-Standby Pay	3,000.00	5,427.32	5,427.32-		30,000.00	20,093.75	9,906.25	67
701408-Call Back	68,148.78	376.24	2,623.76	13	3,000.00	1,489.94	1,489.94	50
701412-Salary Adjustment		111,162.34	68,148.78		48,368.57-	84,627.01	48,368.57-	
701413-Vac Payoff/Sick Pay/Term		14,009.39	111,162.34-		3,000.00	84,627.01-	84,627.01-	
701417-Comp Time		14,009.39	14,009.39-		17,002.32	17,002.32	17,002.32-	
701500-Ment Awards	92,818.62-		92,818.62-		120,175.23-		120,175.23-	
* Salaries and Wages	10,612,019.73	5,831,079.22	4,780,940.51	55	11,423,059.84	6,194,653.62	5,228,406.22	54
705110-Group Insurance	1,489,390.16	796,214.66	693,175.50	53	1,598,298.03	827,662.55	770,635.48	52
705199-Lab/Cost-Sav-Benef		3,222.00-	3,222.00					
705210-Retirement	2,354,960.12	1,290,231.28	1,064,728.84	55	2,377,608.28	1,242,494.75	1,135,113.53	52
705215-Retirement Calculation	355,282.00	5,435.96	349,846.04	2	410,797.00		410,797.00	
705230-Medicare April 1986	136,532.33	76,998.14	59,534.19	56	148,666.06	81,847.81	66,818.25	55
705320-Workmens Comp	63,088.76	45,120.67	17,968.09	72	54,530.00	31,809.19	22,720.81	58
705330-Unempl Comp	14,892.40	14,892.90	0.50-	100	33,440.00	33,440.01	0.01-	100
705360-Benefit Adjustment					8,471.00		8,471.00	
Employee Benefits	4,414,145.77	2,225,671.61	2,188,474.16	50	4,631,810.37	2,217,254.31	2,414,556.06	48
710100-Professional Services	1,069,394.42	146,704.09	922,690.33	14	778,812.94	97,797.58	681,015.36	13
710105-Medical Services	8,914.00	1,104.00	7,810.00	12	7,248.00	1,058.00	6,190.00	15
710108-IT Consultants	60,900.00	30,400.00	30,500.00	50	60,900.00	28,200.00	32,700.00	46
710110-Contracted Temp Services	87,780.00	16,718.47	71,061.53	19	115,801.22	41,166.35	74,634.87	36
710119-Subrecruit Payments	186,242.00	101,612.64	84,629.36	55	186,242.00	143,727.69	42,514.31	77
710200-Service Contract	69,433.00	56,116.75	13,316.25	81	66,915.00	44,397.97	22,517.03	66
710205-Repairs and Maintenance	19,940.00	3,020.46	16,919.54	15	16,864.00	6,364.27	10,499.73	38
710210-Software Maintenance	12,000.00	9,000.00	3,000.00	75	12,000.00	9,000.00	3,000.00	75
710300-Operating Supplies	151,332.00	74,669.36	76,662.64	49	178,347.14	54,939.31	123,407.83	31
710302-Small Tools & Allow	1,685.00		1,685.00		2,185.00	325.50	1,859.50	15
710306-Animal Supplies	2,000.00	323.75	1,676.25	16	2,000.00		2,000.00	
710319-Chemical Supplies	281,950.00	265,391.74	16,558.26	94	321,741.00	321,290.65	450.35	100
710325-Signs and Markers		1,336.50	1,336.50-					
710334-Copy Machine Expense	29,254.89	13,278.82	15,976.07	45	32,011.00	15,697.48	16,313.52	49
710350-Office Supplies	44,277.01	22,543.79	21,733.22	51	49,948.43	25,478.92	24,469.51	51
710355-Books and Subscriptions	7,684.00	4,341.00	3,343.00	56	11,084.00	3,188.15	7,895.85	29
710360-Postage	20,915.00	9,941.08	10,973.92	48	19,538.00	13,152.90	6,385.10	67
710361-Express and Courier	780.00	144.06	635.94	18	815.00	272.03	542.97	33
710391-Fuel & Lubo	100.00		100.00		100.00		100.00	
710500-Other Expense	28,161.31	15,703.01	12,458.30	56	34,355.88	32,128.74	2,227.14	94
710502-Printing	16,547.00	6,808.98	9,738.02	41	31,886.72	16,281.30	15,605.42	51
710508-Licenses & Permits	8,540.00	4,640.25	3,899.75	54	6,875.00	6,075.00	800.00	88
710504-Registration						89.00	89.00-	



Washoe County Health District  
EXPENSE  
Periods 1-7, FY 2012

Accounts	2012 Plan	2012 Actuals	Balance	Act%	2011 Plan	2011 Actual	Balance	Act%
710505 Rental Equipment	2,300.00	1,031.00	1,269.00	45	1,800.00	360.00	1,440.00	20
710506 Dept Insurance Deductible		150.00	150.00-			176.19	176.19-	
710507 Network and Data Lines	5,960.00	6,279.87	319.87-	105	5,460.00	3,430.54	2,029.46	63
710508 Telephone Land Lines	45,149.00	21,939.88	23,209.12	49	53,739.92	23,931.04	29,808.88	45
710509 Seminars and Meetings	32,940.00	18,201.19	14,738.81	55	38,233.00	18,201.18	20,031.82	48
710512 Auto Expense	23,518.00	7,476.74	16,041.26	32	16,457.00	6,827.24	9,629.76	41
710514 Regulatory Assessments		11,920.00	11,920.00-			27.99	27.99-	
710519 Cellular Phone	16,640.00	7,784.73	8,855.27	47	13,410.00	8,837.53	4,572.47	66
710529 Dues	6,886.00	6,710.00	176.00	97	6,961.00	6,164.00	797.00	89
710535 Credit Card Fees	10,495.00	5,704.57	4,790.43	54	10,545.00	5,783.58	4,761.42	55
710546 Advertising	32,380.52	43,782.09	11,401.57-	135	27,534.70	28,435.58	900.88-	103
710552 Moving Costs		1,046.14	1,046.14-					
710577 Uniforms & Special Clothing	3,150.00	2,304.60	845.40	73	3,450.00	300.35	3,149.65	9
710585 Undesignated Budget	916,187.00		916,187.00		3,155.00-		3,155.00-	
710600 Lease Office Space	113,439.00	74,407.98	39,031.02	66	120,932.89	74,576.49	46,356.40	62
710703 Biologicals	242,794.79	78,941.40	163,853.39	33	313,025.68	85,923.27	227,102.41	27
710714 Referral Services	9,040.00		9,040.00		11,300.00		11,300.00	
710721 Outpatient	97,399.00	43,844.90	53,554.10	45	122,249.97	53,497.30	68,752.67	44
710872 Food Purchases	3,726.00	437.50	3,288.50	12	3,001.00	1,591.26	1,409.74	53
711010 Utilities	3,483.00		3,483.00		1,100.00	1,212.00	112.00-	110
711100 ESD Asset Management	17,160.00	10,686.00	6,474.00	62	21,600.00	11,700.00	9,900.00	54
711113 Equip Srv Replace	44,139.00	27,284.47	16,854.53	62	41,946.18	26,126.74	15,819.44	62
711114 Equip Srv O & M	57,849.02	25,729.27	32,119.75	44	58,538.39	28,992.72	29,545.67	50
711115 Equip Srv Motor Pool		15,625.48	15,625.48-		2,325.00	5,037.20	2,712.20-	217
711117 ESD Fuel Charge	48,768.76	31,728.51	17,040.25	65	41,646.75	27,933.99	13,712.76	67
711119 Prop & Lab Billings	77,036.32	44,937.83	32,098.49	58	72,200.00	42,116.82	30,083.38	58
711210 Travel	162,381.00	27,871.48	134,509.52	17	206,274.25	38,082.62	168,191.63	18
711300 Cash Over Short		3.00-	3.00			24.27-	24.27	
711502 Equipment Capital	55,484.98	82,272.71	26,787.73-	148	83,660.37	56,622.27	27,038.10	68
* Services and Supplies	4,136,136.02	1,381,894.09	2,754,241.93	33	3,209,906.43	1,416,494.27	1,793,412.16	44
* 710102 Equipment Capital	524,009.12	262,214.75	261,794.37	50	323,318.72	43,283.58	280,035.14	13
* Capital Outlay	524,009.12	262,214.75	261,794.37	50	323,318.72	43,283.58	280,035.14	13
** Expenses	19,686,310.64	9,700,859.67	9,985,450.97	49	19,588,095.36	9,871,685.78	9,716,409.58	50
621001 Transfer From General	7,250,850.00-	1,208,476.00-	6,042,374.00-	17	8,192,500.00-	2,730,832.00-	5,461,668.00-	33
* Transfers In	7,250,850.00-	1,208,476.00-	6,042,374.00-	17	8,192,500.00-	2,730,832.00-	5,461,668.00-	33
** Other Financing Src/Use	7,250,850.00-	1,208,476.00-	6,042,374.00-	17	8,192,500.00-	2,730,832.00-	5,461,668.00-	33
*** Total	2,122,140.47	3,665,230.27	1,543,089.80-	173	1,741,779.54	2,420,901.44	679,121.90-	139

Washoe County Health District  
 Administrative Health Services  
 Periods 1-7, FY2012

Accounts	2012 Plan	2012 Actuals	Balance	Act%	2011 Plan	2011 Actual	Balance	Act%
43100 Federal Grants	1,191,109.00	601,885.70	589,223.30	51	1,191,109.00	512,429.88	678,679.12	43
43105 Federal Grants (Indirect)		28,103.25	28,103.25					
• Intergovernmental	1,191,109.00	629,988.95	561,120.05	53	1,191,109.00	512,429.88	678,679.12	43
460512 Duplication Service Fees		8.00	8.00		115.00		115.00	
• Charges for Services		8.00	8.00		115.00		115.00	
485121 Jury Reimbursements		200.00	200.00					
• Miscellaneous		200.00	200.00					
** Revenue	1,191,109.00	630,196.95	560,912.05	53	1,191,224.00	512,429.88	678,794.12	43
701110 Base Salaries	1,672,188.45	948,634.48	723,553.97	57	1,806,128.35	943,493.95	862,634.40	52
701120 Paid Time	24,218.74	13,437.50	10,781.24	55	24,427.89	12,978.36	11,449.53	53
701130 Pooled Positions	24,125.42	9,618.24	14,507.18	40	83,483.00	18,504.99	64,978.01	22
701140 Holiday Work						171.47	171.47	
701200 Incentive/Longevity	31,900.00	15,190.38	16,709.62	48	29,800.00	14,559.62	15,240.38	49
701300 Overtime	2,100.00	1,314.74	785.26	63	1,000.00	9,616.69	8,616.69	962
701412 Salary Adjustment	58,579.12		58,579.12		5,347.52		5,347.52	
701413 Vac Pay/ Sick Pay Term		388.28	388.28			10,715.38	10,715.38	
701417 Comp Time		0.48	0.48					
• Salaries and Wages	1,813,111.73	988,584.10	824,527.63	55	1,939,491.72	1,010,040.46	929,451.26	52
705100 Group Insurance	271,401.01	155,102.70	116,298.31	57	288,679.65	156,484.29	132,195.36	54
705199 Lab Cost Sav Bene		649.40	649.40					
705210 Retirement	402,901.49	226,994.40	175,907.09	56	394,720.53	205,871.05	188,849.48	52
UT 082153 Retirement Calculation	355,282.00		355,282.00		410,797.00	14,067.97	410,797.00	
05230 Medicare April 1986	24,227.84	13,694.89	10,532.95	57	26,138.11	12,070.14	12,070.14	54
705320 Workmen's Comp	12,363.45	7,212.03	5,151.42	58	10,332.00	6,026.93	4,305.07	58
705930 Unemploy Comp	2,920.50	2,920.50		100	6,336.00	6,335.97	0.03	100
• Employee Benefits	1,069,096.29	405,275.12	663,821.17	38	1,137,003.29	388,786.21	748,217.08	34
710100 Professional Services	9,500.00	9,074.88	425.12	96	2,300.00	1,905.00	395.00	83
710105 Medical Services	350.00		350.00			207.00	207.00	
710200 Service Contract	1,500.00	2.45	1,497.55	0	750.00	845.48	95.48	113
710205 Repairs and Maintenance	400.00	34.00	366.00	9	700.00		700.00	
710300 Operating Supplies	17,251.00	15,728.24	1,522.76	91	26,100.00	7,808.10	18,291.90	30
710334 Copy Machine Expense	5,680.00	2,938.36	2,741.64	52	11,594.00	4,246.56	7,347.44	37
710350 Office Supplies	11,900.00	7,638.63	4,261.37	64	16,200.00	5,231.23	10,968.77	32
710355 Books and Subscriptions	1,350.00	816.95	533.05	61	1,350.00	537.90	812.10	40
710360 Postage	1,175.00	479.42	695.58	41	1,550.00	651.37	898.63	42
710361 Express and Courier	100.00		100.00		100.00	14.56	85.44	15
710500 Office Expense	1,600.00	712.55	887.45	45	1,100.00	665.35	434.65	60
710502 Printing	2,080.00	780.83	1,299.17	38	9,050.00	496.52	8,553.48	5
710503 Licenses & Permits	2,480.00	1,851.00	639.00	74	2,300.00	740.00	1,560.00	32
710507 Network and Data Lines	630.00	234.94	395.06	37	480.00	282.93	197.07	59
710508 Telephone Landlines	11,340.00	4,797.54	6,542.46	42	11,380.00	5,031.56	6,348.44	44
710509 Seminars and Meetings	7,400.00	4,031.00	3,369.00	54	5,300.00	2,102.18	3,197.82	40
710512 Audio Expense	3,900.00	1,860.96	2,039.04	48	3,900.00	789.58	3,110.42	20
710519 Cellular Phone	1,470.00	1,400.44	69.56	95	250.00	684.71	434.71	274
710529 Dues	2,850.00	2,188.00	662.00	77	2,850.00	395.00	2,455.00	14

Washoe County Health District  
 Administrative Health Services  
 Periods 1-7, FY2012

Accounts	2012 Plan	2012 Actuals	Balance	Actf%	2011 Plan	2011 Actual	Balance	Actf%
710546 Advertising	150.00		150.00		150.00	80.69	69.31	54
710552 Moving Costs		1,046.14	1,046.14					
710600 LT Lease-Office Space	71,788.00	47,447.98	24,340.02	66	80,296.00	47,611.21	32,684.79	59
710872 Food Purchases	150.00		150.00		150.00		150.00	
711010 Utilities	1,000.00		1,000.00		100.00	330.00	230.00	330
711100 ESD/Asset Management	312.00	182.00	130.00	58	360.00	210.00	150.00	58
711114 Equip. Serv. & M.	767.04	376.95	390.09	49	702.30	415.50	286.80	59
711115 Equip. Serv. Motor Pool		50.00	50.00		1,000.00	507.50	492.50	51
711117 ESD Fuel Charge	557.28	418.20	139.08	75	509.46	329.84	179.62	65
711119 Prop. & Liab Billings	15,154.15	8,839.88	6,314.27	58	13,680.00	7,979.93	5,700.07	58
711210 Travel	17,000.00	6,035.77	10,964.23	36	17,500.00	7,211.78	10,288.22	41
711399 Cash Over/Short		3.00	3.00			24.27	24.27	
711504 Equipment-nonCapital	1,650.00	15,934.97	14,284.97	966	1,700.00	5,586.54	3,886.54	329
* Services and Supplies	191,494.47	134,899.08	56,595.39	70	213,401.76	102,873.75	110,528.01	48
** Expenses	3,073,702.49	1,528,758.30	1,544,944.19	50	3,289,896.77	1,501,700.42	1,788,196.35	46
*** Total	1,882,593.49	888,561.35	984,032.14	48	2,098,672.77	989,270.54	1,109,402.23	47

Washoe County Health District  
 Air Quality Management  
 Periods 1-7, FY 2012

Accounts	2012 Plan	2012 Actuals	Balance	Act%	2011 Plan	2011 Actual	Balance	Act%
422510 Air Pollution Permits	370,485.00	177,086.00	193,399.00	48	391,000.00	203,655.00	187,345.00	52
• Licenses and Permits	370,485.00	177,086.00	193,399.00	48	391,000.00	203,655.00	187,345.00	52
431100 Federal Grants	863,531.00	267,319.74	596,211.26	31	686,099.00	367,288.54	318,810.46	54
431105 Federal Grants - Indirect		5,921.26	5,921.26			13,796.46	13,796.46	
432100 State Grants	230,000.00	230,000.00		100	140,000.00	140,000.00		100
432310 Pol Cont	297,006.07	235,393.00	61,613.07	79	290,140.86	159,845.00	130,295.86	55
• Intergovernmental	1,390,537.07	738,634.00	651,903.07	53	1,116,239.86	680,930.00	435,309.86	61
460510 Other Health Service Charges						701.00	701.00	
460526 Plan Review Air Quality	25,000.00	16,981.00	8,019.00	68	11,270.00	17,208.00	5,938.00	153
460527 AQM	76,000.00	57,761.00	18,239.00	76	40,000.00	44,940.00	4,940.00	112
460528 NESHAP AQM	66,000.00	43,637.00	22,363.00	66	62,000.00	42,770.00	19,230.00	69
460529 Assessments AQM	28,000.00	18,774.00	9,226.00	67	21,000.00	16,674.00	4,326.00	79
460530 Inspector Registrar AQ	3,115.00	2,670.00	445.00	86	1,900.00	3,395.00	1,495.00	179
460531 Dust Plan Air Quality	165,000.00	57,972.00	107,028.00	35	165,000.00	87,136.00	77,864.00	53
• Charges for Services	363,115.00	197,795.00	165,320.00	54	301,170.00	212,824.00	88,346.00	71
485100 Reimbursements		150.00	150.00					
485600 Other Misc Govt Rev		423.30	423.30					
• Miscellaneous		573.30	573.30					
** Revenue	2,124,137.07	1,114,088.30	1,010,048.77	52	1,808,409.86	1,097,409.00	711,000.86	61
701110 Base Salaries	1,292,212.29	651,195.89	641,016.40	50	1,368,978.42	747,174.22	621,804.20	55
701130 Pooled Positions	28,000.00	5,242.35	22,757.65	19	18,000.00	11,959.57	6,040.43	66
701140 Holiday Work		394.65	394.65					
701200 Incentives Longevity	22,400.00	9,551.54	12,848.46	43	23,000.00	10,575.02	12,424.98	46
701500 Overtime	7,599.56	2,189.21	5,410.35	29	6,576.10	1,817.34	4,758.76	28
701713 Vac Payoff Sick Pay Term		38,584.09	38,584.09			42,911.41	42,911.41	
701717 Comp Time		5,358.86	5,358.86			11,850.01	11,850.01	
• Salaries and Wages	1,350,211.85	712,516.59	637,695.26	53	1,416,554.52	826,287.57	590,266.95	58
705110 Group Insurance	177,040.72	88,728.12	88,312.60	50	175,898.81	97,015.71	78,883.10	55
705199 Lab Cost Sav Benefit		624.40	624.40					
705210 Retirement	305,669.98	155,653.87	150,016.11	51	299,272.94	162,617.09	136,655.85	54
705250 Medicare April 1986	18,443.93	9,639.80	8,804.13	52	18,558.58	10,962.72	7,595.86	59
705320 Workmans Comp	7,543.80	4,400.55	3,143.25	58	5,740.00	3,348.31	2,391.69	58
705330 Unemploy Comp	1,782.00	1,782.00		100	3,520.00	3,519.99	0.01	100
• Employee Benefits	510,480.43	259,579.94	250,900.49	51	502,990.33	277,463.82	225,526.51	55
710100 Professional Services	298,767.94	283.00	298,484.94	0	205,628.23	27,624.91	178,003.32	13
710105 Medical Services	1,316.00	323.50	992.50	25		628.00	628.00	
710110 Contracted Temp Services					40,000.00		40,000.00	
710200 Service Contract	500.00	262.36	237.64	52	350.00	51.62	298.38	15
710205 Repairs and Maintenance	11,730.00	449.01	11,280.99	4	7,000.00	4,353.02	2,646.98	62
710300 Operating Supplies	6,600.00	3,255.32	5,344.68	38	9,100.00	6,289.87	2,810.13	69
710330 Copy Machine Expense	4,400.00	2,283.50	2,116.50	52	4,400.00	2,981.90	1,418.10	68
710350 Office Supplies	4,000.00	2,316.81	1,683.19	58	4,000.00	4,141.09	141.09	104
710355 Books and Subscriptions	224.00	268.37	44.37	120	224.00	213.82	10.18	95
710360 Postage	2,900.00	1,653.31	1,246.69	57	2,200.00	1,708.11	491.89	78
710361 Express and Courier	175.00	57.65	117.35	33	200.00	46.33	153.67	23

Washoe County Health District  
 Air Quality Management  
 Periods 1-7, FY 2012

Account	2012 Plan	2012 Actuals	Balance	Act%	2011 Plan	2011 Actual	Balance	Act%
710500 Other Expense	100.00	1,302.89	1,202.89-	1,303	200.00	57.00	143.00	29
710502 Printing	800.00	372.61	427.39	47	1,000.00	577.91	422.09	58
710503 Licenses & Permits	135.00		135.00		90.00		90.00	
710505 Rental Equipment	1,800.00		1,800.00		1,800.00		1,800.00	
710507 Network and Data Lines		2,910.00	2,910.00-		7,000.00	3,366.11	3,633.89	48
710508 Telephone Land Lines	6,500.00	2,445.53	4,054.47	38	5,000.00	1,195.00	3,805.00	24
710509 Seminars and Meetings	5,000.00	1,570.19	3,429.81	31	1,200.00	107.00	1,093.00	9
710512 Auto Expense	1,000.00	261.99	738.01	26	3,800.00	2,698.82	1,101.18	71
710519 Cellular Phone	4,700.00	2,269.71	2,430.29	48	435.00	2,750.00	2,315.00-	632
710523 Dues	435.00	2,750.00	2,315.00-	632	1,500.00	595.44	904.56	40
710535 Credit Card Fees	1,500.00	916.10	583.90	61	1,000.00	406.50	593.50	41
710546 Advertising	1,000.00	11,915.36	10,915.36-	1,192	1,100.00		1,100.00	
710577 Uniforms & Special Clothing	1,100.00	1,686.90	586.90-	153	1,316.00		1,316.00	
711007 SPD Asset Management	2,808.00	1,638.00	1,170.00	58	2,880.00	1,920.00	960.00	67
711113 Equip. Serv. Replace	13,719.96	9,002.46	4,717.50	66	7,677.51	8,094.96	417.45-	105
711114 Equip. Serv. & M.	12,963.22	4,561.55	8,401.67	35	13,966.50	5,468.76	8,497.74	39
711115 Equip. Serv. Motor Pool		6,865.46	3,655.08	65	11,125.62	325.00	325.00-	54
711117 ESD Fuel Charge	10,520.54	5,393.85	3,852.75	58	7,600.00	4,433.31	5,110.76	58
711119 Prop. & Lab Billings	9,246.60	3,322.47	27,677.53	11	28,500.00	4,230.97	3,166.69	15
711210 Travel	31,000.00	26,616.77	2,616.77-	111	14,000.00	12,296.37	24,269.03	88
11500 Equipment on Capital	24,000.00	96,954.67	363,986.59	21	384,292.86	102,576.68	1,703.63	27
Services and Supplies	460,941.26	116,338.60	214,093.40	35	92,697.72	43,283.58	281,716.18	47
781000 Equipment Capital	330,432.00	116,338.60	214,093.40	35	92,697.72	43,283.58	49,414.14	47
* Capital Outlay	330,432.00	116,338.60	214,093.40	35	92,697.72	43,283.58	49,414.14	47
** Expenses	2,652,065.54	1,185,389.80	1,466,675.74	45	2,396,535.43	1,249,611.65	1,146,923.78	52
*** Total	527,928.47	71,301.50	456,626.97	14	588,125.57	152,202.65	435,922.92	26

