

# 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

### *MEETING NOTICE AND AGENDA*

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

Date and Time of Meeting: Thursday, October 25, 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 Item No.	Agenda Item	Presenter
1:00 PM	1.	Call to Order, Pledge of Allegiance Led by Invitation	Mr. Smith
	2.	Roll Call	Ms. O'Neill
<b>Public Comment</b>	3.	Public Comment (limited to three (3) minutes per person)	Mr. Smith
<b>For Possible Action</b>	4.	Approval/Deletions to Agenda for the October 25, 2012 Meeting	Mr. Smith
<b>For Possible Action</b>	5.	Approval/Additions/Deletions to the <b>Minutes</b> of the <b>September 27, 2012 Regular Meeting</b>	Mr. Smith
	6.	Recognitions A. Introduction of new employee(s). None.	Mr. Smith and Dr. Iser

Time	Agenda Item No.	Agenda Item	Presenter
		<p>B. Promotions – Steve Kutz, Division Director, Community and Clinical Health Services</p> <p>C. Years of Service –</p> <ol style="list-style-type: none"> <li>1. Jeanne L. Harris, Administrative Secretary, EPHP – 10 Years</li> <li>2. Holly A. McGee, Public Health Nurse II, CCHS – 20 Years</li> </ol> <p>D. Recognitions – Julie Hunter, Senior Air Quality Specialist, Planning &amp; Monitoring, from Envirolution and Three Spheres Leadership Academy with a certificate of appreciation for her invaluable support with local youth.</p>	
<b>For Possible Action</b>	7.	Proclamations – None.	
<b>For Possible Action</b>	8.	<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>A. <u>Air Quality Management Cases:</u></b></p> <ol style="list-style-type: none"> <li>1. Recommendation to Uphold Unappealed Citations to the Air Pollution Control Hearing Board: <ol style="list-style-type: none"> <li>a. Anchor Concrete – Case 1096, NOV 5305 ATTN: Dan Price, President 1750 Marietta Way Sparks NV 89431; (775) 359-4969</li> </ol> </li> <li>2. Recommendation of Cases Appealed to the Air Pollution Control Hearing Board. <b>None.</b></li> <li>3. Recommendation for Variance: <b>None.</b></li> </ol> <p><b>B. <u>Sewage, Wastewater &amp; Sanitation Cases:</u></b> Recommendation to Approve Variance Case(s) Presented to the Sewage, Wastewater &amp; Sanitation Hearing Board.</p>	Mr. Cerfoglio

Time	Agenda Item No.	Agenda Item	Presenter
		<p><b>C. <u>Budget Amendments / Interlocal Agreements:</u></b></p> <ol style="list-style-type: none"> <li data-bbox="553 369 1219 548">1. Approval of amendments totaling an increase of \$3,000 in revenue and expense to the National Association of County and City Health Officials (NACCHO) Grant Program Internal order # TBA) FY 13 Budget.</li> <li data-bbox="553 590 1187 873">2. Approval of Subgrant Amendment #2 from the Nevada Department of Health and Human Services, Health Division for the period January 1, 2012 through December 31, 2012 to increase funding in the amount of \$1,829, bringing total CY 2012 funding for the Immunization Program Grant (IOs 10028 &amp; 10029), to \$292,556.</li> <li data-bbox="553 915 1224 1241">3. Proposed Ratification of Interlocal Contract with the State of Nevada, Department of Motor Vehicles, for the DMV Excess Reserve Grant Program (IO TBD), for the period of approval through June 30, 2014 in the total amount of \$182,000; approval of budget amendments totaling an increase of \$182,000 in both revenue and expenses; and authorize the Chairman of the board to sign.</li> <li data-bbox="553 1283 1219 1608">4. Approval of amendments totaling an increase of \$246,827 in both revenue and expense to the FY 13 Centers for Disease Control and Prevention (CDC) Public Health Preparedness (PHP) Federal Grant Program, IO 10713; Approval of Subgrant Amendment #1 Scope of Work for the period July 1, 2012 to June 30, 2013 in support of CDC PHP Program; and if approved authorize the Chairman to execute.</li> </ol> <p><b>D. Recommendation for Retroactive Approval of the Submission of the Accreditation Support Initiative for Public Health Departments to the NACCHO call for Applications.</b></p>	<p>Ms. Buxton</p> <p>Ms. Cooke</p> <p>Ms. Cooke</p> <p>Ms. Buxton</p> <p>Dr. Iser</p>

Time	Agenda Item No.	Agenda Item	Presenter
For Possible Action	9.	<b><u>Air Pollution Control Hearing Board Cases appealed to the District Board of Health.</u></b> None.	
For Possible Action	10.	<b><u>Regional Emergency Medical Services Authority:</u></b> A. Review and Acceptance of the Operations and Financial Report for September, 2012; and B. Update of REMSA's Community Activities Since September, 2012	Mr. Gubbeis
For Possible Action	11.	Discussion of and Potential Direction to Staff Regarding the August 2012 TriData Emergency Medical Systems Analysis Final Report and other emergency medical systems reports and studies and the October 18, 2012 Concurrent meeting between the District Board of Health, the Board of County Commissioners, and the Reno City Council. Possible Direction to Staff on Implementation of Recommendations Contained Within the Final Report and Possible Requests to Washoe County, the City of Reno, and the City of Sparks for Assistance in Implementation of Selected Recommendations.	Dr. Iser
	12.	Strategic Retreat Planning Discussion	Dr. Iser
For Possible Action	13.	Review and Acceptance of FY12 Budget Year Closeout Report	Ms. Buxton
For Possible Action	14.	Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure Report for September 2012	Ms. Stickney
For Possible Action	15.	FY14 Budget Update and Possible Direction to Staff	Ms. Stickney
	16.	<b><u>Staff Reports and Program Updates</u></b> A. <b>Director, Epidemiology and Public Health Preparedness</b> - Communicable Disease; Public Health Preparedness; Emergency Medical Services; and Vital Records	Dr. Todd
		B. <b>Director, Community and Clinical Health Services</b> – Washoe County Obesity Forum;	Mr. Kutz

Time	Agenda Item No.	Agenda Item	Presenter
		ACHIEVE Final Report; Washoe County Medical Society Mini-Internship Program; and Program Reports	
		<b>C. Director, Environmental Health Services</b> Food Program; Land Development; Solid Waste/Special Events; and Vector-Borne Disease Program	Mr. Sack
		<b>D. Acting Division Director, Air Quality Management</b> – Air Quality; Planning and Monitoring Activity; Permitting Activity; Compliance & Inspection Activity; and Permitting & Enforcement Activity	Mr. Inouye
		<b>E. Administrative Health Services Officer</b> – Ms. Stickney’s reports are presented in Agenda Item Nos. 12, 13, and 14.	Ms. Stickney
		<b>F. District Health Officer</b> – 2013 Legislative Session; Budget; Human Resources; Communication; Accreditation; Washoe County and Community Activities; Health District Media Contacts and Outreach; Statewide (and Beyond) Organizational Efforts; Interjurisdictional Sharing of Resources; and District Board of Health Information and Resources	Dr. Iser
<b>Board Comment</b>	17.	Limited to Announcements or Issues for Future Agendas	Mr. Smith
<b>Public Comment</b>	18.	Public Comment (limited to three (3) minutes per person). No action may be taken.	Mr. Smith
<b>For Possible Action</b>	19.	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 “\$.”

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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



Health District

## Washoe County District Board of Health Meeting Minutes September 27, 2012

**PRESENT:** Mr. Matt Smith, Chairman, George Furman, MD; Commissioner Kitty Jung, Vice Chair, Councilwoman Ratti, Councilman Gustin arrived at 1:10 pm

**ABSENT:** Dr. Denis Humphreys is excused

**STAFF:**

Joseph P. Iser, District Health Officer Robert Sack, Director, Environmental Health Services Kevin Dick, Director, Air Quality Management Bryan Tyre, Senior Licensed Engineer, EHS Steve Kutz, Acting Director, Community and Clinical Health Services Phil Ulibarri, Public Information Officer Steve Fisher, Department Computer Application Specialist Bev Bayan, WIC Program Manager, CCHS Leslie Admirand, Deputy District Attorney Edwin Smith, Office Support Specialist, AHS	Eileen Stickney, Administrative Health Services Officer, AHS Randall Todd, DrPH, Director, Epidemiology and Public Health Preparedness Patsy Buxton, Fiscal Compliance Officer, AHS Lori Cooke, Fiscal Compliance Officer, AHS Curtis Splan, DCAS, AHS Stacey Akurosawa, EMS Coordinator, EMS Program, EPHP Daniel Inouye, Air Quality Supervisor, AQM Kelli Seals, Health Educator II, CCHS Peggy F. O'Neill, Recording Secretary
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TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
1:03 pm 1, 2	<b>Meeting Called to Order, Pledge of Allegiance and Roll Call</b>	Chairman Smith called the meeting to order, followed by the Pledge of Allegiance led by Commissioner Jung. Roll call was taken and a quorum noted. Dr. Humphreys is excused.	
3.	<b>Public Comment</b>	No public comment was presented.	
4.	<b>Approval/Deletions – Agenda – September 27, 2012</b>	Chairman Smith called for any deletions to the Agenda of the September 27, 2012 DBOH Meeting. Ms. Admirand instructed that Item No. 10 needs to be pulled from the Agenda.	Dr. Hess moved, seconded by Councilwoman Jung, that the September 27, 2012 Agenda be approved as amended by removing Item No. 10.  <b><u>MOTION CARRIED</u></b>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
5.	Approval/Deletions – Minutes – Regular Meeting of August 23, 2012  Board Comment	Chairman Smith called for any additions or corrections to the minutes of the August 23, 2012 Regular Meeting. Ms. O'Neill asked that the Motion language for Item 12 be amended as follows: "Councilwoman Ratti moved, seconded by Dr. Hess, to approve the elimination of wage and benefit concessions as presented." Motion Carried.	Councilwoman Ratti, moved, seconded by Dr. Hess, that the minutes of the August 23, 2012, meeting be approved as corrected.  <b><u>MOTION CARRIED</u></b>
6.	Recognitions	Dr. Iser and Chairman Smith recognized new employee, Edwin Smith.	
7.	Proclamations	None.	
8.	Consent Agenda	<p><b>A. <u>Air Quality Management Cases:</u></b></p> <ol style="list-style-type: none"> <li>1. Unappealed Citations to the Air Pollution Control Hearing Board:           <ol style="list-style-type: none"> <li>a. <b>Lakeridge Cleaners – Case No. 1094, Unappealed Citation No. 5258</b> – Staff reported Citation No. 5258, was issued to Lakeridge Cleaners on August 24, 2012, for failure to maintain an air quality permit to operate, which is a major violation of Section 030.000 of the Washoe County DBOH Regulations Governing Air Quality Management. Staff recommends the citation be <b>upheld</b> and a fine in the amount of <b>\$1,500.00</b> be levied <b>as a negotiated fine</b>.</li> <li>b. <b>MDK LLC / Western Environmental Testing Laboratory – Case No. 1093, Citation No. 5304</b> – Staff reported Citation No. 5304 was issued to MDK LLC/Western Environmental Testing Laboratory on August 22, 2012, for violation of Permit to Operate No. K01338A, Condition C, Modification to Equipment, and Condition 2, Required Approval for the Use of Alternate Materials. The Notice of Violation Citation resulted from the installation of a new organic laboratory without submitting an application for an authority to construct, which constitutes a major violation of the DBOH Regulations Governing Air Quality Management, specifically Section 030.2175, Operations Contrary to Permit. Staff recommends the citation be <b>upheld</b> and a fine in the amount of <b>\$2,500.00</b> be levied <b>as a negotiated fine</b>.</li> </ol> </li> </ol>	



TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>2. Recommendation to Uphold Citation. Appealed to the Air Pollution Control Hearing Board:</p> <p>a. <b>Riilite Aggregate Company – Case No. 1090, Citation No. 5017</b> - Staff reported <b>Citation No. 5017</b> was issued to <b>Riilite Aggregate Company</b> on June 8, 2012, for violation of permit conditions resulting in excess emissions from the aggregate processing equipment and failure to provide adequate fugitive dust control, which constitutes a major violation of the DBOH Regulations Governing Air Quality Management Section 030.2175, Operations Contrary to Permit, and a minor violation of Section 040.030, Dust Control. The APCHB recommends the citation be <b>upheld</b> and a recommended fine in the amount of <b>\$1,200.00</b> be levied.</p> <p>There was Board discussion regarding the amounts of the fines and how they are determined and reduced. Ms. Albee informed the Board that AQM staff did not recommend this amount; it was recommended by the Air Pollution Control Hearing Board and AQM staff did not appeal the decision. Councilman Gustin expressed frustration in the tremendous reduction in the fine and asked that that message be given to the APCHB.</p> <p>3. Recommendation for Variance: None.</p> <p><b>B. <u>Sewage, Wastewater &amp; Sanitation Cases:</u> None.</b></p> <p><b>C. <u>Staff recommends David Rinaldi be re-appointed to the Air Pollution Control Hearing Board.</u></b></p> <p><b>D. <u>Staff recommends Cathleen Fitzgerald be re-appointed to the Air Pollution Control Hearing Board.</u></b></p> <p><b>E. <u>Staff recommends Jeanne Rucker be appointed to the Air Pollution Control Hearing Board.</u></b></p> <p><b>F. <u>Budget Amendments / Interlocal Agreements:</u></b></p> <p>1. The Board was advised that Staff recommends the approval of Notice of Subgrant Award from the Nevada State Health Division for</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>the Women, Infants and Children (WIC) Clinic Program, for the period October 1, 2012 through September 30, 2013, in the total amount of \$1,071,998 in support of Salaries, Benefits, Travel and Training, and Operating Expenditures; and, if approved, authorize the Chairman to execute.</p> <p>2. The Board was advised that Staff recommends the approval of Approval of Notice of Grant Award dated August 24, 2012, from the Department of Health and Human Services Public Health Service for the period June 30, 2012, to June 29, 2013, in the amount of \$854,980, in support of the Family Planning Program; Approval of amendments totaling an increase of \$54,980 in both revenue and expense to the FY13 Title X Family Planning Federal Grant Program, IO 10025; Authorized the creation of a permanent part-time (19 hr/week) non-benefitted Advanced Practitioner of Nursing (APN) position (PC#TBD) as evaluated by the Job Evaluation Committee (JEC).</p>	<p><b>ACTION ITEMS:</b> (1) Letter to Lakeridge Cleaners regarding fine and due date; (2) Letter to MDK LLC re fine and due date; (3) Letter to Riilite re fine and due date; and (3) Letters to David Rinaldi, Cathleen Fitzgerald, and Jeanne Rucker regarding Board appointments.</p> <p>Councilman Gustin moved, seconded by Councilwoman Ratti, that the entire Consent Agenda be approved as presented in a single motion.</p> <p><b><u>MOTION CARRIED</u></b></p>
9.	Air Pollution Control Hearing Board Cases	None.	
10.	Presentation and possible amendments to the Washoe County District Board of Health Regulations Governing Air Quality Management, Section 040.080, Gasoline Transfer and Dispensing Facilities	THIS ITEM WAS PULLED FROM THE AGENDA.	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
11.	<p><b>Regional Emergency Medical Services Authority</b></p> <p>A. <u>Review and Acceptance of the Operations and Financial Report – August 2012</u></p> <p>Board Comment:</p> <p>B. <u>Update of REMSA's Community Activities Since August 2012</u></p>	<p>Mr. Jim Gubbels, Vice President, REMSA reported that the DBOH members have been provided with a copy of the August 2012 Operations and Financial Report; overall emergency response times for life-threatening calls in August 2012 was 91%, and 96% for non-life threatening calls. Advised the overall average bill for air ambulance service for August 2012 was \$8,241. The overall average bill for ground ambulance services for August, 2012 was \$1,023.</p> <p>Mr. Gubbels then responded to prior questions about REMSA's rate calculations. REMSA also conducts market studies including Sacramento and northern and southern Nevada. The Base Rate calculation is governed by the Franchise Agreement. Rates are greatly impacted by the number of transports that do not pay at all or at reduced rates due to Medicare or Medicaid. Only about half of the transports actually pay for their transport.</p> <p>Mr. Gubbels presented REMSA's community activities, including their Homebound Flu Clinic and Coach and Parents Sports Clinic which will be held at their Education Building at 400 Edison Way location.</p> <p>Mr. Gubbels also acknowledged a REMSA Careflight nurse, Jane Miller, who recently retired after being a Careflight nurse since inception in 1981.</p>	<p>Commissioner Jung moved, seconded by Councilman Gustin that the Operations and Financial Reports for the Month of August 2012 be accepted as presented.</p> <p><b><u>MOTION CARRIED</u></b></p>
12.	<p><b>Discussion of TriData Presentation and Chairman Smith's and Dr. Iser's meeting with Dr. Cohen</b></p>	<p>Dr. Iser began the discussion of the Draft TriData Report and the presentation of the Final TriData Report. All stakeholders were allowed to comment, and many of Dr. Iser's comments were taken into consideration in the final report. Dr. Iser briefly summarized the main recommendations, as follows: (1) Develop an agency that would oversee all of EMS, Fire, including Lake Tahoe, REMSA, and the Health District, and also to have one Medical Director for the entire system; (2) Dispatch; and (3) the reworking of the Franchise Agreement.</p> <p>Chairman Smith reported that while in the BCC meeting at the presentation of the TriData Report, Commissioner Breternitz questioned Chairman Smith about any recommendations that the Health District would be willing to review to improve the system, and Chairman Smith advised him that the DBOH would certainly review the recommendations. We hope to review the</p>	

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recommendations during the Special Meeting and will make sure the DBOH has the agenda as soon as it is proposed by the BCC.

Dr. Iser reported that the TriData Report also recommends that the 8 minute reference be interpreted as up to 8' 59", which is what was clarified and agreed to in a meeting in 1997. Ms. Admirand agreed that this was not an amendment to the Franchise Agreement, but rather a clarification and therefore did not come before any board for approval. 8'59" is industry standard national wide. REMSA uses 8'29" standard internally, but is able to go to 8'59" if they so desire.

Councilwoman Ratti questioned if there was more documentation of how this agreement was reached that **under** 8 minutes means up to 8'59". Dr. Iser reported that all we have is the Memorandum from Mr. Begbie dated September 11, 1997 which states the working group agreed to use 8'29.99' as the standard for Priority One calls, but that REMSA reserved its right to advise the DHD if it returns to the 8'59.99" standard. Dr. Iser stated that we can supply that Memorandum to you. We can bring it back to have you vote on that if you so desire. Dr. Iser stated that would be his strong recommendation since that is the national standard.

Mr. Gubbels reported that the 8'59" standard has evolved from the King County study in 1985. Mr. Gubbels stated that Dr. Cohen refers to 8'59" as the national standard in his report. Councilwoman Ratti expressed her concern that the Franchise Agreement is flawed in that it does not reach any sort of fresh professional standard for 2012. It needs to be modernized so that successive boards of governors can effectively fulfill their duty. This is just another example of that need. Ms. Ratti stated that she is not questioning REMSA's performance but whether the governing tools are in place and the relationships are not well enough defined.

Dr. Iser stated that if this particular issue is of concern to the Board, staff can prepare a staff report to allow the Board to vote on this measure. The 8'59" standard is referenced in Dr. Cohen's report. Ms. Admirand clarified that Mr. Begbie's memo was actually the minutes of a meeting between REMSA personnel and the Health District. Councilwoman Ratti stated that she believes this item should wait until after the Special Meeting on October 18 to see if other issues should be combined with this one. Dr. Iser stated that we still do not know what the Agenda for the October 18 meeting encompasses yet. It needs to be published in plenty of time, but it has not been proposed for Dr. Iser to bring to you or discuss with the Chairman.

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13.	<p><b>Presentation of Mental Illness: A Guide to Recovery</b></p>	<p>Commissioner Jung introduced Mr. Bob Bennett, Chair, PAIMI Council, and his presentation regarding mental health. Commissioner Jung stated she believes it may be important to have discussions with the state regarding the local communities having input and jurisdiction of mental health issues to best serve the public.</p> <p>Mr. Bennett made his presentation and presented a YouTube video at <a href="http://occupyreno.org/upload/ReestabJustice.pdf">http://occupyreno.org/upload/ReestabJustice.pdf</a>.</p> <p>Councilwoman Ratti thanked Mr. Bennett for his efforts in continuing to speak to our community about mental health.</p>	
14.	<p><b>Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure Report for August 2012</b></p>	<p>Eileen Stickney, Administrative Health Services Officer, presented the Monthly Public Health Fund Revenue and Expenditure Report for August, 2012 of FY13, a copy of which was placed on file for the record.</p> <p>In response to a question in an earlier meeting from Councilwoman Ratti, Ms. Stickney reported to the DBOH that the Health Fund transitioned to funding from the General Fund in FY 98, which is when the Supplemental City-County Relief Tax transitioned to the Consolidated Tax or CTAX. Ms. Stickney reported that Ad Valorem tax has never been a source of funding for the Health Fund.</p> <p>In response to a question from Dr. Hess in an earlier meeting, Ms. Stickney reported to the DBOH that the Equipment Services Replacement and Equipment Services O&amp;M numbers were billed incorrectly by the Equipment Services Division, and they have now been corrected, and reflect 17% and 21%, respectively which are in appropriate amounts.</p> <p>Ms. Stickney addressed the Equipment Non-Capital and Equipment Capital expenditures lines and noted that the FCO will be bringing forth a budget amendment to align the expenditures with the supplemental grant funding.</p> <p>Dr. Hess asked if the Chemical line item is where we capture the pesticide purchase for mosquito abatement. Ms. Stickney reported that that is correct.</p> <p>Ms. Stickney reported there are different closing periods for some of our grants, which sometimes creates a lag in the accounting. Most of the grants are on a reimbursement basis.</p>	<p>Commissioner Jung moved, seconded by Dr. Hess, that the Operations and Financial Reports for the Month of August 2012 be accepted as presented.</p> <p><b><u>MOTION CARRIED</u></b></p>

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15.	<p><b>Presentation and possible approval of Robert Wood Johnson Foundation: Center for Sharing Public Health Services funding opportunity application for the Shared Services Learning Community 2012 Call for Proposals</b></p>	<p>Dr. Iser, District Health Officer, presented a staff report recommending the retroactive approval of the Health District's Proposal to the RWJF's Center for Sharing Public Health Services funding opportunity.</p> <p>Dr. Iser reported that he has discussed this opportunity with the DBOH over the last several months. For the Health District, it will mean looking at shared services over cross-jurisdictional boundaries nearby. There were two submissions from Nevada; one looking at Douglas, Lyon, and Storey Counties to share EHS and the proposal from the WCHD which will look at shared services across the seven northern Nevada counties. We received encouragement and a letter of commitment from the Nevada State Health Division to pursue this grant opportunity. There could be various strategies and outcomes, and we have no preconceived notions about what those outcomes may be. This funding allows an opportunity to explore which models, if any, may be viable for our region. There is no matching requirement for this grant. It will require quite a bit of travel to facilitate the meetings with the appropriate folks in each county.</p> <p>If we are awarded this grant, we would bring back to you a budget amendment for you to approve prior to accepting any award. Councilwoman Ratti questioned the independent contractor with whom we would be working, and Dr. Iser responded that it is Dr. John Packham with the UNR School of Medicine, and the NSHD has loaned us the use of Emily Brown, who is the State's Accreditation Coordinator.</p> <p>Dr. Furman stated that he has written a medical grant proposal and it is so tough, and funding is a very political process. Councilwoman Ratti stated that the County has just been accepted into the Rural Economic Development Authority which allows for groundbreaking access to federal dollars for economic development. People are beginning to realize that working together is a better way to approach our problems and issues.</p>	<p>Councilwoman Ratti moved, seconded by Commissioner Jung, to retroactively approve the Health District's Proposal to the RWJF's Center for Sharing Public Health Services funding opportunity as presented.</p> <p><b><u>MOTION CARRIED</u></b></p>
16.	<p><b>A. <u>Director – Epidemiology and Public Health Preparedness</u></b></p>	<p>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.</p> <p>Dr. Todd reported on two gastro neuritis outbreaks taking place in local elementary schools. The first one is now 122 cases, and the second is now 85 cases. They appear to have started in early September. They are most likely norovirus outbreaks based on symptoms, but the labs have not borne that out. We are getting more negative labs than we are positive, which makes us believe there may be some other viral cause, and we are in the</p>	

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		<p>process of getting some help from the CDC to determine actual cause. It is also interesting to note that we have identified a cluster of Shigella cases within all these viral gastro neuritis cases. Shigella demonstrates projectile vomiting and bloody diahrea.</p> <p>Dr. Iser stated that we have had some slowdowns in reporting among the schools as we try to prevent it from spreading to other schools. This norovirus is very infectious and dangerous for the very young and elder population.</p>	
	<p><b>B. <u>Acting Director – Community and Clinical Health Services</u></b></p>	<p>Mr. Steve Kutz, Acting Director, Community and Clinical Health Services, presented the monthly Division Director's Report, a copy of which was placed on file for the record.</p>	
	<p><b>C. <u>Director – Environmental Health Services</u></b></p>	<p>Mr. Robert Sack, Director, Environmental Health Services, presented his monthly Division Director's Report, a copy of which was placed on file for the record.</p> <p>Mr. Sack reported that we have been notified by the state that a feral horse has tested positive for West Nile Virus in the Double Diamond area. We have stepped up our surveillance and fogging in that area to eliminate any infected mosquitoes in the area.</p> <p>Dr. Iser discussed our surveillance activities which give us an idea about how to respond. One neuroinvasive case of West Nile Virus is incredibly costly for the individual and community.</p> <p>Mr. Sack reported that his team is still actively engaged in the norovirus outbreak. It is consuming a good deal of their time.</p>	
	<p><b>D. <u>Director – Air Quality Management</u></b></p>	<p>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.</p>	
	<p><b>E. <u>Administrative Health Services Officer</u></b></p>	<p>Ms. Eileen Stickney, Administrative Health Services Officer, presented a report on the 2012 Accela User Conference, a copy of which was placed on file for the record.</p> <p>Ms. Stickney thanked Mr. Fisher for attending the Accela User Conference.</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
	F. <u>District Health Officer</u>	<p>Dr. Iser, District Health Officer, presented the monthly District Health Officer Report, a copy of which was placed on file for the record.</p> <p>Dr. Iser reported that he has now visited Gerlach twice. He recently visited and met with the Sheriff's office staff there, and a group of people at Bruno's Casino, Bar and Restaurant, and a community meeting. They had some healthcare until about two years ago when the CHC pulled out. We are exploring what we can do. Kathy Dickens, one of our nurses, is out there today giving immunizations. The community is in dire need of services. Dr. Iser has begun discussions with Mr. Kutz to see what CCHS along with Social Services can do. Dr. Iser envisions two days a month. We are calling it outreach and hope to offer some limited services. The need is great and we are exploring what we can do without adding to our budget deficit.</p>	
17.	<b>Board Comment</b>	<p>Dr. Hess reported that he and Dr. Iser are on the Washoe County Medical Society Board and Public Health Committee of that organization. The Public Health Committee is looking at ways to supplement the information the Health District receives regarding health trends in the community.</p> <p>The AQI is a very good predictor of asthma. Jim Gubbels reported on other external monitoring in place. Dr. Hess reported that vaccine preventable diseases were highlighted during the meeting especially in light of our recent Pertussis outbreak. We hope to help with highlighting those episodes.</p> <p>The Weight of the Nation will be played next week at the Health District and you are all invited. We will send out future dates of events we are hosting.</p>	
18.	<b>Public Comment</b>	No public comment was presented.	
19.	<b>Motion to Adjourn</b>	There being no further business to come before the Board, the meeting was adjourned.	<p>Councilman Gustin, moved seconded by Commissioner Jung, that the meeting be adjourned.</p> <p><b><u>MOTION CARRIED</u></b> The meeting was adjourned at 2:47 p.m.</p>



TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
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*Joseph P. Iser*

JOSEPH P. ISER, MD, DrPH, MSc  
DISTRICT HEALTH OFFICER

*Peggy F. O'Neill*

PEGGY F. O'NEILL,  
RECORDING SECRETARY



# WASHOE COUNTY HEALTH DISTRICT

## AIR QUALITY MANAGEMENT DIVISION



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

DATE: October 25, 2012

TO: District Board of Health

FROM: Kevin Dick, Director, Air Quality Management

SUBJECT: Anchor Concrete – Case No. 1096  
Unappealed Citation No. 5305  
Agenda Item: **8.A.1.a.**

### Recommendation

Air Quality Management Division Staff recommends that Citation No. 5305 be upheld and a fine of \$5,000 be levied against Anchor Concrete for demolition of a structure prior to the start date provided on the EPA Notification of Demolition and Renovation form. Demolition of the structure prior to the start date constitutes a major violation of the District Board of Health Regulations Governing Air Quality Management, specifically Section 030.105, National Emission Standards for Hazardous Air Pollutants (NESHAP) 40 CFR 61, Subpart M, Asbestos.