Washoe County Health District  
Community and Clinical Health Services  
Periods 1-7, FY 2012

Accounts	2012 Plan	2012 Actuals	Balance	Act%	2011 Plan	2011 Actual	Balance	Act%
431100 Federal Grants	2,350,745.00	1,067,524.63	1,283,220.37	45	2,364,508.70	1,098,133.50	1,266,375.20	46
431105 Federal Grants - Indirect		4,676.54	4,676.54			17,106.62	17,106.62	
432100 State Grants	153,327.00	13,764.91	139,562.09	9	255,737.42	61,735.06	194,002.36	24
• Intergovernmental	2,504,072.00	1,085,966.08	1,418,105.92	43	2,620,246.12	1,176,975.18	1,443,270.94	45
460500 Other Immunizations	89,000.00	48,975.73	40,024.27	55	85,000.00	53,941.44	31,058.56	63
460501 Medical/Clinical Services	40,300.00	12,723.26	27,576.74	32	32,000.00	24,425.84	7,574.16	76
460503 Childhood Immunizations	59,000.00	17,430.54	41,569.46	30	140,000.00	35,071.50	104,928.50	25
460508 Tuberculosis	6,250.00	2,247.11	4,002.89	36	7,000.00	4,157.88	2,842.12	59
460515 Medicare Reimbursement	300.00		300.00		500.00	265.60	234.40	53
460516 Pgm Inc 3rd Party Rec	4,750.00	8,752.83	4,002.83	184	6,500.00	3,176.58	3,323.42	49
460517 Influenza Immunization	7,000.00	4,041.00	2,959.00	58	12,000.00	5,408.99	6,591.01	45
460518 STD Fees	28,000.00	13,083.04	14,916.96	47	30,000.00	17,509.56	12,490.44	58
460524 Family Planning	44,000.00	17,561.04	26,438.96	40	66,000.00	25,925.52	40,074.48	39
460570 Education Revenue	11,000.00	2,932.00	8,068.00	27	11,000.00	6,212.00	4,788.00	56
• Charges for Services	289,600.00	127,746.55	161,853.45	44	390,000.00	176,094.91	213,905.09	45
484050 Donations-Federal Pgm Income	41,450.00	25,901.14	15,548.86	62				
485300 Other Misc Govt Rev		830.50	830.50					
• Miscellaneous	41,450.00	26,731.64	14,718.36	64		24,630.41	24,630.41	
** Revenue	2,855,122.00	1,240,444.27	1,594,677.73	44	3,010,246.12	1,377,700.50	1,632,545.62	46
701110 Base Salaries	2,290,226.58	1,231,519.62	1,058,706.96	54	2,598,654.20	1,398,680.88	1,199,973.32	54
701120 Part Time	518,071.35	305,869.90	212,201.45	59	573,266.06	314,327.44	258,938.62	55
701130 Pooled Positions	258,126.08	106,818.16	151,307.92	41	168,345.03	114,492.28	53,852.75	68
701140 Holiday Work		233.36	233.36					
701200 Incentive/Longevity	44,097.00	29,096.16	15,000.84	66	52,628.00	28,123.63	24,504.37	53
701300 Overtime	8,606.69	21.75	8,628.44	0-	300.00	9,755.66	9,455.66	3,252
701412 Salary Adjustment	998.39		998.39		175,244.98	10,684.89	175,244.98	
701415 Vac Payoff/Sick Pay/term		9,289.66	9,289.66			194.12	10,684.89	
701417 Comp Time		2,423.57	2,423.57				194.12	
701500 Merit Awards					53,002.53		53,002.53	
• Salaries and Wages	3,120,126.09	1,685,228.68	1,434,897.41	54	3,270,950.84	1,876,258.90	1,394,691.94	57
705110 Group Insurance	433,145.91	215,224.32	217,921.59	50	473,252.59	233,137.69	240,114.90	49
705199 Lab Cost Sav/Benef		649.40	649.40					
705210 Retirement	670,286.51	370,281.03	300,005.48	55	695,312.38	374,661.24	320,651.14	54
705280 Medicare April 1986	37,606.78	21,383.41	16,223.37	57	42,923.94	24,278.60	18,645.34	57
705320 Workmens Comp	17,766.03	18,682.30	916.27	105	17,220.00	10,045.07	7,174.93	58
705350 Unempl/Comp	4,196.70	4,197.20	0.50	100	10,560.00	10,560.00	0.03	100
• Employee Benefits	1,163,001.93	629,118.86	533,883.07	54	1,239,268.91	652,682.63	586,586.28	53
710100 Professional Services	160,510.33	81,646.36	78,863.97	51	99,458.00	38,186.69	61,271.31	38
710105 Medical Services	600.00	223.50	376.50	37	600.00	75.50	524.50	13
710108 MD Consultants	48,900.00	23,400.00	25,500.00	48	48,900.00	23,200.00	25,700.00	47
710110 Contracted/Temp Services	2,555.00	3,723.37	1,168.37	146	3,355.00	3,355.00	3,355.00	
710119 Supplemental Payments	186,242.00	101,612.64	84,629.36	55	186,242.00	143,727.69	42,514.31	77
710200 Service Contract	4,938.00	2,762.01	2,175.99	56	4,395.00	4,056.62	338.38	92
710205 Repairs and Maintenance	5,710.00	1,277.89	4,432.11	22	6,786.00	660.76	6,125.24	10
710300 Operating Supplies	75,539.00	46,411.11	29,127.89	61	61,200.00	26,473.85	34,726.15	43

Washoe County Health District  
 Community and Clinical Health Services  
 Periods 1-7, FY 2012

Accounts	2012 Plan	2012 Actuals	Balance	Act%	2011 Plan	2011 Actual	Balance	Act%
710334 Copy Machine Expense	13,775.00	5,730.59	8,044.41	42	12,310.00	6,592.75	5,717.25	54
710350 Office Supplies	11,877.01	6,387.86	5,489.15	54	9,720.01	6,665.40	3,054.61	69
710355 Books and Subscriptions	1,200.00	1,663.18	463.18	139	1,900.00	478.85	1,421.15	25
710360 Postage	4,740.00	2,041.39	2,698.61	43	4,840.00	2,874.36	1,965.64	59
710361 Express and Courier	320.00	51.92	268.08	16	290.00	98.09	191.91	34
710500 Other Expense	18,990.31	6,569.07	12,421.24	35	19,131.67	5,922.57	13,209.10	31
710502 Printing	6,277.00	2,353.74	3,923.26	37	6,060.00	3,201.58	2,858.42	53
710503 Licenses & Permits	3,325.00	644.25	2,680.75	19	2,150.00	2,855.00	705.00	133
710507 Network and Data Lines	2,280.00	1,802.27	477.73	79	2,280.00	1,414.65	865.35	62
710508 Telephone Land Lines	13,394.00	7,141.68	6,252.32	53	14,580.00	7,777.17	6,802.83	53
710509 Seminars and Meetings	6,600.00	3,570.00	3,030.00	54	7,550.00	5,965.00	1,585.00	79
710512 Auto Expense	13,043.00	4,690.41	8,352.59	36	11,057.00	5,594.33	5,462.67	51
710519 Cellular Phone	540.00	273.65	266.35	51	505.00	374.21	130.79	74
710520 Dues	1,350.00	330.00	1,020.00	24	1,100.00	1,080.00	20.00	98
710585 Credit Card Fees	3,730.00	1,447.18	2,282.82	39	4,245.00	2,583.88	1,661.12	61
710546 Advertising	29,810.52	25,582.70	4,227.82	86	24,264.70	24,958.44	693.74	103
710577 Uniforms & Special Clothing	350.00		350.00		650.00		650.00	
710703 Biologicals	239,040.00	78,657.40	160,382.60	33	308,879.00	85,766.27	223,112.73	28
710714 Referral Services	9,040.00		9,040.00		11,300.00		11,300.00	
710721 Outpatient	95,264.00	43,255.34	52,008.66	45	117,933.97	52,994.74	64,939.23	45
710872 Food Purchases	3,026.00	380.63	2,645.37	13	2,851.00	1,099.38	1,751.62	39
711010 Utilities	2,303.00		2,303.00		1,000.00	702.00	298.00	70
711100 ESD Asset Management					360.00	30.00	330.00	8
711113 Equip Srv Replace					1,047.46	28.65	1,018.81	3
711114 Equip Srv O & M					472.80		472.80	
711115 Equip Srv Motor Pool		132.50	132.50		1,125.00	487.50	637.50	43
711117 ESD Fuel Charge						348.45	348.45	
711119 Prop & Liab Billings	21,776.21	12,702.76	9,073.45	58	22,800.00	13,300.00	9,500.00	58
711210 Travel	27,781.00	4,276.36	23,504.64	15	36,672.53	8,834.32	27,838.21	24
711504 Equipment Non-Capital	13,093.00	14,479.56	1,386.56	111	4,876.00	2,634.37	2,241.63	54
* Services and Supplies	1,027,919.38	485,221.32	542,698.06	47	1,042,887.14	481,043.07	561,844.07	46
** Expenses	5,311,047.40	2,799,568.86	2,511,478.54	53	5,553,106.89	3,009,984.60	2,543,122.29	54
*** Total	2,475,925.40	1,559,124.59	916,800.81	63	2,542,860.77	1,632,284.10	910,576.67	64



Washoe County Health District  
 Environmental Health Services  
 Periods 1-7, FY 2012

Accounts	2012 Plan	2012 Actuals	Balance	Act%	2011 Plan	2011 Actual	Balance	Act%
422509 Environmental Permits	46,900.00-	26,787.00-	20,113.00-	57	43,000.00-	28,346.00-	14,654.00-	66
422504 Pool Permits	83,000.00-	13,545.85-	49,454.15-	22	63,000.00-	13,450.00-	49,550.00-	21
422505 RV Permits	9,700.00-	6,008.00-	3,692.00-	62	10,500.00-	6,268.00-	4,242.00-	60
422507 Food Service Permits	342,000.00-	199,287.00-	142,733.00-	58	342,000.00-	210,604.00-	131,396.00-	62
422508 Water Well Const. Perm.	27,000.00-	6,627.00-	20,373.00-	25	34,500.00-	14,799.00-	19,701.00-	43
422509 Water Company Permits	3,500.00-	936.00-	2,564.00-	27	4,000.00-	702.00-	3,298.00-	18
422510 Air Pollution Permits								
422511 SDBS Permits	47,000.00-	32,434.00-	14,566.00-	69	47,000.00-	34,128.00-	12,872.00-	73
422513 Special Event Permits	74,000.00-	42,767.00-	31,233.00-	58	70,500.00-	41,002.00-	29,498.00-	58
422514 Initial Applic. Fee	25,000.00-	12,869.00-	12,131.00-	51	35,000.00-	15,861.00-	19,119.00-	45
• Licenses and Permits	638,100.00-	341,240.85-	296,859.15-	53	649,500.00-	365,144.00-	284,356.00-	56
431100 Federal Grants	277,000.00-	118,715.99-	158,284.01-	43	311,029.78-	140,888.96-	170,140.82-	45
432100 State Grants	75,000.00-	37,500.00-	37,500.00-	50	75,000.00-	36,250.00-	38,750.00-	48
432310 Fire Fee NRS#44A1090	452,000.00-	333,043.06-	118,956.94-	74	370,535.00-	357,042.56-	13,492.44-	96
• Intergovernmental	804,000.00-	489,259.05-	314,740.95-	61	756,564.78-	534,181.52-	222,383.26-	71
460509 Water Quality	96,800.00-	50,818.00-	45,982.00-	52	111,000.00-	432.00-	432.00-	47
460510 Overlay		241.39-	241.39			583.22-	583.22	
460512 Duplication Service Fees	2,700.00-	1,107.00-	1,593.00-	41	2,700.00-	4,918.25-	2,218.25	182
460513 Other Health Service Charges	9,000.00-	10,586.00-	1,586.00	118	8,000.00-	7,845.00-	155.00-	98
460514 Food Service Certification	42,000.00-	17,413.00-	24,587.00-	41	55,000.00-	23,584.00-	31,416.00-	43
460520 Eng. Serv. Health	2,500.00-	2,604.00-	104.00-	104	2,500.00-	3,601.00-	1,101.00-	144
460521 Plan Review - Pools & Spas	17,000.00-	8,929.00-	8,071.00-	53	17,000.00-	14,792.15-	2,207.85-	87
460523 Plan Review - Food Services	24,000.00-	15,960.00-	8,040.00-	67	24,000.00-	21,311.00-	2,689.00-	89
460525 Plan Review - Vector						69.00-	69.00	
460526 Plan Review - Hotel/Motel						87.00-	87.00	
460533 Quick Start	8,000.00-	4,278.00-	3,722.00-	53	8,300.00-	4,761.00-	3,539.00-	57
460534 Child Care Inspection	16,000.00-	7,877.00-	8,123.00-	49	17,000.00-	8,735.00-	8,265.00-	51
460535 Pub. Accommod. Inspect	2,400.00-	872.00-	1,528.00-	36	2,400.00-	1,498.00-	902.00-	62
460570 Education Revenue	220,400.00-	120,772.39-	99,627.61-	55	247,900.00-	144,366.62-	103,533.38-	58
• Charges for Services						150.00-	150.00	
465100 Reimbursements						150.00-	150.00	
• Miscellaneous								
** Revenue	1,662,500.00-	951,272.29-	711,227.71-	57	1,663,964.78-	1,043,842.14-	610,122.64-	63
701110 Base Salaries	2,981,274.44	1,652,951.67	1,328,322.77	55	3,313,782.63	1,680,310.04	1,633,472.59	51
701130 Pooled Positions	103,247.00	70,803.98	32,443.02	69	113,422.64	82,412.88	31,009.76	73
701140 Holiday Work	1,200.00	2,373.32	1,173.32-	198	1,200.00	671.28	528.72	56
701200 Incentive/Longevity	53,100.00	23,630.76	29,469.24	45	48,750.00	23,100.00	25,650.00	47
701300 Overtime	34,000.00	19,467.63	14,532.37	57	33,788.00	25,841.17	7,946.83	76
701406 Standby Pay		5,427.32	5,427.32-		30,000.00	20,093.75	9,906.25	67
701408 Call Back	3,000.00	376.24	2,623.76		3,000.00	1,510.06	1,489.94	50
701413 Vac. Payout/Sick Pay/Ret.		44,554.48	44,554.48-					
701417 Comp Time		393.81	393.81-					
701500 Merit Awards	92,818.62-		92,818.62-		173,177.76-		173,177.76-	
• Salaries and Wages	3,083,002.82	1,819,979.21	1,263,023.61	59	3,370,765.51	1,833,939.18	1,536,826.33	54
705110 Group Insurance	454,634.94	250,564.72	204,070.22	55	496,011.19	260,371.76	235,639.43	52
705199 Labi Cost Sav. Benef		649.40-	649.40-					
705210 Retirement	709,981.00	395,892.55	314,088.45	56	724,004.28	370,423.26	353,581.02	51
705230 Medicare April 1986	40,395.20	23,545.03	16,850.17	58	43,660.48	23,443.48	20,217.00	54



Washoe County Health District  
 Environmental Health Services  
 Periods 1-7, FY 2012

Accounts	2012 Plan	2012 Actuals	Balance	Act%	2011 Plan	2011 Actual	Balance	Act%
705320 Workmens Comp	18,986.18	11,063.64	7,902.54	58	16,072.00	9,375.38	6,696.62	58
705930 Unempl/Comp	4,480.20	4,480.20		100	9,856.00	9,856.00	0.02	100
• Employee Benefits	1,228,457.52	684,896.74	543,560.78	56	1,289,603.95	673,469.90	616,134.05	52
710100 Professional Services	490,885.57	7,572.00	483,313.57	2	257,890.90	7,855.50	250,035.40	3
710105 Medical Services	6,548.00	557.00	5,991.00	9	6,548.00	147.50	6,400.50	2
710110 Contracted Temp Services	55,225.00	12,892.70	42,332.30	23	29,194.00	15,705.91	13,488.09	54
710200 Service Contract	60,300.00	47,934.81	12,365.19	79	59,800.00	37,263.20	22,536.80	62
710205 Repairs and Maintenance	1,100.00	847.36	252.64	77	1,000.00	1,255.54	255.54	126
710300 Operating Supplies	20,100.00	3,425.56	16,674.44	17	22,225.00	3,854.26	18,370.74	17
710302 Small Tools & Allow	1,685.00		1,685.00		2,185.00	325.50	1,859.50	15
710308 Animal Supplies	2,000.00		1,676.25	16	2,000.00		2,000.00	
710319 Chemical Supplies	281,950.00	323.75	1,658.26	94	321,741.00	321,290.65	450.35	100
710334 Copy Machine Expense	2,250.00	1,143.47	1,106.53	51	930.00	325.97	604.03	35
710350 Office Supplies	9,500.00	3,502.22	5,997.78	37	10,000.00	4,728.10	5,271.90	47
710355 Books and Subscriptions	2,400.00	684.95	1,745.05	27	5,400.00	1,229.47	4,170.53	23
710360 Postage	9,300.00	4,312.37	4,987.63	46	7,800.00	6,583.32	1,216.68	84
710361 Express and Courier	175.00	17.39	157.61	10	225.00	80.61	144.39	36
710391 Fuel & Lube	100.00		100.00		100.00		100.00	
710300 Other Expense	5,800.00	1,304.00	4,496.00	22	5,800.00	25,442.82	19,642.82	439
710500 Printing	4,025.00	2,117.75	1,907.25	53	3,925.00	2,812.69	1,112.31	72
710508 Licenses & Permits	2,590.00	2,145.00	445.00	83	2,335.00	2,480.00	145.00	106
710506 Dep't Insurance Deductible	2,500.00	150.00	150.00			176.19	176.19	
710507 Network and Data Lines	9,375.00	1,174.70	1,325.30	47	2,700.00	1,414.65	1,285.35	52
710508 Telephone Land Lines	9,240.00	5,164.79	4,210.21	55	10,800.00	5,285.17	5,514.83	49
710509 Seminars and Meetings	4,450.00	7,685.00	1,605.00	83	16,585.00	7,245.00	9,340.00	44
710512 Auto Expense		66.20	4,383.80		200.00		200.00	
710514 Regulatory Assessments	7,450.00	11,920.00	11,920.00	1		27.99	27.99	
710519 Cellular Phone	1,661.00	2,867.75	4,582.25	38	8,455.00	3,942.90	4,512.10	47
710529 Dues	3,965.00	587.00	1,074.00	35	1,726.00	1,029.00	697.00	60
710535 Credit Card Fees	1,050.00	2,331.64	1,633.36	59	4,000.00	1,886.04	2,103.96	47
710546 Advertising	1,700.00	3,594.53	2,544.53	342	1,050.00	551.61	498.39	53
710577 Uniforms & Special Clothing	78,700.00	617.70	1,082.30	36	1,700.00	300.35	1,399.65	18
710585 Undesignated Budget	41,651.00	26,960.00	14,691.00	65	40,636.89	26,965.28	13,671.61	66
711100 ES&D Asset Management	29,926.32	7,410.00	3,822.00	66	18,000.00	8,220.00	9,780.00	46
711114 Equip Sm. O & M	40,610.32	17,994.59	11,931.73	60	33,221.21	17,573.89	15,647.32	53
711115 Equip Sm. Motor Pool	37,533.78	19,855.97	20,754.35	49	43,396.79	22,642.04	20,754.75	52
711117 ES&D Fuel Charge	23,247.26	15,442.98	15,442.98			3,537.20	3,537.20	
711119 Prop & Lab Blinnos	44,650.00	13,088.93	13,088.93	65	30,011.67	21,162.26	8,849.41	71
711210 Travel	9,000.00	9,686.30	9,686.30	58	21,280.00	12,413.38	8,866.62	58
711504 Equipment on Capital	1,313,875.25	11,330.48	33,319.52	25	54,677.48	13,289.06	41,388.42	24
• Services and Supplies	5,625,335.59	3,032,437.41	2,592,898.18	54	5,700,560.40	3,099,134.40	2,601,426.00	54
*** Total	3,962,835.59	2,081,165.12	1,881,670.47	53	4,048,595.62	2,055,292.26	1,991,303.36	51







# WASHOE COUNTY

"Dedicated To Excellence in Public Service"

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DBOH 2/23/12  
AGENDA # 12

CM/ACM \_\_\_\_\_

Finance \_\_\_\_\_

DA NA

Risk Mgt. NA

HR NA

Other NA

## STAFF REPORT

BOARD MEETING DATE: February 14, 2012

**DATE:** February 6, 2012

**TO:** Board of County Commissioners

**FROM:** Sheri Mendez, Finance Director

**THROUGH:** Katy Simon, County Manager

**SUBJECT:** Update and status report on Fiscal Year 2012/13 Budget and possible direction to staff regarding funding levels and budget planning guidelines for same. (All Commission Districts)

### SUMMARY

The purpose of this item is to provide initial projections of sources and uses of funds that will be used to build the Fiscal Year 2012/13 budget and to obtain direction on the specific actions necessary to close the projected deficit of \$16.8 million. Staff is recommending the proposed budget deficit be resolved as follows:

<u>Preliminary Budget Deficit Fiscal Year 12/13 (\$ in millions)</u>	
\$ 9.9	Departmental budget reductions or wages and benefit reductions through collective bargaining
0.3	Reduce OPEB funding for Juvenile Services and Management ongoing voluntary concessions
3.0	Additional reduction in OPEB funding
3.6	Reduce capital projects, accrued benefits, and contingency funding
<u>\$ 16.8</u>	

The Fiscal Year 2011/12 budget included ongoing salary and benefit reductions of \$11.6 million, along with other reductions to close a \$33.5 million deficit. In the absence of negotiated wage and benefit reductions beyond 6/30/2012, the FY2012/13 budget has been projected with the restoration of wage and benefits reductions currently in place. While some labor groups agreed to voluntary concessions during the year, all concessions with the exception of Juvenile Services

and Management expire at year-end. Therefore, County departments will need to plan for additional budget reductions in order to achieve a balanced budget within revenue projections for next fiscal year. That projected deficit is \$16.8 million.

Staff is seeking Board direction on the budget reduction strategy for departments in the absence of labor concessions; and additionally, should labor units reach negotiations with the County on wage and benefit reductions, direction on how those reductions will be applied.

The additional proposed reductions noted above are being recommended in anticipation of policy direction that would allow budgeted salary savings to be utilized to offset some of the reductions toward the end of the fiscal year.

**Strategic Objective supported by this item:** Sustainable Resources

**Strategic Outcome supported by this item:** Sustainable financial relationship between revenue and expenses; sustainable resources linked to the needs of the public.

### **PREVIOUS ACTION**

January 24, 2012 Board accepted the status report on the 2012/13 budget processes, including direction for departments to develop three year budget plans.

September 27, 2011 Board approved an amendment to the Fiscal Year 2011-2012 budget by reducing cost and increasing resources to address the approximately \$7.5 million General Fund adjustment required by the Alternative Service Delivery initiative (10% Reduction Scenarios) and provided direction regarding the recommendations to address the Alternative Service Delivery adjustment in the General Fund totaling \$17 million in the development of the FY 2012-13 budget.

### **BACKGROUND**

Preliminary projections show a continued decline in property tax revenues, the County's largest revenue source, of 4.18%. Consolidated taxes, the County's second largest revenue source, and Licenses and Permits, are projected to increase by 3% and 4.32%, respectively. The net decrease in all revenues of 1.4%. Excluding the impact of the Incline Village tax refunds, services and supplies are budgeted to decline by 1% from prior year projections, while wages and benefits are projected to increase by 3%. The current year projections of declining revenues and increasing expenditures continue to highlight the structural deficit facing the County.

The following tables show the five year projection of sources and uses and the assumptions used in developing the preliminary projections for FY 2012/13.

**Table 1 – Five Year Projection of General Fund Sources and Uses:**

Washoe County General Fund Sources and Uses						
	Estimated	Preliminary Forecast				
	Year End	FY12/13	FY13/14	FY14/15	FY15/16	FY16/17
	FY11/12					
Beginning Fund Balance	\$ 38,771,484	\$ 28,927,029	\$ 26,593,475	\$ 26,363,889	\$ 26,793,071	\$ 27,451,704
Taxes	\$ 141,529,692	\$ 135,640,649	\$ 133,328,785	\$ 134,674,599	\$ 137,378,489	\$ 141,507,823
License & Permits	\$ 8,091,787	\$ 8,441,603	\$ 8,662,371	\$ 8,890,589	\$ 9,126,524	\$ 9,370,455
Intergovernmental (excl CTX)	\$ 23,026,344	\$ 23,346,100	\$ 23,929,030	\$ 24,531,504	\$ 25,204,841	\$ 25,902,895
Consolidated Tax	\$ 69,151,665	\$ 71,226,215	\$ 73,719,132	\$ 76,299,302	\$ 79,351,274	\$ 82,525,325
Charges for Services	\$ 16,157,216	\$ 15,538,868	\$ 15,689,096	\$ 15,841,548	\$ 15,996,260	\$ 16,153,270
Fines and Forfeits	\$ 7,908,991	\$ 7,949,391	\$ 8,028,885	\$ 8,109,174	\$ 8,190,265	\$ 8,272,168
Miscellaneous	\$ 4,878,382	\$ 4,828,112	\$ 4,876,391	\$ 4,925,157	\$ 4,974,409	\$ 5,024,153
<b>Sub-total Revenue</b>	<b>\$ 270,744,077</b>	<b>\$ 266,970,939</b>	<b>\$ 268,233,693</b>	<b>\$ 273,271,873</b>	<b>\$ 280,222,063</b>	<b>\$ 288,756,089</b>
Transfers In	\$ 24,255,446	\$ 2,057,500	\$ 556,000	\$ 556,000	\$ 556,000	\$ 556,000
<b>Total Sources</b>	<b>\$ 333,771,007</b>	<b>\$ 297,955,468</b>	<b>\$ 295,383,168</b>	<b>\$ 300,191,762</b>	<b>\$ 307,571,134</b>	<b>\$ 316,763,793</b>
<b>Uses</b>						
General Government	\$ 86,946,052	\$ 68,108,649	\$ 68,853,189	\$ 69,676,731	\$ 70,524,591	\$ 71,397,657
Judicial	\$ 49,659,949	\$ 51,226,035	\$ 52,272,002	\$ 53,349,798	\$ 54,460,596	\$ 55,605,619
Public Safety	\$ 103,886,907	\$ 105,672,599	\$ 107,930,697	\$ 110,261,636	\$ 112,668,195	\$ 115,153,273
Public Works	\$ 13,902,766	\$ 11,733,412	\$ 11,887,744	\$ 12,046,879	\$ 12,210,997	\$ 12,380,284
Welfare	\$ 18,344,672	\$ 18,760,196	\$ 19,424,894	\$ 20,119,165	\$ 20,844,335	\$ 21,601,788
Culture and Rec	\$ 12,408,502	\$ 12,550,063	\$ 12,824,693	\$ 13,107,750	\$ 13,399,547	\$ 13,700,407
Community Support	\$ 300,000	\$ 349,561	\$ 349,564	\$ 349,568	\$ 349,571	\$ 349,575
Intergovernmental	\$ 3,340,635	\$ 3,133,358	\$ 3,102,875	\$ 3,130,725	\$ 3,186,979	\$ 3,273,045
Change in Risk Management & ESDI	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Prior Yr Alternative Svcs Delivery	\$ -	\$ -	\$ (16,777,101)	\$ (25,238,226)	\$ (26,763,076)	\$ (25,736,387)
<b>Sub-total Expenses</b>	<b>\$ 288,789,483</b>	<b>\$ 271,533,873</b>	<b>\$ 259,868,556</b>	<b>\$ 256,804,026</b>	<b>\$ 260,881,735</b>	<b>\$ 267,725,262</b>
Contingency	\$ -	\$ 1,775,000	\$ 1,775,000	\$ 1,775,000	\$ 1,775,000	\$ 1,775,000
Alternative Service Delivery	\$ -	\$ (16,777,101)	\$ (7,454,498)	\$ (10,556)	\$ 2,632,474	\$ 4,161,131
Transfers Out	\$ 16,054,495	\$ 14,830,221	\$ 14,830,221	\$ 14,830,221	\$ 14,830,221	\$ 14,830,221
Ending Fund Balances	\$ 28,927,029	\$ 26,593,475	\$ 26,363,889	\$ 26,793,071	\$ 27,451,704	\$ 28,272,179
<b>Total Uses</b>	<b>\$ 333,771,007</b>	<b>\$ 297,955,467</b>	<b>\$ 295,383,168</b>	<b>\$ 300,191,761</b>	<b>\$ 307,571,133</b>	<b>\$ 316,763,793</b>
(incl. contingency, Srv Delivery & Transfers Out)	9.49%	9.80%	9.80%	9.80%	9.80%	9.80%
Fund Balance Requirement	\$ 29,874,710	\$ 26,593,475	\$ 26,363,889	\$ 26,793,072	\$ 27,451,704	\$ 28,272,178
Expenses (incl. contingency, Srv Delivery & Transfers Out)	9.80%	9.80%	9.80%	9.80%	9.80%	9.80%
<b>Fund Balance shortfall</b>	<b>\$ (947,681)</b>	<b>\$ (0)</b>	<b>\$ (0)</b>	<b>\$ (1)</b>	<b>\$ (0)</b>	<b>\$ 1</b>

**Table 2 – Global Assumptions for General Fund Sources and Uses:**

GLOBAL ASSUMPTION TABLE						
	FY2011-2012 ETC	FY2012- 2013 Projected	FY2013- 2014 Projected	FY2014- 2015 Projected	FY2015- 2016 Projected	FY2016- 2017 Projected
<b>Revenue Assumptions</b>						
General Fund Operating Tax Rate (FY13 increase to GF from- \$0.002 Library, \$0.01 Indigent Tax Levy, \$0.005 CFS, \$0.02 FAS for FY13 only)	0.9656	1.0026	0.9826	0.9826	0.9826	0.9826
Property Tax	-4.80%	-4.18%	-1.73%	1.00%	2.01%	3.01%
CTX & AB 104 Adjustment Factor	0.02%	3.00%	3.50%	3.50%	4.00%	4.00%
License & Permits	-3.90%	4.32%	2.62%	2.63%	2.65%	2.67%
Intergovernment (excludes CTX&AB1)	-3.73%	0.32%	1.81%	1.84%	1.86%	1.89%
Charges for Services	9.93%	-3.83%	0.97%	0.97%	0.98%	0.98%
Fines & Forfeitures (FY12 decline due to delinquent property tax revenue not coming in at budget)	-11.18%	0.51%	1.00%	1.00%	1.00%	1.00%
<b>Expenditure Assumptions</b>						
<b>Salaries and Benefits Increase</b>						
Cost of Living Increase	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Weighted Salary & Wage Increase		1.20%	1.60%	1.60%	1.60%	1.60%
Employee Benefit Increase	4.42%	0.00%	4.40%	4.40%	4.40%	4.40%
<b>Services and Supplies</b>						
Standard services and supplies		0.00%	0.00%	0.00%	0.00%	0.00%
Utilities		0.00%	0.00%	1.00%	1.00%	1.00%
Infrastructure accounts		0.00%	0.00%	0.00%	0.00%	0.00%
Accrued Benefits	5,012,038	1,300,000	1,320,800	1,341,933	1,363,404	1,385,218
OPEB expenditure	20,400,000	22,000,000	22,000,000	22,000,000	22,000,000	22,000,000
Medical Assistance		4.50%	4.50%	4.50%	4.50%	4.50%
Incline Refund	18,400,000	-				
<b>Capital</b>						
Capital		0.00%	0.00%	0.00%	0.00%	0.00%
<b>Transfers In</b>						
Risk Management Fund	14,500,000	-				
Health Benefits Fund	8,400,000	-				
Equipment Services Fund	700,000	300,000				
DWR Planning cash balance	-	1,200,000	-	-	-	-
Assessor/Tech Fund to pay for reduction plans		304,000	304,000	304,000	304,000	304,000
Administrative Assessment Funds		252,000	252,000	252,000	252,000	252,000
<b>Transfers Out</b>						
Health Fund	7,250,850	6,936,091	6,936,091	6,936,091	6,936,091	6,936,091
Child Protective Services	625,634	-	-	-	-	-
Senior Services	228,860	-	-	-	-	-
Capital Improvement Fund	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000
Debt Service Fund		4,894,130	4,894,130	4,894,130	4,894,130	4,894,130
<b>Contingency</b>	-	1,775,000	1,775,000	1,775,000	1,775,000	1,775,000
<b>Fund Balance</b>						
Restricted Fund Balance	1.50%	1.50%	1.50%	1.50%	1.50%	1.50%
Unrestricted Fund Balance	8.30%	8.30%	8.30%	8.30%	8.30%	8.30%

**Reduction Discussion and Direction:**

**Option 1 – Proportional Reductions:**

Reduction targets would be applied to departments based on a proportion of the total budget. This option would require that each department would reduce their budgets 4.5% overall. Over

the last several years of budget reductions, the County has attempted to resize its total budget based on Board and citizen priorities. The following table shows the impact of the resizing effort since Fiscal Year 2006:

**Table 3 – Budget Prioritization**

Budget Prioritization General Fund Department Priority Groups Percent of Total (since 2006 exclusive of restricted funding) Adopted Budget FY 2006 to FY2012							
Priority Group	Adopted Fiscal Year						
	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12
Public Safety	30.5%	30.5%	31.5%	32.8%	35.7%	37.6%	37.8%
Judicial/Health/Social Svcs	28.4%	29.0%	28.4%	30.1%	31.4%	33.2%	31.2%
General Government	32.6%	32.1%	32.0%	30.0%	27.2%	24.2%	26.2%
Culture & Recreation	8.5%	8.4%	8.1%	7.1%	5.7%	5.0%	4.8%
<b>Totals</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Core Activities	60.25%	60.99%	61.40%	64.26%	68.30%	69.25%	73.18%
Non Core Activities	25.43%	24.55%	23.77%	21.92%	19.06%	17.63%	14.41%
Administrative Activities	14.33%	14.46%	14.82%	13.82%	12.64%	13.12%	12.40%
<b>Totals</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

Adopting a budget reduction strategy based on a proportional share of the budget keeps the prioritization fixed at the Fiscal Year 2011/12 level.

**Option 2 – Prioritization (core, noncore and administration):**

Reduction targets would be applied to departments based on additional reprioritization. This option would require that each department would reduce their budgets based on the prioritization of services defined as core, noncore and administration. Over the last several years of budget reductions, the County has attempted to resize its total budget based on Board and citizen priorities. Continued resizing would result in core activities using more of the resources, while noncore and administrative activities would be further depleted.

The following table for projected Fiscal Year 2012/13 shows the impact on departments for each option, but excludes Juvenile Services as a result of permanent salary reductions.



**Table 5 – Impact of Options on Departmental Budgets:**

Washoe County General Fund Options for Reductions						
ShortFall		\$9,872,000	Option 1		Option 2	
Department		FY 12/13 Initial Funding Level (cost centers)	Proportional		Core/NonCore/Admin	
			Percent of Total Exp.	Option 1 Target Reductions	Target Reduction Percent	Option 2 Target Reductions
Alternate Public Defender	Core	\$ 1,857,781	4.50%	\$ 83,600	3.75%	\$ 69,700
Alternative Sentencing	Core	630,461	4.50%	28,400	3.75%	23,700
Assessor	Admin	5,789,443	4.50%	260,600	4.42%	255,700
Community Development	NonCore	1,842,231	4.50%	82,900	8.17%	150,500
Community Support	NonCore	349,561	4.50%	15,700	8.17%	28,600
Conflict Counsel	Core	1,751,463	4.50%	78,800	3.75%	65,700
County Clerk	Admin	1,250,058	4.50%	56,300	4.42%	55,200
County Commissioners	Admin	554,390	4.50%	25,000	4.42%	24,500
County Manager	Admin	2,782,320	4.50%	125,200	4.42%	122,900
County Recorder	Admin	1,875,209	4.50%	84,400	4.42%	82,800
District Attorney	Core	16,925,175	4.50%	761,800	3.75%	635,300
District Court(incl. Law Library)	Core	15,970,206	4.50%	718,800	3.75%	599,400
Finance	Admin	3,108,111	4.50%	139,900	4.42%	137,200
Fire Suppression	Core	228,090	4.50%	10,300	3.75%	8,600
Health Transfer	Core	6,936,091	4.50%	312,200	3.75%	260,300
Human Resources	Admin	2,098,686	4.50%	94,500	4.42%	92,700
Incline Constable	Core	112,946	4.50%	5,100	3.75%	4,200
Justice Court - Incline	Core	467,237	4.50%	21,000	3.75%	17,500
Justice Court - Reno	Core	4,701,897	4.50%	211,600	3.75%	176,500
Justice Court - Sparks	Core	2,105,215	4.50%	94,800	3.75%	79,000
Justice Court - Wadsworth	Core	267,328	4.50%	12,000	3.75%	10,000
Library System	NonCore	7,923,897	4.50%	356,700	8.17%	647,300
Medical Examiner	Core	1,927,738	4.50%	86,800	3.75%	72,400
Parks & Open Space	NonCore	4,626,166	4.50%	208,200	8.17%	377,900
Public Administrator	Core	940,738	4.50%	42,300	3.75%	35,300
Public Defender	Core	7,066,787	4.50%	318,100	3.75%	265,200
Public Guardian	Core	1,469,069	4.50%	66,100	3.75%	55,100
Public Works-excl fuel tax	NonCore	17,956,938	4.50%	808,300	8.17%	1,466,900
Registrar of Voters	Core	1,549,465	4.50%	69,700	3.75%	58,200
Sheriffs Office	Core	87,492,540	4.50%	3,938,200	3.75%	3,284,000
Social Svcs (excl Med.Assist.)	Core	4,547,845	4.50%	204,700	3.75%	170,700
Technology Services	Admin	10,283,105	4.50%	462,900	4.42%	454,100
Treasurer	Admin	1,934,305	4.50%	87,100	4.42%	85,400
Balance in Contingency						(500)
<b>Total General Fund &amp; Transfers</b>		<b>\$219,322,491</b>		<b>\$9,872,000</b>		<b>\$9,872,000</b>

Note: Juvenile Services is excluded due to meeting 100% of labor concessions

**Option 3 - Wage and Benefit Reductions:**

Should labor associations and other units agree to continued wage and benefit concessions, two options are available to apply those concessions to departmental budget reductions: 1) apply the savings by any labor unit across all departments, to lower the overall reductions needed or 2) apply the concessions to each department based on a proportional amount of allocation by each labor unit within a department.

**Option 4 – Implementation of Governmental Services Tax (GST):**

A final option available is implementation of the GST, which would provide a more permanent solution to closing the FY 2012/13 budget gap. This option has not been reflected in any of the tables presented.

**Policy Discussion and Direction:**

**Salary Sweeps** – Direction is being sought from the Board on certain specific uses for salary sweeps of unspent budget authority. Unspent budget authority accrues when a vacancy occurs or other personnel movement occurs and the planned budget is unspent. In the recommendation of reductions proposed above, the future funding of capital, accrued benefits and Other Post Employment Benefit (OPEB) are below levels that are sustainable. It is recommended to implement salary sweeps twice a year in December and in June, and transfer unspent budget authority toward restored funding to these key areas.

**Overhead Allocation to all Funds and Entities** – Direction is being sought from the Board on a policy that would require all funds and entities be charged for their portion of allocated central service overhead costs. This recommendation was also identified in the Management Partners Fundamental Review report of July 2011. Past practice has not uniformly applied the overhead rate. Appropriate allocation of overhead costs to all funds and entities that receive services from the General Fund's central service departments would more accurately reflect the true costs of services and programs in the financial statements. By not allocating overheads costs, the General Fund is subsidizing programs and services that have direct revenue sources without accounting for these overhead costs. Fully implementing this policy in FY 2012/13 would require some funds to also receive a General Fund transfer to offset the overhead charges, so that the fund is not placed in a negative balance scenario. Staff is recommending a three year implementation plan to work with the various departments and funds to work toward fiscal sustainability while including the appropriate overhead charge, without additional General Fund subsidy.

**FISCAL IMPACT**

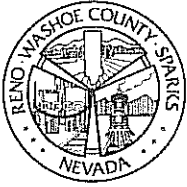
Fiscal impacts related to policy decisions directed by the Board will be reflected in the proposed tentative and final budgets presented for Board approval for Fiscal Year 2012/13.

**RECOMMENDATION**

It is recommended the Board acknowledge the update and status report on the Fiscal Year 2012/13 Budget and provide possible direction to staff regarding funding levels and budget planning guidelines for same.

**POSSIBLE MOTION**

Move to acknowledge the update and status report on the Fiscal Year 2012/13 Budget and provide possible direction to staff regarding funding levels and budget planning guidelines for same.



# Washoe County Health District



**Public Health**  
Prevent. Promote. Protect.

## ENVIRONMENTAL HEALTH SERVICES DIVISION


STAFF REPORT


DBOH MEETING DATE: February 23, 2012

DBOH Agenda Item No. 13  
February 23, 2012

**DATE:** February 10, 2012

**TO:** Washoe County District Board of Health Members

**FROM:** Dave Kelly, Environmental Health Specialist  
326-6051, [dakelly@washoecounty.us](mailto:dakelly@washoecounty.us) 

**THROUGH:** Bob Sack, Director, Environmental Health Services Division (EHS) 

**SUBJECT:** Presentation of the new on-line Health District Food Facility Rating List

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### BACKGROUND

At the June 23, 2009, DBOH meeting, District Board of Health (Board) member, George Furman, MD, expressed an interest in providing a vehicle for making restaurant inspections more readily available to the general public. Over the last six months, EHS staff members have collaborated with Technology Services in developing a searchable on-line feature to accomplish that interest. On January 22, 2012, the project had a soft go-live to receive feedback from users prior to full launch.

After fine tuning the site based on the soft go-live feedback, EHS is ready to launch the project to the public. The launch will be promoted with a press release and a link will be provided on the County's main web page under the online services feature, as well as the EHS home page. The website can be found at <http://washoeeats.washoecounty.us/>.

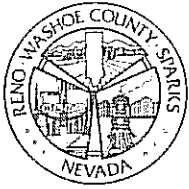
This release is considered Phase I. Phase II is under development and will include adjustments based on feedback from the public, recommendations by the Board, and possibly a mobile application feature. No timeline has been set for Phase II at this time.

The following is a list of employees participating in the project:

Health team: Steve Fisher, David Kelly and Mike Lupan

Technology Services team: Lori Piccinini, Loren Chantler, Stan Waltemyer, Sharmin Kamal, Matt Bradshaw, Ali Williams, Azra Zafar, Pat Taylor, Jim Mohr, Roy King and Erich Hohman

**Agenda Item No. 13**



# Washoe County Health District

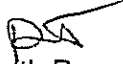


DBOH Agenda Item No. 14  
February 23, 2012

**Public Health**  
Prevent. Promote. Protect.

February 10, 2012

**TO:** Members, District Board of Health

**THROUGH:** Dr. Randall L. Todd, DrPH,   
Epidemiology and Public Health Preparedness (EPHP) Director

**FROM:** Stacey E. Akurosawa, Emergency Medical Service Coordinator

**SUBJECT:** Presentation of Proposed Revisions to the District Board of Health's  
Mutli-Casualty Incident Plan Mutual Aid Evacuation Annex

## RECOMMENDATIONS

Staff recommends that the District Board of Health approve the proposed revisions to the Mutual Aid Evacuation Annex of its Multi-Casualty Incident Plan (MCIP), effective upon signatures of the participating hospitals with a target date of July 1, 2012.