Recommended Fine: \$10,000.00

Negotiated Fine: \$5,000.00

### Background

On September 11, 2012, Air Quality Specialist II Michael Osborn arrived at 1700 Prater Way in Sparks, Nevada, also known as Deer Park, for a pre-demolition inspection of a restroom structure scheduled to be demolished on September 17, 2012. Upon arrival at Deer Park, Specialist Osborn parked near the pool and walked into the park. Specialist Osborn found the restroom structure had already been demolished and the area was now fenced off.

On September 12, 2012, Specialist Osborn met with Mr. Dan Price of Anchor Concrete at Deer Park to find out why the structure had been demolished prior to the start date on the notification form. Mr. Price stated that he had received a copy of the notification form from Mr. Chris Cobb, Capital Projects Manager for the City of Sparks, but he didn't read it and therefore wasn't aware of the actual start date. Based on the fact that Anchor Concrete had demolished a structure prior to the date provided on the NESHAP notification form, Specialist Osborn issued Notice of Violation Citation No. 5305 for a major violation of Section 030.105 of the District Board of Health Regulations Governing Air Quality Management.

NOTE: A review of prior citations revealed that Anchor Concrete was issued Notice of Violation Warning No. 4321 on January 18, 2007, for a similar infraction of Section 030.105. The warning stated that Anchor Concrete had demolished a building without a proper asbestos survey, notification and proof of any asbestos removal.

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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DBOH AGENDA ITEM NO. 8.A.1.a.

**Settlement**

On September 20, 2012, Senior Air Quality Specialist Dennis Cerfoglio conducted a negotiated settlement meeting attended by Mr. Dan Price, owner of Anchor Concrete, Mr. Chris Cobb, Capital Projects Manager for the City of Sparks, and Air Quality Specialist II Michael Osborn. After consideration of all the facts presented in the case, including the fact that Anchor Concrete had been previously received a warning notice for a similar infraction of the regulations, Senior Air Quality Specialist Cerfoglio proposed that Citation No. 5305 be upheld with a fine of \$5,000.00 for the demolition of the restroom structure prior to the start date on the EPA notification form. Mr. Price agreed to the conditions of the negotiated settlement and a Memorandum of Understanding was signed by all parties.

**Alternatives**

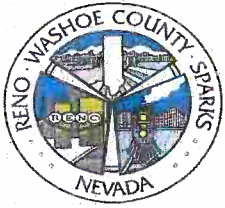
1. The District Board of Health may determine that no violation of the Regulations has taken place and dismiss Citation No. 5305.
2. The Board may determine to uphold Citation No. 5305 but levy any fine in the range of \$0 to \$10,000 per day.

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



Kevin Dick, Division Director  
Air Quality Management

KD/DC: ma



# DISTRICT HEALTH DEPARTMENT AIR QUALITY MANAGEMENT DIVISION

## MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY HEALTH DISTRICT  
AIR QUALITY MANAGEMENT DIVISION

Date: September 20, 2012

Company Name: Ancher Concrete

Address: 1750 Marlette Way, Sparks, NV 89431

Notice of Violation No.: 5305 Case No.: 1096

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: 030.105 Asbestos NESHAP

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 5,000<sup>00</sup> Dollars. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on October 27, 2012.

[Signature]  
Signature of Company Representative

[Signature]  
Signature of District Representative

Daniel C. Price  
Print Name

DENNIS A. CERFOGLIO  
Print Name

President  
Title

SR. AIR QUALITY SPEC.  
Title

[Signature]  
Witness

[Signature]  
Witness

Witness

Witness

# RECOMMENDED FINE WORKSHEET

DATE: 9-12-2012 CASE NO.: 1096 NOV NO.: 5305

COMPANY NAME: ANCHOR CONCRETE

CONTACT NAME: DAVE PRICE

VIOLATION OF SECTION(S): 030.000 OPERATING W/O A PERMIT (MAJOR / MINOR)

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

<u>      </u> HAZARDOUS AIR POLLUTANT	YES / NO	<u>      </u> TYPE OF AIR CONTAMINANT (CO, NOX, SOX, PM, VOC'S, HAP'S)	
<u>      </u> LEGALLY PERMITTED SOURCE	YES / NO	<u>      </u> PUBLIC HEALTH EXPOSURE	YES / NO
<u>  7 DAYS  </u> NUMBER OF DAYS IN VIOLATION	YES / NO	<u>  NO  </u> PUBLIC COMPLAINTS	YES / NO

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

Anchor Concrete demolished a NESHAP Regulated Facility several days prior to the start date listed on the EPA/SESHAP demolition permit

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

Cooperation was ok. Mr. Price appeared to understand the violation.

4. **ADDITIONAL COMMENTS:**

RECOMMENDED FINE: \$10,000

  
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.



WASHOE COUNTY HEALTH DISTRICT  
 AIR QUALITY MANAGEMENT DIVISION  
 1001 EAST NINTH ST. • SUITE B171 • RENO NV 89512  
 (775) 784-7200



**NOTICE OF VIOLATION**

DATE ISSUED: SEPT 11, 2012

NOV 5305

ISSUED TO: Archon Concrete PHONE #: 775-359-4969  
 MAILING ADDRESS: 1750 Marietta Way CITY/ST: Sparks, NV ZIP: 89431  
 NAME/OPERATOR: Dan Price PHONE #: N/A  
 PERMIT NO. ASB12-0762 COMPLAINT NO. \_\_\_\_\_

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 9/11/12 (DATE) AT 1100 (TIME),  
 YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD  
 OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

**MINOR VIOLATION OF SECTION:**

- 040.030 DUST CONTROL
- 040.055 ODOR/NUISANCE
- 040.200 DIESEL IDLING
- OTHER \_\_\_\_\_

**MAJOR VIOLATION OF SECTION:**

- 030.000 OPERATING W/O PERMIT
- 030.2175 VIOLATION OF PERMIT CONDITION
- 030.105 ASBESTOS NESHAP
- OTHER \_\_\_\_\_

VIOLATION DESCRIPTION: Violation of 40CFR61; Subpart M under NESHAP. Violation of Notification of Demolition Start date on permit # ASB12-0762

LOCATION OF VIOLATION: 1700 Proter Way (Deer Park) Sparks, NV

POINT OF OBSERVATION: on site (See photos) Wind Direction From: N E S W

Weather: Warm/breezy

Emissions Observed: None  
 (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 \_\_\_\_\_

**CITATION:** You are hereby notified that effective on 9/11/12 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within \_\_\_\_\_ hours/days. You may contact the Air Quality Management Division to request a negotiated settlement meeting by calling (775) 784-7200. You are further advised that within 10 working days of the date of this Notice of Violation, you may submit a written petition for appeal to the Washoe County Health District, Air Quality Management Division, P.O. Box 11130, Reno, Nevada 89520-0027. Failure to submit a petition within the specified time will result in the submission of this Notice of Violation to the District Board of Health with a recommendation for the assessment of an administrative fine.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Issued by: [Signature] Title: AQSTI

**PETITION FOR APPEAL FORM PROVIDED**

COMPLAINT INVESTIGATION REPORT  
Washoe County Air Quality Management Division

Complaint Number: **CMP12-0156**

Complaint Status: NOV

Source of Complaint: INVESTIGATOR

Complaint Type: ASBESTOS

Date Received: 09/12/2012

Time: 11:00 A.M.

Inspector: MOSBORN

Inspector Area: 2

Complaint Description: NOV CITATION 5305, CASE 1096 - VIOLATION OF CFR 61; SUBPART M: 030.105 DEMO START DATE

Address: 1700 PRATER WAY SPKS

Location:

Parcel Number:

Related Permit Number: ASB12-0762

Complainant:

Responsible Party:

ANCHOR CONCRETE  
DAN PRICE  
1750 MARIETTA WAY  
SPARKS NV 89431  
775-359-4969

Investigation:  
BACKGROUND

On August 20, 2012, Cris Cobb, Capital Project Manager for the City Of Sparks entered the Washoe County Air Quality Office for the purpose of obtaining a notification of demolition permit. The requested permit was for the demolition of the Deer Park restrooms located at 1700 Prater Way. Mr. Cobb presented Chief Albee with an asbestos survey of the building conducted by Wise Consulting of Reno, Nevada. All testing revealed negative for asbestos.

An acknowledgement of asbestos assessment permit #ASB12-0761 was issued to Mr. Cobb with instructions of a 10-day notification mandatory for demolition. Dan Price of Anchor Concrete was designated the general contractor. (See attached copy of Asbestos Assessment.)

Mr Cobb then applied for and received an EPA NESHAP Notification of Demolition and renovation. Notification of demolition Permit #ASB12-0762 was completed by and issued to Mr. Cobb. Under block 9. SCHEDULED DATES DEMO/RENOVATION were listed as Sept 17, 2012 with a completion date of Sept. 30,

2012. Mr. Cobb then left the office.

Specialist Osborn of Air Quality was then assigned the demolition permit for inspection and

followup. On September 11, at 1100 a.m., 2012, Specialist Osborn stopped at Deer Park for a pre-demo walk through of the facility.

On parking by the pool and walking into the park, Specialist Osborn observed that the facility was gone. Where the facility had once stood was a hurricane fence in concrete blocks normally used in demolition processes. The building had obviously been demolished and the concrete jackhammered. (See attached photographs.)

#### INVESTIGATION:

Specialist Osborn then contacted Anchor Concrete and asked to speak with Dan Price. Mr. Price was reportedly working out of town and would not return until late evening. This Specialist was then told that he would be available in the morning at 6 a.m.. On September 12, 2012, at approximately 0615 a.m. Specialist Osborn met with Dan Price at Deer Park. Mr. Price stated that he had received the demo permit from Mr. Cobb, did not read it, and didn't know what start date was on permit. Mr. Price stated that he had done a couple of demolitions prior, but was not familiar with the paperwork. The Restroom facility was demolished on September 10th by Mr. Price. He used a Mini-X for the wood and roof portions and a Bobcat with a jack hammer to break up the concrete. Mr. Price was then advised that he was in violation of 40CFR61, Subpart M adapted to Washoe County District Board of Health Regulations Governing Air Quality Management or 030.105.

At approximately 1100 a.m. on September 12 Specialist Osborn met with Cris Cobb from the City of Sparks, Nevada. Mr. Cobb acknowledged the issue and was very apologetic to the circumstance. Mr. Cobb allegedly presented Mr. Price with the EPA NESHAP Notification of Demolition referencing "You're good to go."

#### CONCLUSIONS:

Anchor Concrete was issued Notice of Violation Citation #5305 for violation of 030.105. Dan Price, who demolished the building located at 1700 Prater Way knew or should known Anchor Concrete's responsibilities in the demolition process and its permits to perform such.

NOTE: A check of prior citations revealed that Anchor Concrete was issued NOV Warning #4321 on January 18, 2007 for 030.105.

Chris Cobb, Capital Projects Manager for the City of Sparks, Nevada was issued NOV Warning #5306 for violation of 030.105. The City of Sparks is the owner the the Deer Park Facilities and contracted with Anchor Concrete for their services. No prior citations noted reference this regulation.

Michael R. Osborn, AQSII  
Washoe County Health District  
Air Quality Management Division

#### Enforcement Activities

Warning Citation...: 09/12/2012  
NOV.....: 09/11/2012

Citation Number: 5305  
NOV Number....: 5306



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

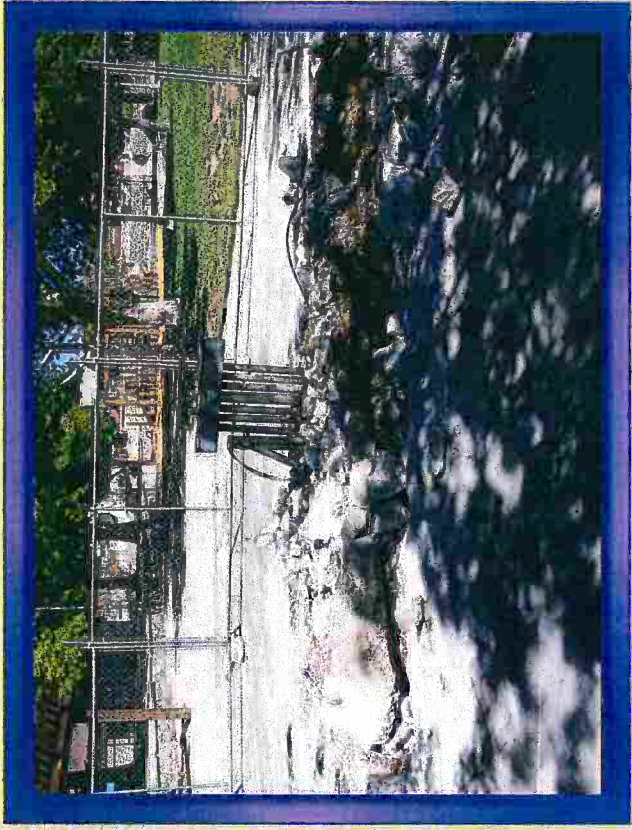
Case Number.....: 0  
Amount.....: \$0.00  
Amount.....: \$0.00

Status Information

Initialized By.....: TBURTON  
Date Assigned.....: 09/12/2012

Completed Date...:  
Completed By.....:

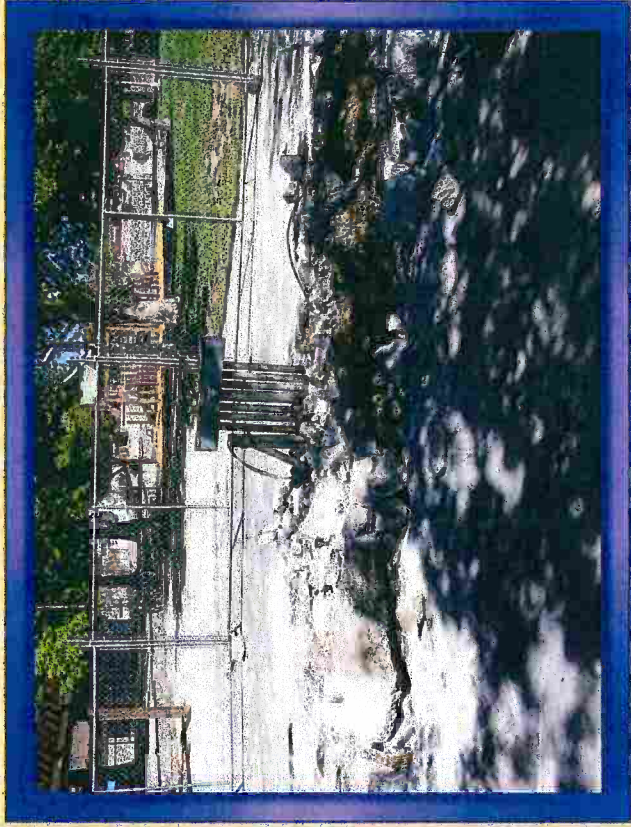
**PHOTOS OF ANCHOR CONCRETE WORKING AT  
1700 PRATER WAY, SPARKS NEVADA AT THE  
DEER PARK RESTROOM FACILITY**



09/11/2012 10:44:53 AM



09/11/2012 10:45:37 AM



09/11/2012 10:44:53 AM



09/11/2012 10:45:37 AM

**AIR QUALITY MANAGEMENT - EPA/NESHAP FORM  
ISSUED TO ANCHOR CONCRETE ON  
AUGUST 2, 2012**

**EPA/NESHAP FORM REVISION  
DATED 9-6-2012**

AUG 20 2012

WASHOE COUNTY HEALTH DIST.

EPA NESHAP

Notification OF DEMOLITION AND RENOVATION

FILL IN ALL NUMBERED BLANKS

EPA NESHAP 146.00

Operator Project #	Postmark	Date Received 8/20/12	Notification Permit # ASB12-0762	
1. TYPE OF NOTIFICATION (O=Original R= Revised C=Canceled) <u>O</u>				
2. FACILITY INFORMATION (Identify Owner, Removal Contractor, and Other Operator)				
OWNER NAME: <u>CITY OF SPARKS</u>				
Address: <u>431 PRATOR WAY</u>				
City: <u>SPARKS</u>	State: <u>NV</u>	Zip: <u>89431</u>		
Contact Person: <u>CHRIS COBB</u>			Tel: <u>775 853 7823</u>	
REMOVAL CONTRACTOR: <u>ANCHOR CONCRETE</u>				
Address: <u>1750 MARILYN WAY</u>				
City: <u>SPARKS</u>	State: <u>NV</u>	Zip: <u>89431</u>		
Contact Person: <u>DAV PRICE</u>			Tel: <u>775-359-4969</u>	
OTHER OPERATOR/CONSULTANT:				
Address:				
City:	State:	Zip:		
Contact Person:			Tel:	
3. TYPE OF OPERATION ( <u>D</u> =Demo O=Ordered Demo R=Renovation E=Emergency Renovation)				
4. IS ASBESTOS PRESENT? (Yes/ <u>No</u> )				
5. Facility Description (Include Building Name, Number, and Floor or Room Number)				
Building Name: <u>DEER PARK RESTROOM</u>				
Address: <u>1700 PRATOR WAY</u>				
City: <u>SPARKS</u>	State: <u>NV</u>	County: <u>WASHOE</u>	Zip Code: <u>89431</u>	
On-Site Location:				
Building Size: <del>500</del> <del>500</del> <u>300 SF</u>	# of Floors: <u>1</u>	Age in Years: <u>15</u>		
Present Use: <u>Restroom</u>	Prior Use: <u>Restroom</u>			
6. PROCEDURE INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ACM:				
7. 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
3. Category II ACM Not Removed.				Cat II
*** Note material being removed to the right of measurement ***				
Pipes (Linear Ft.)				
Surface Area (Square Ft.)				
Vol RACM off facility Component (Cubic Ft.)				
8. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY)		Start:	Completed:	
9. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY)		Start: <u>09/17/2012</u>	Completed: <u>09/30/2012</u>	

COPY

(c)

10. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHODS TO BE USED:  
**Complete Demolition of Exist Restroom To Build New Restroom**

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

12. WASTE TRANSPORTER #1 **TBA**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

WASTE TRANSPORTER #2

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

13. WASTE DISPOSAL SITE

Name: **LOCKWOOD LANDFILL**  
Location: **2401 Canyon Way**  
City: **Sparks** State: **NV** Zip: **89431**  
Telephone: **352-0401**

14. 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): \_\_\_\_\_

15. 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: \_\_\_\_\_

16. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLD, PULVERIZED, OR REDUCED TO POWDER:  
**STOP WORK, WET MATERIAL & CONTACT AQMD**

17. 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)

18. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

\_\_\_\_\_  
(Print Name: Owner/Operator) (Affiliation) (AHERA Certificate Number) (Expiration Date)

19. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

**CHRISTOPHER SCOBIS** **CAPITAL PROJECT MANAGER** \_\_\_\_\_ **8/20/2012**  
(Print Name: Owner/Operator) (Title) (Signature of Owner/Operator) (Date)

SEP 06 2012

WASHOE COUNTY HEALTH DIST.

EPA NESHAP  
Notification OF DEMOLITION AND RENOVATION

FILL IN ALL NUMBERED BLANKS

Operator Project #	Postmark	Date Received 9/16/2012	Notification Permit # ASB12-0762	
1. TYPE OF NOTIFICATION (O=Original R= Revised C=Canceled) <u>O</u> <u>R</u>				
2. FACILITY INFORMATION (Identify Owner, Removal Contractor, and Other Operator)				
OWNER NAME: <u>CITY OF SPARKS</u>				
Address: <u>431 PRATOR WY</u>				
City: <u>SPARKS</u>	State: <u>NV</u>	Zip: <u>89431</u>		
Contact Person: <u>CHRIS COBB</u>	Tel: <u>775 853 7823</u>			
REMOVAL CONTRACTOR: <u>ANCHOR CONCRETE</u>				
Address: <u>1750 MARIETTA WY</u>				
City: <u>SPARKS</u>	State: <u>NV</u>	Zip: <u>89431</u>		
Contact Person: <u>DAV PRICE</u>	Tel: <u>775-359-4969</u>			
OTHER OPERATOR/CONSULTANT:				
Address:				
City:	State:	Zip:		
Contact Person:	Tel:			
3. TYPE OF OPERATION (D=Demo O=Ordered Demo R=Renovation E=Emergency Renovation) <u>O</u>				
4. IS ASBESTOS PRESENT? (Yes/No) <u>No</u>				
5. Facility Description (Include Building Name, Number, and Floor or Room Number)				
Building Name: <u>DEER PARK RESTROOM</u>				
Address: <u>1700 PRATOR WY</u>				
City: <u>SPARKS</u>	State: <u>NV</u>	County: <u>WASHOE</u>	Zip Code: <u>89431</u>	
On-Site Location:				
Building Size: <u>800 SF</u>	# of Floors: <u>1</u>	Age in Years: <u>15</u>		
Present Use: <u>RESTROOM</u>	Prior Use: <u>RESTROOM</u>			
6. PROCEDURE INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ACM:				
7. 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
3. Category II ACM Not Removed.				Cat II
*** Note material being removed to the right of measurement ***				
Pipes (Linear Ft.)				
Surface Area (Square Ft.)				
Vol RACM off facility Component (Cubic Ft.)				
8. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY)		Start:	Completed:	
9. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY)		Start: <u>09/17/2012</u>	Completed: <u>09/30/2012</u>	

COPY



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

Complete Demolition of Exist Restroom To Build New Restroom

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

WATER TRUCK

12. WASTE TRANSPORTER #1 TBA Anchor Concrete

Name: Anchor Concrete
Address: 1750 MARIETTA WAY
City: Sparks State: NV Zip: 89431
Contact Person: Dan Price Telephone: 359-4969

WASTE TRANSPORTER #2

Name:
Address:
City: State: Zip:
Contact Person: Telephone:

13. WASTE DISPOSAL SITE

Name: LOCKWOOD LANDFILL
Location:
City: State: Zip:
Telephone:

14. 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):

15. 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:

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

STOP WORK, WET MATERIAL & CONTACT AQMD

17. 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)

18. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

(Print Name: Owner/Operator) (Affiliation) (AHERA Certificate Number) (Expiration Date)

19. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

CHRISTOPHER SCORBIS CAPITAL PROJECTS MANAGER
(Print Name: Owner/Operator) (Title) (Signature of Owner/Operator) (Date) 8/20/2012

Handwritten signature and date 9/6/2012

**AIR QUALITY MANAGEMENT - ASBESTOS ASSESSMENT  
(INCLUDING THE ASBESTOS TESTING RESULTS FROM WISE CONSULTING)  
ISSUED TO ANCHOR CONCRETE ON  
AUGUST 2, 2012**

ACKNOWLEDGMENT OF ASBESTOS ASSESSMENT  
Washoe County Air Quality Management Division

Permit Number: ASB12-0761

Property Owner: CITY OF SPARKS

Phone: 353-7823

Property Being Evaluated: DEER PARK BATHROOM DEMO

Address: 1700 PRATER WAY SPKS

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

FILING FEE: \$56.00 ✓

\*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:  
ANCHOR CONCRETE  
DAN PRICE  
1750 MARIETTA WAY  
SPARKS NV 89431

Consultant or Assessment Company:  
WISE CONSULTING & TRAINING  
DANA CARLTON  
500 RYLAND ST #250  
RENO NV 89502

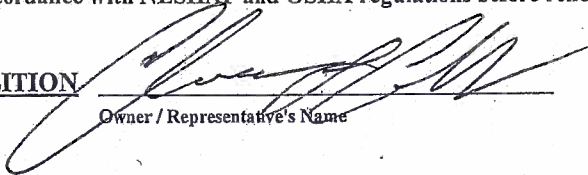
Abatement Contractor:

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 restroom facility at Deer Park. Sampling found no ACM present. 10-day notification pending inspection by AQMD. Use adequate water during demo to control dust. Dispose of waste properly.

Charlene Albee  
Health District Representative

8/20/12  
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.

2 0820'12 N048260 DPT ASB PLN REV \$56.00

C



April 27, 2012  
Wise Project No. 1204-100

City of Sparks Public Works  
431 Prater Way  
Sparks, NV 89431

PUBLIC WORKS  
DEPARTMENT  
MAY - 2 2012  
RECEIVED

**Re: LIMITED SCOPE ASBESTOS DEMOLITION SURVEY  
DEER PARK, RESTROOM  
1700 Prater Way Sparks, NV**

Ladies and Gentlemen:

On Friday, April 20, 2012, a consultant from Wise Consulting and Training, Inc. (WISE) conducted an asbestos demolition survey at the above referenced site. **The scope of work involves the demolition of the building referenced above.**

The purpose of the survey was to determine if Asbestos Containing Material (ACM) exists in the building materials that will be disturbed by the referenced demolition project. With this knowledge, the Owner or the Owner's agent can determine what abatement action is necessary for appropriate health and safety precautions and to comply with all applicable federal, state and local regulatory requirements prior to and during the proposed building demolition.

The survey work included conducting a visual inspection of the proposed work areas to determine the types of building materials present, then developing and implementing a sampling plan of all accessible suspect asbestos containing materials in the intended demolition project. Two (1) samples were collected, resulting in two (1) analyses for asbestos content by EPA Method 600/R-93/116. When more than one (1) material is present in a sample, and each material must be analyzed separately per EPA mandated laboratory protocols, sample splits will be necessary.

1008-12-625

1068-12-625



# SURVEY DATA SHEET

## Analysis/Turnaround: 3-Day

Inspector: Dana J. Carlton Cell: 745-6658 Project Name: Deer Park Date: 4-20-12  
 E-mail: dana@wisecandc.com Project Location: Restroom and Locker Room Client Contact:  
 Project #: 1204-100 Wise Consulting & Training, Inc. (775) 827-2717 Page: 1 of 1

Sample #	Material Description	Sample Location	H. Mat. #	Friability	Comments	Asbestos Content
RR-R-01	Roof Vapor Barrier	Restroom Roof	1	NF		
LR-W-02	Cove Base Plastic	Locker Rm Counter	2	NF		
RR-W-03	Wall Siding	Restroom Est.	3	NF		



<b>Friability</b> F = Friable PF = Potentially Friable NF = Not Friable	<b>Relinquished By:</b> Name/Company: WISE - Dana J. Carlton Signature: Dana J. Carlton	<b>Date/Time</b> 4/20/12
	<b>Received By:</b> Name/Company: L Roberts / SLCI Signature: L Roberts	<b>Date/Time</b> 4/23/12 9:00

500 Ryland Street, Ste. 250 Reno, NV 89502 WWW.WISECANDT.COM

FX

7570

2

**Asbestos Sampling Location Sketch**  
**Deer Park Restrooms**  
**1700 Prater Way Sparks NV**

**RR-R-01**



**RR-W-03**

## FINDINGS

The result of the demolition survey is that the sample analytical results indicate there is no ACM present in the building materials related to this project. The materials determined not to be ACM because they *did not contain regulated quantities of asbestos* include:

- Exterior Siding – Typical throughout survey area.
- Vapor Barrier (Under Metal Roof) – Typical throughout survey area.