## BACKGROUND

1. The objective of the Mutual Aid Evacuation Annex (MAEA) is to coordinate transportation and care of patients who have been evacuated from a plan member hospital in a qualified disaster, with minimal disruption to the provisions of acute emergency care to the community.
2. The MAEA, as an annex to the District Board of Health's Mutli-Casualty Incident Plan was originally approved by the District Board of Health on June 28, 2000. It was last revised and approve by the District Board of Health effective December 1, 2007.
3. In April 2008, three separate four-hour seminar/table-top exercises were conducted to orient participants to the basic components of the annex and then to allow hospital representatives who may fill key roles in an evacuation to practice their functions along with EMS, Fire, Law Enforcement and other Public Safety partners. An After Action Report was completed by the Contractor who facilitated the seminar/table-top exercises identifying recommended revisions to the Mutual Aid Evacuation Annex.
4. On May 19<sup>th</sup> and 20<sup>th</sup>, 2010 a Community-Wide Hospital Full Scale Exercise "Operation Smooth Move" was conducted for the Inter Hospital Coordinating Council (IHCC) to practice the response of all facility's ability to use the Multi-Casualty Incident Plan, the Mutual Aid Evacuation Annex, and to demonstrate ability to practice hazardous materials decontamination. This exercise included participation from multiple counties both Northern Nevada and California, 11 hospitals, REMSA, and three fire departments. The After Action Report was completed by the consultant identifying opportunities for improvement to the MAEA and was distributed to the District Board of Health in June 2010.
5. Staff has been working with the hospital community, REMSA, public safety agencies and the area Emergency Managers on the revisions for several years. In July 2011, staff retained the same national consultant who facilitated the tabletop exercise in 2008 and community-wide full scale

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exercise in 2010 used to test the revisions. The consultant solicited input from the Inter Hospital Coordinating Council to provided recommendations for further revisions to be incorporated.

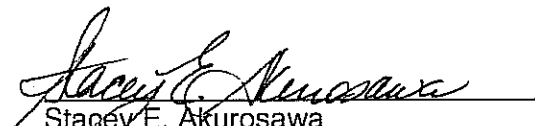
6. Dr. Iser, District Health Officer, advised the Hospital Representatives to the REMSA Governing Board at their meeting on August 5, 2011 the MAEA was being revised. After acceptance by the District Board of Health, the Heath District will be requesting each of the Hospitals to be signatories to the revised MAEA.
7. A draft of the updated MAEA was distributed to IHCC members and additional input solicited prior to a stakeholder's workshop which was held on October 19, 2011. Invitations to the workshop were widely distributed. As a result, further revisions were discussed by the attendees and incorporated into the MAEA.
8. The recommended revisions to the Mutual Aid Evacuation Annex are based on: Best practice models, National standards and requirements, current Washoe County Hazard Vulnerability Analysis, recommendations made in the After Action Report from the 2008 Seminar/Table-Top Exercise and 2010 Full Scale Community-Wide Exercise of the Annex.
9. Staff wishes to thank all our public health partners, in particular the area hospitals, for their diligence and participation during the revision process.

#### **FISCAL IMPACT**

No fiscal impact is associated with the proposed revisions as recommended.

#### **POSSIBLE MOTION**

"Move to approve staff's recommendation of the proposed revisions to the Mutual Aid Evacuation Annex of its Multi-Casualty Incident Plan (MCIP)."

  
Stacey E. Akurosawa  
Emergency Medical Services Coordinator

# **MULTI-CASUALTY INCIDENT PLAN MUTUAL AID EVACUATION ANNEX**



Approved Washoe County Health District 6/28/2000  
Revisions Approved 7/26/07, Effective 12/01/07  
Revisions to DBOH 02/23/12, Proposed Effective Date 07/01/2012



## MUTUAL AID EVACUATION ANNEX REVISION

### EXECUTIVE SUMMARY

#### Overview

The Mutual Aid Evacuation Annex of the Washoe County Health District's Multi Casualty Plan, was developed in 2003 in an effort to pre plan the process of evacuating patients from an endangered facility to receiving facilities in the community. More than just a mutual agreement to aid each other in disasters, the Annex includes pre designated patient sorting and facility acceptance assignments to ensure the safest and most expedient transfer process.

Over time much of the information that is contained in the Annex has become outdated, especially information related to patient dispersal and acceptance capacity, contact numbers and names. In 2008, an exercise identified areas of improvement for the annex. In 2010 a full scale exercise also recognized potential improvements. The purpose of the latest revision was to update information and to review the Annex to incorporate the latest practices as well as address gaps identified in the plan from these previous exercises.

#### Key Plan Concepts

- Facilities have agreed upon evacuation and acceptance numbers for each facility. These estimates are based on an average 2 year high census with a 10% reduction of patient with surge strategies at the time of the evacuation event.
- The purpose of the estimation numbers for evacuating and accepting facilities is to have a picture of the type of patients that will need to be cared for and the healthcare community's capacity to accommodate those patients. HAVBED is used during this process to access bed numbers, but the Annex provides pre-identified patient types.
- All member facilities agree to the terms of the plan which includes using patient reduction strategies during a disaster requiring an evacuation, having an internal plan for accommodating the influx of patients, and participate in exercising the plan.
- REMSA is the coordinating body to determine where patients will go in an evacuation and they will rely on the Annex pre-identified numbers (along with HAVBED) to make those determinations.
- In order to prevent placing an undue burden on receiving hospitals and to maintain continuity of care, staff members from the evacuating hospital will be utilized by the receiving hospitals to care for the transferred patients. Patients would remain under the care of their existing physician, as well.
- The evacuating hospital will assign a Hospital Planning Technical Specialist to work with the Field Incident Command's Transportation Supervisor to determine the best method and order to transport patients to receiving facilities. This would be a staff member that has a solid understanding of the patient's status (I.e. Nursing Supervisor).



## Relevant Revisions

1. One area that required considerable revision was the section related to limitations of liability. The previous authors have relied on potential limitations under Nevada Revised Statutes 410 that cover workers responding at the request of the state, unpaid volunteers, and other potential “Good Samaritan” laws. Unfortunately, as private, paid employees and medical professionals, individuals participating in this annex would not qualify under the statutes quoted.

There does not appear to be a statutory liability limitation for these events and the facilities should rely on principles of medical standards of care and reasonable standards of care in emergency situations. There is little case law related to this subject, and a facility’s best interests would be to involve their legal representative and risk manager in the planning process.

2. Staffing allocation and financial reimbursement. The existing plan called for staff from the evacuated facility to continue to care for their patients at the receiving facility. This staff would continue on the evacuating facilities payroll with all benefits, but the receiving hospital would pay the evacuating hospital the cost of these staff (payroll plus 35% above that to cover fringe benefits). It has also been suggested that the reimbursement be simply expressed as “reasonable costs”. Senior management should examine this clause and determine how the reimbursement should be structured.
3. Inclusion of out of state facilities, such as Barton Memorial Hospital and Tahoe Forest Hospital, as members of this Annex plan. This required investigating the privileging of medical staff from California to Nevada. A declaration of emergency from the Governor of Nevada would be required for medical staff from California to deliver care for their transferred patients in Nevada.
4. Patient billing – it was determined that patients, when evacuated from a hospital would be considered “discharged” and billed for the services rendered by the evacuating facility. They would then be admitted to the receiving hospital and a new billing process would be initiated. The evacuating hospital is responsible for the cost of transferring patients to the receiving hospital.
5. HAvBED has been added to the Annex plan.

## 1. INTRODUCTION

Our region is at risk for many natural and technological disasters, and it is not unthinkable that at least one hospital might have to be evacuated in a disaster.

In order to ensure compliance for patient safety and business continuity concepts, as well as acknowledging the need to comply with standards and requirements for evacuation planning for healthcare facilities, the following Annex has been developed. Best practices and nationally recognized standards include AHRQ's Hospital Evacuation Decision Guide (May 2010), California Hospital Association's Sample Hospital Evacuation Plan Checklist, June 2008, AHRQ's Hospital Assessment and Recovery Guide (May 2010) and the HICS Hospital Evacuation Incident Planning Guide.

This Annex aims to optimize the medical care and safety of patients who have been evacuated from a hospital with minimal disruption to the community's acute care system. The goal is to integrate this Annex into the current medical disaster planning efforts and the Washoe County Health District's Multi-Casualty Incident (MCI) Plan, as well as the Washoe County Emergency Operations Plans. It is also intended to be coordinated with other applicable city and county emergency procedures.

## 2. ANNEX OVERVIEW

### 2.1 Annex Objective

To coordinate transportation and care of patients who are being evacuated from one member hospital to another in a disaster, with minimal disruption to the provision of acute emergency care to the community.

This annex is designed for natural and technological types of disasters. It is not designed as part of a contingency plan for patient evacuation due to employee work stoppage or financial closure of a hospital (unless agreed upon by individual members at the time of the occurrence). Examples of natural and technological disasters are: earthquake, fire/explosion, floods, hazardous material incidents, extended utility outage, structural failure, or acts of terrorism.

### 2.2 Annex Scope

The scope of this plan is intended to include all facilities in the Northern Nevada and California area that belong to the Interhospital Coordinating Council (IHCC) and have developed collaborative agreements to assist each other in the event of a full or partial evacuation of one of the hospitals. This includes healthcare facilities in the State of Nevada and bordering counties of California, and as such, takes into consideration issues related to transferring patients across state lines and reciprocal credentialing of medical licensures.

The Annex constitutes a Memorandum of Understanding between all parties to make their "best effort" to accommodate the minimum number of patients agreed upon in this document.



## 2.3 Assumptions

In order to develop this annex, certain assumptions had to be made:

- Only one hospital requires evacuation.
- This plan is based on the short term transfer of patients and not a long term relocation. It is not designed to accommodate provisions if the evacuating hospital will potentially be unable to operate for an extended period of time.
- Emergency Departments at receiving hospitals will NOT to be used as receiving sites for these patient transfers. They will continue to focus on the emergency healthcare needs of the community.
- Members agree to make their "best effort" to accommodate the minimum number of patients agreed upon in this document.
- Whenever possible, patients will be transferred to a hospital that provides similar services at the same or increased level of care.
- Whenever possible, patients will be kept in the community, close to friends and family.
- Non-ambulance transport methods for non-critical patients may be used if needed. It is assumed that the primary modes of non-ambulance transportation will come from vendors that have been pre-identified and listed as resource assets with the jurisdictional emergency management system.
- Once the evacuating hospital has resumed normal operations, the receiving hospitals agree to return any patients and equipment from the evacuating hospital as soon as feasible.
- Whenever possible, critical care patients (a generalized term to include intensive care, cardiac care, cardiac surgery, pediatric intensive care, and neonate intensive care) will be sent directly to receiving hospitals rather than external holding areas.
- The Regional Emergency Operations Center will be activated and will utilize the hospital representative position to act as a liaison between hospitals and to coordinate patient tracking information in a central location.
- Unless there is a federal declaration, there is no deviation from EMTALA compliance. Transfer and tracking of patients will be in accordance with HIPAA regulations.
- That prior to the transfer of patients, the evacuating facility has utilized its Alternate Care Facility plan in an attempt to keep patients with in its healthcare system and to minimize disruption of patient care and business continuity.

## 3. RESPONSIBILITIES

### 3.1 All Annex Members:

- It is the responsibility of each member hospital to maintain an internal plan to protect life and property during a disaster. Maintenance of such plans is the responsibility of each institution.
- Each facility will conduct required and best practice mitigation efforts to reduce hazards potentially associated with an evacuation (i.e. Conducting Hazard Vulnerability Analysis, developing structural and nonstructural mitigation plans).
- All members agree to participate in collaborative efforts with community partners to optimize resources and response utilization.

- Past exercises have shown that planning for the evacuation of outpatient clinic and professional services patients also needs to be considered in hospital internal plans. Each hospital is responsible for making its own plans for these types of patients.
- Hospitals agree to use the Hospital Incident Command System (HICS). (See Appendix B)
- Members agree to participate in training and drills related to hospital evacuations and the Annex plan.
- If a member hospital has permanent changes in its ability to receive the agreed upon number of patients, identification of contact personnel, or external holding areas, it will notify the Washoe County Health District of any changes so those changes can be made to the Annex.
- Members will use the annex's patient evacuation tracking sheet and may also enter information in the patient tracking section of WebEOC.
- Members will identify external holding areas close to their location to provide temporary shelter if an immediate evacuation is required, and internal staging areas for patients for an urgent evacuation.
- Members will develop and maintain internal plans for receiving the influx of patients dispersed under this plan.
- All members will maintain adequate business interruption insurance.
- Public information and community confidence are important considerations during an evacuation. The hospitals agree to participate in a joint information center to include the Field ICS Public Information Officer to provide information to the public and the media.
- All facilities will have in place emergency credentialing plans that will permit credentialing of personnel who may wish to volunteer their professional's services during an emergency.

### 3.2 Evacuating Hospital

#### 3.2.1 General Responsibilities

- The evacuating hospital's administration or other authority having jurisdiction (AHJ) declares the hospital unsafe and unstable; requiring a full or partial evacuation. Hospital decision to evacuate should be determined based on pre-developed evacuation criteria.
- The evacuating hospital carries out measures to decrease patient census (as time allows) including: review all elective surgical procedures, early discharges and discharge of appropriate patients to home, or transfer to a Skilled Nursing Facility (SNF).
- Evacuating hospital will activate its Alternate Care Facility Plan to relocate patients to an alternative location within its healthcare system, if possible.
- Documents patient tracking (patient evacuation tracking sheet and WebEOC if time allows) and during an urgent evacuation is responsible for notification of each patient's physician and family of pending relocation, if time allows.
- Responsible for sending current medical records with patients whenever possible. If time does not allow for pulling medical records, at a minimum, the evacuating hospital will ensure that the MAR (Medication Administration Record) accompany the patient.
- Whenever possible sends appropriate nursing or physician personnel to accompany patients to the receiving hospital.

- Send one administrator or nursing supervisor to coordinate with the receiving hospital administration. Send one pharmacist to assist with patient medication orders, and resolve any formulary changes to patient medication orders.
- The medical staff/patient ratio during transport will be determined as reasonably safe for care by the Hospital Medical Officer and the Field Transportation Supervisor
- Maintains responsibility for patients until accepted by a receiving hospital.
- Ensure that the vacated premises are secure and that no one is left behind after the evacuation.
- As time allows, evacuating hospital will notify the State Health Division Bureau of Licensure and Certification about their change in bed status.

### 3.2.2 Hospital Planning Technical Specialist

The evacuating hospital will assign one personnel to participate in the field ICS, a Hospital Planning Technical Specialist. This annex includes the Checklist for this ICS position in Appendix H.

The evacuating hospital will work to ensure their patients are prepared for evacuation to a hospital that will provide the same or higher level of care, depending on the state of community resources. The hospital staff most familiar with the medical needs of the patients will work with the Field Incident Command System (ICS) Medical Branch to determine the most appropriate destination, staff, equipment, and method of transport. Thus, the Field Medical Branch personnel must rely upon the medical triage completed by the hospital and utilize hospital personnel to coordinate appropriate treatment personnel, equipment and methods of transport. This is the rationale for the Hospital Planning Technical Specialist.

### 3.3 Receiving Hospitals

- Carries out measures to decrease patient census including: review all elective surgical procedures, early discharge and discharge of appropriate patients to home, or transfer to a Skilled Nursing Facility (SNF).
- Determine ability to accommodate influx of patients. If changes to plan numbers need to be made, contact REMSA to notify.
- Makes preparations for receiving patients, including calling in additional staff and implementing their emergency credentialing policy.
- Obtains additional equipment and supplies needed to provide care.
- Maintains communications with the evacuating hospital if feasible. See Communications Plan (Section 7)
- Continues patient tracking within its hospital when patients are received. When the patients have been received, the receiving hospital will assign an individual the responsibility for faxing the Patient Tracking Form to the Hospital Representative at the Regional EOC.
- Upon receipt of patients from the evacuating hospital, notifies:
  - Families/responsible party
  - Attending physician
- Is responsible for the safety of staff from the evacuating hospital working within its building, and for the safekeeping and continuing operability of medical equipment that is sent from the evacuating hospital.
- Assumes responsibility of evacuated patients when received.

## Revisions to DBOH 02/23/12, Proposed Effective Date 07/01/2012

- Ensure that the completed top form of the Patient Tracking Form is sent back to the evacuating hospital after it is completed. This form will be used to let the evacuating facility know where to send the patient records and to document the patient tracking process.
- As time allows receiving hospital will notify State Health Division Bureau of Licensure and Certification about their change in status or if they have exceeded licensed bed capacities.
- Upon notification that the evacuating hospital is able to be reoccupied, returns all patients and equipment to the hospital of origin unless other arrangements have been made.

### 3.4 Washoe County Health District

- Washoe County Health District will be contacted by REMSA Medical Dispatch and will assist in the assessment of public health impacts.
- Washoe County Health District is responsible for maintenance and update of Mutual Aid Evacuation Annex.
- Because of the extensive public health liaison required with government and private agencies in such a declared disaster, the District Health Officer or designee takes an active role in the ICS Unified Command structure in the jurisdictional Emergency Operations Center to coordinate public health issues.
- The Multi Casualty Incident Plan requires that the Health District staff arrange a debriefing for multi casualty incidents that exceed 10 patients. The Field Incident Commander and Hospital Agency Representative will assist the Health District in gathering documentation regarding the evacuation process and participate in debriefings as requested.

### 3.5 REMSA

- In a multi casualty incident REMSA medical dispatch determines the destination of patients based on information from area hospitals. In this annex, the plan members have agreed upon a pre-planned patient distribution scheme.
- In a Level 1 or Level 2 evacuation, REMSA Medical Dispatch will notify the plan members regarding the evacuation. REMSA Medical Dispatch will contact receiving facilities as patients are transported from the evacuating hospital to let them know what type of patient they will be receiving (Type refers to patient category – critical care, non-ambulatory, ambulatory, etc.)

### 3.6

#### HavBed

- The Nevada State Health Division (NSHD), Public Health Preparedness Program
- (PHP) has a statewide, bed tracking, availability, and alerting/information system in place throughout Nevada's system, entitled "HavBed." HavBed is a robust and reliable system used to track bed availability, hospital capacity/status, along with tracking hospital, Coroner, Mortuary, and healthcare facility storage of decedents. The system is dual-redundant with east and west coast backup servers. Nevada's HavBed system is a vital component of the Nevada Health alert Network (NVHAN), for immediate transmission of critical health information during a catastrophic event in our state and the western region of the United States (Nevada Border States). All hospitals throughout the state are on the system and update regularly.

- During a hospital evacuation, HavBed would be an essential Username/Password controlled-system to enable hospitals to communicate with each other regarding patient transfers on one shared platform. All data entered into HavBed is transmitted and monitored by State and Federal authorities to plan logistics during an emergent event and respond timely and appropriately.
- While the Evacuation Annex plan provides overall estimates for types and numbers of patients that can be accepted into receiving facilities for pre-event planning, HavBed compliments the Evacuation plan by providing up to date patient census numbers at the time of the evacuation event.

#### 4. IMMEDIATE VS. URGENT EVACUATIONS

##### 4.1 Definitions

*Level 1 - Immediate* evacuation requires the immediate, prompt departure of patients from a hospital due to life-threatening conditions. Such an evacuation may require the evacuating hospital to move patients to an external holding area in the parking lot or other outside sheltered location(s) before being moved to a receiving hospital. Critical Care patients should be evacuated directly to a receiving hospital without going to an external holding area. In an immediate evacuation, it may not be practical to pull medical records to go with the patients. Medical records may have to follow the patients after the evacuation occurs.

*Level 2 - An Urgent* evacuation allows for a quick, but orderly hospital departure. Such an evacuation allows time for patient dispersion from the evacuating hospital directly to the receiving hospitals. It may result from non-life threatening environmental conditions, which along with internal horizontal evacuation strategies, allows for orderly gathering of transportation and staffing resources before patients are moved out of the evacuating hospital. Patients will be moved to pre-designated internal staging areas before departing the facility. The hospital, depending on the number of patients and its resources, may wish to designate more than one internal staging area for patients (ambulatory versus wheelchair versus gurney patients). This allows appropriate transport resources to externally stage at different locations to expedite patient movement and egress. In a Level 2 evacuation, there should be time to ensure that the patient's records are sent with the patient.

The critical consideration that Level 1 (Immediate) vs. Level 2 (Urgent) evacuations affects is the decision regarding which patients to evacuate first. Patients with critical care needs require more time and resources to evacuate. Their place in the evacuation process may change depending on whether the evacuation is immediate or urgent. In an immediate evacuation, the priority will be to get as many patients out as possible, so the first priority might be the easiest to evacuate – ambulatory patients, those with the least equipment and who need the least amount of assistance from staff. In this scenario, patients with special needs would be the last to be evacuated. In an urgent evacuation when there is time to move patients, the critical care patient would be the first to move as there is time to accommodate equipment and patient care considerations.

4.2 Annex Activation for Level 1 (Immediate) Partial or Full Evacuation

The evacuating Hospital notifies 911 to report a Level 1 (Immediate) hospital evacuation. The 911 Center will notify REMSA Medical Dispatch, who will contact other agencies using the usual MCI plan procedure, which includes the District Health Officer's designee and the Washoe County Emergency Manager. The hospital may already be in the process of moving patients to a designated external holding area during an immediate evacuation.

Upon arrival, outside agencies will set up a field Incident Command Post appropriately linked to the internal Hospital ICS structure. Certain Hospital ICS and field ICS positions must interface in order to share information. The hospital will send a Hospital Planning Technical Specialist to work with the Patient Transportation Group Supervisor.

If needed, the District Health Officer's designee will assess the public health impacts of an evacuation. The Washoe County Emergency Manager is responsible for contacting the City's Emergency Manager. It is the responsibility of the field Incident Commander from the authority having jurisdiction to request a Disaster Declaration from the appropriate political subdivision in association with the jurisdiction's Emergency Manager. The decision to open the EOC rests with the Crisis Action Team (CAT) which is led by the County Manager and will authorize activation of the EOC.

REMSA Medical Dispatch is responsible for notification of all receiving hospitals that an evacuation is underway. Upon this notification, receiving hospitals will implement their internal plans to receive patients. Initial field transportation of patients will follow the baseline acceptance numbers in the plan for the receiving hospitals. HavBed will also be utilized when considering bed availability. Receiving hospitals may be contacted later by REMSA Medical Dispatch for additional capacities.