## CONCLUSION AND RECOMMENDATIONS

Since no ACM was detected in the materials that are intended for demolition, further asbestos regulatory requirements do not apply, except the requirement to submit the survey to the Washoe County District Health Department (WCDHD), Air Quality Management Division, 1001 E. 9<sup>th</sup> Street, Building A, #115, Reno, Nevada, 89502 to receive an *Acknowledgment of Asbestos Assessment*. By doing this you have verifiable documentation that this survey was performed, and may receive directions from WCDHD on how to comply with local and Federal EPA regulations.

We recommend this survey report be retained with project files and property records.

## CLOSURE

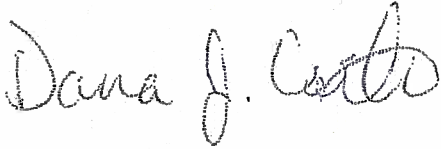
This report consists of this written report, and the laboratory analytical report. If any portions are missing, the report should be considered incomplete.

It was not the intent of this study to find buried materials, conduct excessive destructive sampling, or to sample those materials that are not commonly considered asbestos containing for the purposes of building renovation or demolition. The purpose of this survey was to find and sample accessible suspect materials including multi-layered materials to determine asbestos content. *If additional suspect Asbestos Containing Materials are encountered during renovation or demolition, that were previously undetected, the consultant requests to be notified so that sampling or other appropriate responses can be determined.*

The condition of ACM may change over time. In addition, asbestos content will vary from location to location within materials due to manufacturing and application processes. This report represents information relating to the specific sample locations and material conditions at the time the survey was conducted. No other claims, warranties or guarantees are either expressed or implied.

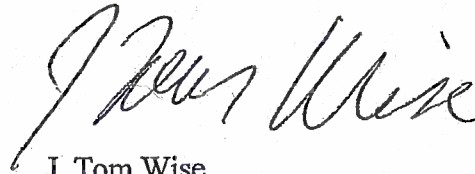
We have issued this report for the use of the above listed Client only.

*Prepared By:*



Dana J. Carlton  
Environmental Consultant  
NV Asbestos Consultant #IJPM 883

*Reviewed and Approved By:*



J. Tom Wise  
President, Technical Director  
NV Asbestos Consultant #IJPM 043  
NV Environmental Manager #EM-1618

Enc.: Asbestos Sample Location Sketch  
Laboratory Analytical Report No. 118938 of 03/16/12 for sample # RR-W-01 and  
RR-W-03  
Survey Data Sheet of 03/16/12



# SCHNEIDER LABORATORIES GLOBAL

INCORPORATED

2512 W. Cary Street • Richmond, Virginia • 23220-5117  
804-353-6778 • 800-785-LABS (5227) • (FAX) 804-359-1475

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AIHA/ELLAP 100527, ISO/IEC 17025, NVLAP 101150-0, VELAP 460135, NYELAP/NELAC 11413

## LABORATORY ANALYSIS REPORT

Asbestos Identification by EPA Method<sup>1</sup> 600/R-93/116

Using SLI A6

**ACCOUNT #:** 4068-12-625  
**CLIENT:** Wise Consulting and Training Inc.  
**ADDRESS:** 500 Ryland St. Suite 250  
Reno, NV 89502

**DATE COLLECTED:** 4/20/2012  
**DATE RECEIVED:** 4/23/2012  
**DATE ANALYZED:** 4/26/2012  
**DATE REPORTED:** 4/26/2012

**PROJECT NAME:** Deer Park  
**JOB LOCATION:** Restrm & Locker Rms  
**PROJECT NO.:** 1204-100  
**PO NO.:**

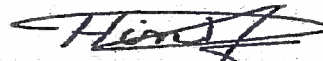
**SampleType:** BULK

Client Sample No.	SLI Sample/ Layer ID	Sample Identification/ Layer Name	PLM Analysis Results	
			Asbestos Fibers	Other Materials
RR-R-01	31437316	Restroom Roof		
Layer 1:	Vapor Barrier Black, Fibrous		None Detected	65% CELLULOSE FIBER 35% NON FIBROUS MATERIAL
LR-W-02	31437317	Locker Rm Counter		
Layer 1:	Cove Base Mastic Yellow, Soft		None Detected	3% CELLULOSE FIBER 97% NON FIBROUS MATERIAL
RR-W-03	31437318	Restroom Ext.		
Layer 1:	Siding Gray, Fibrous		None Detected	45% CELLULOSE FIBER 55% NON FIBROUS MATERIAL



Analyst:

HALA A. OSMAN



Reviewed By:

Hind Eldanaf, Microscopy Supervisor

Total Number of Pages in Report: 1

Results relate only to samples as received by the laboratory.

Visit [www.slabinc.com](http://www.slabinc.com) for current certifications.

*Samples analyzed by the EPA Test Method are subject to the limitations of light microscopy including matrix interference. Gravimetric reduction and correlative analyses are recommended for all non-frangible, organically bound materials. This method has a reporting limit of 1% or greater. Visual estimation contains an inherent range of uncertainty. This report must not be reproduced except in full with the approval of the lab, and must not be used to claim NVLAP or other gov't agency endorsement.*

**CODE OF FEDERAL REGULATIONS**

( 2 ) Provide the Administrator with a written notice of the new start date as soon as possible before, and no later than, the original start date. Delivery of the updated notice by the U.S. Postal Service, commercial delivery service, or hand delivery is acceptable.

(B) When the asbestos stripping or removal operation or demolition operation covered by this paragraph will begin on a date earlier than the original start date,

( 1 ) Provide the Administrator with a written notice of the new start date at least 10 working days before asbestos stripping or removal work begins.

( 2 ) For demolitions covered by paragraph (a)(2) of this section, provide the Administrator written notice of a new start date at least 10 working days before commencement of demolition. Delivery of updated notice by U.S. Postal Service, commercial delivery service, or hand delivery is acceptable.

(C) In no event shall an operation covered by this paragraph begin on a date other than the date contained in the written notice of the new start date.

*Facility* means any institutional, commercial, public, industrial, or residential structure, installation, or building (including any structure, installation, or building containing condominiums or individual dwelling units operated as a residential cooperative, but excluding residential buildings having four or fewer dwelling units); any ship; and any active or inactive waste disposal site. For purposes of this definition, any building, structure, or installation that contains a loft used as a dwelling is not considered a residential structure, installation, or building. Any structure, installation or building that was previously subject to this subpart is not excluded, regardless of its current use or function.

CHRONOLOGY OF COMPLIANCE ACTIONS

Amber Concrete

Notice of Violation - WARNINGS

<u>Date</u>	<u>Action</u>	<u>Reason</u>
<u>1-19-07</u>	<u>Warning NOV</u>	<u>030.105</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Notice of Violation - CITATIONS

<u>Date</u>	<u>Action</u>	<u>Reason</u>
_____	_____	_____

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOV - Complaint Database

Home Create External Data Database Tools

View Paste Font Rich Text Refresh All New Save Delete Records Totals Spelling More Filter Selection Advanced Toggle Filter Sort & Filter Size to Fit Form Windows Switch Windows Find Find

### NOV TRACKING DATA ENTRY

NOV NUMBER:  Warning or Citation (W/C):  DATE:

GENERAL

ISSUED TO:

LOCATION OF VIOLATION:

Date Notified/Discovered:  Date Violation Started:

Initials of Employee who Issued:  Date Violation Ended:

Violation of Regulations Section(s):  and  and

Control number:

Violation Description/Verification:

High Priority Violator:  If a High Priority Violation date Reported to EPA:

If known or applicable complete the following:

Dust Permit #:  EPA Identification # (AIRS#):

Stationary Source Permit #:  EPA Class Designation:

Record:  Unfiltered Search

Form View Num Lock

Start | Inbox - Mic... | Document1... | Microsoft E... | APPELLANT... | P:\Complaints | Complaint... | 9:14 AM

COMPLIN - Complaint Database

Home Create External Data Database Tools

View Paste Font Rich Text Refresh All New Save Delete More Totals Spelling More Filter Selection Advanced Toggle Filter Sort & Filter Size to Fit Form Switch Windows Find

### COMPLAINT TRACKING

Control number: 118JAN07013A

Date: 01/18/2007 Time: 1:00 Taken by: CR Assigned to: NB

Complaint Category: Asbestos Area code: 2

Complaint: DEMOLITION OF AN OUTBUILDING WITHOUT A "RESHAP" FORM

Location: KLEPPE LANE, 1420

Responsible Party: ANCHOR CONCRETE

Address: [REDACTED]

Complainant: AQMD STAFF - CHRIS RALPH

Address: [REDACTED]

Phone number: [REDACTED]

Investigator initials: NB Date Inspected: 01/18/2007 Time investigated: 1:00

Regulation #: 030.107A and 030.107B and 030.105

If NOV issued NOV #: 4321 WARNING Permit #: [REDACTED]

Date closed: 01/18/2007 Reviewed by: NB Review date: 01/18/2007

Comments: [REDACTED]

Record: 1981 of 8120 Unfiltered Search

Form View Caps Lock Num Lock

Start | Inbox - Mic... | Document1... | Microsoft E... | APPELLANT... | P:\Complaints | Complaint... | 9:16 AM



# Washoe County Health District



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

## STAFF REPORT BOARD MEETING DATE: 10/25/12

**DATE:** October 8, 2012

**TO:** District Board of Health

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

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

**SUBJECT:** Approval of amendments totaling an increase of \$3,000 in revenue and expense to the National Association of County and City Health Officials (NACCHO) Grant Program (internal order # TBA) FY 13 Budget.

### SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget. The District Health Officer accepted an award in the total amount of \$3,000 from the National Association of County and City Health Officials. A copy of the Award is attached.

**District Board of Health strategic priority:** Be assured that mandates are met and needed services are delivered.

BCC Strategic Objective supported by this item: Achieving long term financial sustainability (County budget, resources, etc.)

### PREVIOUS ACTION

There has been no action taken this fiscal year.

### BACKGROUND

NACCHO is currently undertaking a multi-year project to strengthen Local Health Departments (LHDs) maternal, child and adolescent health (MCAH) services and programs. The goal of this capacity-building demonstration project is to increase the capacity of LHDs to carry out the 10 MCH Essential Services, thereby enhancing their ability to meet the needs of the women, children, adolescents, and families in their community.

**AGENDA ITEM # 8.C.1.**



District Board of Health meeting of October 25, 2012

Page 2

The Washoe County Health District applied for and received \$3,000 in funding to support this project. The term of the Agreement is from August 15, 2012 through January 13, 2013.

Washoe County Health District will focus efforts on the following MCH Essential Services: "4. Mobilize and engage the community to identify and solve MCAH problems" and "7. Improve access to MCAH services." Staff expects to benefit from the leadership training and Mobilizing for Action through Planning and Partnerships (MAPP) sessions to create a sustainable action plan for infrastructure and capacity improvements related to population health in child care environments.

A Public Health Nurse II (PC#70005200) currently authorized at .60FTE will increase their hours to approximately a .63FTE (an additional 65 hours) utilizing this funding.

#### **FISCAL IMPACT**

This award was not anticipated in the FY13 budget. A budget amendment in the total amount of \$3,000 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 FY13 budget will be **increased by \$3,000** by adjustments to the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
<b>2002-IO-TBA-431100</b>	<b>Federal Grants</b>	<b>\$3,000</b>
2002-IO-TBA-701120	Part-Time	2,396
2002-IO-TBA-705210	Retirement	569
2002-IO-TBA-705230	Medicare	35
	<b>Total Expenditures</b>	<b>\$3,000</b>

#### **RECOMMENDATION**

Staff recommends that the Washoe County District Board of Health approve the amendments totaling an increase of \$3,000 in revenue and expense to the National Association of County and City Health Officials (NACCHO) Grant Program (internal order # TBA) FY 13 Budget.

#### **POSSIBLE MOTION**

Move to approve the amendments totaling an increase of \$3,000 in revenue and expense to the National Association of County and City Health Officials (NACCHO) Grant Program (internal order # TBA) FY 13 Budget.

**CONTRACTOR AGREEMENT**

This Contractor Agreement is entered into, effective as of the date of the later signature indicated below, by and between the **National Association of County and City Health Officials** (hereinafter referred to as "NACCHO"), with its principal place of business at 1100 17<sup>th</sup> Street, N.W., 7<sup>th</sup> Floor, Washington, DC 20036, and **Washoe County Health District** (hereinafter referred to as "Contractor"), with its principal place of business at P.O. Box 11130, Reno NV 89520-0027.

WHEREAS, NACCHO wishes to hire Contractor to provide certain goods and/or services to NACCHO;

WHEREAS, Contractor wishes to provide such goods and/or services to NACCHO.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties, intending to be legally bound, do hereby agree as follows:

ARTICLE I: SPECIAL PROVISIONS

1. PURPOSE OF AGREEMENT: Contractor agrees to provide the goods and/or services to NACCHO to enhance the programmatic activities of CDC (GRANT TITLE # 5UC4MC21531-02-00), (CFDA # 93.110) as described in Attachment I. The terms of Attachment I shall be incorporated into this Agreement as if fully set forth herein. Contractor shall act at all times in a professional manner consistent with the standards of the industry.
2. TERM OF AGREEMENT: The term of the Agreement shall begin on August 15, 2012 and shall continue in effect until January 31, 2013, unless earlier terminated in accordance with the terms herein. Expiration of the term or termination of this Agreement shall not extinguish any rights or obligations of the parties that have accrued prior thereto. The term of this Agreement may be extended by mutual agreement of the parties.
3. PAYMENT FOR SERVICES: In consideration for professional services to be performed, NACCHO agrees to pay Contractor \$3,000. All payments will be made in arrears, within 30 days of receipt of invoice(s) from Contractor and following approval by NACCHO for approved services, as outlined on Attachment I. One invoice must be submitted as specified in the scope of work. The NACCHO contract number must be included on the invoice and it must be received by NACCHO no later than 20 days after the end of the Agreement.

ARTICLE II: GENERAL PROVISIONS

1. INDEPENDENT CONTRACTOR: Contractor shall act as an independent contractor, and Contractor shall not be entitled to any benefits to which NACCHO employees may be entitled.

2. PAYMENT OF TAXES AND OTHER LEVIES: Contractor shall be exclusively responsible for reporting and payment of all income tax payments, unemployment insurance, worker's compensation insurance, social security obligations, and similar taxes and levies.
3. LIABILITY: All liability to third parties, loss, or damage as a result of claims, demands, costs, or judgments arising out of activities, such as direct service delivery, to be carried out by the Contractor in the performance of this agreement shall be the responsibility of the Contractor, and not the responsibility of NACCHO, if the liability, loss, or damage is caused by, or arises out of, the actions of failure to act on the part of the Contractor, any subcontractor, anyone directly or indirectly employed by the Contractor.  
All liability to third parties, loss, or damage as result of claims, demands, costs, or judgments arising out of activities, such as the provision of policy and procedural direction, to be carried out by NACCHO in the performance of this agreement shall be the responsibility of NACCHO, and not the responsibility of the Contractor, if the liability, loss, or damage is caused by, or arises out of, the action or failure to act on the part of any NACCHO employee.  
In the event that liability to third parties, loss, or damage arises as a result of activities conducted jointly by the Contractor and NACCHO in fulfillment of their responsibilities under this agreement, such liability, loss, or damage shall be borne by the Contractor and NACCHO in relation to each party's responsibilities under these joint activities.
4. REVISIONS AND AMENDMENTS: Any revisions or amendments to this Agreement must be made in writing and signed by both parties.
5. ASSIGNMENT: Without prior written consent of NACCHO, Contractor may not assign this Agreement nor delegate any duties herein.
6. INTERFERING CONDITIONS: Contractor shall promptly and fully notify NACCHO of any condition that interferes with, or threatens to interfere with, the successful carrying out of Contractor's duties and responsibilities under this Agreement, or the accomplishment of the purposes thereof. Such notice shall not relieve Contractor of said duties and responsibilities under this Agreement.
7. OWNERSHIP OF MATERIALS: Contractor hereby transfers and assigns to NACCHO all right, title and interest (including copyright rights) in and to all materials created or developed by Contractor pursuant to this Agreement, including, without limitation, reports, summaries, articles, pictures and art (collectively, the "Materials") (subject to any licensed third-party rights retained therein). Contractor shall inform NACCHO in writing of any third-party rights retained within the Materials and the terms of all license agreements to use any materials owned by others. Contractor understands and agrees that Contractor shall retain no rights to the Materials and shall assist NACCHO, upon reasonable request, with respect to the protection and/or registrability of the Materials. Contractor represents and warrants that, unless otherwise stated to NACCHO in writing, the Materials shall be original works and shall not infringe or violate the rights of any third party or violate any law. The obligations of this paragraph are subject to any

applicable requirements of the U.S. Department of Health and Human Services.

8. RESOLUTION OF DISPUTES: The parties shall use their best, good faith efforts to cooperatively resolve disputes and problems that arise in connection with this Agreement. Both parties will make a good faith effort to continue without delay to carry out their respective responsibilities under the Agreement while attempting to resolve the dispute under this section. If a dispute arises between the parties that cannot be resolved by direct negotiation, the dispute shall be submitted to a dispute board for a nonbinding determination. Members of the dispute board shall be the Director or Chief Executive Officer of the consultant, the Executive Director of NACCHO, and the Senior Staff of NACCHO responsible for this Agreement. The costs of the dispute board shall be paid by the consultant and NACCHO in relation to the actual costs incurred by each of the parties. The dispute board shall timely review the facts, Agreement terms and applicable law and rules, and make its determination. If such efforts fail to resolve the differences, the disputes will be submitted to arbitration in the District of Columbia before a single arbitrator in accordance with the then-current rules of the American Arbitration Association. The arbitration award shall be final and binding upon the parties and judgment may be entered in any court of competent jurisdiction.
9. TERMINATION: Either party may terminate this Agreement upon at least fifteen (15) days prior written notice to the other party. NACCHO will pay Contractor for services rendered through the date of termination.
10. ENTIRE AGREEMENT: This Agreement contains all agreements, representations, and understandings of the parties regarding the subject matter hereof and supersedes and replaces any and all previous understandings, commitments, or agreements, whether oral or written, regarding such subject matter.
11. PARTIAL INVALIDITY: If any part, term, or provision of this Agreement shall be held void, illegal, unenforceable, or in conflict with any law, such part, term or provision shall be restated in accordance with applicable law to best reflect the intentions of the parties and the remaining portions or provisions shall remain in full force and effect and shall not be affected.
12. ADDITIONAL FUNDING: Unless prior written authorization is received from NACCHO, no additional funds will be allocated to this project for work performed beyond the scope specified or time frame cited in this Agreement.
13. REMEDIES FOR MISTAKES: If work that is prepared by the Contractor contains errors or misinformation, the Contractor will correct error(s) within five business days. The Contractor will not charge NACCHO for the time it takes to rectify the situation.
14. COMPLIANCE WITH FEDERAL LAWS AND REGULATIONS: Contractor's use of funds under this Agreement is subject to the directives of and full compliance with 45 C.F.R. Part 74 (Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Non-Profit Organizations, and Commercial Organizations) and

OMB Circular A-110 (Uniform Administrative Requirements for Grants and Agreements With Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations). It is the Contractor's responsibility to understand and comply with all requirements set forth therein.

15. EQUAL EMPLOYMENT OPPORTUNITY: Pursuant to OMB Circular A-110, Contractor will comply with E.O. 11246, "Equal Employment Opportunity," as amended by E.O. 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," and as supplemented by regulations at 41 C.F.R. part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor."
16. DEBARRED OR SUSPENDED CONTRACTORS: Pursuant to OMB Circular A-110, Contractor will execute no subcontract with parties listed on the General Services Administration's List of Parties Excluded from Federal Procurement or Nonprocurement Programs in accordance with E.O.s 12549 and 12689, "Debarment and Suspension."
17. NOTICE: All notices, including invoices, required to be delivered to the other party pursuant to this Agreement shall be in writing and shall be sent via facsimile, with a copy sent via US mail, postage prepaid, to the parties at the addresses set forth below. Either party may send a notice to the other party, pursuant to this provision, to change the address to which notices shall be sent.

FOR NACCHO:

Contract Specialist

National Association of County and City Health Officials

1100 17<sup>th</sup> Street, N.W., 7<sup>th</sup> Floor

Washington, D.C. 20036

Tel. (202) 507-4272

Fax (202) 783-1583

Email: [mtsanga@naccho.org](mailto:mtsanga@naccho.org)

FOR CONTRACTOR:

Joseph P. Iser, MD, Dr PH, MSc

Director Health Officer

Washoe County Health District

PO Box 11130

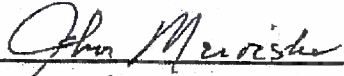
Reno, NV 89520


Tel: (775) 328-2410

Fax: (775) 328-2279

Email: [jjiser@washoescounty.us](mailto:jjiser@washoescounty.us)

18. AUTHORITY TO BIND: Each party hereby represents and warrants that the person signing below has the authority to bind such party to this Agreement.

**NACCHO:**  
By:   
Name: JOHN MERICKO  
Pauline Roberts  
Title: Director of Grants and Contracts  
CFO  
Date: 9/29/12

**CONTRACTOR:**  
By:   
Name: Joseph P. Iser, MD, DrPH, MSc  
Title: District Health Officer  
Date: 8/28/12

Federal Tax ID No: 88-6000138

**NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS**

**CONTRACTOR AGREEMENT -- ATTACHMENT I**

**SCOPE OF WORK**

**Capacity-Building Demonstration Project for Local Maternal, Child, and Adolescent Health**

**Washoe County Health District**

NACCHO is currently undertaking a multi-year project to strengthen local health department (LHD) maternal, child, and adolescent health (MCAH) services and programs. The goal of this demonstration project is to increase the capacity of LHDs to carry out the 10 MCH Essential Services, thereby enhancing their ability meet the needs of the women, children, adolescents, and families in their community.

As a participant in this project, the Washoe County Health District agrees to:

1. Send one MCAH staff person to the UIC MCH Leadership Retreat in Oak Brook, IL on July 22-24, 2012;
2. Send one LHD staff person who plays a role in advancing positive MCAH outcomes to the Mobilizing for Action through Planning and Partnerships (MAPP) Training on August 7-8, 2012;
3. Complete a capacity-building pre-test prior to the strategic planning or action planning session;
4. Convene LHD and MCAH leadership and other relevant staff for a 1-1.5 day strategic planning or action planning session in fall 2012;
5. Provide meeting space at the LHD or in the community for the 1-1.5 day strategic planning or action planning session in fall 2012;
6. Submit a final version of the MCAH strategic plan and/or action plan;
7. Participate in regularly scheduled technical assistance/check-in calls with NACCHO staff (frequency will be determined after the start of the project and based upon the needs of the LHD); and
8. Participate in the evaluation of project activities, as requested by NACCHO.

Upon meeting the aforementioned terms, the Washoe County Health District shall submit an invoice to NACCHO for compensation equal to \$3,000.

In addition to the provision of monetary compensation, NACCHO agrees to:

1. Pay for registration and all travel expenses associated with the attendance of one staff person at the UIC MCH Leadership Retreat in Oak Brook, IL on July 22-24, 2012;
2. Pay for registration and all travel expenses associated with the attendance of one staff person at the MAPP Training on August 7-8, 2012;

3. Facilitate a strategic planning and/or action planning session on location at the LHD in fall 2012; and
4. Provide ongoing technical assistance for the implementation of the strategic plan and/or action plan.





# Washoe County Health District



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

## STAFF REPORT

**BOARD MEETING DATE: October 25, 2012**

**DATE:** October 11, 2012

**TO:** District Board of Health

**FROM:** Lori Cooke, Fiscal Compliance Officer, Washoe County Health District  
775-325-8068, [lcooke@washoecounty.us](mailto:lcooke@washoecounty.us) *AC*

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

**SUBJECT:** Approval of Subgrant Amendment #2 from the Nevada Department of Health and Human Services, Health Division for the period January 1, 2012 through December 31, 2012 to increase funding in the amount of \$1,829, bringing total CY 2012 funding for the Immunization Program Grant (IOs 10028 & 10029), to \$292,556.

### 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 Health District received Amendment #2 to the Subgrant Award from the Nevada Department of Health and Human Services, Health Division (NSHD), which provides for grant funding for the on-going Immunization Program, IO's 10028 & 10029. A copy of the 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

The Washoe County District Board of Health approved Amendment #1, increasing funding by \$193,208 for total CY 2012 funding of \$290,727 on June 28, 2012.

**AGENDA ITEM # 8.C.2.**

**BACKGROUND**

The NSHD has received "Round 3" of funding from the Centers for Disease Control and Prevention (CDC). As such, the Amendment reflects the subgrant period of January 1, 2012 through December 31, 2012, with additional funding of \$1,829.

**FISCAL IMPACT**

Should the Board approve the Subgrant Amendment #2, no budget amendments are necessary as sufficient budget authority is available through 6/30/13.

**RECOMMENDATION**

Staff recommends that the District Board of Health approve Subgrant Amendment #2 from the Nevada Department of Health and Human Services, Health Division for the period January 1, 2012 through December 31, 2012 to increase funding in the amount of \$1,829, bringing total CY 2012 funding for the Immunization Program Grant (IOs 10028 & 10029), to \$292,556.

**POSSIBLE MOTION**

Move to approve Subgrant Amendment #2 from the Nevada Department of Health and Human Services, Health Division for the period January 1, 2012 through December 31, 2012 to increase funding in the amount of \$1,829, bringing total CY 2012 funding for the Immunization Program Grant (IOs 10028 & 10029), to \$292,556.

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

HD Amendment #: 12178-2  
 HD Contract #: 12178  
 Budget Account #: 3213  
 Category #: 20  
 GL #: 8516

**SUBGRANT AMENDMENT #2**

<p><b>Program Name:</b>          Immunization Program          Bureau of Child, Family &amp; Community Wellness          Nevada State Health Division</p> <p><b>Address:</b>          4150 Technology Way, Suite #210          Carson City, NV 89706-2009</p> <p><b>Original Subgrant Period:</b>          1/1/2012 – 12/31/2012</p> <p><b>Amended Subgrant Period:</b>          1/1/2012 – 12/31/2012</p>	<p><b>Subgrantee Name:</b>          Washoe County Health District</p> <p><b>Address:</b>          PO Box 11130          Reno, NV 89520</p> <p><b>Subgrantee EIN#:</b>          886000138</p> <p><b>Subgrantee Vendor#:</b>          T40283400 Q</p>		
<p><b>Source of Funds:</b>          1. Centers for Disease Control &amp; Prevention</p>	<p><b>% of Funds:</b>          100%</p>	<p><b>CFDA#:</b>          93.268</p>	<p><b>Federal Grant #:</b>          5H23IP922549-10</p>

**Amendment #2:** The Nevada State Immunization Program received Round 3 funding from the CDC issued on 8/17/2012. It is necessary for the Nevada State Immunization Program to increase this subgrant award so that the subgrantee can accomplish the scope of work set out in the original subgrant. This amendment does not affect the subgrant scope of work. This amendment increases the approved subgrant budget by \$1,829 in VFC Ops. This subgrant has increased from \$290,727 to 292,556.

**Change to:**  
 Approved Budget Categories

CATEGORIES	FUNDING SOURCE			
	VFC Ops (01)	VFC/AFIX (04)	317 Ops (00)	Total
1. Personnel	\$22,857	\$171,976	\$81,808	\$276,641
2. Travel			\$1,320	\$1,320
3. Operating			\$14,595	\$14,595
4. Equipment				
5. Contractual/Consultant				
6. Training				
7. Other				
<b>Total</b>	\$22,857	\$171,976	\$97,723	\$292,556

Any categorical adjustments must be approved through the Immunization Program Manager. Written permission must be obtained and can be done via email. Please note that funding cannot be moved between funding sources (example – moving funds from VFC Ops to 317 Ops), but funds can be moved within a funding source (example – from Personnel to Travel).

**Disbursement of funds will be as follows:**

Payment will be made upon receipt and acceptance of Reimbursement Request and supporting documentation specifically requesting reimbursement for actual expenditures specific to this subgrant. Total reimbursement will not exceed \$292,556 during the subgrant period.

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
Matt Smith District Board of Health Chair		
Erin Seward, MPH Program Manager	<i>Erin Seward</i>	9/19/13
Deborah A. Harris, MA, CPM Bureau Chief	<i>[Signature]</i>	9/18/12
Richard Whitley, MS Administrator, Health Division		

*RHS  
Answer*



# Washoe County Health District



Public Health  
Prevent. Promote. Protect.

## STAFF REPORT BOARD MEETING DATE: October 25, 2012

**DATE:** October 11, 2012  
**TO:** District Board of Health  
**FROM:** Lori Cooke, Fiscal Compliance Officer, Washoe County Health District  
775-325-8068, [lcooke@washoecounty.us](mailto:lcooke@washoecounty.us)

**THROUGH:** Eileen Stickney, Administrative Health Services Officer

**SUBJECT:** Proposed Ratification of Interlocal Contract with the State of Nevada, Department of Motor Vehicles, for the DMV Excess Reserve Grant Program (IO TBD), for the period of approval through June 30, 2014 in the total amount of \$182,000; approval of budget amendments totaling an increase of \$182,000 in both revenue and expenses; 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 Health District, Air Quality Management Division, has received an Interlocal Contract from the State Of Nevada, Department of Motor Vehicles for the period of approval through June 30, 2014 in the amount of \$182,000 in support of the DMV Excess Reserve Program to fund various air quality improvement activities. Funding is being provided for: monitoring equipment & related support equipment (\$24,000); travel/training (\$10,000); public outreach activities (including, but not limited to smoking vehicle, idling education, educational & outreach supplies, etc.) (\$20,000), and other professional services/contractual to perform air pollution mitigation activities, air quality planning, etc. (\$128,000). A copy of the Interlocal Contract is attached and is pending Washoe County Risk Manager and District Attorney approvals. Should changes be required, this item will be brought back to the board.

**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

**AGENDA ITEM # 8.C.3.**

**PREVIOUS ACTION**

The Washoe County District Board of Health approved the FY12 DMV Excess Reserve Grant Program Interlocal Contract and associated budget amendments, IO 11001, from the State of Nevada, Department of Motor Vehicles, in the amount of \$230,000 on September 22, 2011.

**BACKGROUND**

The Health District received from the State of Nevada, Department of Motor Vehicles, an Interlocal Contract for the period of approval through June 30, 2014, in the amount of \$182,000 for the DMV Excess Reserve Program.

**FISCAL IMPACT**

The FY13 DMV Excess Reserve Program Budget (IO TBD) was adopted with \$-0- in grant funding. Should the Board approve these budget amendments, the total adopted FY13 budget will be **increased by \$182,000** by adjustments to the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
<b>2002-IN-TBD-432100</b>	<b>State Grants</b>	<b>\$182,000.00</b>
2002-IN-TBD-701130	Pooled Positions	8,000.00
-710100	Professional Services	140,000.00
-711210	Travel	10,000.00
-711504	Non-Capital Equipment	4,000.00
-781004	Equipment Capital	20,000.00
	<b>Total Expenditures</b>	<b>\$182,000.00</b>

**RECOMMENDATION**

Staff recommends that the Washoe County District Board of Health ratify the Interlocal Contract with the State of Nevada, Department of Motor Vehicles, for the DMV Excess Reserve Grant Program (IO TBD), for the period of approval through June 30, 2014 in the total amount of \$182,000; approval of budget amendments totaling an increase of \$182,000 in both revenue and expenses; and authorize the Chairman of the Board to sign.

**POSSIBLE MOTION**

Move to ratify the Interlocal Contract with the State of Nevada, Department of Motor Vehicles, for the DMV Excess Reserve Grant Program (IO TBD), for the period of approval through June 30, 2014 in the total amount of \$182,000; approval of budget amendments totaling an increase of \$182,000 in both revenue and expenses; and authorize the Chairman of the Board to sign.

## INTRASTATE INTERLOCAL CONTRACT BETWEEN PUBLIC AGENCIES

A Contract Between the State of Nevada  
Acting By and Through Its  
Department of Motor Vehicles  
555 Wright Way  
Carson City, NV 89711  
(775) 684-4563 / (775)684-4563 fax  
and  
Washoe County Health District  
Air Quality Management Division  
P.O. Box 11130  
Reno, NV 89520-0027  
(775) 784-7200 / (775) 784-7225 fax

WHEREAS, NRS 277.180 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 hereinafter set forth are both necessary 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 upon approval to June 30, 2014, unless sooner terminated by either party as set forth in this Contract.
4. **TERMINATION.** This Contract may be terminated by either party prior to the date set forth in paragraph (3), 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 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, return receipt requested, 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 A: SCOPE OF WORK  
ATTACHMENT B: RESERVE FUNDING REQUEST FISCAL YEAR 2013

7. CONSIDERATION. The Washoe County Health District Air Quality Management Division agrees to perform the work set forth in paragraph (6) at a cost not to exceed one hundred eighty-two thousand dollars and no/100 (\$182,000.00) for fiscal years 2013 and 2014.

8. 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.

9. INSPECTION & AUDIT.

a. Books and Records. Each party agrees to keep and maintain under general accepted accounting principles full, true and complete records, agreements, books, and documents as are necessary to fully disclose to the other party, the State or United States Government, or their authorized representatives, upon audits or reviews, sufficient information to determine compliance with any applicable regulations and statutes.

b. Inspection & Audit. Each party agrees that the relevant books, records (written, electronic, computer related or otherwise), including but not limited to relevant accounting procedures and practices of the party, financial statements and supporting documentation, and documentation related to the work product shall be subject, at any reasonable time, to inspection, examination, review, audit, and copying at any office or location where such records may be found, with or without notice by the other party, the State Auditor, Employment Security, the Department of Administration, Budget Division, the Nevada State Attorney General's Office or its Fraud Control Units, the State Legislative Auditor, and with regard to any federal funding, the relevant federal agency, the Comptroller General, the General Accounting Office, the Office of the Inspector General, or any of their authorized representatives.

c. Period of Retention. All books, records, reports, and statements relevant to this Contract must be retained by each party for a minimum of three years and for five years if any federal funds are used in this Contract. The retention period runs from the date of termination of this Contract. Retention time shall be extended when an audit is scheduled or in progress for a period reasonably necessary to complete an audit and/or to complete any administrative and judicial litigation which may ensue.

10. 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 a prevailing party reasonable attorneys' fees and costs.

11. 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 and NRS 354.626.

12. 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.

13. INDEMNIFICATION. Neither party waives any right or defense to indemnification that may exist in law or equity.



14. 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 this 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.

15. 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.

16. 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 nonenforceability of such provision shall not be held to render any other provision or provisions of this Contract unenforceable.

17. 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.

18. OWNERSHIP OF PROPRIETARY INFORMATION. Unless otherwise provided by law or this Contract, 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.

19. 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 a common law balancing of interests.

20. 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 or otherwise required by this Contract.

21. 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).

22. 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.

23. 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 State of Nevada Office of the Attorney General.



ATTACHMENT "A"

SCOPE OF WORK

FISCAL YEARS 2013 & 2014 RESERVE GRANT

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT  
AIR QUALITY MANAGEMENT DIVISION

"ATTACHMENT A"

SCOPE OF WORK

The STATE OF NEVADA by and through the Department of Motor Vehicles, Compliance Enforcement Division, hereinafter referred to as "STATE" and the "WASHOE COUNTY DISTRICT HEALTH DEPARTMENT, AIR QUALITY MANAGEMENT DIVISION" hereinafter referred to as "APPLICANT", hereby defines the Scope of Work as follows:

PREAMBLE

WHEREAS, Nevada Revised Statutes 445B.830 authorizes the STATE to award grants to local governmental agencies in a non-attainment or maintenance areas for air pollutant for which air quality criteria have been issued pursuant to 42 U.S.C. § 7408, for programs related to the improvement of the quality of air; and

WHEREAS, the Advisory Committee on Control of Emissions from Motor Vehicles has reviewed and made a recommendation for approval of the APPLICANT'S grant request; and

WHEREAS, the Deputy Director, Motor Vehicles, Department of Motor Vehicles, and the Administrator of the Division of Environmental Protection, Nevada Department of Conservation and Natural Resources have approved the APPLICANT'S reserve funding grant request; and

NOW, THEREFORE, in consideration of the aforesaid premises, the parties set forth the following:

1. The activities to be performed by APPLICANT are as specified in Section 6 of the contract.
2. The APPLICANT will complete the activities set forth in Attachment B to the contract for an amount not to exceed \$182,000. The STATE will grant the APPLICANT the above amount upon ratification of the contract. Further, the APPLICANT shall submit reports for each fiscal year quarter in the format specified by the STATE to the Deputy Director of Motor Vehicles of the Department of Motor Vehicles within 45 days after the end of such quarter. If the reports are not submitted as required, the agreement shall be terminated and the APPLICANT must refund the unused or non-obligated balance of the grant within 10 days. The reports shall be submitted in the following format:

A. Progress Report

1. List of actual milestones or objectives completed during the reporting period;
2. Narrative summary of noteworthy accomplishments and problems during the reporting period;
3. Attachments, which may include:

- a. graphic or tabular displays;
- b. media reports concerning project;
- c. papers prepared for professional meetings or published articles.

B. Financial Reports

1. Itemized list of grant expenditures by budget category;
2. Original invoices or other acceptable documentation of expenditures;
3. If the funds set forth in paragraph 2 remain unexpended at the end of the Contract Term, the parties may extend the term of the Contract by amendment to the contract term or all unexpended funds shall be returned to the STATE.
4. The APPLICANT must comply with all provisions of Chapter 445B of the Nevada Administrative Code and Chapter 445B of the Nevada Revised Statutes regarding emissions from engines.
5. Any brochures, printed material, photographs, audio or visual productions prepared by the APPLICANT in the performance of its obligations under this agreement shall include the clean air logo as used by the State's emission control program, and the following credit line: "This material was produced by a grant funded by the Emission Control Program of the Nevada Department of Motor Vehicles." The APPLICANT shall supply one copy of all items to the STATE.
6. Written notices required under this agreement shall be sent to:

The Department of Motor Vehicles  
Mr. Troy Dillard, Deputy Director  
555 Wright Way  
Carson City Nevada 89711-0900

**ATTACHMENT "B"**

**RESERVE FUND GRANT REQUEST  
FISCAL YEARS 2013 & 2014**

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



# Washoe County Health District



**Public Health**  
Prevent Promote Protect

March 27, 2012

Mr. Troy Dillard  
Deputy Director  
State of Nevada, Department of Motor Vehicles  
555 Wright Way  
Carson City, NV 89711

Dear Mr. Dillard:

Attached is an application from the Washoe County District Health Department - Air Quality Management Division for Grant Funds from the Pollution Control Fund. - Excess Reserve for a total of \$182,000.00. This funding will provide needed support for a variety of air quality projects as outlined in the application. The District is confident the application and projects meet all criteria as defined in NRS Chapter 445B.830. If you have any questions regarding this matter, please feel free to call Kevin Dick, Director of the Air Quality Management Division, at 775-784-7200.

Sincerely,

Joseph P. Iser, MD, DrPH, MSc  
District Health Officer

cc: Kevin Dick, WCDHD-AQMD  
Lori Cooke, WCDHD-AHS

1001 EAST NINTH STREET / P.O. BOX 11130, RENO, NEVADA 89520 (775) 328-2400 FAX (775) 328-2279

[www.washoecounty.us/health](http://www.washoecounty.us/health)  
WASHOE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER  
PRINTED ON RECYCLED PAPER

**GRANT SCOPE FOR POLLUTION CONTROL FUND  
EXCESS RESERVE FUNDS - FISCAL YEARS 2013 & 2014**

---

- (a)Submitted by: Washoe County Health District  
Air Quality Management Division  
1001 East Ninth Street  
Reno, Nevada 89512
- (b)Agency coordinator: Joseph P. Iser, District Health Officer  
Kevin Dick, Division Director, AQMD  
kdick@washoecounty.us  
(775) 784-7200
- (c)Requested from: Department of Motor Vehicles - Pollution Control Fund -  
"excess reserve" as defined by NRS Chapter 445B.830,  
subsection 6, paragraph (b).
- (d)Requested for: Fiscal years 2013 & 2014 (July 1, 2012 through June 30,  
2014)

**(e)Objectives of Work:**

- Purchase ambient air quality monitoring equipment.
- Provide resources for air quality travel/training.
- Implement air pollutant mitigation measures.
- Fund public information and outreach activities; such as air quality information, smoking vehicles, idling reduction, and air quality events.
- Conduct studies and develop plans to address air quality issues and air pollution emissions.

**(f-g)Description, Statement of Work, and Budget:**

**Task 1**

Air Monitoring Equipment and Supplies: Purchase ambient air quality monitoring instrumentation and related support equipment/software. The District is continually updating its ambient air quality monitoring network and is requesting funds to purchase replacement ambient monitoring instrumentation, or to proceed with installation of additional automated monitoring equipment such beta-attenuation particulate monitors. In addition, funds may be utilized as necessary to maintain station/shelter facilities or supplement the monitoring network. Expenditures for this task will also include small parts, supplies and needed accessories for the operation of the monitoring equipment as well as software supporting the monitoring instrumentation/data collection.



Task 2

**Air Quality Training and Travel:** The air quality management field is very technical and continually evolving. It is critical to our success that staff maintains its expertise in ambient monitoring and control strategies for pollutant emissions. The District is requesting assistance with training/travel funds for Air Quality Division staff.

Task 3

**Air Pollution Mitigation Efforts:** The Truckee Meadows air quality is impacted by liquid petroleum fuel VOC emissions and emissions from combustion engines, as well as emissions of particulates from solid fuel burning devices, and particulates from road dust and other fugitive dust sources. AQMD proposes to utilize the Pollution Control Account Grant Funds for mitigation efforts to reduce emission from internal combustion engines, and/or other particulate emission sources. These funds may be used for continued support of professional services to assist vehicle fleets in improving efficiency and reducing emissions of air pollutants, supporting development of electric vehicle charging infrastructure, replacing gasoline powered equipment with electric powered equipment, replacing woodstoves, or otherwise supporting particulate emissions mitigation efforts.

Task 4

**Public Information and Outreach:** The District is responsible for providing air quality public outreach services and products. We are requesting funds to continue these activities for fiscal years 2012-13. Examples of activities include: providing air quality index updates, as well as updating brochures, pamphlets, radio and television advertizing. This material is often used at events the Air Quality Division attends and/or sponsors for the promotion of clean air. Funding from this task will also support AQMD outreach efforts focused on specific organizations or events, such as schools, Bike to Work Week, etc.

Task 5

**Air Quality Planning:** The AQMD is responsible for compliance with State Implementation Plan (SIP) requirements, and development of SIPs following revisions of National Ambient Air Quality Standards, or due to changes in attainment status. Funding will be utilized to support professional services necessary to conduct surveys, studies, and/or prepare reports related to emissions/concentrations of criteria pollutants in Washoe County or development of effective control measures to limit emissions of these pollutants. This will support the AQMD's planning efforts to maintain compliance with federally enforceable SIPs, and/or to prepare SIPs in response to NAAQS revisions or changes in attainment status. In addition, funding to support a student intern position to assist in meeting SIP requirements is also requested.

**Budget Adjustments:** AQMD requests approval to reallocate any remaining funds within each of the grant budget items to expend remaining grant funds in a different budget items as long as the reallocation amount does not exceed ten percent of the total grant funding.

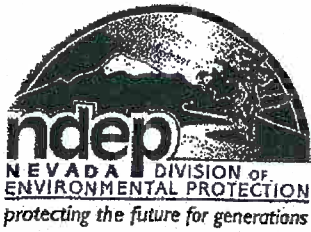
DMV Excessive Reserve - Pollution Control Fund FY13 &14

Budget by Project

1. Monitoring Equipment	Equip. >10,000	20,000
	Equip. <10,000, and Software	4,000
2. AQ Staff Training and Travel	Travel	10,000
3. Air Pollution Mitigation Efforts	Prof. Services/Op./Ed. Supplies, Other	70,000
4. Public Outreach	Prof Services, Op./Ed. Supplies/ Other	20,000
Special Events		
Smoking Vehicle		
Reduce Idling		
AQI Index		
Bike to Work Week		
Focused Outreach		
5. Air Quality Planning	Prof Services	50,000
	Student Services	8,000
<b>TOTAL</b>		<b>\$182,000</b>

Budget by Fund Category

1. Professional Services	\$140,000
2. Equipment >10,000	20,000
3. Equipment <10,000 and Software	4,000
4. Student Services	8,000
5. Travel	10,000
<b>TOTAL</b>	<b>\$182,000</b>



# STATE OF NEVADA

Department of Conservation & Natural Resources

DIVISION OF ENVIRONMENTAL PROTECTION

Brian Sandoval, Governor

Leo M. Drozdoff, P.E., Director

Colleen Cripps, Ph.D., Administrator

April 18, 2012

Mr. Troy Dillard, Deputy Director  
Nevada Department of Motor Vehicles  
555 Wright Way  
Carson City NV 89711-0900

Dear Mr. Dillard:

I have reviewed the funding requests made by the Washoe County District Health Department, Air Quality Management Division and the Clark County Department of Air Quality for excess reserve funds from the Air Pollution Control Account. The total amount of funding requested for FY2013 by Washoe County is \$182,000, and FY2013 funding requested by Clark County is \$727,000. The funding will be used for programs related to the improvement of the quality of the air. I concur with the recommendation of the Advisory Committee on the Control of Emissions from Motor Vehicles made on April 10, 2012 for approval of these requests. These approvals are made in accordance with NRS 445B.830.

Please notify myself, or Mr. Rob Bamford of my staff, when these grants will be heard before the Interim Finance Committee. If you have any questions, please contact Mr. Bamford at 687-9330.

Sincerely,

Colleen Cripps, Ph.D.  
Administrator

cc: Rob Bamford, NDEP



Brian Sandoval  
Governor



Bruce H Breslow  
Director

555 Wright Way  
Carson City, Nevada 89711-0900  
Telephone (775) 684-4368  
www.dmvnv.com

July 27, 2012

Troy Dillard, Deputy Director  
Department of Motor Vehicles  
555 Wright Way  
Carson City, NV 89711

Dear Mr. Dillard:

The Advisory Committee on the Control of Emission from Motor Vehicles met on April 10, 2012. At the meeting, the committee reviewed grant application for excess funds in the Pollution Control Account that were submitted by the Clark County Department of Air Quality and Environmental Management and the Washoe County District Health Department, Air Quality Management Division. The applications were submitted per NAC 445B.861 and in response to the Department of Motor Vehicles letter dated February 10, 2012, Re: Emissions Control Reserve Funding (copy attached).

The committee took action in accordance with NAC 445B.863 to review the applications, suggested minor changes, and all committee members present voted to recommend that the applications be approved with the recommended changes.

As the chair of the committee, and as prescribed in NAC 445B.865.1, I am hereby transmitting to you the committee's approval recommendation of the grant applications for your consideration and action per NAC 445B.865.3-5.

The grant request from the Clark County Department of Air Quality and Environmental Management is for the amount of \$727,000. The grant request from the Washoe County District Health Department, Air Quality Management Division is for the amount of \$182,000. Copies of the grant applications for both Clark and Washoe Counties accompany this letter.

Please feel free to contact me.

Sincerely,



Debra Shope, Chairman  
Advisory Committee on the Control of  
Emissions from Motor Vehicles

ECP0417



## Memorandum

from

Troy Dillard

Deputy Director

Directors Office

Voice – (775) 684-4490

Fax – (775) 684-4962

tdillard@dmv.nv.gov

July 30, 2012

To: Deborah Cook, Chief  
Administrative Services Division

Subject: Washoe County Reserve Grant Application for FY 13

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Please arrange for your staff to prepare a Work Program Package for the upcoming Interim Finance Committee meeting. The Work Program package is in regards to a Washoe County grant request for \$182,000. This funding will be provided through reserve funds from the Pollution Control Account, Budget #4722.

The Advisory Committee on the Control of Emissions from Motor Vehicles approved this request from Washoe County at their April 10<sup>th</sup>, 2012 meeting. Ms. Colleen Cripps, Administrator for the Nevada Division of Environmental Protection has also provided her written support for the Washoe County Grant request.

Thank you for your assistance.

  
Troy Dillard, Deputy Director  
Department of Motor Vehicles

TD/ds  
DMV361  
ECP0418M



# Washoe County Health District



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

## STAFF REPORT

BOARD MEETING DATE: 10/25/12

**DATE:** October 16, 2012

**TO:** District Board of Health

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

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

**SUBJECT:** Approval of amendments totaling an increase of \$246,827 in both revenue and expense to the FY 13 Centers for Disease Control and Prevention (CDC) Public Health Preparedness (PHP) Federal Grant Program, IO 10713; Approval of Subgrant Amendment #1 Scope of Work for the period July 1, 2012 to June 30, 2013 in support of CDC PHP Program; 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 Notice of Subgrant Award from the Nevada State Health Division for the period July 1, 2012 through June 30, 2013 in the total amount of \$665,000 in support of the Public Health Preparedness CDC Grant Program. Subgrant Amendment #1 is to execute the detailed Scope of Work for the current Subgrant. A copy of Subgrant Amendment #1 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.

This item supports the Epidemiology and Public Health Preparedness (EPHP) Division's mission to strengthen the capacity of public health infrastructure to detect, assess, and respond decisively to control the public health consequences of bioterrorism events or any public health emergency.

**AGENDA ITEM # 8.C.4.**

**PREVIOUS ACTION**

The District Board of Health approved the Notice of Subgrant Award from the Nevada State Health Division for the period July 1, 2012 through June 30, 2013 in the total amount of \$665,000 (with \$66,500 or 10% Health District match) at their August 23, 2012 board meeting.

**BACKGROUND**

The Notice of Subgrant Award approved by the District Board of Health on August 23, 2012 did not include a detailed Scope of Work. The Subgrant Amendment is to execute the attached detailed Scope of Work which is broken down by capability and function.

Achievement of the following capability objectives are to be completed by June 30, 2013: 1) Community Preparedness 2) Emergency Operations Coordination 3) Emergency Public Information and Warning and 4) Public Health Surveillance and Epidemiological Investigation. Each funded capability requires substantial achievement and demonstration of completion as specified in the Scope of Work of the funded functions and resource elements. In accordance with Section A, Item 11 of the Original Subgrant Award, representatives of the Nevada State Health Division will perform site visits to monitor the progress of the planned activities and performance measures as outlined in Attachment B. This audit will include an objective and systematic appraisals of percentage of activities completed and percentage of funds expended. If objectives are not met, Health Division may reduce the amount of this Subgrant Award and reallocate funding to other preparedness priorities within the state.

**FISCAL IMPACT**

A budget amendment in the total amount of \$246,827 is necessary to align the budget with the Notice of Subgrant Award. This amendment takes into account actual expenditures for July – August 9, 2012 (previous award) and 12 months of the new award.

Should the Board approve these budget amendments, the adopted FY 13 budget will be **increased by \$246,827** in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
<b>2002-IO-10713 -431100</b>	<b>Federal Revenue</b>	<b>\$197,519</b>
<b>2002-IO-10713 -431105</b>	<b>Federal Revenue-Indirect</b>	<b>49,308</b>
	<b>Total Revenue</b>	<b>\$246,827</b>
2002-IO-10713-701110	Base Salaries	(37,220)
-701130	Pooled Positions	10,830
-701200	Incentive Longevity	(3,470)
-701300	Overtime	(500)
-705110	Group Insurance	5,651
-705210	Retirement	12,851
-705230	Medicare	681
-705320	Workmens Comp	255
-710100	Professional Svcs	141,134
-710110	Contracted/Temp Svcs	2,551
-710205	Repairs/Maintenance	8

-710300	Operating Supplies	(1,200)
-710334	Copy Machine	108
-710350	Office Supplies	2,708
-710355	Books and Subscriptions	454
-710360	Postage	94
-710500	Other Expense	3,500
-710502	Printing	614
-710505	Rental Equipment	1,854
-710507	Network and Data Lines	246
-710508	Telephone Land Lines	1,320
-710509	Seminars/Meetings	250
-710512	Auto Expense	(20)
-710519	Cellular Phone	157
-710529	Dues	350
-710585	Undesignated Budget	49,308
-711010	Utilities	(180)
-711115	Equipment Services	1,605
-711210	Travel	5,969
-711504	Equipment-NonCapital	34,582
-781004	Equipment-Capital	12,337
	<b>Total Expenditures</b>	<b>\$246,827</b>

### **RECOMMENDATION**

Staff recommends that the Washoe County District Board of Health approve amendments totaling an increase of \$246,827 in both revenue and expense to the FY 13 Centers for Disease Control and Prevention (CDC) Public Health Preparedness (PHP) Federal Grant Program, IO 10713; Approve Subgrant Amendment #1 Scope of Work for the period July 1, 2012 to June 30, 2013 in support of CDC PHP Program; and if approved authorize the Chairman to execute.

### **POSSIBLE MOTION**

Move to approve amendments totaling an increase of \$246,827 in both revenue and expense to the FY 13 Centers for Disease Control and Prevention (CDC) Public Health Preparedness (PHP) Federal Grant Program, IO 10713; Approve Subgrant Amendment #1 Scope of Work for the period July 1, 2012 to June 30, 2013 in support of CDC PHP Program; and if approved authorize the Chairman to execute.



**HEALTH DIVISION**

(hereinafter referred to as the DIVISION)

Program #: CDC08-12

Budget Account #: 3218

Category #: 22

GL #: 8516

**SUBGRANT AMENDMENT #1**

<p><b>Program Name:</b> Public Health Preparedness Health Planning &amp; Emergency Response Nevada State Health Division</p>	<p><b>Subgrantee Name:</b> Washoe County Health District (WCHD) <i>IO-10713</i></p>
<p><b>Address:</b> 4150 Technology Way, Suite #200 Carson City, NV 89706-2009</p>	<p><b>Address:</b> 1001 East Ninth Street Reno, NV 89520</p>
<p><b>Subgrant Period:</b> July 1, 2012 through June 30, 2017 <b>Subgrant Budget Period:</b> July 1, 2012 through June 30, 2013</p>	<p><b>Subgrantee's</b> <b>EIN#:</b> 88-6000138 <b>Vendor#:</b> T40283400Q <b>Dun &amp; Bradstreet#:</b> 073786998</p>

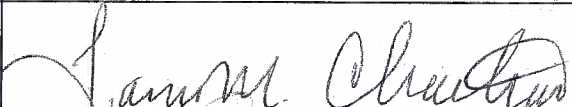
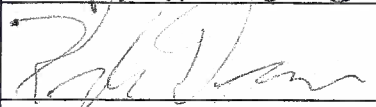

<b>Source of Funds:</b>	<b>% of Funds:</b>	<b>CFDA#:</b>	<b>Federal Grant #:</b>
1. Center for Disease Control and Prevention	100%	93.069	1U90TP000534-01

**Amendment #1:** This amendment is to execute the attached detailed Scope of Work for the current Subgrant Budget Period as stated in Section B of the Notice of Subgrant Award. The attached Scope of Work is broken down by capability and function.

Attachment A: Capability Summary, shows the estimated allocation of awarded funds and proposed subgrantee effort by capability. Attachment B contains the 15 capabilities under this subgrant award including, but not limited to, the subgrantee planned activities and performance measure planned activities.