The Medical Branch Patient Transportation Group Supervisor, in coordination with the Hospital Planning Technical Specialist sent to the field by the evacuating facility, will coordinate communications and movement of patients to appropriate destinations along with appropriate staff and equipment (if available).

4.3 Annex Activation for Level 2 (Urgent) Partial or Full Evacuation

If a disaster situation requires a hospital to partially or fully evacuate, but there is no immediate life threat to the building occupants, the evacuating hospital notifies 911 and reports that a Level 2 (urgent) hospital evacuation may be necessary. The 911 Center will notify REMSA Medical Dispatch, who will contact other agencies using the usual MCI plan procedure, to include the District Health Officer's designee and the Washoe County Emergency Manager.

If needed on scene, the District Health Officer's designee will assess the public health impacts of an evacuation.



The Washoe County Emergency Manager is responsible for contacting the City's Emergency Manager. It is the responsibility of the Field Incident Commander from the authority having jurisdiction to request a Disaster Declaration from the appropriate political subdivision in association with the jurisdiction's Emergency Manager. The decision to open the REOC rests with the Crisis Action Team (CAT) which is led by the County Manager and will authorize activation of the REOC.

REMSA Medical Dispatch is responsible for notifications to all receiving hospitals that an evacuation may become necessary, and when the evacuation is initiated. Upon this notification, receiving hospitals will implement their internal plans to receive patients. Initial field transportation of patients will follow the baseline acceptance numbers in the plan for the receiving hospitals. HavBed will also be utilized when considering bed availability. Receiving hospitals may be contacted later by REMSA Medical Dispatch for additional capacities.

Because time limitations may not be as critical as with a Level 1 immediate evacuation, in a Level 2 urgent evacuation the evacuating hospital may be able to initiate notification of physicians and patient family members that an evacuation will be taking place.

Upon arrival outside agencies will set up a field Incident Command Post, in appropriate proximity to the hospital. Certain Hospital ICS and field ICS positions must interface to share information. The hospital will send a Hospital Planning Technical Specialist to coordinate with the Field Patient Transportation Group Supervisor.

The Hospital ICS Planning and Hospital ICS Operations Chief will reduce the hospital census by a review of possible discharges to home, cancellation of elective procedures, etc. and recommend the appropriate patient care destinations for each type of patient to be moved. This information will be communicated to the Field Hospital Planning Technical Specialist and Field ICS Patient Transportation Group Supervisor who will direct the patient distribution process.

The Hospital Operations Chief will direct the packaging of all patients so that appropriate medical records, medications, and vital support equipment can be moved at the same time the patients may be moved to an internal hospital staging area(s). Location(s) should be convenient for pickup by ambulances or other transportation resources.

The field ICS Patient Transportation Group Supervisor and Hospital ICS Planning Technical Specialist will coordinate communications and movement of Critical Care Unit and Non-Critical Care Unit patients to appropriate destinations along with appropriate staff and equipment (if available).

**NOTE:** See Algorithm for Level 1 (Immediate) and Level 2 evacuation (Urgent) in Appendix C.

## 5.0 PATIENT EVACUATION AND DISTRIBUTION OVERVIEW

The Patient Evacuation and the Patient Acceptance Overview (Appendix D) are based on data submitted by the participating facilities. The figures used in this document are known to be highly variable. In some cases, they may not be accurate to describe a hospital's patient population at a particular time. In view of the inherent nature of disasters, flexibility of design and flow are necessary for a successful evacuation. Each facility has taken their average high census for the previous two years to determine the numbers in the overview. Each hospital is responsible for providing updated capacity information during the evacuation process to REMSA Medical Dispatch.

These tables show that it is possible to evacuate all but the largest hospital in the community, even though some hospitals will be severely taxed. Should the towers at Renown Regional Medical Center have to be fully evacuated patient dispersal may have to be coordinated with other hospitals outside the region. This would be done through existing mutual aid agreements or in coordination with the State EOC Emergency Support Function #8 (Health and Medical).

The internal logistics of evacuating patients from operating rooms to internal staging areas is the responsibility of each participating hospital.

Although the Emergency Departments of receiving hospitals will remain available for community emergency care, the patients being evacuated will not be routed through the Emergency Departments of receiving hospitals.

A mileage chart depicting the distance between member hospitals is located in Appendix G.

## 6.0 TRANSPORTATION OF PATIENTS

Patients may be transported from the evacuating hospital to an external holding area in a Level 1 (Immediate) evacuation or, in the case of a Level 2 (Urgent) evacuation, directly to a receiving hospital. Subsequent transportation could also occur from an external holding area to receiving hospitals. In either case, critical care patients will be sent directly to hospitals without going to external holding areas. Cost of transportation of patients shall be the responsibility of the evacuating hospital.

### 6.1 Emergency Medical Services Coordination with Evacuating Hospital

Upon a decision that patients will be evacuated from a hospital, the field ICS staffed ICS interface will be instituted. The Field ICS Patient Transportation Group Supervisor under the Field ICS Medical Branch will implement field transportation staging operations and establish coordination with the Hospital Planning Technical Specialist (see position Action Sheet Appendix H) and the field ICS Medical Branch Director regarding patient destination(s).

Ideally the external patient holding area(s) for an immediate evacuation will be pre-designated by each hospital in their internal plans, prior to the incident. However, if the pre-designated patient external holding area cannot be utilized,

the Hospital Planning Technical Specialist along with the Field ICS Medical Branch Director may determine the safest place to establish a patient external holding area if not already determined by the hospital. The medical authority for identifying the method of transfer of the patients from the hospital to another hospital should be a collaborative process between the Hospital Planning Technical Specialist and the ICS Medical Branch Director. The receiving hospital destination and transportation resources to be used will be decided upon jointly by the Patient Transportation Group Supervisor and Hospital Planning Technical Specialist working with the Medical Branch. More than one staging area for ambulances, non-ambulances or equipment may be established at the evacuating facility.

Traditional field triage tags will generally not be used. The Patient Transportation Group Supervisor will track patients using the name and hospital number from the patient's existing armband and write this information on the patient tracking form. Triage tags will only be used if individuals must be evacuated who do not have such an identifying armband.

## 6.2 Transportation Staging Areas

Field ICS transport vehicle staging area(s) will be established in close proximity to the internal staging areas or external patient holding areas. Ambulances will park and be dispatched in order as directed by the Field ICS Patient Transportation Group Supervisor. The Hospital Planning Technical Specialist will receive information about the appropriate medical care and needs of each patient from the Hospital ICS Planning and Operations Chiefs. Information on the transport needs and requirements for specialized equipment or staffing will be shared between the Hospital Planning Technical Specialist and the Field ICS Medical Branch Patient Transportation Group Supervisor. The hospital external patient holding area(s) will be used by the hospitals to re-evaluate patients just prior to transfer, if needed. The field ICS Patient Transportation Group Supervisor, in consult with the Hospital Planning Technical Specialist, will direct ambulance and non-ambulance resources to the appropriate receiving hospital that has the ability to care for the patient's medical needs. REMSA Medical Dispatch will notify the receiving hospital's contact person that the patient is en route, the ETA, and type of patient. Identifying patient information such as names will be transmitted via landline (due to HIPAA issues) if time allows. Because of the limited ambulance resources that may be available, there will not be room for family members to be transported with the patient; unless there are child supervision issues involved (all pediatric patients will be accompanied by a staff nurse or a parent).

Additional transport vehicles may be required to move non-acute patients to other receiving hospitals. For the most part, these additional vehicles will be from the Regional Transportation Commission, Washoe County School District, Citilift buses, or other resources provided by non-ambulance providers. These authorized transportation services are specified in the County EOC resource list.

Staging of these non-ambulance vehicles will be in close proximity to the ambulance staging area(s). The Field ICS Staging Officer will make contact with

supervisory personnel of the non-ambulance provider to receive help in dispatching those vehicles to the evacuating hospital staging area(s). In addition the Field ICS Staging Officer may work with the Field ICS Medical Communications Coordinator to place an Amateur Ham Radio Operator (ARES) on each vehicle to insure communications during transport (see Communications Plan Section 7).

### 6.3 Out of State (California) Hospitals

- Should Barton Memorial Hospital need to evacuate their facility, they will contact the California Tahoe Emergency Services Operations Authority (City of South Lake Fire Department and Lake Valley Fire Protection District) via South Lake Tahoe 911 Dispatch. The California Tahoe Emergency Services Operations Authority will be responsible for the transportation of patients from Barton Memorial Hospital to facilities in Nevada. Decision as to where patients will be transported will be coordinated through California Tahoe Emergency Services Operations Authority and REMSA. In the event there are not sufficient ambulances to transport patients, additional ambulances can be requested through the Lake Tahoe Regional Fire Chief's mutual aid plan by the South Tahoe Joint Powers Authority. The Barton Memorial Hospital representative working with the South Tahoe Joint Powers Authority will be responsible for ensuring that REMSA is contacted for the patient placement efforts.
- Should Tahoe Forest Hospital need to evacuate their facility, they will contact Truckee Fire via the Grass Valley 911 Dispatch. Truckee Fire will be responsible for the coordination of transportation of patients from Tahoe Forest Hospital to facilities in Nevada. The TFH Agency Representative will work through/with REMSA dispatch to identify hospital bed availability and patient destinations in Nevada. Decisions as to where patients will be transported will be coordinated through REMSA and the TFH Agency Representative. Truckee Fire, through Grass Valley Dispatch, will use the mutual aid system to ensure that a sufficient number of ambulances are notified and responding to transport patients in the most timely manner possible.

## 7.0 COMMUNICATIONS

### 7.1 Required notifications

Certain notifications will be required for Level 1 (Immediate) or Level 2 (Urgent) evacuations

- 911: The hospital will contact and report either a Level 1 (Immediate) or Level 2 (Urgent) Hospital Evacuation.
- The 911 Public Safety Answering Point (PSAP) will transfer the hospital caller to REMSA Medical Dispatch so that REMSA can activate an MCI. The PSAP will notify the Fire Department and appropriate mutual aid agencies per its protocols. The MCI notifications by REMSA Medical Dispatch include the District Health Officer's designee and the Washoe County Emergency Manager.

- REMSA Medical Dispatch shall notify appropriate healthcare facilities of the disaster incident. The individual in the receiving healthcare facility or hospital shall take note of the information given, and shall acknowledge as directed. REMSA Medical Dispatch will request that each receiving hospital provide a name and contact number for the person in the receiving hospital who will be receiving in bound patient information as patients are transported to its facility

## 7.2 Patient/Resident Transfer Communications

Ambulances involved in the transportation of patients from the evacuating hospital to receiving hospitals shall communicate on Medical Channel frequencies assigned by the field IC or by other communications frequencies (e.g. ARES/RACES) as may be feasible.

The hospitals and REMSA have 800 MHz radios to augment back-up communications between the hospitals, REMSA and the Washoe County Health District should landlines and cell phones fail. A Health District 800 MHz talk group has been programmed onto the radios for this purpose. Communications regarding identifying patient information should be made via landline due to HIPAA issues.

Other modes of transportation being utilized for the transfer of patients to receiving hospitals, or other designated areas or facilities, may not be equipped with Med Channel Radios. Prior to departure, appropriate scene personnel will notify receiving hospitals through REMSA Medical Dispatch of the ETA of units transporting patients. ARES/RACES operators or others with portable communications devices may be used as an alternate means of communications for vehicles not having radio communications with REMSA Medical Dispatch.

## 7.3 Administrative Hospital-To-Hospital Communications

Communications between hospitals shall be by regular telephone or cellular telephone whenever possible. Appendix F lists telephone numbers for a variety of departments in each hospital, including the designated telephone numbers for hospital command posts (if assigned). Such communications should be limited during the incident as to avoid lines being tied up. Calls between hospitals may be patient information related, requests for supplies, equipment or manpower, etc. As hospital Command Centers activate, specific phone numbers for the various hospital ICS positions may be assigned by each Hospital Command Center.

## 7.4 Additional required notifications by evacuating and receiving hospitals

- The Washoe County Emergency Manager will be responsible for notifying the Emergency Manager for the appropriate jurisdiction. Emergency managers may activate the resources of the Amateur Radio Emergency Services (ARES) or Radio Amateur Civil Emergency Services (RACES), which may be used to augment communications at the incident scene, communications with non-emergency transport vehicles, the receiving hospitals, and the evacuating hospital's internal staging area or external holding area.

- State of Nevada Bureau of Health Facilities, Licensure and Certification if the facility needs to exceed its licensed bed numbers
- Family and Physicians of evacuated patients – it is the responsibility of the evacuating hospital to notify family and physicians of the evacuated patients of the movement of these individuals to the receiving hospital (as time allows).

#### 7.5 Regional Call Center

In the event of overwhelming calls for information regarding the location of evacuated patients that exceed the evacuating facility ability to answer, or if the evacuating hospital is unable to make the necessary contacts due to the urgency of the situation, the REOC can set up a regional call center to assist with the dissemination of information. The call center would operate under HIPAA guidelines as they relate to patient information.

#### 7.6 Facsimile (Fax) Systems

Facsimile numbers are listed for each hospital in the Communication Annex. These systems may be utilized to transmit written information such as patient records, hospital maps, or other forms of documentation. The fax number for the REOC is also listed for transmittal of Patient Tracking Forms.

#### 7.7 Telephone Contacts

The Appendix F shows the telephone numbers for critical areas in each hospital such as the Emergency Departments, Admitting, Security, Main Switchboards and lines dedicated to the Hospital Command Center.

#### 7.8 Two-way Radio Systems

In the event of land line and cell phone failures, the 800 MHz radios and the med channel radios base radios at most of the facilities, offer a redundant communication method during an emergency. These radios allow hospitals, REMSA and the Health District to communicate on the 800 MHz talk group dedicated for such purposes by the Washoe County Health District.

#### 7.9 Alternate Communications

Washoe County, City of Reno, City of Sparks, Airport Authority of Washoe County, Washoe County Sheriff's Office, City of Reno Police and Fire Departments, City of Sparks Police and Fire Departments, and each jurisdiction's Emergency Management may be called upon to provide additional communications resources, command posts, and to activate amateur (ARES) radio resources.

Contact Information for all facilities and agency is located in Appendix E (Contact Information) and Appendix F (Hospital Phone Numbers).

## **8.0 LIMITED LIABILITY AND DISASTER DECLARATION PROCESS**

All hospitals participating in the *Mutual Aid Evacuation Annex* are advised to consult private legal counsel to evaluate their hospital's potential exposure to liability.

While the event of a facility evacuation represents a potential deviation from care, hospital personnel are held to the same standard of care in an evacuation as in any other activity of patient care. It is recognized that the evacuation process may entail unavoidable interruption of some aspect of patient care (ex. giving medication on schedule) that are beyond the control of the hospital staff. The expectation is that hospital personnel will use such reasonably prudent practices as any professional person in their place might be expected to use.

The Hospital Incident Commander of the evacuating hospital should already be in contact with the Field Incident Commander when a hospital evacuation decision is made. Once the decision to evacuate has been made, the Incident Commander from the Authority Having Jurisdiction shall initiate the jurisdiction's process for a Disaster Declaration. It is the Incident Commander's responsibility to include this strategy in the Incident Action Plan in a timely fashion.

## **9.0 COLLATERAL CONSIDERATIONS**

### **9.1 Skilled Nursing Facilities**

A Skilled Nursing Facility (SNF) may be contracted by an evacuating hospital as part of their internal controlled discharge plan or policy. The SNF (if not compromised by the qualified disaster) may potentially be put on notice by both the evacuating hospital and a receiving hospital (as part of each hospital's internal controlled discharge policy). The contracted SNFs and non-contract SNFs who are contacted may receive patients of appropriate acuity from evacuating and/or receiving hospitals.

If an alternate facility such as a SNF is included in the receiving process, it is expected that the SNF will understand and be familiar with the MAEA and that they are able to meet the same expectations outlined in the Annex as the receiving facility.

### **9.2 Public Information**

All media releases distributed by the evacuating hospital will be coordinated through Unified Command. (It is suggested that the first message should instruct the public not to come to the scene, but inform them that information will be made available.)

A joint information Center (JIC) may be developed as part of the Unified Command structure.

### **9.3 Admitting and Billing**

- Patients will be discharged from the evacuating hospital and admitted to the receiving hospital.
- Patients sent by the evacuating hospital will maintain the current attending physician whenever possible. If the current physician does not have privileges at the receiving hospital, the receiving hospital will initiate their emergency credentialing process.
- The evacuating hospital will be responsible for patient billing for the portion of the patient's stay at the evacuating hospital and will be billed in compliance with State and Federal reimbursement guidelines for transferred patients.
- The receiving hospital will be responsible for patient billing for the portion of the patient's stay at the receiving hospital and will be billed in compliance with State and Federal reimbursement guidelines for transferred patients.
- Receiving hospital will admit all patients transferred from the evacuating hospital and be responsible for the patient billing of the patient's stay at the receiving hospital and will be billed in compliance with State and Federal reimbursement guidelines for transferred patients

#### 9.4 Use of Evacuating Hospital Staff

- The evacuating hospital will bill the receiving hospital for all staff supplied to the receiving hospital at the actual employee payroll costs plus an additional 35% to cover the cost of fringe benefits. Any supply items forwarded to the receiving hospital from the evacuating hospital will be billed by the evacuating hospital at the actual cost. Equipment transferred to the receiving hospital by the evacuating hospital will be billed to the receiving hospital at the current fair market rental value for such equipment.
- Evacuating hospital will be responsible for supplying the receiving hospital a schedule that includes all the employees sent to assist the receiving hospital, including available information regarding appropriate professional licensure.
- Receiving hospital will be responsible for the validation of all professional licensure information for all employees transferred from the evacuating hospital to the receiving hospital in a timely fashion.

#### 9.5 Out of State Staff and Physicians

- In order to allow staff from another state to practice in Nevada, it would require that the Governor has to declare a state of emergency before the nurses or physicians from other states could provide assistance/be recognized as licensed.

#### 9.5 Medical Records

- If time and evacuation conditions permit, pertinent medical records and information will accompany each patient to the receiving hospital. At a minimum, the Medication Administration Record will accompany the patient when transferred.



- Upon transfer back to the original hospital, a copy of pertinent medical record information will accompany each patient or be made available to the attending physician.

#### 9.6 Biomedical Equipment

- Only such equipment as is medically necessary to accompany the patient during transfer will be sent with the patient. Biomedical Equipment distributed from the evacuating hospital will be initially accepted by all receiving hospitals.
- All equipment sent with patient will be documented on the Patient Tracking Form.
- The receiving hospital may catalogue and carry out safety checks of the equipment as time and patient condition permits.
- Equipment will be returned to the evacuating hospital upon return of the patient, unless arrangements have been made otherwise.

#### 9.7 Pharmaceuticals

- Only those medications that are medically necessary will be transported with the patient.
- Prescribed pharmaceutical products that arrive with the patient will be subject to review by the receiving hospital's pharmacy.
- Any additional medications that the evacuating or receiving facility may need will be requested through the resource request process of Incident Command of the EOC and hospital liaison.

### 10.0 ANNEX DEVELOPMENT AND MAINTENANCE

Each hospital is responsible for maintaining accuracy of the information regarding its medical facility. Since this is an annex to the Washoe County District Board of Health Multi-Casualty Incident Plan, the Health District will coordinate a periodic meeting for updates.

Washoe County Health District will be responsible for annually updating the Annex to ensure the most current information. The updates should include:

- Evacuating dispersal and receiving hospital acceptance numbers.
- Phone numbers of Annex members, contact persons and external holding areas.
- Hospital communication information.

## ***APPENDIX A - DEFINITIONS***

<b>Alternate Care Facility</b>	A predetermined, designated location within a healthcare's system or vicinity that patients can be safely relocated to in a disaster to allow them to remain within the existing healthcare system.
<b>Authority Having Jurisdiction (AHJ)</b>	The government agency responsible for public safety or code enforcement within any given geographical area.
<b>Care Capacity</b>	The number of beds for which the hospital is able to staff to provide care.
<b>Declared Disaster</b>	Executive order from the authority having jurisdiction (i.e. governor or president) declaring a state of emergency which activates disaster response and recovery aspects of the state, local, interjurisdictional or federal emergency plans.
<b>Emergency Operations Center (EOC)</b>	A secured site where public officials exercise support, direction and control of an emergency in concert with public and private agencies.
<b>Environment of Care</b>	A term used to describe the building, equipment and people that provide services that allows patient care to take place.
<b>External Holding Area</b>	A sheltered location close to the evacuating hospital where patients can be temporarily held for safety purposes and during which an assessment of the hospital may take place. From there, the patients are either returned to the original hospital, or dispersed to other members. External holding areas are primarily

used during an immediate evacuation.

**Field Command Post**

The designated location where primary command functions are executed.

**Field Incident Commander (IC)**

The person from the Authority Having Jurisdiction who responds to the emergency and who is responsible for all decisions relating to the incident and management of incident operations (i.e. fire or law enforcement).

**HICS**

An Incident Command System designed specifically for use in the medical environment.

**Hospital Command Center**

A location where primary hospital emergency response functions are carried out to manage a healthcare disaster or emergency.

**Hospital IC**

The hospital Incident Commander leading a healthcare's disaster response efforts.

**Incident Command System (ICS)**

An operational command and control organizational system to manage resources based on the principle functions performed in any disaster. These are: Command, Operations, Finance, Logistics, and Planning.

**Internal Staging Areas**

Pre-designated areas within a hospital where patients are collected prior to being transported outside of the facility. Hospitals may designate staging areas for various types of patients, i.e. ambulatory, non-ambulatory, etc.

**Multi-Casualty Incident Plan (MCIP)**

Guidelines maintained by the Washoe County Health District for the Reno, Sparks, and Washoe County area to effectively, efficiently and safely organize multi-casualty incidents utilizing ICS as the

management tool.

**Patient Overflow Area**

An alternative care location identified by each hospital where basic patient care can take place. Such locations may be auditoriums, cafeterias, hallways, or lobbies, and are used by receiving hospitals when it needs to surge its capacity to receive evacuated patients.

**Political subdivision**

Under Nevada Revised Statutes 414.038, political subdivision means a city or a county.

**Skilled Nursing Facility (SNF)**

A facility that provides sub-acute nursing and/or rehabilitation services.

**Critical Care Unit**

A generalized term to include Intensive Care, Cardiac Care, Cardiac Surgery, Pediatric Intensive Care, Neonatal Intensive Care Units, patients undergoing surgical procedures, and patients that are in Post Anesthesia Recovery (PACU).

**Unified Command**

A method for all agencies who have jurisdictional or functional responsibility to contribute to incident planning and strategies.

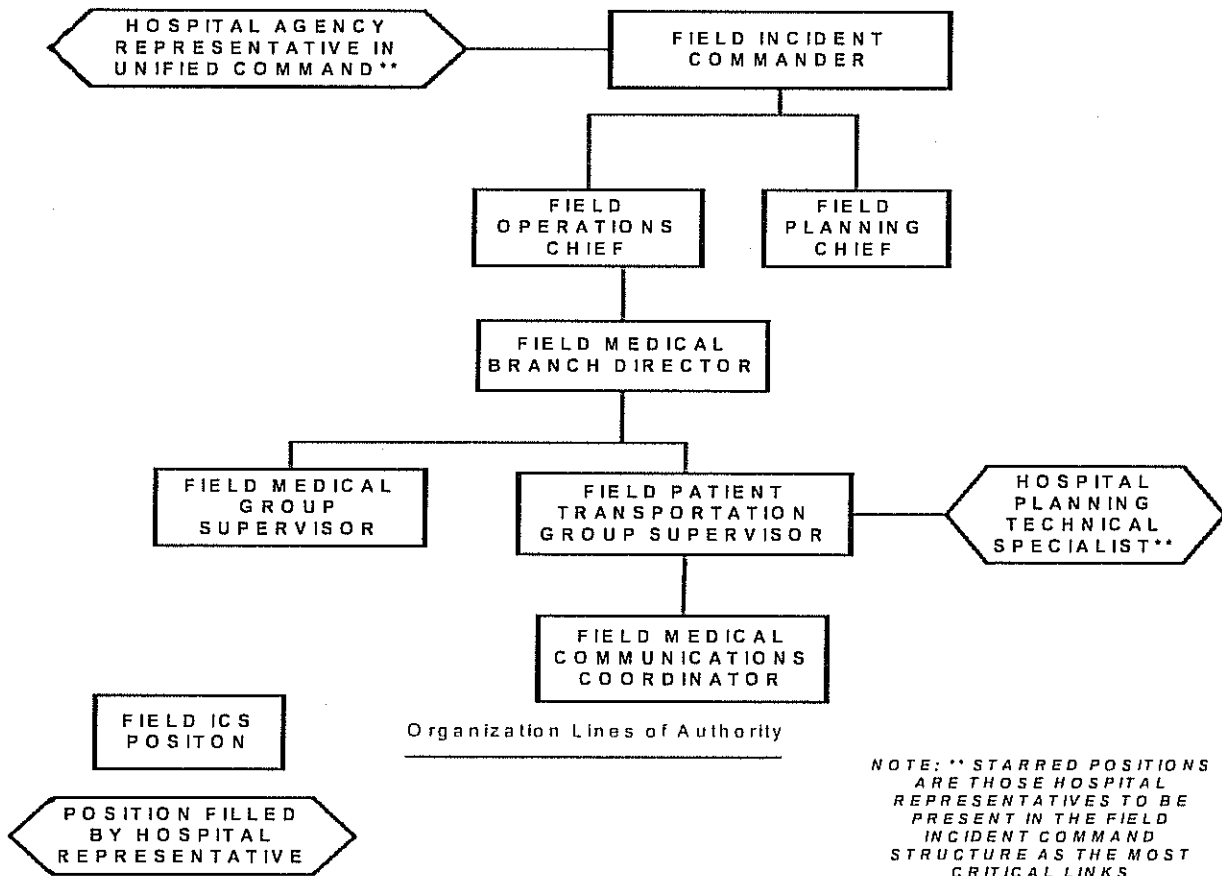
## APPENDIX B - OPERATIONAL CONCEPTS

### 1.1 Incident Command System—Linkage to Hospital ICS System

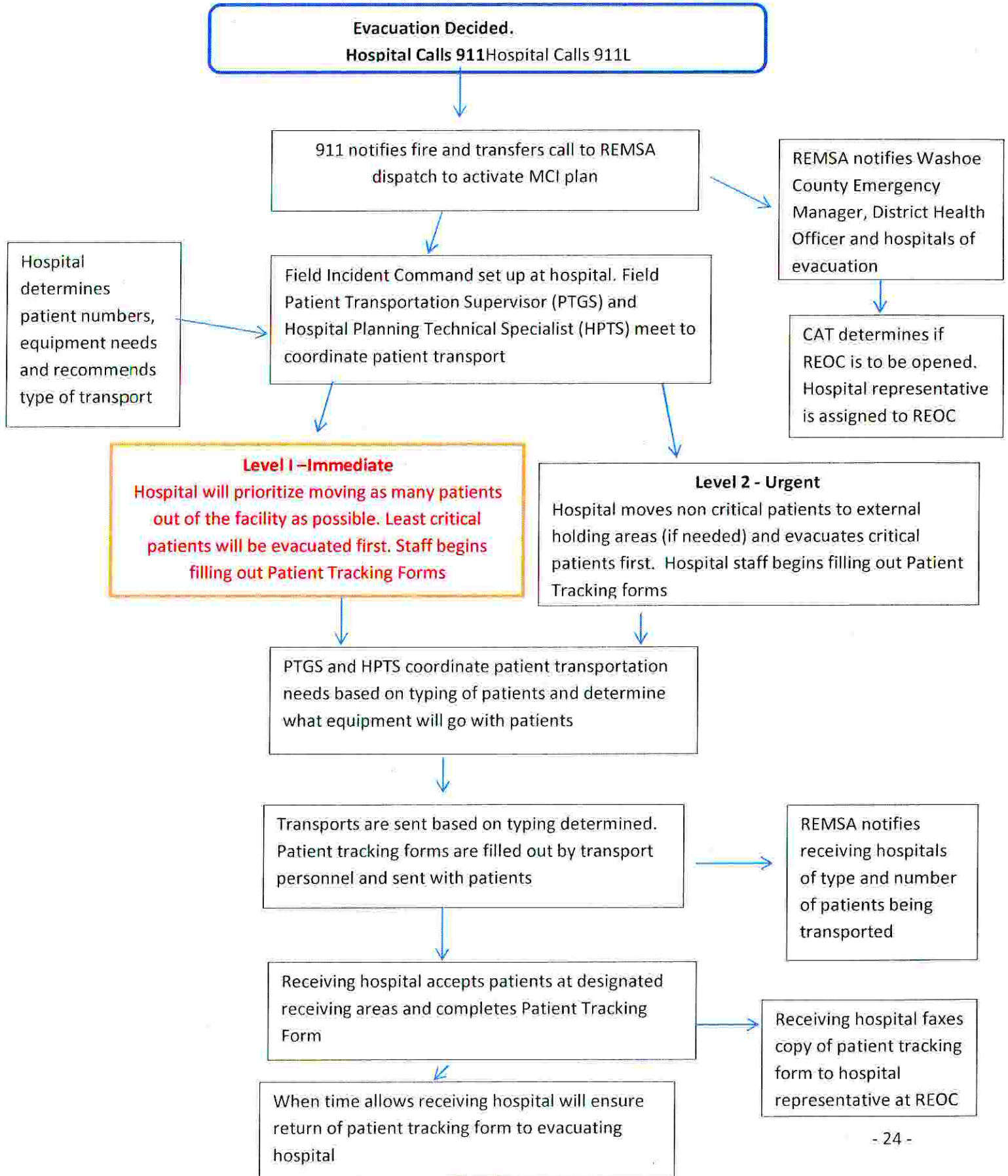
The Washoe County District Health Board and the annex participating facilities follow the principles of the Incident Command System (ICS). Healthcare facilities also use the Hospital Incident Command System (HICS), an internal ICS management model developed to address hospital management functions

The chart below shows the relationship of the major Field ICS and hospital staffed ICS positions. The hospital position that need to be filled in the field ICS System is the Hospital Planning Technical Specialist. The hospital position that needs to be filled in the EOC is the Hospital Representative. Based on ICS unified command concepts, it is critical that the evacuating facility, through its hospital representatives, participate in unified command in the field command post.

Linkage of Hospital ICS Positions and Field ICS / Multi-Casualty Branch Positions



## APPENDIX C - Evacuation Algorithm



**APPENDIX D - Initial Patient Evacuation Overview (after census reduction)**

Type of patient that can be accepted:	Renown Regional Med Ctr	Incline Village Comm. Hospital	VA Medical Center <sup>(B)</sup>	Northern Nevada Medical Center	St Mary's Reg Med Ctr & Tahoe Pacific West	Renown Rehab Hospital	Renown So. Meadows & Tahoe Pacific So. Meadows	Barton Memorial Hospital	Tahoe Forest Hospital	Carson Valley Medical Center	Carson Tahoe Regional Medical Center
CU (Med/Surg)	27	0	8	6	0 / 4	0	4 / 3	4	2	2	10
Cardiac Care Unit	23	0	0	0	16 / 1	0	0 / 2	0	0	0	2
Cardiac Surgery	6	0	0	0	2 / 0	0	0 / 0	0	0	0	0
Telemetry/SD/Cardiac	52	0	0	0	16 / 1	0	0 / 0	0	0	0	0
<b>Critical Care Subtotal</b>	<b>108</b>	<b>0</b>	<b>8</b>	<b>6</b>	<b>34 / 6</b>	<b>0</b>	<b>4 / 5</b>	<b>4</b>	<b>2</b>	<b>2</b>	<b>12</b>
Telemetry/SD/Med-Surg	35	0	2	10	0 / 4	0	0 / 5	8	1	2	23
Surgical (Ortho/Neuro/GSU)	90	2	8	10	31 / 2	0	11 / 0	12	2	1	27
Oncology	18	0	0	0	15 / 0	0	0 / 0	0	0	0	6
Medical/General	31	2	17	15	30 / 3	0	11 / 4	16	3	7	38
<b>Med-Surg/Tele Subtotal</b>	<b>174</b>	<b>4</b>	<b>27</b>	<b>35</b>	<b>76 / 16</b>	<b>0</b>	<b>22 / 9</b>	<b>36</b>	<b>6</b>	<b>10</b>	<b>94</b>
IC Nursery	24	0	0	0	13 / 0	0	0 / 0	0	0	0	0



**APPENDIX D - Initial Patient Evacuation Overview (after census reduction)**

Pediatric ICU	7	0	0	0	0 / 0	0	0	0	0	0	0	0	0	0	0	0	0
Pediatrics	18	0	0	0	3 / 0	0	0	0	0 / 0	4	1	0	0	0	0	3	0
Laboring/Antepartum	20	0	0	0	5 / 0	0	0	0	0 / 0	4	1	0	0	0	0	3	0
Postpartum	17	0	0	0	11 / 0	0	0	0	0 / 0	4	0	0	0	0	0	3	0
<b><u>MCH Subtotal</u></b>	<b>86</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>32 / 0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0 / 0</b>	<b>12</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>0</b>
Surgery (Intra-Op)	15	1	3	4	10 / 0	0	0	0	1 / 0	4	1	1	0	0	0	0	0
PACU & Preop	15	1	3	3	10 / 0	0	0	0	2 / 0	4	1	0	0	0	0	6	0
Day Surgery	20	1	0	0	10 / 0	0	0	0	8 / 0	2	1	0	0	0	0	4	0
<b><u>Peri Operative Subtotal</u></b>	<b>50</b>	<b>3</b>	<b>6</b>	<b>7</b>	<b>30 / 0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11 / 0</b>	<b>10</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>10</b>	<b>0</b>
Psych (c)	0	0	8	14	0 / 0	0	0	0	0 / 0	0	0	0	0	0	0	30	0
Skilled/Rehab	0	0	52	6	0 / 0	20	0	0	32 / 0	40	25	0	0	0	0	2	0
<b><u>Other Subtotal</u></b>	<b>0</b>	<b>0</b>	<b>60</b>	<b>20</b>	<b>0 / 0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>32 / 0</b>	<b>40</b>	<b>25</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>32</b>	<b>32</b>	<b>0</b>
<b>TOTAL (a)</b>	<b>418</b>	<b>7</b>	<b>101</b>	<b>68</b>	<b>172 / 13</b>	<b>20</b>	<b>0</b>	<b>0</b>	<b>69 / 14</b>	<b>102</b>	<b>38</b>	<b>13</b>	<b>0</b>	<b>0</b>	<b>157</b>	<b>157</b>	<b>0</b>
Emergency	20	1	3	2	8 / 0	0	0	0	3 / 0	6	3	5	0	0	0	0	0

(a) Skilled/Rehab includes Long Term Care and Assisted Living  
 (b) Tahoe Pacific West is located inside St. Mary's and Tahoe Pacific South Meadows is inside Renown South Meadows Medical Center



**APPENDIX D - Initial Patient Acceptance Overview (after census reduction)**

Type of patient that can be accepted:	Renown Regional Med Ctr	Incline Village Comm. Hospital	VA Medical Center	Northern Nevada Medical Center	Saint Mary's Reg Med Ctr & Tahoe Pacific West	Renown Rehab Hospital	Renown So. Meadows & Tahoe Pacific So. Meadows	Barton Memorial Hospital	Tahoe Forest Hospital	Carson Valley Medical Center	Carson Tahoe Regional Medical Center
CU (Med/Surg)	25	0	2	4	11 / 2	0	6 / 3	2	1	2	4
Cardiac Care Unit	19	0	0	0	0 / 1	0	0 / 2	0	0	0	4
Cardiac Surgery	4	0	0	0	2 / 0	0	0 / 0	0	0	0	0
Telemetry/SD/Cardiac	12	0	0	6	14 / 1	0	15 / 1	0	0	0	0
<b>Critical Care Subtotal</b>	<b>60</b>	<b>0</b>	<b>2</b>	<b>10</b>	<b>27 / 4</b>	<b>0</b>	<b>21 / 6</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>8</b>
Telemetry/SD/Med-Surg	18	0	0	8	0 / 2	0	0 / 2	2	1	2	3
Surgical (Ortho/Neuro/GSU)	46	1	3	15	45 / 1	25	0 / 2	2	0	1	4
Oncology	10	0	0	0	7 / 0	0	0 / 0	0	0	0	2
Medical/General	22	1	2	4	22 / 2	25	15 / 2	4	3	3	6
<b>Med-Surg/Tele Subtotal</b>	<b>96</b>	<b>2</b>	<b>5</b>	<b>27</b>	<b>74 / 5</b>	<b>50</b>	<b>15 / 6</b>	<b>8</b>	<b>4</b>	<b>6</b>	<b>14</b>
IC Nursery	20	0	0	0	16 / 0	0	0 / 0	0	0	0	0
Pediatric ICU	3	0	0	0	0 / 0	0	0 / 0	0	0	0	0
Pediatrics <sup>(b)</sup>	4	0	0	0	12 / 0	0	0 / 0	2	0	0	3

**APPENDIX D - Initial Patient Acceptance Overview (after census reduction)**

Laboring/Antepartum	22	0	0	0	0	8 / 0	0	0 / 0	2	1	0	4
Postpartum	40	0	0	0	0	8 / 0	0	0 / 0	2	1	0	4
<b><u>MCH Subtotal</u></b>	<b>89</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>44 / 0</b>	<b>0</b>	<b>0 / 0</b>	<b>6</b>	<b>2</b>	<b>0</b>	<b>11</b>
Surgery (Intra-Op)	14	0	2	4	4	7 / 0	0	1 / 0	2	0	1	0
PACU & Preop	13	0	4	4	4	7 / 0	0	10 / 0	1	1	1	8
Day Surgery	10	0	0	4	4	10 / 0	0	0 / 0	0	1	0	2
<b><u>Peri Operative Subtotal</u></b>	<b>37</b>	<b>0</b>	<b>6</b>	<b>12</b>	<b>12</b>	<b>24 / 0</b>	<b>0</b>	<b>11 / 0</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>10</b>
Psych <sup>(c)</sup>	0	0	12	8	8	0 / 0	0	0 / 0	0	0	0	4
Skilled/Rehab	87	0	9	2	2	0 / 0	20	0 / 0	0	1	0	4
<b><u>Other Subtotal</u></b>	<b>87</b>	<b>0</b>	<b>21</b>	<b>10</b>	<b>20</b>	<b>0 / 0</b>	<b>20</b>	<b>0 / 0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>8</b>
<b>TOTAL<sup>(a)</sup></b>	<b>369</b>	<b>2</b>	<b>34</b>	<b>59</b>	<b>70</b>	<b>169 / 9</b>	<b>70</b>	<b>47 / 12</b>	<b>19</b>	<b>10</b>	<b>10</b>	<b>51</b>
Emergency	19	3	2	8	8	30 / 0	0	6 / 0		3	4	4

**APPENDIX E**

**Members, Contact Persons and External Holding Areas**

<b>AGENCY NAME ADDRESS PHONE CONTACT PERSON</b>	<b>EXTERNAL HOLDING AREA ADDRESS PHONE</b>
<p><b>Renown Regional Medical Center</b> 1155 Mill Street Reno, NV 89502 <b>24 hour Emergency Contact Title:</b> Nursing Coordinator Number: 982-3310 <b>Annex Issues Contact Person:</b> Michael Munda, Safety Officer, 982-4232, 221-1190</p>	<p>1. Center for Advanced Medicine 75 Pringle Street 982-4100 Reno, NV 89502 2. Renown Rehabilitation Hospital 1495 Mill Street 982-3500 Reno, NV 89502</p>
<p><b>Renown South Meadows Medical Center</b> 10101 Double R Blvd. Reno, NV 89521 <b>24 hour Emergency Contact Title:</b> Hospital Operator 982-7000 Nursing Coordinator, 982-7020 <b>Annex Issues Contact Person:</b> Quality Improvement Coordinator, 982-7062</p>	
<p><b>Saint Mary's Regional Medical Center</b> 235 West Sixth Street Reno, NV 89503 <b>24 Hour Emergency Contact Title:</b> Administrator on Duty or Nursing Supervisor Number: 770-3000 <b>Annex Issues Contact Person:</b> Debra Barone, Director, Environment of Care and Emergency Preparedness, 232-4540</p>	<p>Saint Mary's Center for Health 645 N. Arlington Avenue Reno, NV 89503</p>
<p><b>Northern Nevada Medical Center</b> 2375 E. Prater Way Sparks, NV 89434 <b>24 Hour Emergency Contact Title:</b> Administrator on Duty or Patient Care Coordinator 24 Hour Number: 331-7000 <b>Annex issues Contact Person:</b> Director of Emergency Services 356-4917</p>	<p>Vista Medical Building 356-9393 2345 E. Prater Way  Medical Office Building 356-9393 2385 E. Prater Way</p>

<b>AGENCY NAME</b> <b>ADDRESS</b> <b>PHONE</b> <b>CONTACT PERSON</b>	<b>EXTERNAL HOLDING AREA</b> <b>ADDRESS</b> <b>PHONE</b>								
<b>Tahoe Pacific Hospital West</b> (Inside St. Mary's Regional Medical Center) 235 W. Sixth Street Reno., Nevada 89520 <b>24 Hour Emergency Contact Title:</b> Charge Nurse 24 Hour Number: 770-7988 <b>Annex Issues Contact Person:</b> Director of Quality Management 355-5970	Saint Mary's Center for Health 645 N. Arlington Ave. Reno, NV 89503								
<b>Tahoe Pacific Hospital South Meadows</b> (inside RENOWN South Meadows) 10101 Double R. Blvd Reno, Nevada 89521 <b>24 Hour Emergency Contact Title:</b> Charge Nurse 24 Hour Number: 326-6148 <b>Annex Issues Contact Person:</b> Director of Quality Management 355-5970	Not yet designated								
<b>Veterans Administration</b> <b>Sierra Nevada Health Care System</b> 975 Kirman Avenue Reno, NV 89502 <b>24 Hour Emergency Contact Title:</b> Administrative Officer of the Day 24 Hour Number: 328-1414 <b>Annex Issues Contact Person:</b> Rob McLaughlin, Emergency Manager Cell 622-2139 Office 328-1757	<table border="0"> <tr> <td data-bbox="831 1064 1299 1203">                             Veteran's Memorial School                              1200 Locust St                              Reno, NV 89520                         </td> <td data-bbox="1305 1064 1482 1203" style="vertical-align: top;">                             333-5090                         </td> </tr> <tr> <td data-bbox="831 1211 1299 1413">                             Wooster High School                              1331 East Plumb Lane                              Reno, NV 89502                         </td> <td data-bbox="1305 1211 1482 1413" style="vertical-align: top;">                             333-5100                         </td> </tr> </table>	Veteran's Memorial School 1200 Locust St Reno, NV 89520	333-5090	Wooster High School 1331 East Plumb Lane Reno, NV 89502	333-5100				
Veteran's Memorial School 1200 Locust St Reno, NV 89520	333-5090								
Wooster High School 1331 East Plumb Lane Reno, NV 89502	333-5100								
<b>Incline Village Community Hospital</b> 880 Alder Street Incline Village, NV 89451 <b>24 Hour Emergency Contact Title:</b> Emergency Department Nurse 24 Hour Number: 833-4100, ext. 212 <b>Annex Issues Contact Person:</b> Judy Newland, Director 833-4100, ext. 220	<table border="0"> <tr> <td data-bbox="831 1421 1299 1497">                             Incline High School                              499 Village Blvd., Incline Village                         </td> <td data-bbox="1305 1421 1482 1497" style="vertical-align: top;">                             832-4260                         </td> </tr> <tr> <td data-bbox="831 1514 1299 1589">                             Incline Middle School                              931 Southwood Blvd., Incline Village                         </td> <td data-bbox="1305 1514 1482 1589" style="vertical-align: top;">                             832-4220                         </td> </tr> <tr> <td data-bbox="831 1623 1299 1698">                             Incline Elementary School                              771 Southwood Blvd., Incline Village                         </td> <td data-bbox="1305 1623 1482 1698" style="vertical-align: top;">                             832-4205                         </td> </tr> <tr> <td data-bbox="831 1732 1299 1795">                             IVGID Recreation Center                              980 Incline Way, Incline Village                         </td> <td data-bbox="1305 1732 1482 1795" style="vertical-align: top;">                             832-1300                         </td> </tr> </table>	Incline High School 499 Village Blvd., Incline Village	832-4260	Incline Middle School 931 Southwood Blvd., Incline Village	832-4220	Incline Elementary School 771 Southwood Blvd., Incline Village	832-4205	IVGID Recreation Center 980 Incline Way, Incline Village	832-1300
Incline High School 499 Village Blvd., Incline Village	832-4260								
Incline Middle School 931 Southwood Blvd., Incline Village	832-4220								
Incline Elementary School 771 Southwood Blvd., Incline Village	832-4205								
IVGID Recreation Center 980 Incline Way, Incline Village	832-1300								