In accordance with Section A, Item 11 of the Original Subgrant Award, representatives of the Nevada State Health Division will perform site visits to monitor progress of the planned activities and performance measures as outlined in Attachment B. This audit will include an objective and systematic appraisals of percentage of activities completed and percentage of funds expended. The representative of the Nevada State Health Division will contact the Subgrantee to schedule a mutually agreeable date for each site visit and will give Subgrantee a minimum of a 30 day notice prior to visit.

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 scope of work 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.

Authorized Sub-grantee Official Washoe County Health District	Signature	Date
Tami M. Chartrow, MPA:HA Health Program Manager II, PHP		10/1/12
Kyle Devine, MSW Health Program Manager II, PHP		10/2/12
Richard Whitley, MS Administrator, Health Division		

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**Attachment A: Capability Summary**  
**Washoe County Health District**  
**CDC Public Health Emergency Preparedness (BP1) Subgrant # CDC08-12**  
**July 1, 2012 - June 30, 2013**  
**Funding - Budget Period 1: \$ 665,000**

Budget %	Fund Allocation	Capability / Function Name		
22.0%	\$146,300	1	Community Preparedness	
		Build	F1	Determine risks to the health of the jurisdiction
			Build	P1 Identification of vulnerable populations.
			Build	P2 Jurisdictional risk assessment related to public health, medical, and mental/behavioral health.
			Build	S1 Person(s) with expertise in GIS to assist in locating/mapping at-risk populations.
		Build	F2	Build community partnerships to support health preparedness.
			Build	P1 Participation in existing or new partnerships representing the listed community sectors.
			Build	P2 Protocol to encourage or promote medical personnel to register and participate with MRC or ESAR-VHP.
		Build	F3	Engage with community organizations to foster public health, medical, and mental/behavioral health social networks.
			Build	P1 Community engagement in problem solving strategy sessions.
			Build	P2 Ensure health services are culturally and socially competent.
		Build	F4	Coordinate training or guidance to ensure community engagement in preparedness efforts.
			Build	P1 Public health approaches to address children's medical and mental/behavioral health needs.
			Build	P2 Building and sustaining volunteer opportunities for community residents.
0.0%	\$0	2	Community Recovery	
		No Activity	F1	Identify and monitor public health, medical, and mental/behavioral health system recovery needs.
			No Activity	P1 Identify recovery needs
			No Activity	P2 Community assessment
			No Activity	P3 Operational plans
		No Activity	F2	Coordinate community public health, medical, and mental/behavioral health system recovery operations.
		No Activity	F3	Implement corrective actions to mitigate damages from future incidents
27.0%	\$179,550	3	Emergency Operations Coordination	
		Build	F1	Conduct preliminary assessment to determine need for public activation.
		Build/Sustain	F2	Activate public health emergency operations
			Sustain	P1 Standard operating procedures for the public health EOC.
			Build/Sustain	P2 NIMS certification based on discipline, level, and jurisdictional requirements
		Build/Sustain	F3	Develop incident response strategy
			Build/Sustain	P1 Template for producing incident action plans
		Build/Sustain	F4	Manage and sustain the public health response
			Build/Sustain	P1 Process to ensure continued performance of pre-identified essential functions
		Build	F5	Demobilize and evaluate public health emergency operations.
			Build	P1 Demobilization procedures for public health operations.
27.0%	\$179,550	4	Emergency Public Information and Warning	
		Sustain	F1	Activate the emergency public information system
			Sustain	P1 Standard operating procedures for the public health EOC.
			Sustain	P2 Message templates addressing jurisdictional vulnerabilities.
			Sustain	S1 NIMS training for public information staff
			Sustain	S2 Crisis and emergency risk communication training
		Sustain	F2	Determine the need for a joint public information system
			Sustain	E1 Minimum components of a virtual joint information center.
		Sustain	F3	Establish and participate in information system operations.
		Build	F4	Establish avenues for public interaction and information exchange
		Sustain	F5	Issue public information, alerts, warnings, and notifications.
0.0%	\$0	5	Determine role for public health in fatality management.	
		No Activity	F1	Determine role for public health in fatality management.
			No Activity	P1 Written plans to support coordinated activities.
		No Activity	F2	Activate public health fatality management operations.
		No Activity	F3	Mental/behavioral support at the healthcare organization level.
			No Activity	P1 Procedure for the collection of antemortem data.
		No Activity	F4	Participate in survivor mental/behavioral health services
		No Activity	F5	Participate in fatality processing and storage operations
0.0%	\$0	6	Information Sharing	
		No Activity	F1	Identify stakeholders to be incorporated into information flow.
			No Activity	P1 Processes to engage stakeholders
			No Activity	P2 Role-based public health directory.
		No Activity	F2	Identify and develop rules and data elements for sharing.
			No Activity	P1 Data-exchange requirements

**Attachment A: Capability Summary**  
**Washoe County Health District**  
**CDC Public Health Emergency Preparedness (BP1) Subgrant # CDC08-12**  
**July 1, 2012 - June 30, 2013**  
**Funding - Budget Period 1: \$ 665,000**

Budget %	Fund Allocation	Capability / Function Name		
		No Activity	P2	Health Information exchange protocols
		No Activity	F3	Exchange information to determine a common operating picture.
		No Activity	P1	Protocol for the development of Public Health Alert messages.
0.0%	\$0	7		Mass Care
		No Activity	F1	Determine public health role in mass care operations.
		No Activity	F2	Determine mass care needs of the impacted population
		No Activity	P1	Shelter environmental health inspections
		No Activity	P2	Pre-identified sites
		No Activity	F3	Coordinate public health, medical, and mental/behavioral health services
		No Activity	F4	Monitor mass care population health
0.0%	\$0	8		Medical Countermeasure Dispensing
		No Activity	F1	Identify and initiate medical countermeasure dispensing strategies
		No Activity	P1	Written plans to identify the medical countermeasures.
		No Activity	F2	Receive medical countermeasures.
		No Activity	P1	Written plans to request additional medical countermeasures.
		No Activity	F3	Activate dispensing modalities
		No Activity	P1	Medical countermeasure dispensing activities support
		No Activity	P2	Procedure for activation of dispensing modalities.
		No Activity	F4	Dispense medical countermeasures to identified population
		No Activity	P1	Medical countermeasure dispensing to target populations
		No Activity	F5	Report adverse events
		No Activity	P1	Protocol to govern reporting of adverse events
		No Activity	S1	Adverse event report training
0.0%	\$0	9		Medical Materiel Management and Distribution
		No Activity	F1	Direct and activate medical materiel management and distribution
		No Activity	P1	Primary and backup receiving sites
		No Activity	P2	Written plans for material transport.
		No Activity	P3	Written plans to report medical material levels.
		No Activity	F2	Acquire medical materiel
		No Activity	P1	Medical materiel request
		No Activity	F3	Maintain updated inventory management and reporting system
		No Activity	P1	Inventory management & reporting plan
		No Activity	F4	Establish and maintain security
		No Activity	P1	Physical Security of medical countermeasures
		No Activity	F5	Distribute medical materiel
		No Activity	P1	Allocation and distribution
		No Activity	F6	Recover medical materiel and demobilize distribution operations
		No Activity	P1	Storage, distribution, disposal or return of unused medical materials .
0.0%	\$0	10		Medical Surge
		No Activity	F1	Assess the nature and scope of the incident
		No Activity	P1	Public health incident management
		No Activity	P2	Joint event operation plan
		No Activity	P3	Bed tracking system
		No Activity	P4	Integrating medical and health resources.
		No Activity	F2	Support activation of medical surge.
		No Activity	P1	Healthcare organization coordination with EMS during response
		No Activity	P2	Activation of alternative care systems
		No Activity	P3	Essential situational awareness protocols
		No Activity	P4	Pediatric care protocol
		No Activity	F3	Support jurisdictional medical surge operations
		No Activity	P1	Communicate situational awareness information
		No Activity	P2	Development and execution of healthcare coalition plans
		No Activity	P3	Family reunification processes
		No Activity	F4	Support demobilization of medical surge operations
		No Activity	P1	Demobilize transportation assets
		No Activity	P2	Demobilize surge staff
0.0%	\$0	11		Non-Pharmaceutical Interventions
		No Activity	F1	Engage partners and identify factors that impact non-pharmaceutical interventions
		No Activity	P1	Implementing non-pharmaceutical interventions plan.
		No Activity	P2	Communication and reporting plan
		No Activity	F2	Determine non-pharmaceutical interventions
		No Activity	P1	Intervention recommendation and/or implementation plan
		No Activity	F3	Implement non-pharmaceutical interventions
		No Activity	P1	Isolation and quarantine plans
		No Activity	P2	Separation of cohort plan
		No Activity	F4	Monitor non-pharmaceutical interventions
0.0%	\$0	12		Public Health Laboratory Testing
		No Activity	F1	Manage laboratory activities
		No Activity	P1	Identification of laboratories and laboratory networks

**Attachment A: Capability Summary**  
**Washoe County Health District**  
**CDC Public Health Emergency Preparedness (BP1) Subgrant # CDC08-12**  
**July 1, 2012 - June 30, 2013**  
**Funding - Budget Period 1: \$ 665,000**

Budget %	Fund Allocation	Capability / Function Name			
		No Activity	No Activity	P2	Procedures for contacting sentinel laboratories and standard response guidelines
		No Activity	F2		Perform sample management
			No Activity	E1	Access to sampling and shipping supplies
			No Activity	P1	Procedures and protocols for sample collection
			No Activity	P2	Protocol for transportation security for laboratory materials
		No Activity	No Activity	S1	Maintain certification of laboratory personnel in a shipping and packaging program.
		No Activity	F3		Conduct testing and analysis for routine and surge capacity
			No Activity	P1	Short-term & Long-term response efforts
			No Activity	P2	Preventative maintenance plans
			No Activity	S1	Laboratories participating in radiological or nuclear testing
			No Activity	S2	Laboratories must attain competency for LRN-B testing methods
			No Activity	S3	Laboratories must maintain the competency to pass LRN proficiency tests.
			No Activity	S4	Laboratories participating in chemical testing must attain LRN-C Proficiency Testing Program Qualified status.
		No Activity	F4		Support public health investigations
		No Activity	F5		Report results
			No Activity	E1	Laboratory Information Management System (LIMS)
<b>24.0%</b>	<b>\$159,600</b>	<b>13</b>	<b>Public Health Surveillance and Epidemiological Investigation</b>		
		Sustain	F1		Conduct public health surveillance and detection
			Sustain	E1	Access to health information infrastructure and surveillance systems
			Sustain/Build	P1	Document the legal and procedural framework for information exchange
			Sustain	P2	Protocols for accessing health information
			Sustain/Build	P3	Protocols to gather and analyze surveillance data
			Sustain	P4	Procedures to ensure 24/7 health department access
			Sustain	P5	Protocols to notify CDC of cases on the Nationally Notifiable Infectious Disease List
			Build	S1	Tier 1 Competencies and Skills for Applied Epidemiologists
		Sustain	F2		Conduct public health and epidemiological investigations
			Build	P1	Investigation report templates
			Sustain	S1	Staffing capacity to manage the routine epidemiological investigation systems
		Sustain	F3		Recommend, monitor, and analyze mitigation actions
			Sustain	P1	Protocols for recommending and initiating containment and mitigation actions
			Build	S1	Training in Homeland Security Exercise and Evaluation After Action Report process
		Build	F4		Improve public health surveillance and epidemiological investigation systems
			Build	P1	Communication of improvement plan
<b>0.0%</b>	<b>\$0</b>	<b>14</b>	<b>Responder Safety and Health</b>		
		No Activity	F1		Identify responder safety and health risks.
			No Activity	P1	Safety and health risk plans
			No Activity	P2	Public health roles and responsibilities
		No Activity	F2		Identify safety and personal protective needs
			No Activity	P1	Risk-related personal protective equipment
			No Activity	E1	Personal Protective Equipment for healthcare workers.
		No Activity	F3		Coordinate with partners to facilitate risk-specific safety and health training
			No Activity	P1	Risk-specific safety training on N-95
			No Activity	P2	Risk-specific training documentation
		No Activity	F4		Monitor responder safety and health actions
			No Activity	P1	Health surveillance
			No Activity	E1	Responder Database
<b>0.0%</b>	<b>\$0</b>	<b>15</b>	<b>Volunteer Management</b>		
		No Activity	F1		Coordinate volunteers
			No Activity	P1	Volunteer needs assessment for healthcare organizations response.
			No Activity	P2	Collect, assemble, maintain, and utilize volunteer information
		No Activity	F2		Notify volunteers
		No Activity	F3		Organize, assemble, and dispatch volunteers
			No Activity	P1	Volunteer deployment protocols
			No Activity	P2	Process to manage spontaneous volunteers.
		No Activity	F4		Demobilize volunteers
			No Activity	P1	Volunteer release processes
			No Activity	P2	Volunteer exit screening protocols
<b>100%</b>	<b>\$665,000</b>	<b>TOTAL (Must equal 100%)</b>			

**Attachment A: Capability Summary**  
**Washoe County Health District**  
**CDC Public Health Emergency Preparedness (BP1) Subgrant # CDC08-12**  
**July 1, 2012 - June 30, 2013**  
**Funding - Budget Perod 1: \$ 665,000**

Budget %	Fund Allocation	Capability / Function Name
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**Attachment B**  
**Washoe County Health District (WCHD)**  
**CDC Public Health Emergency Preparedness (BP1) Subgrant # CDC08-12**  
**Scope of Work (SOW) July 1, 2012 through June 30, 2013**

**PHEP Capability # 1: Community Preparedness**

**Description:** Community preparedness is the ability of communities to prepare for, withstand, and recover — in both the short and long terms — from public health incidents. By engaging and coordinating with emergency management, healthcare organizations (private and community-based), mental/behavioral health providers, community and faith-based partners, state, local, and territorial, public health's role in community preparedness is to do the following:

- Support the development of public health, medical, and mental/behavioral health systems that support recovery
- Participate in awareness training with community and faith-based partners on how to prevent, respond to, and recover from public health incidents
- Promote awareness of and access to medical and mental/behavioral health resources that help protect the community's health and address the functional needs (i.e., communication, medical care, independence, supervision, transportation) of at-risk individuals
- Engage public and private organizations in preparedness activities that represent the functional needs of at-risk individuals as well as the cultural and socio-economic, demographic components of the community
- Identify those populations that may be at higher risk for adverse health outcomes
- Receive and/or integrate the health needs of populations who have been displaced due to incidents that have occurred in their own or distant communities (e.g., improvised nuclear device or hurricane)

**Performance Measures:** See Below

**Allocated funding:** \$146,300

**Performance Measure Data Element:**

**PHEP 1.1 (Function 2): Identification of Key Organizations** - Median number of community sectors in which LHDs identified key organizations to participate in public health, medical, and mental/behavioral health-related emergency preparedness efforts. (See Pg.11-12)

**PHEP 1.2 (Function 1): Community Engagement in Risk Identification** - Median number of community sectors that LHDs engaged in using jurisdictional risk assessment (JRA) data to determine local hazards, vulnerabilities, and risks that may impact public health, medical, and/or mental/behavioral health systems and services. (See Pg.13-15)

**PHEP 1.3 (Function 4): Community Engagement in Public Health Preparedness Activities** - Proportion of key organizations that LHDs engaged in a significant public health emergency preparedness activity. (See Pg.16-17)

**PHEP 1.4 (Function 2): Community Engagement in Recovery Planning** - Median number of community sectors that LHDs engaged in developing and/or reviewing a community recovery plan related to the restoration and recovery of public health, medical, and/or mental/behavioral health systems and services. (See Pg.18-19)

**Note:** The page #'s listed for Performance Measures above correspond to CDC's "BP1 Performance Measures Specifications and Implementation Guidance", Version 1.1

**Outcome Objective by 6/30/12 date 70% or more of capability will be achieved.**

**Function #1**

**Function #1: Determine risks to the health of the jurisdiction**

**Task 1:** Utilize jurisdictional risk assessment to identify, with emergency management and community and faith-based partners, the public health, medical, and mental/behavioral health services for which the jurisdiction needs to have access to mitigate identified disaster health risks. (See Pg.16)

**Task 2:** Utilize jurisdictional risk assessment to identify, with emergency management and community and faith-based partners, the public health, medical, and mental/behavioral health services within the jurisdiction that currently support the mitigation of identified disaster health risks. (See Pg.16)

**Attachment B**  
**Washoe County Health District (WCHD)**  
**CDC Public Health Emergency Preparedness (BP1) Subgrant # CDC08-12**  
**Scope of Work (SOW) July 1, 2012 through June 30, 2013**

PHEP Capability # 1: Community Preparedness		
Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
Build	<p>1. By June 30, 2013 compare WCHD's recently updated public health hazards risk assessment (HRA) with the WCHD all-hazard plan, and update the all-hazards plan to address any gaps identified in the HRA.</p> <p>2. By June 30, 2013 solicit feedback from community groups on WCHD's all-hazards plan and incorporate appropriate changes to ensure the needs of the community, including at-risk populations are met. Groups listed in function 1 include: Northern Nevada Access and Functional Needs Workgroup, community coalitions, mental/behavioral health services, and the Local Emergency Planning Committee.</p> <p>3. By June 30, 2013 identify data sets and support data collection activities for GIS mapping of subsets of at-risk populations, to be incorporated into the all-hazards plan.</p>	<p>1. At present there are no CDC-defined performance measures for this function.</p>
Resource Element: Plans (P), Equipment (E), Skills (S)		Planned Activity Type
<p><b>Planning Resource Element 1 (Priority):</b> Identification of vulnerable populations. (See Pg.17)</p>		Build
		Planned Activity Description
		<p>1. By June 30, 2013 present relevant components of WCHD's all-hazards plan to and gather feedback from the following groups to ensure the needs of vulnerable populations are appropriately incorporated into the plan: Local Emergency Planning Committee, Northern Nevada Access and Functional Needs Workgroup, Washoe County Chronic Disease Coalition, and Washoe County Maternal Child Health Coalition.</p> <p>2. By June 30, 2013 incorporate feedback collected into an updated version of the all-hazard's plan as appropriate during the grant period.</p>



**Attachment B**  
**Washoe County Health District (WCHD)**  
**CDC Public Health Emergency Preparedness (BP1) Subgrant # CDC08-12**  
**Scope of Work (SOW) July 1, 2012 through June 30, 2013**

<b>PHEP Capability # 1: Community Preparedness</b>		
<p><b>Planning Resource Element 2 (Priority):</b> Jurisdictional risk assessment related to public health, medical, and mental/behavioral health. (See Pg. 17)</p>	Build	<ol style="list-style-type: none"> <li>1. By June 30, 2013 update WCHD's all-hazards plan to include the current definition of at-risk populations that the Northern Nevada Access and Functional Needs Workgroup adopted in the previous grant period.</li> <li>2. By June 30, 2013 identify data sets and support data collection activities for GIS mapping of subsets of at-risk populations within Washoe County; recruit a community partner to provide GIS mappings services for inclusion of maps into the all-hazard plan.</li> <li>3. By June 30, 2013 meet with mental/behavioral health partners and engage them in helping identify and address gaps in WCHD's all-hazards plan related to mental/behavioral health issues.</li> <li>4. By June 30, 2013 compare WCHD's recently updated public health hazards risk assessment (HRA) with the WCHD all-hazard plan, and update the all-hazards plan to address any further gaps identified in the HRA.</li> <li>5. By June 30, 2013 review the Nevada Hospital Association's gap analysis when made available to the public health emergency coordinator, and incorporate applicable findings into WCHD plans</li> </ol>
<p><b>Skills and Training 1:</b> Person(s) with expertise in GIS to assist in locating/mapping at-risk populations. (See Pg 18)</p>	Build	WCHD will continue to work with the Washoe County GIS staff for any needed assistance in locating/mapping locations of at-risk populations.
<b>Agency POC:</b>		<b>Start and End Date:</b>
Who will be your agency's lead point of contact (POC) on this?	When will your agency's POC <u>start</u> their work on this function?	
Name:	Date:	
Contact Info:	When will your agency's POC <u>complete</u> their work on this function?	
	Date:	
<b>Demonstration Plan:</b>		
Which of the following will your agency use to demonstrate completion of this function? and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)		

**Note:** The page #'s listed in this table correspond to CDC's "Public Health Preparedness Capabilities: National Standards for State and Local Planning", March 2011

**Attachment B**  
**Washoe County Health District (WCHD)**  
**CDC Public Health Emergency Preparedness (BP1) Subgrant # CDC08-12**  
**Scope of Work (SOW) July 1, 2012 through June 30, 2013**

**PHEP Capability # 1: Community Preparedness**

**Function #2**

<b>Function #2: Build community partnerships to support health preparedness.</b>	<b>Task 1:</b> Identify community sector groups to be engaged for partnership based upon the jurisdictional risk assessment. (See Pg 18)
	<b>Task 2:</b> Create and implement strategies for ongoing engagement with community partners who may be able to provide services to mitigate identified public health threats or incidents (concept of "strategic advisory council" or joint collaborative). (See Pg 19)
	<b>Task 3:</b> Utilize community and faith-based partnerships as well as collaborations with any agencies primarily responsible for providing direct health-related services to help assure the community's ability to deliver public health, medical, and mental/behavioral health services in both short and long term settings during and after an incident. (See Pg 19)
	<b>Task 4:</b> Utilize a continuous quality improvement process to incorporate feedback from community and faith-based partners into jurisdictional emergency operations plans. (See Pg 19)
	<b>Task 5:</b> Identify community leaders that can act as trusted spokespersons to deliver public health messages. (See Pg 19)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
Build	1. By June 30, 2012 update public health plans to include detailed descriptions of processes to solicit feedback from community sectors. 2. By June 30, 2012 develop timeline for implementation of strategies to engage each of the 11 sectors identified by CDC. 3. By June 30, 2012 continue active participation in regional emergency planning groups. 4. By June 30, 2012 meet with representatives from health professional associations to solicit suggestions for effectively promoting the Medical Reserve Corps and ESARVHP to local medical professionals.	1. At present there are no CDC-defined performance measures for this function.

**Attachment B**  
**Washoe County Health District (WCHD)**  
**CDC Public Health Emergency Preparedness (BP1) Subgrant # CDC08-12**  
**Scope of Work (SOW) July 1, 2012 through June 30, 2013**

<b>PHEP Capability # 1: Community Preparedness</b>		
<b>Resource Element: Plans (P), Equipment (E), Skills (S)</b>	<b>Planned Activity Type</b>	<b>Planned Activity Description</b>
<p><b>Planning Resource Element 1:</b> Participation in existing or new partnerships representing the listed community sectors. (See Pg 19)</p>	Build	<p>1. By June 30, 2013 update WCHD emergency plans to include a description of the process to discuss plans with community partners.</p> <p>2. By June 30, 2013 continue actively participating in regional groups such as the Local Emergency Preparedness Committee and the Washoe County Emergency Management Council, and serving as the administrator of the Inter-Hospital Coordinating Council; continue being open to new opportunities for partnerships.</p> <p>3. By June 30, 2013 develop a timeline for completion of specific strategies to engage each of the 11 sectors, with particular attention paid to new partnerships needed as identified in the newly developed health promotion plan, such as: small businesses, childcare facilities, mental/behavioral health services, and faith-based organizations.</p>
<p><b>Planning Resource Element 2:</b> Protocol to encourage or promote medical personnel to register and participate with MRC or ESAR-VHP. (See Pg 19)</p>	Build	<p>1. By June 30, 2013 meet with representatives from health professional associations in Washoe County to inquire about strategies for effectively promoting MRC and ESARVHP to local physicians, nurses and allied health professionals.</p> <p>2. By June 30, 2013 incorporate selected strategies identified above along with their potential timelines into public health emergency plans or the health promotion plan.</p>
<b>Agency POC:</b>		
<p><b>Who will be your agency's lead point of contact (POC) on this?</b></p> <p>Name: _____</p> <p>Contact Info: _____</p>	<p><b>Start and End Date:</b></p> <p>When will your agency's POC <u>start</u> their work on this function?</p> <p>Date: _____</p> <p>When will your agency's POC <u>complete</u> their work on this function?</p> <p>Date: _____</p>	
<b>Demonstration Plan:</b>		
<p>Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)</p>		

**Note:** The page #'s listed in this table correspond to CDC's "Public Health Preparedness Capabilities: National Standards for State and Local Planning", March 2011

**Attachment B**  
**Washoe County Health District (WCHD)**  
**CDC Public Health Emergency Preparedness (BP1) Subgrant # CDC08-12**  
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**PHEP Capability # 1: Community Preparedness**

**Function #3**

<b>Function #3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks</b>	<p><b>Task 1:</b> Ensure that community constituency groups understand how to connect to public health to participate in public health and community partner preparedness efforts. (See Pg 20)</p> <p><b>Task 2:</b> Ensure that public health, medical, and mental/behavioral health service agencies that provide essential health services to the community are connected to jurisdictional public health preparedness plans and efforts. (See Pg 20)</p> <p><b>Task 3:</b> Create jurisdictional networks (e.g., local businesses, community and faith-based organizations, ethnic radio/media, and, if used by the jurisdiction, social networking sites) for public health, medical, and mental/behavioral health information dissemination before, during, and after the incident. (See Pg 20)</p>
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Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
Build	<ol style="list-style-type: none"> <li>1. By June 30, 2013 incorporate a written process for community engagement in problem solving sessions in WCHD's continuity of operations plan, all-hazards plan, and health promotion plan.</li> <li>2. By June 30, 2013 continue collaborative efforts with medical and other public health groups.</li> <li>3. By June 30, 2013 identify or develop an evaluation strategy to determine the cultural and social competency for services needed to support disaster risks as described in WCHD's all-hazards plan.</li> </ol>	<ol style="list-style-type: none"> <li>1. At present there are no CDC-defined performance measures for this function.</li> </ol>
Resource Element: Plans (P), Equipment (E), Skills (S)		Planned Activity Type
<p><b>Planning Resource Element 1:</b> Community engagement in problem solving strategy sessions. (See Pg 20)</p>		Build
<p><b>Planning Resource Element 2:</b> Ensure health services are culturally and socially competent. (See Pg 20)</p>		Build
		<ol style="list-style-type: none"> <li>1. By June 30, 2013 incorporate a written process for community engagement in problem solving sessions in WCHD's continuity of operations plan, all-hazards plan, and health promotion plan.</li> <li>2. By June 30, 2013 continue collaborative activities with other public health and medical partners such as the WCHD Department Emergency Management Committee, Nevada Public Health Association, and the Inter-Hospital Coordinating Council.</li> <li>3. By June 30, 2013 develop timeline for implementation of strategies identified in WCHD's newly developed health education plan, and begin implementation efforts to ensure social connections particularly with mental/behavioral health.</li> </ol>
		<ol style="list-style-type: none"> <li>1. By June 30, 2013 identify or develop an evaluation strategy to determine the cultural and social competency for services needed to support disaster risks as described in WCHD's all-hazards plan.</li> </ol>

**Attachment B**  
**Washoe County Health District (WCHD)**  
**CDC Public Health Emergency Preparedness (BP1) Subgrant # CDC08-12**  
**Scope of Work (SOW) July 1, 2012 through June 30, 2013**

PHEP Capability # 1: Community Preparedness	
Agency POC:	Start and End Date:
Who will be your agency's lead point of contact (POC) on this?	When will your agency's POC <u>start</u> their work on this function?
Name:	Date:
Contact info:	When will your agency's POC <u>complete</u> their work on this function?
	Date:
Demonstration Plan:	
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, ITX, Games, Drills, Functional Exercise, FSE)	

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**Attachment B**  
**Washoe County Health District (WCHD)**  
**CDC Public Health Emergency Preparedness (BP1) Subgrant # CDC08-12**  
**Scope of Work (SOW) July 1, 2012 through June 30, 2013**

**PHEP Capability # 1: Community Preparedness**

**Function #4**

**Function #4: Coordinate training or guidance to ensure community engagement in preparedness efforts.**

**Task 1:** Integrate information on resilience, specifically the need for community-derived approaches to support the provision of public health, medical, and mental/behavioral health services during and after an incident, into existing training and educational programs related to crisis and disaster preparedness and response. (See Pg 20)

**Task 2:** Promote training to community partners that may have a supporting role to public health, medical, and mental/behavioral health sectors (e.g., education, child care, juvenile justice, child welfare, and congregate childcare settings). (See Pg 20)

**Task 3:** Provide guidance to community partners, particularly groups representing the functional needs of at-risk populations, to assist them in educating their own constituency groups regarding plans for addressing preparedness for and recovery from the jurisdiction's identified risks and for access to health services that may apply to the incident. (See Pg 20)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
Build	<ol style="list-style-type: none"> <li>1. By June 30, 2013 develop online trainings for public health professionals and MRC volunteers on the following topics: WCHD all-hazards plan, resiliency after a disaster, and ICS refresher.</li> <li>2. By June 30, 2013 coordinate one safety training for public health professionals and other emergency response partners.</li> <li>3. By June 30, 2013 compile educational preparedness materials, with a focus on pandemic flu information, and train MRC volunteers to provide direct outreach to small businesses and potentially other organizations within the 11 community sectors as identified through engagement strategy development.</li> <li>4. By June 30, 2013 facilitate a preparedness month activity in collaboration with community partners like the local food bank and Washoe County Emergency Management to further enhance engagement in community preparedness efforts</li> </ol>	<ol style="list-style-type: none"> <li>1. At present there are no CDC-defined performance measures for this function.</li> </ol>
Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
<b>Planning Resource Element 1:</b> Public health approaches to address children's medical and mental/behavioral health needs. (See Pg 21)	Build	<ol style="list-style-type: none"> <li>1. By June 30, 2013 meet with mental/behavioral health partners to engage them in helping identify and address gaps regarding planning for the care of children following a disaster; documentation to be incorporated into WCHD's all-hazards plan.</li> <li>2. By June 30, 2013 WCHD will engage medical partners in identifying and addressing gaps as needed, regarding the care of children following a disaster; documentation to be incorporated into WCHD's all-hazards plan.</li> </ol>

**Attachment B**  
**Washoe County Health District (WCHD)**  
**CDC Public Health Emergency Preparedness (BP1) Subgrant # CDC08-12**  
**Scope of Work (SOW) July 1, 2012 through June 30, 2013**

<b>PHEP Capability # 1: Community Preparedness</b>		
<b>Planning Resource Element 2:</b> Building and sustaining volunteer opportunities for community residents. (See Pg 24)	Build	1. By June 30, 2013 ongoing implementation of written plans which support Medical Reserves Corps volunteers' participation with local emergency responders and community safety efforts year-round; participation to be documented via sign-in sheets at trainings, exercises and events.
<b>Agency POC:</b>		
Who will be your agency's lead point of contact (POC) on this?	<b>Start and End Date:</b>	
Name:	When will your agency's POC <u>start</u> their work on this function?	
Contact Info:	Date:	
	When will your agency's POC <u>complete</u> their work on this function?	
	Date:	
<b>Demonstration Plan:</b>		
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)		

**Note:** The page #'s listed in this table correspond to CDC's "Public Health Preparedness Capabilities: National Standards for State and Local Planning", March 2011

**Attachment B**  
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**PHEP Capability # 1: Community Preparedness**

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**Attachment B**  
**Washoe County Health District (WCHD)**  
**CDC Public Health Emergency Preparedness (BP1) Subgrant # CDC08-12**  
**Scope of Work (SOW) July 1, 2012 through June 30, 2013**

**PHEP Capability # 2 - Community Recovery**

**Definition:** Community recovery is the ability to collaborate with community partners, (e.g., healthcare organizations, business, education, and emergency management) to plan and advocate for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels, and improved levels where possible.

This capability supports National Health Security Strategy Objective: Incorporate Post-Incident Health Recovery into Planning and Response. Post-incident recovery of the public health, medical, and mental/behavioral health services and systems within a jurisdiction is critical for health security and requires collaboration and advocacy by the public health agency for the restoration of services, providers, facilities, and infrastructure within the public health, medical, and human services sectors. Monitoring the public health, medical and mental/behavioral health infrastructure is an essential public health service.

**Performance Measures:** This capability consists of the ability to perform Functions 1-3 as detailed below. The community recovery evaluation tool is designed to capture descriptive information about response and recovery activities. (See Pg 26-30)

**Allocated funding:** \$0.00

**Performance Measure Data Element:**

See Above

**Note:** The page #'s listed for Performance Measures above correspond to CDC's "BP1 Performance Measures Specifications and Implementation Guidance", Version 1.1

**Outcome Objective by 6/30/12 date 70% or more of capability will be achieved.**

**Function #1**

**Function #1: Identify and monitor public health, medical, and mental/behavioral health system recovery needs.**

**Task 1:** In collaboration with jurisdictional partners, document short-term and long-term health service delivery priorities and goals. (See Pg 22)

**Task 2:** Identify the services that can be provided by the public health agency and by community and faith-based partners that were identified prior to the incident as well as by new community partners that may arise during the incident response. (See Pg 22)

**Task 3:** Activate plans previously created with neighboring jurisdictions to provide identified services that the jurisdiction does not have the ability to provide during and after an incident. (See Pg 22)

**Task 4:** In conjunction with healthcare organizations (e.g., healthcare facilities and public and private community providers) and based upon recovery operations, determine the community's health service priorities and goals that are the responsibility of public health. (See Pg 22)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities	
No Activity	No activities planned for BP1.		
Resource Element: Plans (P), Equipment (E), Skills (S)		Planned Activity Type	Planned Activity Description
Planning Resource Element 1: Identify recovery needs (See Pg 23)		No Activity	
Planning Resource Element 2: Community assessment (See Pg 23)		No Activity	
Planning Resource Element 3: Operational plans (See Pg 23)		No Activity	
Agency POC:		Start and End Date:	
Who will be your agency's lead point of contact (POC) on this?		When will your agency's POC start their work on this function?	
Name:		Date:	
Contact Info:		When will your agency's POC complete their work on this function?	
		Date:	

**Attachment B**  
**Washoe County Health District (WCHD)**  
**CDC Public Health Emergency Preparedness (BP1) Subgrant # CDC08-12**  
**Scope of Work (SOW) July 1, 2012 through June 30, 2013**

**PHEP Capability # 2 : Community Recovery**

**Demonstration Plan:**

Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)

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**Note:** The page #'s listed in this table correspond to CDC's "Public Health Preparedness Capabilities: National Standards for State and Local Planning", March 2011

**Attachment B**  
**Washoe County Health District (WCHD)**  
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**PHEP Capability # 2 : Community Recovery**

**Function #2**

**Function #2: Coordinate community public health, medical, and mental/behavioral health system recovery operations.**

**Task 1:** Participate with the recovery lead jurisdictional agencies (e.g., emergency management and social service) to ensure that the jurisdiction can provide health services needed to recover from a physical or mental/behavioral injury, illness, or exposure sustained as a result of the incident, with particular attention to the functional needs of at-risk persons (e.g., those displaced from their usual residence). (See Pg 24)

**Task 2:** In conjunction with jurisdictional government and community partners, inform the community of the availability of mental/behavioral, psychological first aid, and medical services within the community, with particular attention to how these services affect the functional needs of at-risk persons (including but not limited to children, elderly, their care givers, the disabled, or individuals with limited economic resources). (See Pg 25)

**Task 3:** Notify the community via community partners of the health agency's plans for restoration of impacted public health, medical, and mental/behavioral health services. (See Pg 25)

**Task 4:** Solicit community input via community partners regarding health service recovery needs during and after the acute phase of the incident. (See Pg 24)

**Task 5:** Partner with public health, medical, and mental/behavioral health professionals and other social networks (e.g., faith-based, volunteer organizations, support groups, and professional organizations) from within and outside the jurisdiction, as applicable to the incident, to educate their constituents regarding applicable health interventions being recommended by public health. (See Pg 25)

**Task 6:** In conjunction with jurisdictional government and community partners, inform the community of the availability of any disaster or community case management services being offered that provide assistance for community members impacted by the incident. (See Pg 25)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
No Activity	No activities planned for BP1.	

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
No Priority Elements		

Agency POC:	Start and End Date:
Who will be your agency's lead point of contact (POC) on this? Name: _____ Contact Info: _____	When will your agency's POC start their work on this function? Date: _____ When will your agency's POC complete their work on this function? Date: _____

**Attachment B**  
**Washoe County Health District (WCHD)**  
**CDC Public Health Emergency Preparedness (BP1) Subgrant # CDC08-12**  
**Scope of Work (SOW) July 1, 2012 through June 30, 2013**

**PHEP Capability # 2 : Community Recovery**

**Demonstration Plan:**

Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)

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**Note:** The page #'s listed in this table correspond to CDC's "Public Health Preparedness Capabilities: National Standards for State and Local Planning", March 2011

**Attachment B**  
**Washoe County Health District (WCHD)**  
**CDC Public Health Emergency Preparedness (BP1) Subgrant # CDC08-12**  
**Scope of Work (SOW) July 1, 2012 through June 30, 2013**

**PHEP Capability # 2 : Community Recovery**

Function #3		
<p><b>Function #3: Implement corrective actions to mitigate damages from future incidents</b></p>	<p><b>Task 1:</b> In conjunction with jurisdictional government and community partners, conduct post-incident assessment and planning as part of the after action report process that affects short and long-term recovery for those corrective actions that are within the control and purview of jurisdictional public health, including the mitigation of damages from future incidents. (See Pg 26)</p> <p><b>Task 2:</b> Collaborate with sector leaders to facilitate collection of community feedback to determine corrective actions. (See Pg 26)</p> <p><b>Task 3:</b> Implement corrective actions for items that are within the scope or control of public health to affect short and long-term recovery, including the mitigation of damages from future incidents. (See Pg 26)</p> <p><b>Task 4:</b> Facilitate and advocate for collaborations among government agencies and community partners so that these agencies can fulfill their respective roles in completing the corrective actions to protect the health of the public. (See Pg 26)</p>	
Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
No Activity	No activities planned for BP1.	
Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
No Priority Elements		
Agency POC:	Start and End Date:	
Who will be your agency's lead point of contact (POC) on this? Name: Contact Info:	When will your agency's POC start their work on this function? Date: When will your agency's POC complete their work on this function? Date:	
Demonstration Plan:		
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)		

**Note:** The page #'s listed in this table correspond to CDC's "Public Health Preparedness Capabilities: National Standards for State and Local Planning", March 2011

**Attachment B**  
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**PHEP Capability # 2 : Community Recovery**

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**PHEP Capability # 3 : Emergency Operations Coordination**

**Definition:** Emergency operations coordination is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System.

**Performance Measure:** See Below

**Allocated funding:** \$179,550.00

**Performance Measure Data Element:**

**Measure 1 - Function 2:** Time for pre-identified staff covering activated public health agency incident management lead roles (or equivalent lead roles) to report for immediate duty. Performance Target: 60 minutes or less (See Pg 29)

– Start time: Date and time that a designated official began notifying staff to report for immediate duty to cover activated incident management lead

– Stop time: Date and time that the last staff person notified to cover an activated incident management lead role reported for immediate duty

**Measure 1 - Function 3:** Production of the approved Incident Action Plan before the start of the second operational period (See Pg 31)

**Measure 1 - Function 5:** Time to complete a draft of an After Action Report and Improvement Plan (See Pg 34)

– Start time: Date exercise or public health emergency operation completed

– Stop time: Date the draft After Action Report and Improvement Plan were submitted for clearance within the public health agency

**Note:** The page #'s listed for Performance Measures above correspond to CDC's "BP1 Performance Measures Specifications and Implementation Guidance", Version 1.1

**Outcome Objective by 6/30/12 date 70% or more of capability will be achieved.**

**Function #1**

**Function #1: Conduct preliminary assessment to determine need for public activation.**

**Task 1:** At the time of an incident and as applicable during an incident, work with jurisdictional officials (e.g., other agency representatives, elected or appointed leadership officials; epidemiology, laboratory, surveillance, medical, and chemical, biological, and radiological subject matter experts, and emergency operations leadership) to analyze data, assess emergency conditions and determine the activation levels based on the complexity of the event or incident. Activation levels should be consistent with jurisdictional standards and practices (e.g., jurisdictional Emergency Operations Plans and applicable annexes). (See Pg 27)

**Task 2:** At the time of an incident and as applicable during an incident, determine whether public health has the lead role, a supporting role, or no role. (See Pg 27)

**Task 3:** Define incident command and emergency management structure for the public health event or incident according to one of the Federal Emergency Management Agency (FEMA) types. (See Pg 27)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
Build	By June 30, 2013 Washoe County Health District will take the following steps to determine the need for public activation: -Conduct a preliminary assessment to determine public health involvement in an incident -Develop a matrix indicating public health involvement in potential incidents based on items identified in the jurisdictional risk assessment -Update plans to include the public health involvement matrix, personnel typing and processes/protocols for acting upon information that indicates an incident requires a public health agency response	At present, there are no CDC-defined performance measures for this function.

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PHEP Capability # 3 : Emergency Operations Coordination		
Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
No Priority Elements		
<b>Agency POC:</b>		<b>Start and End Date:</b>
Who will be your agency's lead point of contact (POC) on this?	When will your agency's POC start their work on this function?	
Name:	Date:	
Contact Info:	When will your agency's POC complete their work on this function?	
	Date:	
<b>Demonstration Plan:</b>		
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)		

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**PHEP Capability # 3: Emergency Operations Coordination**

<b>Function #2</b>		
<b>Function #2: Activate public health emergency operations</b>		
<p><b>Task 1:</b> Prior to an event or incident, identify incident command and emergency management functions for which public health is responsible. (See Pg 28)</p>		
<p><b>Task 2:</b> Prior to an event or incident, identify a pool of staff who have the skills necessary to fulfill required incident command and emergency management roles deemed necessary for a response. The pool should include public health subject matter experts, Incident Commander, Section Chiefs, Command Staff, and support positions (e.g., Informational Technology Specialist). (See Pg 28)</p>		
<p><b>Task 3:</b> Prior to an event or incident, identify staff to serve in the required incident command and emergency management roles for multiple operational periods to ensure continuous staffing during activation. (See Pg 29)</p>		
<p><b>Task 4:</b> Prior to an event or incident, identify primary and alternate physical locations or a virtual structure (owned by public health or have access to through a memorandum of understanding or other written agreements) that will serve as the public health emergency operations center. (See Pg 29)</p>		
<p><b>Task 5:</b> At the time of an event or incident, notify designated incident command staff of public health response. (See Pg 29)</p>		
<p><b>Task 6:</b> In preparation for or at the time of an event or incident, assemble designated staff at the appropriate emergency operations center(s) (i.e., public health emergency operations center or jurisdictional emergency operations center). (See Pg 29)</p>		
Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
Build/Sustain	<p>By June 30, 2013 Washoe County Health District (WCHD) will take the following measures to insure the ability to activate public health operations:</p> <ul style="list-style-type: none"> <li>- Ensure the WCHD Department Operations Plan detail the appropriate activation procedures and levels and notification procedures and system to meet CDC PHEP recommendation and guidelines.</li> <li>- Ensure the WCHD Volunteer/Staff Management Plan contains appropriate personal and equipment check in/out procedures</li> <li>- Modify WCHD Learning Management System (LMS) to identify and type staff and categorize them in Tiers 1-4</li> <li>- Ensure sufficient back up equipment in the event of power failure or system failure in the Department Emergency Operations Center</li> </ul>	<p>Measure 1: Time for pre-identified staff covering activated public health agency incident management lead roles (or equivalent lead roles) to report for immediate duty. Performance Target: 60 minutes or less</p> <ul style="list-style-type: none"> <li>- Start time: Date and time that a designated official began notifying staff to report for immediate duty to cover activated incident management lead roles</li> <li>- Stop time: Date and time that the last staff person notified to cover an activated incident management lead role reported for immediate duty</li> </ul> <p>Activity: By June 30, 2013 all exercises/drills/real incidents involving activation of the Department Operations Center will collect data on start and stop times.</p>

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**PHEP Capability # 3 : Emergency Operations Coordination**

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
<p><b>Planning Resource Element 1:</b> Standard operating procedures for the public health EOC. (See Pg 29)</p>	Sustain	<p>The WCHD Department Emergency Operations Plan (DEMP) currently includes SOPs providing guidance for management, operation, and staff of the WCHD Department Operations Center.</p> <p>This plan also includes the following items:</p> <ul style="list-style-type: none"> <li>-Activation procedures and levels</li> <li>-Notification procedures addressing recalling and assembling incident command staff and ensuring the Department Operations Center is operational either virtually or physically.</li> </ul>
<p><b>Skill &amp; Training 1:</b> NIMS certification based on discipline, level, and jurisdictional requirements. (See Pg 30)</p>	Build/Sustain	<p>Training Requirements for WCHD Staff</p> <p>In the instance that WCHD's Department Emergency Operation Center needs to be stood up to respond to a public health emergency, staff have been identified to serve in the various emergency management roles. To best prepare employees to fulfill their assigned duties during a public health emergency, and to ensure WCHD is in compliance with FEMA, employees in the job classifications listed below must complete National Incident Management System trainings within the specified timeframes (beginning July 1, 2011).</p> <p>All WCHD Employees:</p> <ul style="list-style-type: none"> <li>• IS-100* and IS-700* (or its equivalent) within 90 days of hire</li> <li>• IS-200* (or its equivalent) within 1 year of hire</li> <li>• ICS Refresher Course or deployment every 2 years.</li> </ul> <p>This requirement can be completed by participating in a POD exercise or incident, or attending a brief refresher course hosted by WCHD. Think of this as an opportunity to periodically review and practice what you learned in the course you have taken.</p>

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<p><b>Skill &amp; Training 1:</b> NIMS certification based on discipline, level, and jurisdictional requirements. (See Pg 30) -- Continued</p>	<p>Build/Sustain</p>	<p>Along with the above listed trainings, staff in certain job classifications are required to take additional FEMA courses as described below, and correlate position titles with Tier 1 through Tier 4:</p> <ul style="list-style-type: none"> <li>- Staff in the following job classifications must also take ICS-300** within 2 years of hire (or notification).</li> <li>• Administrative Assistant • Air Quality Specialist • Department Computer Applications Specialist • Disease Intervention Specialist • Environmental Engineer • Environmental Health Specialist • Hazmat Specialist • Licensed Engineer • Public Health Investigator • Statistician</li> <li>- Staff in the following job classifications must also take ICS-300** and ICS-400** within 2 years of hire (or notification):</li> <li>• Air Quality Supervisor • Epidemiologist • Environmental Health Specialist Supervisor • Fiscal Compliance Officer • Health Educator • Program Coordinator • Public Health Nurse • Public Health Nurse Supervisor • Public Information Officer • Senior Air Quality Specialist • Senior Environmental Health Specialist • Senior Epidemiologist • Senior Licensed Engineer</li> </ul>
<p><b>Skill &amp; Training 1:</b> NIMS certification based on discipline, level, and jurisdictional requirements. (See Pg 30) -- Continued</p>	<p>Build/Sustain</p>	<p>Staff in the following job classifications must also take ICS-300**, and ICS-400**, and IS-800.B NRF, within 2 years of hire (or notification):</p> <ul style="list-style-type: none"> <li>• District Health Officer</li> <li>• Division Director</li> <li>• Emergency Medical Services Coordinator</li> <li>• Public Health Preparedness Program Staff</li> </ul> <p>These training requirements recommended by the Department Emergency Management Council, were adopted by the District Health Officer and Division Directors on February 28, 2011.</p>
<p><b>Agency POC:</b></p> <p>Who will be your agency's lead point of contact (POC) on this?          Name: _____          Contact Info: _____</p>		<p><b>Start and End Date:</b></p> <p>When will your agency's POC start their work on this function?          Date: _____</p> <p>When will your agency's POC complete their work on this function?          Date: _____</p>
<p><b>Demonstration Plan:</b></p>		
<p>Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved: Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)</p>		

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**PHEP Capability # 3 : Emergency Operations Coordination**

**Function #3**

**Function #3: Develop incident response strategy.**

**Task 1:** Produce or contribute to an Incident Commander or Unified Command approved Incident Action Plan prior to the start of the second operational period. (See Pg 31)

**Task 2:** Disseminate the Incident Action Plan to public health response staff. (See Pg 31)

**Task 3:** Revise and brief staff on the Incident Action Plan at least at the start of each new operational period. (See Pg 31)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
Build/Sustain	<p>By June 30, 2013 Washoe County Health District (WCHD) will take the following measures to insure the department has the ability to develop incident response strategy:</p> <ul style="list-style-type: none"> <li>-Produce or contribute to an approved Incident Action Plan during the first operational period of an full scale exercise or real life event</li> <li>-Update plans to include a Incident Action Plan template that includes all the pertinent information based on the scale of the incident</li> <li>-Ensure new employees complete the required ICS training per WCHD training policy</li> </ul>	<p>Measure 1: Production of the approved Incident Action Plan before the start of the second operational period</p>

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
<p>Planning Resource Element 1: Template for producing incident action plans. (See Pg31)</p>	Build/Sustain	<p>By June 30, 2013 WCHD will revise/update the Department Emergency Operations Plan (DEMP) to ensure it includes the template with all recommendations for producing incident action plans.</p>

Agency POC:	Start and End Date:
<p>Who will be your agency's lead point of contact (POC) on this?</p> <p>Name: _____</p> <p>Contact Info: _____</p>	<p>When will your agency's POC start their work on this function?</p> <p>Date: _____</p> <p>When will your agency's POC complete their work on this function?</p> <p>Date: _____</p>

Demonstration Plan:	
<p>Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)</p>	

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**PHEP Capability # 3 : Emergency Operations Coordination**

<b>Function #4</b>		
<b>Function #4: Manage and sustain the public health response.</b>	<b>Task 1:</b> Coordinate public health and medical emergency management operations for the public health response (e.g., phonecalls, meetings, and conference calls). (See Pg 32)	
	<b>Task 2:</b> Track and account for all public health resources during the public health response. (See Pg 32)	
	<b>Task 3:</b> Maintain situational awareness using information gathered from medical, public health, and other health stakeholders (e.g., fusion centers). (See Pg 32)	
	<b>Task 4:</b> Maintain situational awareness using information gathered from medical, public health, and other health stakeholders (e.g., fusion centers). (See Pg 32)	
<b>Planned Activity Type</b>	<b>Planned Activity Description</b>	<b>Performance Measure Planned Activities</b>
Build/Sustain	<p>By June 30, 2013 Washoe County Health District (WCHD) will take the following measures to insure the department has the ability to manage and sustain a public health response:</p> <ul style="list-style-type: none"> <li>-Revise procedures for shift changes</li> <li>-Develop template for shift change briefings</li> <li>-Continued training in WCHD COOP plan</li> <li>- Ensure WebEOC Resource Manager is up to date and operational and staff have been properly trained to use resource manager system</li> </ul>	At present there are no CDC-defined performance measures for this function.
<b>Resource Element: Plans (P), Equipment (E), Skills (S)</b>		<b>Planned Activity Type</b>
<b>Planning Resource Element 1:</b> Process to ensure continued performance of pre-identified essential functions. (See Pg 32)		Build/Sustain
		By June 30, 2013 WCHD will maintain and update our Continuity and Operations plan to ensure that addresses all elements of pre-identified essential functions as identified in this Planning resource element.
<b>Agency POC:</b>		<b>Start and End Date:</b>
<b>Who will be your agency's lead point of contact (POC) on this?</b>		<b>When will your agency's POC start their work on this function?</b>
Name: _____		Date: _____
Contact Info: _____		<b>When will your agency's POC complete their work on this function?</b>
		Date: _____
<b>Demonstration Plan:</b>		
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)		

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**PHEP Capability # 3 - Emergency Operations Coordination**

**Function #5**

**Function #5: Demobilize and evaluate public health emergency operations.**

- Task 1:** Return resources to a condition of "normal state of operation" as appropriate. This may include archiving records and restoring systems, supplies, and staffing to a pre-incident ready state. (See Pg 34)
- Task 2:** Conduct final incident closeout of public health operations including the turnover of documentation, an incident debriefing, and a "final closeout" with the responsible agency or jurisdiction executive officials. (See Pg 34)
- Task 3:** Produce After Action Report for public health operations to identify improvement areas and promising practices. (See Pg 34)
- Task 4:** Implement Improvement Plan items (e.g., project work plans and evidence of improvement actions) that have been assigned to public health. (See Pg 34)
- Task 5:** Track the implementation progress of Improvement Plan items assigned to public health through a corrective action system. (See Pg 34)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
Build	By June 30, 2013 Washoe County Health District (WCHD) will take the following measures to be prepared to demobilize after an exercise or event as well as effectively evaluate public health emergency operations: -Update demobilization plan -Ensure WebEOC Resource Manager contains ability to manage and account for all resources	Measure 1: Time to complete a draft of an After Action Report and Improvement Plan – Start time: Date exercise or public health emergency operation completed – Stop time: Date the draft After Action Report and Improvement Plan were submitted for clearance within the public health agency  Activity: By June 30, 2013 all exercises/drills/real incidents involving activation of the Department Operations Center will collect data on the time operation was completed and the AAR/IP submitted.

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
<b>Planning Resource Element 1:</b> Demobilization procedures for public health operations. (See Pg 34)	Build	By June 30, 2013 WCHD will develop a written demobilization plan for public health operations that ensure that our staff can effectively demobilize operations at the termination of a response.