<b>AGENCY NAME</b> <b>ADDRESS</b> <b>PHONE</b> <b>CONTACT PERSON</b>	<b>EXTERNAL HOLDING AREA</b> <b>ADDRESS</b> <b>PHONE</b>
<b>Renown Rehabilitation Hospital</b> 1495 Mill Street Reno, NV 89503 <b>24 Hour Emergency Contact Title:</b> Administrator on Call 24 Hour Number: 982-3500 <b>Annex Issues Contact Person:</b> Director of Nursing 982-3531	
<b>Barton Memorial Hospital</b> 2170 South Avenue South Lake Tahoe, CA 96150 <b>24 Hour Emergency Contact Title:</b> Nursing Supervisor 530-543-5736 <b>Annex Issues Contact Person:</b> Rodney Wright 530-543-5707	Lake Tahoe Community College – Gymnasium 1 College Drive South Lake Tahoe, CA 96150 (530) 541-4660  South Lake Tahoe Airport - Heated Hangar 1901 Airport Rd. South Lake Tahoe, CA 96150 (530) 542-6180
<b>Carson Tahoe Regional Medical Center</b> 1600 Medical Parkway NV 79702-2168 <b>24 Hour Nursing admin:</b> 775-315-7125 <b>Annex Issues Contact person:</b> Henry Lucas 775-445-8023 775-291-1201	
<b>Carson Valley Medical Center</b> 1107 Hwy 395 Gardnerville, NV 89410 <b>24 Hour Emergency Contact Title:</b> ER Department 24 Hour Number: 782-1600 <b>Annex Issues Contact Person:</b> Christine O'Farrell: 775-721-6680 Director of Clinical Services/Risk	Jobs Peak Internal Medicine & Family Practice 1516 Virginia Ranch Road, Gardnerville 775-783-3081
<b>Tahoe Forest Hospital System</b> 10121 Pine Ave. Truckee, CA 96161 <b>24 Hour Emergency Contact Title:</b> AOD/House Supervisor	Truckee Community Arts Center 10046 Church Street Truckee, CA 96161  Truckee Veteran's Hall 10214 High Street Truckee, CA 96160

<p>530-587-6011 ext. 0 (ask for AOD or supervisor) <b>Annex Issues Contact Person:</b> Tami Prior, House Supervisor, EMC Chair 530-582-6662</p> <p><b>EOC FAX Number:</b> 775-337-5894 <b>EOC Hospital Representative Number:</b> (775) 337-5833</p>	<p>Sierra Mountain Middle School 11603 Donner Pass Rd. Truckee, CA 96161</p>
<p><b>HAV-BED</b> John Flamm 775-230-9576</p>	
<p><b>Washoe County District Health</b> <b>Primary Contact:</b> Stacey Akurosawa (775) 328-2420 (775) 762-0934</p>	

## APPENDIX F - Individual Hospital Communications Information

### SAINT MARY'S REGIONAL MEDICAL CENTER

ACCESS: PHONE/FAX	PHONE	FAX
Switchboard/PBX	775-770-3000	N/A
Nursing Administration	775-770-3012	775-770-3671
Security Department	775-770-3135	775-324-7809
Safety Department	775-770-6220	775-324-3680
Admitting	775-770-6559	775-770-6171
Emergency Department	775-770-3188	775-770-3490
Operations Center	775-770-3761	775-770-3737

### REOWN REGIONAL MEDICAL

ACCESS: PHONE/FAX	PHONE	FAX
Switchboard/PBX	775-982-4100	
Nursing Administration	775-982-4629	775-982-4628
Security Department	775-982-7998	775-982-6660
Safety Department	775-982-4173	775-982-4337
Admitting	775-982-4140	775-982-2185
Emergency Department	775-982-4144	775-722-5555
Operations Center	775-982-6891	775-982-6890

### INCLINE VILLAGE COMMUNITY HOSPITAL

ACCESS: PHONE/FAX	PHONE	FAX
Switchboard/PBX	775-833-4100 or 832-3810	775-831-2790
Nursing Administration	775-833-4100 Ext 214	775-832-3800

### REOWN REHAB HOSPITAL

ACCESS: PHONE/FAX	PHONE	FAX
Switchboard/PBX	775-982-3500 and 3530	775-722-3665
Nursing Administration	775-982-3512	775-329-3667

Security Department	775-833-4100	
Safety Department	775-833-4100	
Admitting	775-833-4100 Ext 213	775-831-2790
Emergency Department	775-833-4100 Ext. 212	775-831-2790
Operations Center	775-833-4100	

**VA MEDICAL CENTER**

ACCESS: PHONE/FAX	PHONE	FAX
Switchboard/PBX	775-786-7200	
	After hrs: 328-1247	
Nursing Administration	775-328-1497	775-334-4163
Security Department	775-328-1234	
Safety Department	775-328-1472	
Admitting	775-328-1294	
Emergency Department	775-328-1297	775-328-1783
Operations Center	775-328-1450	775-328-1447

Security Department	775-982-7998	775-982-6660
Safety Department	775-982-4173	
Admitting	775-982-3510	
Emergency Department	N/A	
Operations Center	775-982-3505	775-348-4696

**RENOWN SOUTH MEADOWS**

ACCESS: PHONE/FAX	PHONE	FAX
Switchboard/PBX	775-982-7000	775-982-7072
Nursing Administration	775-982-7020	775-982-7027
Security Department	775-982-7362	775-982-7079
Safety Department	775-982-7362	775-982-7079
Admitting	775-982-7300	775-982-7340
Emergency Department	775-982-7144	775-982-7146
Operations Center	775-982-7010	775-982-7072



**TAHOE PACIFIC WEST**

ACCESS: PHONE/FAX	PHONE	FAX
Switchboard/PBX	775-770-7988	775-770-7976
Nursing Administration		
Security Department		
Safety Department		
Admitting		
Operations Center	N/A	N/A

**TAHOE PACIFIC SOUTH MEADOWS**

ACCESS: PHONE/FAX	PHONE	FAX
Switchboard/PBX	775-326-6148	775-326-6185
Nursing Administration		
Security Department		
Safety Department		
Admitting		
Operations Center	N/A	N/A

**NORTHERN NEVADA MEDICAL CENTER**

ACCESS: PHONE/FAX	PHONE	FAX
Switchboard/PBX	775-331-7000	
Nursing Administration	775-356-4008	775-356-4932
Security Department	775-745-8891	775-356-4527
Safety Department	775-352-5383	775-356-4885
Admitting	775-356-4961	775-331-3399
Emergency Department	775-356-4040	775-356-4943
Operations Center	775-356-5322	775-356-4986

**Carson Valley Medical Center**

ACCESS: PHONE/FAX	PHONE	FAX
Switchboard/PBX	775-782-1500	
Nursing Administration	775-783-4817	775-782-1602
Security/Safety Pagers	775-580-1785 or 775-782-1829	775-782-1561
Emergency Department	775-782-1600	775-782-1633
Admitting	775-782-1880	775-782-1504
Operations Center	775-783-4853	

**Carson Tahoe Regional Medical Center**

ACCESS: PHONE/FAX	PHONE	FAX
Switchboard/PBX	775-445-8000	
Nursing Administration	775-315-7125	
Security Department	775-291-1203	
Safety Department	775-291-1201	
Admitting	775-445-8727	
Emergency Department	775-445-8733	

**Tahoe Forest Hospital System**

ACCESS: PHONE/FAX	PHONE	FAX
Switchboard/PBX	530-587-6011	530-582-3271
Nursing Administration	530-587-3541	530-582-6644
Security	n/a	n/a
Safety	n/a	n/a
Admitting	530-587-6011	530-582-3271
Emergency Department	530-582-3208	530-582-3201
Operations Center	530-582-6213	

**Barton Memorial Hospital**

ACCESS: PHONE/FAX	PHONE	FAX
Switchboard/PBX	530-541-3420	
Nursing Administration	530-543-5829	530-543-5513
Security Department	530-543-5521	530-544-0651
Safety Department	530-543-5707	530-541-8683
Admitting	530-543-5127	530-541-0554
Emergency Department	530-543-5890	530-541-6374
Operations Center4	530-543-5244	530-543-5840

## APPENDIX G - Hospital Evacuation Mileage Chart

### Washoe County Hospitals

Hospitals	Incline Village	No. NV Hospital	St Mary's Regional & Tahoe Pacific W.	VA Medical Ctr	Renown Med Main	Renown Rehab	Renown So. Meadows & Tahoe Pacific So.	Other Regional Hospitals		
Incline Village	0	39.6	36.8	34.3	34	34.1	26.7	Carson Tahoe	Tahoe Forest	Barton Memorial
No. Nevada Med Center	39.6	0	7.1	7.1	7.4	6.7	13.2	27.6	33.2	66.3
Saint Mary's Regional & Tahoe Pacific W.	36.8	7.1	0	2	1.9	2.1	10.2	30.2	32.4	62.8
VA Medical Center	34.3	7.1	2	0	1.2	1	7.6	27.6	34.5	60.6
Renown Regional Med Main	34	7.4	1.9	1.2	0	0.5	7.8	27.8	34.3	60.6
Renown Rehab	34.1	6.7	2.1	1	0.5	0	7.3	27.4	34.4	60.2
Renown So. Meadows & Tahoe Pacific So.	26.7	13.2	10.2	7.6	7.8	7.3	0	20.2	42	52.9

**HOSPITAL EVACUATION PLANNING WORKSHEET**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Hospital Transportation Unit Leader: \_\_\_\_\_

**Category of Hospital Evacuation**

\_\_\_\_\_ Immediate                      \_\_\_\_\_ Urgent

Patient Category	Number of Patients	Estimated Caregiver/ Patient Ratio Needed En Route	Estimate of Caregivers Needed en Route*
Type #1 Special Equipment/Staff Required (Ventilators, etc.)			
Type #2 Bed, Gurney (Non-ambulatory)			
Type #3 Wheelchair			
Type #4 Ambulatory			
Totals			

Prepared by: \_\_\_\_\_

Instructions: after the Hospital ICS Transportation Unit Leader summarizes the data received from each hospital unit, he/she will complete this summary form and give it to the Planning Technical Specialist assigned by the hospital to work with the field ICS Patient Transportation Group Supervisor

**FIELD EVACUATION TRANSPORTATION WORKSHEET**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Patient Transportation Group Supervisor: \_\_\_\_\_

Transport Requirements					
Patient Type	Number of Patients	Critical Care Ground/Air (CC G/A)	ALS	BLS	BUS/ OTHER
<b>Type #1</b>					
Special Equipment/Staff Required (Ventilators, etc.)					
<b>Type #2</b>					
Bed, Gurney (Non- ambulatory)					
<b>Type #3</b>					
Wheelchair					
<b>Type #4</b>					
Ambulatory					

Units by Type	# of Pts	# of Units
Total CC G/A Units Needed		
Total ALS Units Needed (1-2 per unit)		
Total BLS Units Needed (2 per unit)		
Total Bus/Other Units Needed (# Varies; Avg. 25)		

This form is completed based on the information provided by the Hospital Planning Technical Specialist (see "Hospital Evacuation Planning Worksheet") who is assigned to work with the Field Patient Transportation Group Supervisor

Evacuating Hospital Name \_\_\_\_\_

PATIENT EVACUATION TRACKING SHEET

Medical Record # \_\_\_\_\_

Patient Name: \_\_\_\_\_ Room/Bed Number: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Physician: \_\_\_\_\_ Isolation Type: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Allergies: \_\_\_\_\_ DNR status: \_\_\_\_\_ Mental Status: \_\_\_\_\_

**PATIENT INFORMATION (To be completed prior to movement from the department)**

Family Notified: Yes ( ) No ( ) Physician Notified: Yes ( ) No ( )  
 Medical Record Sent w/Pt ( ) Not sent ( ) \_\_\_\_\_  
 Patient Belongings Sent w/Pt ( ) Left in Room ( ) None listed ( )  
 Patient Valuables Sent w/Pt ( ) Left in Safe ( ) No Valuables ( )  
 Patient Meds Sent w/Pt ( ) Left on Unit ( ) To Pharmacy ( )

Arrived at receiving facility?	
Y/N	Initial

**EQUIPMENT**

Sent  
 Hospital Bed ( )  
 Oxygen ( )  
 Cardiac monitor ( )  
 IV Pumps ( )  
 Portable Incubator ( )

Arrived at receiving facility?	
Y/N	Initial

Sent  
 Stretcher/Gurney ( )  
 Ortho Traction ( )  
 Wheelchair ( )  
 Ventilator ( )  
 Other \_\_\_\_\_ ( )

Arrived at receiving facility?	
Y/N	Initial

Patient Identification Band Confirmed: Yes ( ) No ( ) By (Name): \_\_\_\_\_

Evacuating Hospital information completed by (Name): \_\_\_\_\_

**INTERNAL STAGING AREA AT EVACUATING FACILITY (To be completed prior to transport from evacuating hospital)**

Time Arrived at Staging Area (from Floor): \_\_\_\_\_ Received By (Name): \_\_\_\_\_

Destination: \_\_\_\_\_ Time patient left hospital: \_\_\_\_\_

Transport Agency: \_\_\_\_\_ Name of person assuming care of patient: \_\_\_\_\_

**TRANSPORTATION (To be completed by transportation crew)**

Names of hospital staff accompanying patient if applicable: \_\_\_\_\_

Time Departed: \_\_\_\_\_ Received by: \_\_\_\_\_

Destination facility: \_\_\_\_\_ Time Arrived \_\_\_\_\_ Received by: \_\_\_\_\_

**RECEIVING FACILITY (To be completed at time of check in)**

Time Checked in: \_\_\_\_\_ Initial Care Location: \_\_\_\_\_

By (Name): \_\_\_\_\_ (Complete Shaded Boxes for Pt. Information and Equipment above)

Top Copy – to accompany Patient - Receiving Hospital returns completed top copy to Evacuating Hospital Operations Chief

Middle Copy – for Receiving Hospital

Bottom Copy – to remain at Evacuating Hospital



**WASHOE COUNTY HEALTH DISTRICT**  
**EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS DIVISION**



**Public Health**  
Prevent. Promote. Protect.

February 14, 2012

**MEMORANDUM**

**To:** Members, Washoe County District Board of Health

**From:** Randall L. Todd, DrPH  
Epidemiology and Public Health Preparedness (EPHP) Director

**Subject:** Report to the District Board of Health, February 2012

**Communicable Disease**

- For the week ending February 4 (MMWR Week 5) four of the six participating sentinel healthcare providers for influenza surveillance reported a total of 49 patients with influenza-like-illness (ILI) out of a total of 2,945 patients seen in their practices. This represents an ILI rate of 1.7%. The regional baseline is 3.9% and compares to a national rate of 1.5% for the previous week. The national baseline is 2.4%. Four death certificates were received for week 4 listing pneumonia (P) or influenza (I) as a factor contributing to the cause of death. The total number of deaths submitted for week 4 was 56. This reflects a P & I ratio of 7.1% which is below the epidemic threshold set by CDC for week 4 at 7.8%. The national P & I for week 4 was below the epidemic threshold at 7.5%.
- No recent EARS anomalies have been identified.

**Public Health Preparedness**

- **Training and Education**  
ICS 300 for Public Health was held February 7th – 9th at the Washoe County Regional Emergency Operation Center. This intensive training was completed by 24 WCHD employee, Medical Reserve Corps volunteers, and community partners.  
  
ICS 400 for Public Health, coordinated and co-facilitated by WCHD employees, is scheduled for March 7th – 8th at the Washoe County Regional Emergency Operation Center. Currently there is a wait list for the class; therefore, the PHP program is in the process of scheduling another ICS 300 and 400 training series for later in the calendar year.  
  
UVIS (Unified Victim Information System) training was held for the region January 23-27th. Over 100 personnel trained from the region to include WCHD personnel, MRC volunteers, WCMECO personnel, and Carson Valley and Renown Regional Medical Centers.
- **Community Outreach**  
Educational materials were requested and provided for the Washoe fire victims during a first responder appreciation event at Pleasant Valley Elementary School on January 28th, which had over 300 people in attendance.

Staff is finishing up conducting informant interviews regarding community preparedness for public health emergencies. These informant interviews are with agency and coalition representatives that serve a variety of community sectors identified by the Centers for Disease Control and Prevention (CDC). Conducting these informant interviews is a CDC grant deliverable in, and final results will be incorporated into a public health preparedness community profile and outreach plan which will be used to guide future PHP outreach activities.

- **CDC- Public Health Preparedness**

The CDC Project Officer for the Public Health Emergency Preparedness (PHEP) grant conducted a site visit in Nevada that included a visit with Washoe County on January 31. Points of discussion included expected funding reductions, state allocation formulas to local public health, and laboratory support. There was also discussion of the plans to "combine" grants from the CDC and the Assistant Secretary for Preparedness and Response (ASPR). It appears that the application and programmatic reporting processes will be combined. The revenue sources will remain separate.

- **Medical Reserve Corps**

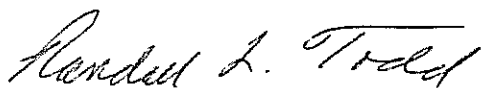
MRC Recruitment – Received seven applications and four new members attended the January 19th Orientation. Currently there are 196 MRC volunteers.

State MRC Meeting – The Statewide MRC Coordinator, Wendy Luck, met with all three MRC Unit Coordinators representing SNHD, Carson/Lyon/Douglas counties, and Washoe County. Topics of discussion included: Online CDC Competency Training; MRC Deployment Procedures; Partnerships with non-profits who offer free medical and dental screenings and services; the SERV-NV website and registry update; the MRC State Project, and upcoming conferences, trainings and exercises.

Community Outreach – After volunteering this fall for the children's non-profit organization, Camp Git-along, which serves disadvantaged youth in our community, MRC volunteer Yasmine Mohamednur RN was nominated in December as Nursing Director to serve on the organization's Board of Directors. In January Ms. Mohamednur accepted the position on the Board, indicating it enables her to better engage with the medical community in serving children with medical needs through the camp program. She will be continuing as an MRC volunteer.

#### MRC Education

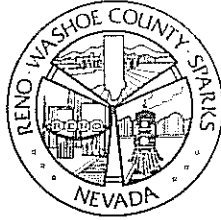
- BCLS - Eight MRC volunteers are attending Basic Cardiac Life Support (BCLS) on Wednesday evening, February 15. The course will be taught by Alma Marin, an MRC volunteer and instructor for REMSA. The 4-hour class, designed for licensed medical professionals, provides training in BCLS and CPR from the American Heart Association.
- "Contagion Lunch and Learn" – Thirteen MRC volunteers are enrolled in the 2-part pandemic training, "Contagion; the movie," on February 15 and 16.
- ICS-300 Training – Three MRC volunteers completed the 3-day ICS-300 class that was facilitated the week of Feb. 7-9th; Mike Haas (retired military), Sandy Barker RT, and Florence Minkow RN.
- CPR Training – During Q-1 2012, the following MRC members have completed (or will complete) their CPR training: Nyna Lowell RN, Ramon Seelbach RT, Catherine Bandy RN, Deb Gilbert RN, Janet DeWitt RN, Lorna McElfish, Joe Kliestik, Enrique Estrella, Libby Haas.
- ***Self Defense for Emergency Responders*** – Currently there are 14 MRC members enrolled in the class, and seats have been set aside for a number of CERT members, CCHS, EHS, and EPHP staff members. Class is scheduled for 3/28/12 from 5-10 PM at the RPSTC, and 9AM-3PM at the County Complex.



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**Randall L. Todd, DrPH, Epidemiology and Public Health Preparedness Director**





# DISTRICT HEALTH DEPARTMENT

February 23, 2012

**TO:** District Board of Health Members

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

**SUBJECT:** Community and Clinical Health (CCHS) Division Report for February 2012 District Board of Health Meeting

1. Establishment of the Nevada Statewide Maternal and Child Health (MCH) Coalition
2. Washoe County Food Policy Council Membership
3. HIV Prevention Mpowerment Program Overview

## **1. Establishment of the Nevada Statewide Maternal and Child Health (MCH) Coalition**

The first meeting of the Nevada Statewide Maternal and Child Health (MCH) Coalition was held on February 3<sup>rd</sup> 2012 in Las Vegas, Nevada. Over 105 individuals representing private and public organizations attended the first meeting. The meeting provided an opportunity to bring interested organizations together from both urban and rural Nevada to begin taking initial steps to creating a statewide coalition. Key areas discussed included:

- **Goals and Objectives of the Nevada State MCH Coalition**
- **An Overview of Nevada Maternal & Child Health Programs**
- **The Role of the Maternal and Child Health Advisory Board (MCHAB)**
- **Information and Updates from the Northern Nevada MCH Coalition & the Southern Nevada MCH Coalition**

The next step for the Nevada Statewide MCH Coalition is the creation of workgroups to address priority areas and objectives which the Statewide Coalition adopted from the MCHAB. Candy Hunter RN MS Public Health Program Supervisor is the Chair of the MCHAB and led the efforts to create the priority areas. Ms. Hunter's PowerPoint presentation on the MCHAB is attached to this report.

Washoe County Health District's MCH Program also provided the leadership to re-establish and sustain a Northern Nevada Regional MCH Coalition in 2006.

## 2. Washoe County Food Policy Council Membership

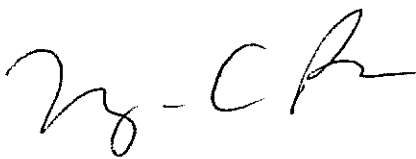
Thirty-four applications were received for the newly created Washoe County Food Policy Council by the deadline of February 8, 2012. The ACHIEVE project's Food Plan committee reviewed the applications and will meet on February 24<sup>th</sup> to select the members based on the requirements for membership from diverse sectors involved in food production, transport, preparation and nutrition.

## 3. HIV Prevention Mpowerment Program Overview

The WCHD HIV Prevention Program has initiated Mpowerment in Washoe County. The program is supported by a Nevada State Health Division grant and is part of the Washoe County's Community Plan for HIV Prevention. The first open recruitment mixer for the Mpowerment project took place on Saturday, February 11<sup>th</sup> 2012 at the Center for Student Cultural Diversity on the University of Nevada, Reno campus.

The Mpowerment Project is a community-level HIV prevention program that is run by a core group of 12 to 20 young gay and bisexual men from the community and HIV Prevention staff coordinators. The core group members, along with other volunteers, design and carry out all project activities. Mpowerment has been packaged by CDC's Diffusion of Effective Behavioral Interventions project.