Agency POC:	Start and End Date:
Who will be your agency's lead point of contact (POC) on this? Name: _____ Contact Info: _____	When will your agency's POC start their work on this function? Date: _____ When will your agency's POC complete their work on this function? Date: _____

Demonstration Plan:	
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)	

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<b>PHEP Capability # 4 : Emergency Public Information and Warning</b>
<b>Definition:</b> Emergency public information and warning is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders.
<b>Performance Measure:</b> See Below
<b>Allocated funding:</b> \$179,550.00
<b>Performance Measure Data Element:</b>
<b>PHEP 4.1 (Function 5): Public Message Dissemination-</b> Time to issue a risk communication message for dissemination to the public. (See Pgs 47-49)
- Start time: Date and time that a designated official requested that the first risk communication message be developed
- Stop time: Date and time that a designated official approved the first risk communication message for dissemination

**Note:** The page #'s listed for Performance Measures above correspond to CDC's "BP1 Performance Measures Specifications and Implementation Guidance", Version 1.1

**Outcome Objective by 6/30/12 date 70% or more of capability will be achieved.**

<b>Function #1</b>	
<b>Function #1: Activate the emergency public information system</b>	<b>Task 1:</b> Prior to an incident, identify Public Information Officer, support staff (depending on jurisdictional vulnerabilities and subject matter expertise), and potential spokesperson(s) to convey information to the public. (See Pg 36)
	<b>Task 2:</b> Prior to an incident, identify a primary and alternate physical and/or virtual structure that will be used to support alerting and public information operations. (See Pg 36)
	<b>Task 3:</b> Prior to the incident, ensure identified personnel are trained in the functions they may be asked to fulfill. (See Pg 36)
	<b>Task 4:</b> At the time of an incident, notify Public Information Officer, support staff, spokesperson(s), and subject matter experts, if applicable to the incident, of the need to either be on-call or to report for duty as necessary within a time frame appropriate to the incident. (See Pg 36)
	<b>Task 5:</b> At the time of an incident, assemble public information staff at the physical or virtual location, debrief on incident, and assign response duties. (See Pg 36)
	<b>Task 6:</b> Assist local public health systems in implementing emergency communication abilities. (See Pg 36)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
Sustain	Currently, WCHD has a dedicated full-time Public Information Officer. Additional spokespersons and subject matter experts have been identified and respond accordingly depending on the incident. Call down telephone and email notification lists are used to assemble personnel during an incident.	At present there are no CDC-defined performance measures for this function

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<b>PHEP Capability # 4 : Emergency Public Information and Warning</b>		
<b>Resource Element: Plans (P), Equipment (E), Skills (S)</b>	<b>Planned Activity Type</b>	<b>Planned Activity Description</b>
<b>Planning Resource Element 1:</b> Standard operating procedures for the public health EOC. (See Pg 36)	Sustain	Currently, the Washoe County Health District Public Information and Communication Plan (PIC Plan) and the adopted Washoe County Regional Emergency Operations Center Emergency Public Information Annex supporting document clearly define Public Information Officer, support staff, and potential spokespersons duties to convey information duties.
<b>Planning Resource Element 2:</b> Message templates addressing jurisdictional vulnerabilities. (See Pg 36)	Sustain	Currently, Chapter 1 of the Washoe County Health District Public Information and Communication Plan (PIC Plan) identifies key stakeholders. Potential stakeholder questions and concerns; common sets of underlying concerns/questions; and, key messages in response to the generated list of underlying stakeholder questions and concerns are addressed in Chapters 2 and 3.
<b>Skill &amp; Training 1:</b> NIMS training for public information staff (See Pg 37)	Sustain	Washoe County Health District's PIO has successfully completed – NIMS ICS100, 200, 300, 400, and 700. PIO is a certified ICS 300 and 400 Trainer. PIO has been accepted to attend EMI 389 Master PIO Training in Emmitsburg, MD in 2013. Additional trainings and real incident experience have been accepted by EMI as meeting the minimum requirement for attending E389.
<b>Skill &amp; Training 2:</b> Crisis and emergency risk communication training (See Pg 37)	Sustain	Washoe County Health District's PIO successfully completed CERC training in person at the CDC in August 2011. PIO has successfully conducted CERC trainings for stakeholders and some staff. Future CERC trainings are planned in December 2012 and 2013.
<b>Agency POC:</b>		<b>Start and End Date:</b>
Who will be your agency's lead point of contact (POC) on this?		When will your agency's POC start their work on this function?
Name:		Date:
Contact Info:		When will your agency's POC complete their work on this function?
		Date:
<b>Demonstration Plan:</b>		
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)		

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**PHEP Capability # 4 : Emergency Public Information and Warning**

**Function #2**

**Function #2: Determine the need for a joint public information system**

**Task 1:** As applicable to the incident, establish a Virtual Joint Information Center, if establishment of a full-fledged Joint Information Center is not optimal. (See Pg 38)

**Task 2:** Identify a health department representative to participate in the jurisdiction's emergency operations center to ensure public health messaging capacity is represented if a Joint Information Center (JIC) or Virtual Joint Information Center is not applicable to the incident. (See Pg 38)

**Task 3:** Assign tasks to support staff (with staff redundancy to support extended operational periods) to support message coordination and public information through three principal functions: Research, Media Operations, and Administration, as applicable to the incident. (See Pg 38)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
Sustain	The Washoe County Health District Public Information and Communication Plan (PIC Plan) and the adopted Washoe County Regional Emergency Operations Center Emergency Public Information Annex supporting document provide criteria and protocol for establishment of a Joint Information Center (JIC). Inclusive in the plans are job action sheets/checklists, and personnel job/position descriptions	At present there are no CDC-defined performance measures for this function

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
<b>Equipment and Technology 1:</b> Minimum components of a virtual joint information center. (See Pg 39)	Sustain	The Washoe County Health District Public Information and Communication Plan (PIC Plan) and the adopted Washoe County Regional Emergency Operations Center Emergency Public Information Annex supporting document provide lists of equipment, and redundant communication resources available to ensure transmission and storage of information from the JIC.

Agency POC:	Start and End Date:
Who will be your agency's lead point of contact (POC) on this? Name: _____ Contact Info: _____	When will your agency's POC start their work on this function? Date: _____ When will your agency's POC complete their work on this function? Date: _____

Demonstration Plan:
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)

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**PHEP Capability # 4 : Emergency Public Information and Warning**

**Function #3**

**Function #3: Establish and participate in information system operations.**

**Task 1:** Develop, recommend, and execute approved public information plans and strategies on behalf of the Incident Command or Unified Command structure. (See Pg 40).

**Task 2:** Based on jurisdictional structure, provide a single release point of information for health and healthcare issues through a pre-identified spokesperson in coordination with the JIC. (See Pg 40)

**Task 3:** Facilitate rumor control for media outlets for the jurisdiction such as television, internet, radio, and newspapers. (See Pg 40)

<b>Planned Activity Type</b>	<b>Planned Activity Description</b>	<b>Performance Measure Planned Activities</b>	
Sustain	The Washoe County Health District Public Information and Communication Plan (PIC Plan) and the adopted Washoe County Regional Emergency Operations Center Emergency Public Information Annex supporting document provide NIMS ICS flow charts and job action sheets/checklists for personnel coordinating incident-related communications. The Washoe County Health District PIO would assume Lead PIO or JIC Manager position depending on the complexity of the incident.	At present there are no CDC-defined performance measures for this function	
<b>Resource Element: Plans (P), Equipment (E), Skills (S)</b>		<b>Planned Activity Type</b>	<b>Planned Activity Description</b>
No Priority Elements			
<b>Agency POC:</b>		<b>Start and End Date:</b>	
Who will be your agency's lead point of contact (POC) on this?		When will your agency's POC start their work on this function?	
Name:		Date:	
Contact Info:		When will your agency's POC complete their work on this function?	
		Date:	
<b>Demonstration Plan:</b>			
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved: Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)			

Note: The page #'s listed in this table correspond to CDC's "Public Health Preparedness Capabilities: National Standards for State and Local Planning", March 2011

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**PHEP Capability # 4 : Emergency Public Information and Warning**

**Function #4**

<b>Function #4:</b> Establish avenues for public interaction and information exchange	<b>Task 1:</b> Establish mechanisms (e.g., call center, poison control center, and non-emergency line such as 211 or 311) for public and media inquiries that can be scalable to meet the needs of the incident. (See Pg 41)
	<b>Task 2:</b> If health department websites exist, post incident-related information on health department website as a means of informing and connecting with the public. (See Pg 41)
	<b>Task 3:</b> Utilize social media (e.g., Twitter and Facebook) when and if possible for public health messaging. (See Pg 41)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
Build	By June 30, 2012 A community preparedness assessment will be completed which will assist in identifying and enhancing the current avenues for public interaction and information exchange (All Function 4 Capabilities). Limited free phone lines into the WCHD may be overloaded during major incidents due to economic factors (Function 4 / Element1). Use of Twitter, Facebook and other Social Media is being explored within the confines of Washoe County's Social Media Policy which is now being reviewed. A final determination will be made by the Health Officer and the District Attorney's Office. A partnership with Washoe County Community Relations Office is being explored to share social media and networking measurement data within the grant period (Function 4 / Element4).	At present there are no CDC-defined performance measures for this function

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
No Priority Elements		

Agency POC:	Start and End Date:
Who will be your agency's lead point of contact (POC) on this? Name: _____ Contact Info: _____	When will your agency's POC start their work on this function? Date: _____ When will your agency's POC complete their work on this function? Date: _____

Demonstration Plan:	
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)	

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**PHEP Capability # 4 : Emergency Public Information and Warning**

**Function #5**

**Function #5:** Issue public information, alerts, warnings, and notifications.

**Task 1:** Prior to the incident, comply with established jurisdictional legal guidelines to avoid communication of information that is protected for national security or law enforcement reasons or that may infringe on individual and entity rights. (See Pg 42)

**Task 2:** Disseminate information to the public using pre-established message maps in languages and formats that take into account jurisdiction demographics, at-risk populations, economic disadvantages, limited language proficiency, and cultural or geographical isolation. (See Pg 42)

**Task 3:** Transmit health-related messaging information to responder organizations through secure messaging platforms. (See Pg 43)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
Sustain	Washoe County Health District's PIO successfully completed CERC training in person at the CDC in August 2011 and utilizes CERC principles in disseminating critical health and safety information at all times. Chapter 2, 3, 5, and 8 of the WCHD PIC Plan identifies stakeholders, media and at-risk populations to be engaged and informed of potential health risks and reduce the risk of exposure to ongoing and potential hazards. Due to Washoe County's fame as a popular tourist center, challenges to reaching everyone with health messages must be addressed to ensure the safety and health of Washoe County residents, and visitors alike.	
Sustain	<b>Cont'd:</b> WCHD will review and update our written direction within the PIC Plan for a public information process to help at-risk individuals understand personal preparedness, and access to resources and services utilizing a wide variety of multiple media, multilingual, and alternative formats for the various audiences that reside in and visit our community. WCHD will continue to utilize translation services and CDC materials via links on its website and developing social media resources for press releases and to issue public information, alerts, warnings, and notifications to traditional and non-traditional audiences when needed.	
<b>Resource Element: Plans (P), Equipment (E), Skills (S)</b>		<b>Planned Activity Type</b>
No Priority Elements		<b>Planned Activity Description</b>

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<b>PHEP Capability # 4 : Emergency Public Information and Warning</b>	
<b>Agency POC:</b>	<b>Start and End Date:</b>
<p>Who will be your agency's lead point of contact (POC) on this?</p> <p>Name: <input style="width: 80%;" type="text"/></p> <p>Contact Info: <input style="width: 80%;" type="text"/></p>	<p>When will your agency's POC <u>start</u> their work on this function?</p> <p>Date: <input style="width: 80%;" type="text"/></p> <p>When will your agency's POC complete their work on this function?</p> <p>Date: <input style="width: 80%;" type="text"/></p>
<b>Demonstration Plan:</b>	
<p>Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)</p>	<div style="border: 1px solid black; height: 100px;"></div>

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**PHEP Capability # 4 : Emergency Public Information and Warning**

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**PHEP Capability # 5 : PHEP Fatality Management**

**Definition:** Fatality management is the ability to coordinate with other organizations (e.g., law enforcement, healthcare, emergency management, and medical examiner/coroner) to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/behavioral health services to the family members, responders, and survivors of an incident.

**Performance Measures:** See Below

**Allocated funding:** \$0.00

**Performance Measure Data Element:**

**PHEP 5.1 (Function 1): Identify Role with Partners (Awardee)** - The awardee health department has defined fatality management roles and responsibilities of public health in relation to those of key local partners (e.g., emergency management, coroners and medical examiners, and funeral directors). (See Pgs 54-55)

**PHEP 5.2 (Function 1): Identify Role with Partners (LHDs)** - Proportion of PHEP-funded LHDs that have defined fatality management roles and responsibilities of public health in relation to those of key local partners (e.g., emergency management, coroners and medical examiners, and funeral directors). (See Pgs 56-58)

**Note:** The page #'s listed for Performance Measures above correspond to CDC's "BP1 Performance Measures Specifications and Implementation Guidance", Version 1.1

**Outcome Objective by 6/30/12 date 70% or more of capability will be achieved.**

**Function #1**

<p><b>Function #1: Determine role for public health in fatality management.</b></p>	<p><b>Task 1:</b> Prior to an incident, characterize potential fatalities based on jurisdictional risk assessment and the impact of these potential fatalities on jurisdictional resource needs. (See Pg 45)</p> <p><b>Task 2:</b> Prior to an incident, coordinate with subject matter experts (e.g., those with expertise in epidemiology, laboratory, surveillance; community cultural/religious beliefs or burial practices; chemical, biological, radiological and emergency operations leads; and partners from hospital, mortuary, emergency medical services) to determine public health's role in an incident that may result in fatalities. (See Pg 45)</p> <p><b>Task 3:</b> Prior to an incident, coordinate with jurisdictional, private and federal Emergency Support Function #6 and Emergency Support Function #8 resources as necessary to determine their roles and requirements for the response. (See Pg 45)</p>
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Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
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No Activity		
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Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
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Planning Resource Element 1: Written plans to support coordinated activities. (See Pg 45)	No Activity	
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**Agency POC: Start and End Date:**

<p><b>Who will be your agency's lead point of contact (POC) on this?</b>  <b>Name:</b> _____  <b>Contact Info:</b> _____</p>	<p><b>When will your agency's POC start their work on this function?</b>  <b>Date:</b> _____</p> <p><b>When will your agency's POC complete their work on this function?</b>  <b>Date:</b> _____</p>
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**PHEP Capability # 5 : PHEP Fatality Management**

**Demonstration Plan:**

Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved: Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)

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**PHEP Capability # 5 : PHEP Fatality Management**

**Function #2**

**Function #2: Activate public health fatality management operations:**

**Task 1:** Assess data from the incident to inform and guide the public health resources needed for the response. (See Pg 48)

**Task 2:** Identify and coordinate with jurisdictional, regional, private, and federal Emergency Support Function #8 resources with expertise in the potential cause(s) of fatalities to make recommendations regarding all phases of human remains disposition: recovery, processing (e.g., decontamination, infection control, and other mitigation measures), storing, and disposing. (See Pg 48)

**Task 3:** Coordinate with partners to initiate pre-determined (e.g., local, regional, state, federal, and private sector) processes for all phases of human remains disposition. (See Pg 48)

**Task 4:** Coordinate incident details among members of the public health and medical health systems by sharing information between programs and linking information databases, based on the scope of the incident. (See Pg 48)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
No Activity		

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
No Priority Activity		

Agency POC:	Start and End Date:
Who will be your agency's lead point of contact (POC) on this? Name: Contact Info:	When will your agency's POC start their work on this function? Date: When will your agency's POC complete their work on this function? Date:

Demonstration Plan:	
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)	

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**PHEP Capability # 5 : PHEP Fatality Management**

**Function #3**

**Function #3: Mental/behavioral support at the healthcare organization level.**

**Task 1:** Coordinate with partners for the establishment of a mechanism (e.g., Family Assistance Center) to collect antemortem data. (See Pg 50)

**Task 2:** Coordinate with partners to identify and assemble the resources required to collect and communicate antemortem data. (See Pg 50)

**Task 3:** Coordinate with partners and assist, if needed, in the collection and dissemination of antemortem data to families of the deceased and law enforcement officials. (See Pg 50)

**Task 4:** Coordinate with partners to support electronic recording and reporting of antemortem data through electronic systems and/or other information sharing platforms. (See Pg 50)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
No Activity		

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
Planning Resource Element 1: Procedure for the collection of antemortem data. (See Pg 50)	No Activity	

Agency POC:	Start and End Date:
Who will be your agency's lead point of contact (POC) on this? Name: _____ Contact Info: _____	When will your agency's POC start their work on this function? Date: _____ When will your agency's POC complete their work on this function? Date: _____

Demonstration Plan:
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)

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**PHEP Capability # 5 : PHEP Fatality Management**

<b>Function #4</b>		
<b>Function #4: Participate in survivor mental/behavioral health services</b>	<b>Task 1:</b> Coordinate with partners to assemble the required staff and resources to provide non-intrusive mental/behavioral health services to responders. (See Pg 52)	
	<b>Task 2:</b> Coordinate with partners to facilitate availability of culturally appropriate assistance (e.g., addressing language barriers and religious or cultural practices). (See Pg 52)	
	<b>Task 3:</b> Coordinate with Emergency Support Function 8 partners to support the provision of mental/behavioral health services to family members of the deceased and incident survivors as needed. (See Pg 52)	
<b>Planned Activity Type</b>	<b>Planned Activity Description</b>	<b>Performance Measure Planned Activities</b>
No Activity		
<b>Resource Element: Plans (P), Equipment (E), Skills (S)</b>	<b>Planned Activity Type</b>	<b>Planned Activity Description</b>
No Priority Activity		
<b>Agency POC:</b>		<b>Start and End Date:</b>
Who will be your agency's lead point of contact (POC) on this?		When will your agency's POC <u>start</u> their work on this function?
Name:		Date:
Contact Info:		When will your agency's POC <u>complete</u> their work on this function?
		Date:
<b>Demonstration Plan:</b>		
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)		

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**PHEP Capability # 5 : PHEP Fatality Management**

**Function #5**

**Function #5: Participate in fatality processing and storage operations**

**Task 1:** Make recommendations to incident management/jurisdictional lead agency on procedures for the safe recovery, receipt, identification, decontamination, transportation, storage, and disposal of human remains. Recommendations can also include an assessment of the need for temporary burial, procurement of public property for temporary burial, and security/privacy requirements of the processing facility. (See Pg 53)

**Task 2:** Assist, if needed or requested, in multi-specialty forensic analysis to identify human remains and determine the cause and manner of death. (See Pg 53)

**Task 3:** Coordinate with partners to support electronic death reporting. (See Pg 53)

**Task 4:** Coordinate with partners to facilitate the collection and reporting of mortality information (e.g., vital records). (See Pg 53)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
No Activity		

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
No Priority Activity		

Agency POC:	Start and End Date:
Who will be your agency's lead point of contact (POC) on this? Name: _____ Contact Info: _____	When will your agency's POC start their work on this function? Date: _____ When will your agency's POC complete their work on this function? Date: _____

**Demonstration Plan:**

Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved: Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)

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**PHEP Capability # 6 : Information Sharing**

**Definition:** Information sharing is the ability to conduct multi-jurisdictional, multi-disciplinary exchange of health-related information and situational awareness data among federal, state, local, territorial, and tribal levels of government, and the private sector. This capability includes the routine sharing of information as well as issuing of public health alerts to federal, state, local, territorial, and tribal levels of government and the private sector in preparation for, and in response to, events or incidents of public health significance.

**Performance Measures:** See Below

**Allocated funding:** \$0.00

**Performance Measure Data Element:**

PHEP 6.1 (Function 1 & 3): Share Epidemiological/Clinical Data (Awardee) - The awardee health department can share basic epidemiological and/or clinical data with relevant healthcare organizations (HCOs). (See Pgs 60-61)

PHEP 6.2 (Function 1 & 3): Share Epidemiological/Clinical Data (LHDs) - Proportion of PHEP-funded local health departments that can share basic epidemiological and/or clinical data with relevant healthcare organizations (HCOs). (See Pgs 62-64)

HPP-PHEP 6.1 (Function 3): Information Sharing - Percent of local partners that reported requested Essential Elements of Information (EI) to the health and medical lead within the requested timeframe. (See Pgs 65-67)

**Note:** The page #'s listed for Performance Measures above correspond to CDC's "BP1 Performance Measures Specifications and Implementation Guidance", Version 1.1

**Outcome Objective by 6/30/12 date 70% or more of capability will be achieved.**

**Function #1**

**Function #1: Identify stakeholders to be incorporated into information flow.**

**Task 1:** Prior to and as necessary during an incident, identify intra-jurisdictional stakeholders across public health, public safety, private sector, law enforcement, and other disciplines to determine information-sharing needs. (See Pg 55)

**Task 2:** Prior to and as necessary during an incident, identify inter-jurisdictional public health stakeholders to determine information sharing needs. (See Pg 55)

**Task 3:** Prior to and as necessary during an incident, work with elected officials, identified stakeholders (both inter- and intrajurisdictional) and private sector leadership to promote and ensure continual connection (e.g., ongoing, standing meetings, webinars, and teleconferences) and use continuous quality improvement process to define and redefine information-sharing needs. (See Pg 55)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
No Activity		

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
Planning Resource Element 1: Processes to engage stakeholders (See Pg 55)	No Activity	
Planning Resource Element 2: Role-based public health directory (See Pg 56)	No Activity	

Agency POC:	Start and End Date:
Who will be your agency's lead point of contact (POC) on this?	When will your agency's POC start their work on this function?
Name:	Date:
Contact Info:	When will your agency's POC complete their work on this function?
	Date:

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**PHEP Capability # 6: Information Sharing**

**Demonstration Plan:**

Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)

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**PHEP Capability # 6 : Information Sharing**

**Function #2**

**Function #2: Identify and develop rules and data elements for sharing.**

**Task 1:** Prior to and as necessary during an incident, identify, through public health agency legal counsel (and counsel to other agencies and jurisdictions as appropriate), current jurisdictional and federal regulatory, statutory, privacy-related and other provisions, laws, and policies that authorize and limit sharing of information relevant to emergency situational awareness. Such laws and policies may include Health Insurance Portability and Accountability Act (HIPAA), Office of the National Coordinator Health IT Information Technology Policy, HHS Information Management Policy, and specific requirements of current memoranda of understanding and memoranda of agreements; these laws may address privacy, civil liberties, intellectual property, and other substantive issues. (See Pg 57)

**Task 2:** Prior to and as necessary during an incident, identify routine or incident-specific data requirements for each stakeholder. (See Pg 57)

**Task 3:** Prior to and as necessary during an incident, identify public health events and incidents that, when observed, will necessitate information exchange. (See Pg 57)

**Task 4:** Prior to, during, and after an incident, utilize continuous quality improvement or have a processes and a corrective action system to identify and correct unintended legal and policy barriers to sharing of situational awareness information that are within the jurisdictional public health agency's control (e.g., legal and policy barriers, opportunities to shorten the amount of time to share data). (See Pg 57)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
No Activity		

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
Planning Resource Element 1: Data-exchange requirements (See Pg 57)	No Activity	
Planning Resource Element 2: Health Information exchange protocols (See Pg 57)	No Activity	

Agency POC:	Start and End Date:
Who will be your agency's lead point of contact (POC) on this? Name: _____ Contact Info: _____	When will your agency's POC start their work on this function? Date: _____ When will your agency's POC complete their work on this function? Date: _____

Demonstration Plan:
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)

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**PHEP Capability # 6 : Information Sharing**

**Function #3**

**Function #3: Exchange information to determine a common operating picture.**

**Task 1:** Prior to and during an incident, collaborate with and participate in jurisdictional health information exchange (e.g., fusion centers, health alert system, or equivalent). (See Pg 59)

**Task 2:** Prior to and during an incident, maintain data repositories that are able to support data exchange with other regional and federal public health entities. Store data according to jurisdictional and/or federal standards for formatting, vocabulary, and encryption. (See Pg 59)

**Task 3:** Prior to and during an incident, request, send, and receive data and information using encryption that meets jurisdictional and/or federal standards. (See Pg 59)

**Task 4:** Verify authenticity with message sender or information requestor. (See Pg 59)

**Task 5:** Prior to and during an incident, if necessitated by the situation, acknowledge receipt of information or public health alert. (See Pg 59)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
No Activity		

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
Planning Resource Element 1: Protocol for the development of Public Health Alert messages. (See Pg 59)	No Activity	

Agency POC:	Start and End Date:
Who will be your agency's lead point of contact (POC) on this? Name: _____ Contact Info: _____	When will your agency's POC start their work on this function? Date: _____ When will your agency's POC complete their work on this function? Date: _____

Demonstration Plan:
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved: Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)

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**PHEP Capability # 7: Mass Care**

**Definition:** Mass care is the ability to coordinate with partner agencies to address the public health, medical, and mental/behavioral health needs of those impacted by an incident at a congregate location. This capability includes the coordination of ongoing surveillance and assessment to ensure that health needs continue to be met as the incident evolves.

**Performance Measures:** See Below

**Allocated funding:** \$0.00

**Performance Measure Data Element:**

**PHEP 7.1 (Function 1): Define Roles with Partners (Awardee)** - The awardee health department has defined its role in mass care operations in coordination with ESF-6 and other key partners. (See Pgs 69-71)

**PHEP 7.2 (Function 1): Define Roles with Partners (LHDs)** - Proportion of PHEP-funded local health departments that have defined their role in mass care operations in coordination with ESF-6 and other key partners. (See Pgs 72-74)

**Evaluation Tool (Function 1-4):** This instrument is intended to be completed by any state or local health department(s) within the awardee jurisdiction involved in mass care operations. However, the awardee will always be responsible for submitting these data to CDC. Health departments not involved in mass care operations are not required to complete this tool. (See Pgs 75-78)

**Note:** The page #'s listed for Performance Measures above correspond to CDC's "BP1 Performance Measures Specifications and Implementation Guidance", Version 1.1

**Outcome Objective by 6/30/12 date 70% or more of capability will be achieved:**

**Function #1**

**Function #1: Determine public health role in mass care operations.**

**Task 1:** At the time of an incident, activate pre-determined public health roles (e.g., population monitoring, environmental health and safety assessment, accessibility for populations with special needs, and need for decontamination) needed in the mass care response in coordination with Emergency Support Function #6 and #8 partners. (See Pg 62)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
No Activity		

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
No Priority Activity		

Agency POC:	Start and End Date:
Who will be your agency's lead point of contact (POC) on this? Name: _____ Contact Info: _____	When will your agency's POC start their work on this function? Date: _____ When will your agency's POC complete their work on this function? Date: _____

**Demonstration Plan:**

Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, #FE)

**Note:** The page #'s listed in this table correspond to CDC's "Public Health Preparedness Capabilities: National Standards for State and Local Planning", March 2011

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**PHEP Capability # 7: Mass Care**

**Function #2**

<b>Function #2: Determine mass care needs of the impacted population</b>	<b>Task 1:</b> At the time of an incident, coordinate with response partners to utilize pre-existing jurisdictional risk assessment, environmental data, and health demographic data to identify population health needs in the area impacted by the incident. (See Pg 63)
	<b>Task 2:</b> At the time of an incident, coordinate with response partners to complete a facility-specific environmental health and safety assessment of the selected or potential congregate locations. (See Pg 63)
	<b>Task 3:</b> During the incident, coordinate with partner agencies to assure food and water safety inspections at congregate locations. (See Pg 63)
	<b>Task 4:</b> During the incident, coordinate with partners to assure health screening of the population registering at congregate locations. (See Pg 63)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
No Activity		

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
Planning Resource Element 1: Shelter environmental health inspections (See Pg 64)	No Activity	
Planning Resource Element 2: Pre-identified sites (See Pg 64)	No Activity	

Agency POC:	Start and End Date:
Who will be your agency's lead point of contact (POC) on this? Name: _____ Contact Info: _____	When will your agency's POC start their work on this function? Date: _____ When will your agency's POC complete their work on this function? Date: _____

Demonstration Plan:	
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, ITX, Games, Drills, Functional Exercise, FSE)	

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**PHEP Capability # 7: Mass Care**

**Function #3**

**Function #3: Coordinate public health, medical, and mental/behavioral health services**

- Task 1:** At the time of the incident, coordinate with healthcare partners to assure medical and mental/behavioral health services are accessible at or through congregate locations. (See Pg 66)
- Task 2:** At the time of the incident, coordinate with providers to facilitate access to medication and assistive devices for individuals impacted by the incident. (See Pg 66)
- Task 3:** At the time of the incident, if applicable, coordinate with jurisdictional HazMat resources or other lead agency to assure provision of population monitoring and decontamination services, including the establishment of tracking systems of contaminated or possibly contaminated (e.g., radiological, nuclear, or chemical) individuals who may enter congregate locations. (See Pg 66)
- Task 4:** During an incident, disseminate and promote accessible information regarding available mass care health services to the public. (See Pg 66)
- Task 5:** During an incident, coordinate with agencies to accommodate and provide care (e.g., medical care, essential needs, and decontamination) for service animals within general shelter populations. (See Pg 66)
- Task 6:** At the time of the incident, work with partner agencies in coordinating the location of human sheltering efforts with household pet sheltering efforts. (See Pg 66)
- Task 7:** During and after an incident, coordinate with emergency medical services, local, state, tribal, and federal health agencies, emergency management agencies, state hospital associations, social services, and participating non-governmental organizations to return individuals displaced by the incident to their pre-incident medical environment (e.g., prior medical care provider, skilled nursing facility, or place of residence) or other applicable medical setting. (See Pg 66)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities	
No Activity			
Resource Element: Plans (P), Equipment (E), Skills (S)		Planned Activity Type	Planned Activity Description
No Priority Elements			
Agency POC:		Start and End Date:	
Who will be your agency's lead point of contact (POC) on this?		When will your agency's POC <u>start</u> their work on this function?	
Name:		Date:	
Contact Info:		When will your agency's POC <u>complete</u> their work on this function?	
		Date:	
Demonstration Plan:			
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)			

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**PHEP Capability # 7: Mass Care**

**Function #4**

**Function #4: Monitor mass care population health**

- Task 1:** During an incident, in coordination with partner agencies, monitor facility-specific environmental health and safety, including screening for contamination (e.g., radiological, nuclear, biological, or chemical), and assure any identified deficiencies are corrected. (See Pg 69)
- Task 2:** During an incident, conduct surveillance at congregate locations to identify cases of illness, injury, and exposure within mass care populations. (See Pg 69)
- Task 3:** During an incident, identify updated health needs as part of the agency's/jurisdictional situational awareness update, and refer those updates through the public health incident management system for additional local, state, regional, or federal assistance as necessary. (See Pg 69)
- Task 4:** After an incident, in conjunction with partner agencies, de-escalate health response as appropriate to the mass care situation, including creating and executing a health resource demobilization plan. (See Pg 69)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
No Activity		

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
No Priority Elements		

Agency POC:	Start and End Date:
Who will be your agency's lead point of contact (POC) on this?	When will your agency's POC start their work on this function?
Name:	Date:
Contact Info:	When will your agency's POC complete their work on this function?
	Date:

<b>Demonstration Plan:</b>	
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)	

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**PHEP Capability # 8 : Medical Countermeasure Dispensing**

**Definition:** Medical countermeasure dispensing is the ability to provide medical countermeasures (including vaccines, antiviral drugs, antibiotics, antitoxin, etc.) in support of treatment or prophylaxis (oral or vaccination) to the identified population in accordance with public health guidelines and/or recommendations.