The objective of Mpowerment is to establish a community organizing process for diffusion of risk-reduction norms that support safer-sex behavior. In the communities in which Mpowerment has been implemented research findings show reduced rates of unprotected sex.



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

## Nevada's Maternal and Child Health Advisory Board

### Mission and Purpose Priority Areas 2010-2012

## Mission and Purpose

- **Mission:** In partnership with communities, strives to promote healthy Nevada families
- **Purpose:** Advise the administrator of the Health Division concerning perinatal care to enhance the survivability and health of infants and mothers, and concerning programs to improve the health of children



**Priority:** Outreach, awareness, navigation and knowledge: Public education regarding preventive services

*Only 47.1% of Nevada's toddlers received all required immunizations<sup>1</sup>*

#### STRATEGIES

- Referral lines
- Text messaging
- MCH CAMPAIGN: Maternal Child Health Hotline: 1-800-429-2669



Free information for You & Your Baby  
Text MCH to 511 811  
www.nv.gov

**Priority:** Access to systems of care for prevention

*38% of Nevada's school age children were overweight or obese in 2007-08<sup>2</sup>*

#### STRATEGIES

- Health insurance and medical homes
- Oral health care in childhood, and during pregnancy through WIC and Medicaid partnerships
- Tobacco cessation
- Nutrition education/promote physical activity

**Priority:** Support for mental health screening and data collection to identify needs related to mental health provider access

*The suicide rate in youths aged 15-19 years was 4.6/100,000 in 2008<sup>3</sup>*

#### STRATEGIES

- Increase providers in Community Health Centers
- Assure behavioral health screening for Medicaid youth 21 yrs and younger
- Disseminate the Pediatric Symptom Checklist

**Priority:** Continue early identification and intervention for children with special health care needs

*Only 53.5% of CSHCN had adequate insurance to pay for services in 2005-2006<sup>4</sup>*



Top concerns by focus group participants  
 Early Identification  Health Insurance  Early Intervention

**Priority:** Recruitment and retention of healthcare workforce

*Nevada had 61 Health Professional Shortage Areas in 2007: 30 Primary Care, 15 Dental Health and 16 Mental Health<sup>5</sup>*

- MCH funds the Primary Care Development Center to establish Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas/Populations (MUA, MUP)
- Provider recruitment is a crucial objective
- Student mentors and internships in MCH are critical components of training

**Priority:** Adolescent health systems development: comprehensive care for adolescent health

*Nevada's rate of Chlamydia in women 15-19 years is high at 28.2/1,000 in 2008<sup>6</sup>*

**STRATEGIES**

- Use Lifespan approach to adolescent health
- Implement preconception health plans in primary care
- Promote screening for sexually transmitted disease in medical homes

**Priority:** Access to prenatal care



*In 2009, only 59.4% of infants were born to women receiving prenatal care beginning in the first trimester and only 67.8% received adequate prenatal care<sup>7</sup>*

**STRATEGIES**

- Decrease waiting period for Medicaid approval
- Implement Centering Pregnancy Programs
- Use case management, home visitation and the MCH Hotline

**Conclusion**

Thank you for participating in the reception. We look forward to providing expert advisement to the Administrator of the Health Division



# Washoe County Health District



**Public Health**  
Prevent. Promote. Protect.

## ENVIRONMENTAL HEALTH SERVICES DIVISION

**DATE:** February 14, 2012

**DBOH Agenda Item No. 15.C.**

**TO:** District Board of Health Members

**February 23, 2012**

**FROM:** Robert O. Sack, Division Director, Environmental Health Services (EHS)

**SUBJECT:** Environmental Health Services Division Report for February 2012

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### Food Safety (Protection) Program

The food safety program has been working on the self assessment of the FDA Voluntary National Retail Foods Program Standards. The criteria for Standard 7, Industry and Community Relations have been met and an audit has been scheduled with the State of Nevada Division of Health for verification.

### Land Development

The Land Development staff has completed evaluations of the properties destroyed by the Caughlin and Washoe Drive fires in anticipation of rebuilding permit applications in the coming months. Site visits were made to determine whether septic systems or wells were affected by the fires and that information will be stored electronically for future reference. Staff has already received one application to rebuild a barn taken by the Washoe fire.

### Solid Waste/Special Events

The Special Events Team is working with the State Department of Agriculture to establish more appropriate policies to govern Farmers' Markets. These have been treated as temporary food establishments in the past, but do not really meet the statutory definition. Therefore, this is a joint effort to regulate these markets and keep the public safe without being unreasonable.

A handwritten signature in black ink, appearing to read "Robert O. Sack", written over a horizontal line.

Robert O. Sack, Division Director  
Environmental Health Services Division

**Agenda Item No. 15.C.**




# WASHOE COUNTY HEALTH DISTRICT

## AIR QUALITY MANAGEMENT DIVISION



**Public Health**  
Prevent. Promote. Protect.

**Date:** February 13, 2012

**To:** District Board of Health 

**From:** Kevin Dick, Director, Air Quality Management

**Re:** Monthly Report for Air Quality Management

**Agenda Item:**

The enclosed Air Quality Management Division Report is for the month of January 2012 and includes the following sections:

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



# Director's Report

JANUARY 2012

## Burn Code, Air Quality and DRI Study

DBOH Agenda Item No. 15.D.  
February 23, 2012

Only one Yellow Burn Code was declared in January on the morning of January 1 until the afternoon of January 2. The rest of the month the Burn Code remained Green.

The air quality during the month benefited from a weakening of the strong temperature inversions that persisted through much of the month of December. However, the Air Quality Index (AQI) still reached the Moderate range on 25 days.

Due to the weather changes and the lower levels of PM<sub>2.5</sub> measured at the 4<sup>th</sup> Street monitoring station during the month, the DRI mobile monitoring project to assess the spatial distribution of the particulate pollution was not conducted and may be postponed until next year to collect data during high pollution periods.

## Washoe Drive Fire

AQM provided support to the Regional Emergency Operations Center during the Washoe Drive Fire incident that began on January 19<sup>th</sup>. AQM provided hourly information on levels of particulates measured at the air monitoring stations and the AQI through the evening until it was determined that pollution levels from the fire were declining. The AQI remained in the Moderate range.

AQM provided health advisories to the media through the Health District Public Information Officer, and in the Daily AQI report, so that the public impacted by smoke near the fire and in the downwind plume was informed to remain indoors if they were in a safe location.

### AIR QUALITY COMPARISON FOR JANUARY

Air Quality Index Range		# OF DAYS JANUARY 2012	# OF DAYS JANUARY 2011
GOOD	0 to 50	6	12
MODERATE	51 to 100	25	18
UNHEALTHY FOR SENSITIVE GROUPS	101 to 150	0	1
UNHEALTHY	151 to 200	0	0
VERY UNHEALTHY	201 to 300	0	0
<b>TOTAL</b>		<b>31</b>	<b>31</b>



### **AQM Move**

AQM began planning activities related to a relocation of the Division to Building B in space occupied by Reno Fire and a portion of CCHS. Washoe County has requested that the Division relocate to make space for the County Clerk's office to be relocated to the AQM space in Building A. The target date for the County Clerk's office to relocate to the AQM office space is April 15.

Of critical concern to the move is the design and construction of the laboratory which is required for processing and measuring particulate concentrations from sampling filters in accordance with EPA Quality Assurance/Quality Control requirements and regulations. Potential location of the laboratory facilities was discussed with Washoe County Public Works (and the architectural firm hired by the County to support the moves) as well as the future AQM office space and relocation of some of the CCHS Division offices and staff to accommodate the AQM move.

*Kevin Dick, Division Director*



**HIGHEST AQI NUMBER BY POLLUTANT**

Air Quality

POLLUTANT	JANUARY 2012	YTD for 2012	JANUARY 2011	Highest for 2011
CARBON MONOXIDE (CO)	25	25	39	39
OZONE 8 hour (O3)	39	39	40	114
PARTICULATES (PM <sub>2.5</sub> )	94	94	102	132
PARTICULATES (PM <sub>10</sub> )	74	74	69	88

For the month of January, the highest Air Quality Index (AQI) value reported was one ninety-four (94) for PM<sup>2.5</sup> which occurred on January 1<sup>st</sup>, 2012. There were no exceedances of Carbon Monoxide or Ozone standards. There were six (6) days the air quality was in the good range, twenty-five (25) days the air quality was in the moderate range.

Planning & Monitoring Activity

January Air Quality:

Strong nighttime temperature inversions were not as persistent as in December 2011 which resulted in a slight improvement in fine particulate matter (PM2.5) levels. Although the highest AQI for PM2.5 never reached the Unhealthy for Sensitive Groups range, the AQI was 65 or higher on 15 days during the month.

Planning:

Staff has started compiling data for the 2011 periodic emissions inventory. The emissions inventory is a comprehensive accounting of air pollutant emissions in Washoe County. The 2011 emissions inventory is scheduled to be presented to the District Board of Health for adoption in Spring 2013, then forwarded to EPA as State Implementation Plan submittal.

Staffing:

Julie Hunter has been promoted from Air Quality Specialist II to Senior Air Quality Specialist in the monitoring program. Julie has been an Air Quality Specialist with AQM since 2005 and began her new role leading the Monitoring Team on January 30th

*Dan Inouye, Branch Chief*

Permitting Activity

TYPE OF PERMIT	2012		2011	
	JANUARY	YTD	JANUARY	ANNUAL TOTAL
Renewal of Existing Air Permits	103	103	106	1215
New Authorities to Construct	5	5	13	82
Dust Control Permits	8 (150 acres)	8 (150 acres)	2 (3.7 acres)	89 (796 acres)
Wood Stove Certificates	23	23	16	259
WS Dealers Affidavit of Sale	9 (4 replacements)	9 (4 replacements)	27 (17 replacements)	107 (69 replacements)
WS Notice of Exemptions	983 (5 stoves removed)	983 (5 stoves removed)	180 (0 stoves removed)	5480 (51 stoves removed)
Asbestos Assessments and Asbestos Removal Notifications (NESHAP)	106	106	38	999

Compliance &  
Inspection Activity

Staff reviewed twenty-one (21) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

Staff conducted forty-seven (47) stationary source renewal inspections and sixty-four (64) gas station inspections in January 2012. Staff also conducted inspections on asbestos removal and construction/dust projects.

**Permitting & Enforcement Activity**

The Permitting and Enforcement Staff have been busy working with the victims of the Caughlin and Washoe Drive Fires with regards to the asbestos demolition notifications for the fire damaged homes. Asbestos acknowledgement forms and EPA Demolition Notification forms are required for the demo of all buildings in Washoe County, whether residential or commercial. In an effort to help expedite the process, Staff has waived the 10-day notification period that is normally required for all demolition activities. Instead, the Enforcement Staff has been responding to the home sites to inspect the activities upon request of the homeowner and their contractors.

The Division received approval from Human Resources to fill two vacancies in the Permitting and Enforcement Branch. The positions are for an Environmental Engineer II that has been vacant since July 1, 2011, and the Air Quality Supervisor that became vacant with the retirement of Noel Bonderson in December. The supervisor position opened on February 1<sup>st</sup> and will hopefully be filled by the end of February to allow for the Engineer II position to be filled subsequently.

*Charlene Albee, Environmental Engineer II*



Enforcement Activity

COMPLAINTS	2012*		2011		
	JANUARY	YTD	JANUARY	YTD	Annual Total
Asbestos	1	1	3	3	21
Burning	0	0	0	0	10
Construction Dust	7	7	3	3	59
Dust Control Permit	2	2	1	1	22
General Dust	0	0	0	0	0
Diesel Idling	0	0	1	1	3
Odor	1	1	1	1	17
Spray Painting	0	0	0	0	8
Permit to Operate	5	5	0	0	63
Woodstove	5	5	2	2	7
<b>TOTAL</b>	<b>21</b>	<b>21</b>	<b>11</b>	<b>11</b>	<b>210</b>
NOV'S	JANUARY	YTD	JANUARY	YTD	Annual Total
Warnings	7	7	1	1	55
Citations	3	3	1	1	9
<b>TOTAL</b>	<b>10</b>	<b>10</b>	<b>2</b>	<b>2</b>	<b>64</b>

\* Discrepancies in totals between monthly reports can occur because of data entry delays.

Notices of Violation (NOVs):

There were ten (10) Notice of Violations (NOV's) issued in January 2012. There were seven (7) NOV Warnings: five (5) for permit violations; one (1) for construction dust from sandblasting; and one (1) for expired dust control plan. There were three (3) NOV Citations for the month of January: two (2) for woodstove violations, and one (1) for construction dust on a house demolition.



# Washoe County Health District



DBOH Agenda Item 15.F.  
February 23, 2012

**Public Health**  
Prevent. Promote. Protect.

February 13, 2012

**TO:** District Board of Health Members

**FROM:** Joseph P. Iser, MD, DrPH, MSc  
District Health Officer

**SUBJECT:** February 2012 District Health Officer Report

## 2012-2013 Legislative Sessions

- The WCHD Leadership Team brought forward several items to the DBOH Retreat in November as health issues to address in the upcoming legislative session. The DHO will continue to work with the Leadership Team, the NSMA, DBOH, other DHOs in Nevada, the NSHD, and others to refine and edit this list.
- These items include
  - Health Care Reform and Exchanges
  - School breakfast program and generally nutrition in public schools
  - Childcare worker training on health and development
  - School based health centers
  - Climate Change
  - AB 571 (from last session)—Clean Indoor Act
  - SB 421 (from last session)—National Master Settlement Agreement
  - SB 335 (from last session)—Safe Injection Practices
  - SB 355 (from last session)—Provisions Governing Hypodermic Devices
  - Modernization of Vital Records
  - Smog check program

## Budget

- The District started its budgeting process two weeks ago with Ms. Stickney meeting with all Divisions.
- We have a meeting scheduled with the appointed leadership of WC, Reno, and Sparks on March 13.

## Human Resources

- Evaluations continue to meet the self-imposed threshold of 85%.
- All current open positions have been approved for recruiting with the exception of positions held open due to the current year's 10% reduction and the newly opened AQS vacancy.



### Communication

- DHO will continue to meet routinely, or as needed, with the County Manager, Washoe County Emergency Manager, Sheriff and Undersheriff, REMSA, and other groups and individuals as appropriate. Meetings have been conducted with City Council members from both cities.
- The draft of the Tri-Data report on EMS has not been completed. When we receive that draft we will brief you on their recommendations.
- The District's health status report is still being prepared. Please see attached for an example. I have spoken with St. Mary's Hospital about their report, and we will share our reports when completed. It is likely that for the next report, the three entities (St. Mary's, Renown, and WCHD) will work together to complete one report.
- Ms. Stickney and Mr. Sack report that restaurant inspections are online.
- The responses to questions asked by the Sparks and Reno City Councils are being presented to you today.
- The release of information requested from the fire union regarding REMSA information was completed and provided.
- Sparks City Council requested the DHO to present on Skin Cancer in the spring. We are now considering a broader based "Summer Health" presentation, in particular to help prevent any eye damage that could occur during the sun's eclipse in May.

### Accreditation

- The next meeting on accreditation for the four health jurisdictions will be February 29.
- We are applying for a CDC assignee at the college graduate level. This assignee would be here for two years at no cost to WCHD, except for our required travel. We are working with UNR-School of Community Health Services to encourage local students to apply, and we will try to create two assignments that would appeal to candidates. The first year, for example, might be an assignment to EHS, with the second year possibly "policy" related, including PH accreditation, as part of that second year.
- We are also working on a grant opportunity with the School of Medicine and the Nevada Public Health Foundation to help fund incremental steps in accreditation.

### Washoe County and Community Activities

- DHO attended the Board of Directors retreat for REMSA.
- DHO attended the Nevada Public Health Foundation meeting.
- DHO attended Homeless Coalition annual event at the Reno-Sparks Convention Center.
- DHO met with Gary Aldax from St. Mary's Foundation to view their dental van. He will meet with Mike Johnson from the Foundation in March.
- DHO met with the Washoe County Medical Society, where he was approved for membership and asked to Co-Chair the Allied and Public Health section with Dr. Hess.



the DBOH Retreat in October, the DHO will develop a presentation to engage the cities and county to solicit community input for a WCHD strategic plan.

- This will put us squarely into the third phase of five (health status report; retreat and Divisional strategic plans; health improvement plan and community input; draft WCHD strategic plan; DBOH acceptance of plan) for the strategic plan development. Some of these segments are also necessary for PH Accreditation.



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Joseph P. Iser, MD, DrPH, MSc  
District Health Officer  
Washoe County Health District



# Communicable Disease

## Influenza

Influenza (also called the flu) is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and lungs. It can cause mild to severe illness, and at times can lead to death. Most experts believe that flu viruses spread mainly by droplets made when people with flu cough, sneeze, or talk. These droplets can land in the mouths or noses of people who are nearby. A person might also get flu by touching a surface or object that has flu virus on it and then touching their own mouth, eyes or possibly their nose. Although laboratory confirmed influenza is a reportable disease in Nevada, most people who get flu do not visit their doctor or get a laboratory confirmed diagnosis. Therefore, the Washoe County Health District and most other health departments contact a sample of healthcare providers (called sentinel providers) each week to determine the proportion of patients seen who had symptoms that would be compatible with flu. These are called influenza-like illnesses or ILI. By tracking the percentage of patients with ILI each week, health officials can assess the onset of the flu season and compare its progress with regional and national trends. Because flu is more common during the colder months data from sentinel providers is published from fall (starting on the 40th week of the year) through spring (ending on the 20th week of the following year).

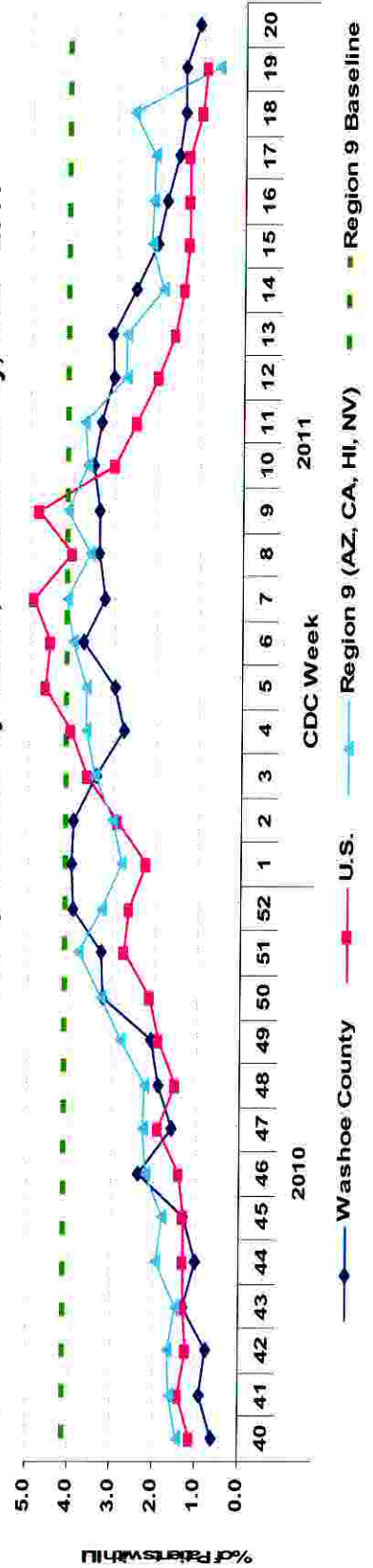
### Signs and symptoms of flu

- Fever\* or feeling feverish / chills
- Cough
- Sore throat
- Runny or stuffy nose
- Muscle or body aches
- Fatigue (very tired)
- It is important to note that not everyone with flu will have a fever

### Preventing seasonal flu

- The best way to prevent the flu is to get a flu vaccine each season.
- Good health habits can also help stop flu:
  - \* Cover your mouth and nose when coughing or sneezing
  - \* Washoe your hands often
  - \* Avoid close contact with people who are sick
  - \* Stay home from work or school when you are sick
  - \* Avoid touching your eyes, nose or mouth
  - \* Practice other good health habits
    - ◊ Get plenty of sleep
    - ◊ Be physically active
    - ◊ Drink plenty of fluids and eat nutritious foods

Proportion of Patients Seen with ILI by Sentinel Physicians, Washoe County, 2010—2011





# Effects of School Closure on Incidence of Pandemic Influenza in Alberta, Canada

1. David J.D. Earn, PhD;
2. Daihai He, PhD;
3. Mark B. Loeb, MD, MSc;
4. Kevin Fonseca, PhD;
5. Bonita E. Lee, MD, MSc; and
6. Jonathan Dushoff, PhD

## ± Author Affiliations

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## This Article

1. *Ann Intern Med February 7, 2012 vol. 156 no. 3 173–181*

## Abstract

**Background:** Control of pandemic influenza by social-distancing measures, such as school closures, is a controversial aspect of pandemic planning. However, investigations of the extent to which these measures actually affect the progression of a pandemic have been limited.

**Objective:** To examine correlations between the incidence of pandemic H1N1 (pH1N1) influenza in Alberta, Canada, in 2009 and school closures or weather changes, and to estimate the effects of school closures and weather changes on pH1N1 transmission.

**Design:** Mathematical transmission models were fit to data that compared the pattern of confirmed pH1N1 cases with the school calendar and weather patterns.

**Setting:** Alberta, Canada, from 19 April 2009 to 2 January 2010.

**Data Sources:** 2009 virologic test results, 2006 census data, 2009 daily temperature and humidity data, and 2009 school calendars.

**Measurements:** Age-specific daily counts of positive results for pH1N1 from the complete database of 35 510 specimens submitted to the Alberta Provincial Laboratory for Public Health for virologic testing from 19 April 2009 to 2 January 2010.

**Results:** The ending and restarting of school terms had a major effect in attenuating the first wave and starting the second wave of pandemic influenza cases. Mathematical models suggested that school closure reduced transmission among school-age children by more than 50% and that this was a key factor in interrupting transmission. The models also indicated that seasonal changes in weather had a significant effect on the temporal pattern of the epidemic.

**Limitations:** Data probably represent a small sample of all viral infections. The mathematical models make simplifying assumptions in order to make simulations and analysis feasible.

**Conclusion:** Analysis of data from unrestricted virologic testing during an influenza pandemic provides compelling evidence that closing schools can have dramatic effects on transmission of pandemic influenza. School closure seems to be an effective strategy for slowing the spread of pandemic influenza in countries with social contact networks similar to those in Canada.

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