**Performance Measures:** See Below

**Allocated funding:** \$0.00

**Performance Measure Data Element:**

**Composite Measure (Function 1-5):** MCMDD - Composite performance indicator from the Division of Strategic National Stockpile (DSNS) in CDC's Office of Public Health Preparedness and Response. (See Pgs 79-80).

**Note:** The page #'s listed for Performance Measures above correspond to CDC's "BP1 Performance Measures Specifications and Implementation Guidance", Version 1.1

**Outcome Objective by 6/30/12:** date 70% or more of capability will be achieved.

**Function #1**

**Function #1: Identify and initiate medical countermeasure dispensing strategies**

**Task 1:** Prior to an incident, and if applicable during an incident, engage subject matter experts (e.g., epidemiology, laboratory, radiological, chemical, and biological) including federal partners, to determine what medical countermeasures are best suited and available for the incidents most likely to occur based on jurisdictional risk assessment. (See Pg 71)

**Task 2:** Prior to an incident, and if applicable during an incident, engage private sector, local, state, regional, and federal partners, as appropriate to the incident, to identify and fill required response roles. (See Pg 71)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
No Activity		

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
Planning Resource Element 1: Written plans to identify the medical countermeasures. (See Pg 71)	No Activity	

Agency POC:	Start and End Date:
Who will be your agency's lead point of contact (POC) on this? Name: _____ Contact Info: _____	When will your agency's POC start their work on this function? Date: _____ When will your agency's POC complete their work on this function? Date: _____

Demonstration Plan:
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)

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**PHEP Capability # 8 : Medical Countermeasure Dispensing**

**Function #2**

**Function #2: Receive medical countermeasures.**

**Task 1:** Assess the extent to which current jurisdictional medical countermeasure inventories can meet incident needs. (See Pg 73)

**Task 2:** Request additional medical countermeasures from private, jurisdictional, and/or federal partners using established procedures, according to incident needs. (See Pg 73)

**Task 3:** Identify and notify any intermediary distribution sites based on the needs of the incident, if applicable. (See Pg 73)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
No Activity		
Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
Planning Resource Element 1: Written plans to request additional medical countermeasures. (See Pg 74)	No Activity	
Agency POC:	Start and End Date:	
Who will be your agency's lead point of contact (POC) on this?	When will your agency's POC start their work on this function?	
Name:	Date:	
Contact Info:	When will your agency's POC complete their work on this function?	
	Date:	
Demonstration Plan:		
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved: Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)		

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**PHEP Capability # 8 : Medical Countermeasure Dispensing**

Function #3			
<b>Function #3: Activate dispensing modalities.</b>	<b>Task 1:</b> Activate dispensing strategies, dispensing sites, dispensing modalities and other approaches, as necessary, to achieve dispensing goals commensurate with the targeted population. (See Pg 75)		
	<b>Task 2:</b> Activate staff that will support the dispensing modality in numbers necessary to achieve dispensing goals commensurate with the targeted population. (See Pg 75)		
	<b>Task 3:</b> If indicated by the incident, implement mechanisms for providing medical countermeasures for public health responders, critical infrastructure personnel, and their families, if applicable. (See Pg 75)		
	<b>Task 4:</b> Initiate site-specific security measures for dispensing locations, if applicable. (See Pg 75)		
	<b>Task 5:</b> Inform public of dispensing operations including locations, time period of availability, and method of delivery. (See Pg 75)		
Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities	
No Activity			
Resource Element: Plans (P), Equipment (E), Skills (S)		Planned Activity Type	
Planned Activity Description		Planned Activity Description	
Planning Resource Element 1: Medical countermeasure dispensing activities support. (See Pg 75)		No Activity	
Planning Resource Element 2: Procedure for activation of dispensing modalities. (See Pg 75)		No Activity	
Agency POC:		Start and End Date:	
Who will be your agency's lead point of contact (POC) on this?		When will your agency's POC start their work on this function?	
Name:		Date:	
Contact Info:		When will your agency's POC complete their work on this function?	
		Date:	
Demonstration Plan:			
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)			

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**PHEP Capability # 8 : Medical Countermeasure Dispensing**

**Function #4**

<b>Function #4: Dispense medical countermeasures to identified population</b>	<b>Task 1:</b> Maintain dispensing site inventory management system to track quantity and type of medical countermeasures present at the dispensing site. (See Pg 77)
	<b>Task 2:</b> Screen and triage individuals to determine which medical countermeasure is appropriate to dispense to individuals if more than one type or subset of medical countermeasure is being provided at the site. (See Pg 77)
	<b>Task 3:</b> Distribute pre-printed drug/vaccine information sheets that include instructions on how to report adverse events. (See Pg 77)
	<b>Task 4:</b> Monitor dispensing site throughput and adjust staffing and supplies as needed in order to achieve dispensing goals commensurate with the targeted population. (See Pg 77)
	<b>Task 5:</b> Document doses of medical countermeasures dispensed, including but not limited to: product name and lot number, date of dispensing, and location of dispensing (e.g., address and zip code). (See Pg 77)
	<b>Task 6:</b> Report aggregate inventory and dispensing information to jurisdictional authorities at least weekly during an incident, but potentially more frequently based on incident needs. (See Pg 77)
	<b>Task 7:</b> Determine the disposition of unused medical countermeasures within the jurisdictional health system according to jurisdictional policies. (See Pg 77)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
No Activity		

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
Planning Resource Element 1: Medical countermeasure dispensing to target populations (See Pg 78)	No Activity	

Agency POC:	Start and End Date:
Who will be your agency's lead point of contact (POC) on this?	When will your agency's POC start their work on this function?
Name:	Date:
Contact Info:	When will your agency's POC complete their work on this function?
	Date:

<b>Demonstration Plan:</b>	
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved: Routine public health activities; Planned event(s); Real incidents (s); Exercise(s) (Seminar, Workshop, TTX, Games; Drills, Functional Exercise; FSE)	

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**PHEP Capability # 8 : Medical Countermeasure Dispensing**

Function #5			
<b>Function #5: Report adverse events</b>		<b>Task 1:</b> Activate mechanism(s) for individuals and healthcare providers to notify health departments about adverse events. (See Pg 79)  <b>Task 2:</b> Report adverse event data to jurisdictional and federal entities according to jurisdictional protocols. (See Pg 79)	
Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities	
No Activity			
Resource Element: Plans (P), Equipment (E), Skills (S)		Planned Activity Type	Planned Activity Description
<b>Planning Resource Element 1:</b> Protocol to govern reporting of adverse events. (See Pg 80)		No Activity	
<b>Skill &amp; Training Element 1:</b> Adverse event report training (See Pg 80)		No Activity	
Agency POC:		Start and End Date:	
<b>Who will be your agency's lead point of contact (POC) on this?</b> Name: _____ Contact Info: _____		<b>When will your agency's POC start their work on this function?</b> Date: _____ <b>When will your agency's POC complete their work on this function?</b> Date: _____	
Demonstration Plan:			
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)			

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**PHEP Capability # 8 : Medical Countermeasure Dispensing**

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<b>PHEP Capability #9: Medical Material Management &amp; Distribution</b>
<b>Definition:</b> Medical material management and distribution is the ability to acquire, maintain (e.g., cold chain storage or other storage protocol), transport, distribute, and track medical materiel (e.g., pharmaceuticals, gloves, masks, and ventilators) during an incident and to recover and account for unused medical materiel, as necessary, after an incident.
<b>Performance Measures:</b> See Below
<b>Allocated funding:</b> \$0.00
<b>Performance Measure Data Element:</b>
<b>Composite Measure (Function 1-6): MCMDD</b> - Composite performance indicator from the Division of Strategic National Stockpile (DSNS) in CDC's Office of Public Health Preparedness and Response. (See Pgs 79-80)

**Note:** The page #'s listed for Performance Measures above correspond to CDC's "BP1 Performance Measures Specifications and Implementation Guidance", Version 1.1

**Outcome Objective by 6/30/12:** date 70% or more of capability will be achieved.

<b>Function #1</b>	
<b>Function #1: Direct and activate medical materiel management and distribution</b>	<b>Task 1:</b> Prior to an incident, identify receiving sites for responses of varying sizes and durations. (See Pg 81)
	<b>Task 2:</b> Prior to an incident, identify transportation assets from commercial and/or government sources and create a transportation asset list. (See Pg 81)
	<b>Task 3:</b> Prior to and when applicable during an incident, identify and coordinate with medical materiel suppliers and distributors within the jurisdiction to assess resource availability and potential distribution challenges (e.g., transport of materiel through restricted areas). (See Pg 81)
	<b>Task 4:</b> Prior to and when applicable during an incident, identify staffing needs for receiving sites (e.g., numbers and skills of personnel). (See Pg 81)
	<b>Task 5:</b> During an incident, monitor medical materiel levels at supporting medical and health-related agencies and organizations by collecting data on materiel availability at least once per week, but potentially more frequently as determined by incident needs. (See Pg 81)
	<b>Task 6:</b> During an incident at the request of the incident commander, activate receiving sites dependent on incident needs. (See Pg 81)
	<b>Task 7:</b> During an incident at the request of the incident commander, select transportation assets from pre-identified asset list, dependent on incident needs. (See Pg 81)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
No Activity		
Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
<b>Planning Resource Element 1:</b> Primary and backup receiving sites. (See Pg 82)	No Activity	
<b>Planning Resource Element 2:</b> Written plans for material transport. (See Pg 82)	No Activity	
<b>Planning Resource Element 3:</b> Written plans to report medical materiel levels. (See Pg 82)	No Activity	

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<b>PHEP Capability #9: Medical Material Management &amp; Distribution</b>	
<b>Agency POC:</b>	<b>Start and End Date:</b>
Who will be your agency's lead point of contact (POC) on this?	When will your agency's POC start their work on this function?
Name:	Date:
Contact Info:	When will your agency's POC complete their work on this function?
	Date:
<b>Demonstration Plan:</b>	
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved: Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)	

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**PHEP Capability #9: Medical Material Management & Distribution**

Function #2		
Function #2: Acquire medical material.		Task 1: Request and accept medical materiel from jurisdictional, private, regional, or federal partners in alignment with National Incident Management System standards and incident needs. (See Pg 84) Task 2: Maintain integrity of medical materiel in accordance with manufacturer specifications during acquisition and storage. (See Pg 84)
Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
No Activity		
Resource Element: Plans (P), Equipment (E), Skills (S)		Planned Activity Type
Planning Resource Element 1: Medical material request. (See Pg 84)		No Activity
Agency POC:		Start and End Date:
Who will be your agency's lead point of contact (POC) on this? Name: _____ Contact Info: _____		When will your agency's POC start their work on this function? Date: _____ When will your agency's POC complete their work on this function? Date: _____
Demonstration Plan:		
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)		

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**PHEP Capability #9 : Medical Material Management & Distribution**

**Function #3**

<b>Function #3: Maintain updated inventory management and reporting system.</b>	<b>Task 1:</b> Conduct initial inventory and update inventory management system with incoming and outgoing medical materiel, and materiel that is recovered, returned, or disposed of. (See Pg 86)
	<b>Task 2:</b> Provide inventory status reports to jurisdictional, state, regional, and federal authorities at least weekly during an incident, but potentially more frequently. (See Pg 86)
	<b>Task 3:</b> Track re-supply requests for medical materiel. (See Pg 86)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
No Activity		

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
<b>Planning Resource Element 1:</b> Inventory management & reporting plan (See Pg 86)	No Activity	

Agency POC:	Start and End Date:
Who will be your agency's lead point of contact (POC) on this? Name: _____ Contact Info: _____	When will your agency's POC start their work on this function? Date: _____ When will your agency's POC complete their work on this function? Date: _____

Demonstration Plan:	
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved: Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)	

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**PHEP Capability #9: Medical Material Management & Distribution**

<b>Function #4</b>		
<b>Function #4: Establish and maintain security</b>	<b>Task 1:</b> Identify receiving sites from pre-identified locations and determine which sites may require increased security (such as controlled-substance storage areas). (See Pg 87)	
	<b>Task 2:</b> At the time of the incident, if necessary, identify additional receiving sites and determine which sites may require increased security (such as controlled-substance storage areas). (See Pg 87)	
	<b>Task 3:</b> Identify, acquire, and maintain security measures at receiving sites and during transportation to points of dispensing, if applicable to the incident. (See Pg 87)	
<b>Planned Activity Type</b>	<b>Planned Activity Description</b>	<b>Performance Measure Planned Activities</b>
No Activity		
<b>Resource Element: Plans (P), Equipment (E), Skills (S)</b>	<b>Planned Activity Type</b>	<b>Planned Activity Description</b>
<b>Planning Resource Element 1:</b> Physical Security of medical countermeasures. (See Pg 88)	No Activity	
<b>Agency POC:</b>		<b>Start and End Date:</b>
Who will be your agency's lead point of contact (POC) on this?		When will your agency's POC start their work on this function?
Name:		Date:
Contact info:		When will your agency's POC complete their work on this function?
		Date:
<b>Demonstration Plan:</b>		
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)		

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**PHEP Capability #9: Medical Material Management & Distribution**

**Function #5**

**Function #5: Distribute medical materiel**

**Task 1:** Determine allocation and distribution strategy, including delivery locations, routes, and delivery schedule/frequency, based on incident needs. (See Pg 89)

**Task 2:** Maintain integrity of medical materiel in accordance with established safety and manufacturer specifications during all phases of transport and distribution. (See Pg 89)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
No Activity		

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
Planning Resource Element 1: Allocation and distribution (See Pg 89)	No Activity	

Agency POC:	Start and End Date:
Who will be your agency's lead point of contact (POC) on this? Name: <input type="text"/> Contact Info: <input type="text"/>	When will your agency's POC start their work on this function? Date: <input type="text"/> When will your agency's POC complete their work on this function? Date: <input type="text"/>

**Demonstration Plan:**

Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved: Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)

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**PHEP Capability #9 : Medical Material Management & Distribution**

**Function #6**

**Function #6: Recover medical materiel and demobilize distribution operations**

- Task 1:** Recover materiel and equipment according to jurisdictional policies and federal regulations. (See Pg 90)
- Task 2:** Determine the disposition of unused (unopened) medical materiel, unused pharmaceuticals, and durable items within the jurisdictional health system according to jurisdictional policies. (See Pg 90)
- Task 3:** Dispose of biomedical waste materials generated by medical materiel management operations according to jurisdictional policies. (See Pg 90)
- Task 4:** Scale down distribution operations by deactivating receiving sites and releasing personnel as appropriate to evolving incident needs and in accordance with National Incident Management System protocol. (See Pg 90)
- Task 5:** Document incident findings as part of after action report process. (See Pg 90)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
No Activity		

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
Planning Resource Element 1: Storage, distribution, disposal or return of unused medical materials. (See Pg 90)	No Activity	

Agency POC:	Start and End Date:
Who will be your agency's lead point of contact (POC) on this? Name: Contact Info:	When will your agency's POC start their work on this function? Date: When will your agency's POC complete their work on this function? Date:

Demonstration Plan:
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)

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**PHEP Capability #9 : Medical Material Management & Distribution**

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**PHEP Capability # 10 - Medical Surge**

**Definition:** Medical surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of the healthcare system to survive a hazard impact and maintain or rapidly recover operations that were compromised.

**Performance Measures:** CDC and ASPR have developed a joint performance measure that covers both the PHEP Information Sharing and Medical Surge capabilities. This performance measure (i.e., HPP-PHEP 6.1: Information Sharing) can be found in the Information Sharing chapter and in the HPP-BP1 Healthcare Systems Preparedness: Performance Measures Specifications and Implementation Guidance. (See Pg 81)

**Allocated funding:** \$0.00

**Performance Measure Data Element:**

See Above

**Note:** The page #'s listed for Performance Measures above correspond to CDC's "BP1 Performance Measures Specifications and Implementation Guidance", Version 1.1

**Outcome Objective by 6/30/12 date 70% or more of capability will be achieved:**

**Function #1**

**Function #1: Assess the nature and scope of the incident**

**Task 1:** At the time of an incident, participate in a unified incident management structure. (See Pg 92)

**Task 2:** At the time of an incident, complete a preliminary assessment of the incident and document initial resource needs and availability (e.g., personnel, facilities, logistics, and other healthcare resources). (See Pg 92)

**Task 3:** At the time of an incident, provide health-related data to healthcare organizations or healthcare coalitions that will assist the healthcare organizations or healthcare coalitions in activating their pre-existing plans to maximize scarce resources and prepare for any necessary shifts into and out of conventional, contingency, and crisis standards of care. (See Pg 92)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
No Activity		

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
Planning Resource Element 1: Public health incident management (See Pg 92)	No Activity	
Planning Resource Element 2: Joint event operation plan (See Pg 92)	No Activity	
Planning Resource Element 3: Bed tracking system. (See Pg 92)	No Activity	
Planning Resource Element 4: Integrating medical and health resources. (See Pg 93)	No Activity	

Agency POC:	Start and End Date:
Who will be your agency's lead point of contact (POC) on this? Name: Contact Info:	When will your agency's POC start their work on this function? Date: When will your agency's POC complete their work on this function? Date:

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**PHEP Capability # 10: Medical Surge**

**Demonstration Plan:**

Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents-(s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)

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**PHEP Capability # 10 : Medical Surge**

**Function #2**

**Function #2: Support activation of medical surge.**

- Task 1:** If indicated, support the mobilization of incident-specific medical treatment personnel, public health personnel, and nonmedical support personnel to increase capacity (e.g., healthcare organizations and alternate care facilities). (See Pg 95)
- Task 2:** During an incident, assist healthcare organizations and healthcare coalitions in the activation of alternate care facilities if requested. (See Pg 95)
- Task 3:** During an incident, assist in the expansion of the healthcare system (inclusive of healthcare coalitions), which includes hospitals and non-hospital entities (e.g., call centers, 911/emergency medical services, home health, ambulatory care providers, long-term care, and poison control centers). (See Pg 95)
- Task 4:** At the time of an incident, support situational awareness by utilizing the ongoing real-time exchange of information among response partners and coalitions (e.g., emergency medical services, fire, law enforcement, public health, and public works). (See Pg 95)
- Task 5:** During an incident, provide information to educate the public, paying special attention to the needs of at-risk individuals (e.g., information is linguistically appropriate, culturally sensitive, and sensitive to varied literacy levels) regarding changes to the availability of healthcare services. (See Pg 96)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
No Activity		

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
Planning Resource Element 1: Volunteer resource access protocol (See Pg 96)	No Activity	
Planning Resource Element 2: Activation of alternative care systems (See Pg 96)	No Activity	
Planning Resource Element 3: Essential situational awareness protocols (See Pg 96)	No Activity	
Planning Resource Element 4: Pediatric care protocol (See Pg 96)	No Activity	

Agency POC:	Start and End Date:
Who will be your agency's lead point of contact (POC) on this? Name: _____ Contact Info: _____	When will your agency's POC start their work on this function? Date: _____ When will your agency's POC complete their work on this function? Date: _____

Demonstration Plan:
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)

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**PHEP Capability # 10 : Medical Surge**

**Function #3**

<b>Function #3: Support jurisdictional medical surge operations</b>	<b>Task 1:</b> During an incident, coordinate and maintain communications throughout the incident per jurisdictional authority/jurisdictional incident management structure with federal, state, local, and non-governmental agencies, private sector agencies, and other Emergency Support Function #8 partners to maintain situational awareness of the actions of all parties involved, determine needs, and maintain continuity of services during response operations. (See Pg 99)
	<b>Task 2:</b> During an incident, assess resource requirements during each operational period based on the evolving situation and coordinate with partners, including those able to provide mental/behavioral health services for the community, to obtain necessary resources (e.g., personnel, facilities, logistics, and other healthcare resources) to support the augmentation of services during surge operations. (See Pg 99)
	<b>Task 3:</b> During an incident, coordinate with jurisdictional partners and healthcare coalitions to facilitate patient tracking during all phases of the incident. (See Pg 99)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
No Activity		

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
Planning Resource Element 1: Communicate situational awareness information. (See Pg 99)	No Activity	
Planning Resource Element 2: Development and execution of healthcare coalition plans. (See Pg 99)	No Activity	
Planning Resource Element 3: Family reunification processes. (See Pg 99)	No Activity	

Agency POC:	Start and End Date:
Who will be your agency's lead point of contact (POC) on this?	When will your agency's POC start their work on this function?
Name:	Date:
Contact Info:	When will your agency's POC complete their work on this function?
	Date:

<b>Demonstration Plan:</b>	
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)	

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**PHEP Capability # 10 : Medical Surge**

**Function #4**

**Function #4: Support demobilization of medical surge operations**

**Task 1:** During and after an incident, assist in the return/movement of patients, to include the following:

- Assist or coordinate with medical facilities; emergency medical services; local, state, tribal, and federal health agencies; emergency management agencies; state hospital associations; social services; and participating nongovernmental organizations to assure the return of patients to their pre-incident medical environment (e.g., prior medical care provider, skilled nursing facility, or place of residence) or other applicable medical setting.
- Facilitate the linkage of patients to healthcare services as requested. (See Pg 100)

**Task 2:** After an incident, coordinate with partners to demobilize all healthcare resources. (See Pg 100)

**Task 3:** After an incident, coordinate with partners to demobilize alternate care facilities, resources obtained through mutual aid mechanisms, Emergency Management Assistance Compact, and/or federal assistance. (See Pg 100)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
No Activity		

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
Planning Resource Element 1: Demobilize transportation assets (See Pg 101)	No Activity	
Planning Resource Element 2: Demobilize surge staff (See Pg 101)	No Activity	

Agency POC:	Start and End Date:
Who will be your agency's lead point of contact (POC) on this? Name: _____ Contact Info: _____	When will your agency's POC start their work on this function? Date: _____
	When will your agency's POC complete their work on this function? Date: _____

**Demonstration Plan:**

Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved: Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)	
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**PHEP Capability # 10 : Medical Surge**

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**PHEP Capability # 11 : Non-Pharmaceutical Interventions**

**Definition:** Non-pharmaceutical interventions are the ability to recommend to the applicable lead agency (if not public health) and implement, if applicable, strategies for disease, injury, and exposure control. Strategies include the following:

- Isolation and quarantine
- Restrictions on movement and travel advisory/warnings
- Social distancing
- External decontamination
- Hygiene
- Precautionary protective behaviors

**Performance Measures:** See Below

**Allocated funding:** \$0.00

**Performance Measure Data Element:**

**PHEP 11.1 (Function 1): Determine Role with Partners (Awardee)** - The awardee health department has collaborated with legal, scientific and community partners to determine roles and responsibilities for the development and implementation of NPI recommendations. (See Pgs 83-85)

**PHEP 11.2 (Function 1): Determine Role with Partners (LHDs)** - Proportion of PHEP-funded local health departments that have collaborated with legal, scientific and community partners to determine roles and responsibilities for the development and implementation of NPI recommendations. (See Pgs 86-88)

**PHEP 11.3 (Function 1-3): Develop NPI Recommendations with Partners** - Proportion of key partners identified to have an incident-specific role that participated in the development or implementation of NPI during an incident. (See Pgs 89-91)

\*\* For BP1 only: Awardees who have had an incident involving NPI by Dec 31, 2012, must report this measure at midyear.

**Note:** The page #'s listed for Performance Measures above correspond to CDC's "BP1 Performance Measures Specifications and Implementation Guidance", Version 1.1

**Outcome Objective by 6/30/12 date 70% or more of capability will be achieved.**

**Function #1**

**Function #1: Engage partners and identify factors that impact non-pharmaceutical interventions**

**Task 1:** Prior to an incident, identify jurisdictional legal, policy, and regulatory authorities that enable or limit the ability to recommend and implement non-pharmaceutical interventions, in both routine and incident-specific situations. (See Pg 102)

**Task 2:** Prior to an incident, engage healthcare organizations, government agencies, and community sectors (e.g., education, social services, faith-based, business, and legal) in determining their roles and responsibilities in non-pharmaceutical interventions on an ongoing basis through multidisciplinary meetings. (See Pg 102)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
No Activity		

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
Planning Resource Element 1: Implementing non-pharmaceutical interventions plan. (See Pg 102)	No Activity	
Planning Resource Element 2: Communication and reporting plan (See Pg 102)	No Activity	

Agency POC:	Start and End Date:
Who will be your agency's lead point of contact (POC) on this? Name: Contact Info:	When will your agency's POC start their work on this function? Date: When will your agency's POC complete their work on this function? Date:

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**PHEP Capability # 11 : Non-Pharmaceutical Interventions**

**Demonstration Plan:**

Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)

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**PHEP Capability # 11: Non-Pharmaceutical Interventions**

**Function #2**

**Function #2: Determine non-pharmaceutical interventions.**

**Task 1:** At the time of the incident, assemble subject matter experts to assess the severity of exposure and/or transmission at the jurisdictional level, and determine non-pharmaceutical intervention recommendations. (See Pg 104)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
No Activity		

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
Planning Resource Element 1: Intervention recommendation and/or implementation plan (See Pg 104)	No Activity	

Agency POC:	Start and End Date:
Who will be your agency's lead point of contact (POC) on this? Name: _____ Contact Info: _____	When will your agency's POC <u>start</u> their work on this function? Date: _____ When will your agency's POC complete their work on this function? Date: _____

**Demonstration Plan:**

Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)

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**PHEP Capability # 11: Non-Pharmaceutical Interventions**

**Function #3**

<b>Function #3: Implement non-pharmaceutical interventions</b>	<b>Task 1:</b> At the time of an incident, activate non-pharmaceutical intervention locations (e.g., isolation or quarantine sites) through coordination with jurisdictional officials (e.g., law enforcement, medical, and school). (See Pg 105)
	<b>Task 2:</b> At the time of an incident, assist community partners with coordinating support services (e.g., medical care and mental health) to individuals included in non-pharmaceutical intervention(s). (See Pg 105)
	<b>Task 3:</b> At the time of an incident, provide recommendations for voluntary or mandatory closure of congregate locales and events to jurisdictional officials (e.g., emergency management, law enforcement, school, and tribal entities) and stakeholders (e.g., mall/store owners, faith-based congregations, and convention centers/event coordinators), if needed. (See Pg 105)
	<b>Task 4:</b> At the time of an incident, provide recommendations for voluntary or mandatory restrictions on movement in conjunction with jurisdictional officials (e.g., emergency management, law enforcement, and transportation), if needed. (See Pg 105)
	<b>Task 5:</b> Upon request, activate jurisdictional processes for managing and detaining passengers at ports of entry through coordination with CDC's Division of Global Migration and Quarantine, port authorities, and jurisdictional officials as applicable to the incident. (See Pg 105)
	<b>Task 6:</b> At the time of an incident, assure ability to conduct external decontamination of potentially contaminated or contaminated individuals. (See Pg 105)
	<b>Task 7:</b> At the time of an incident, educate and inform the public, response agencies and other partners regarding the recommended intervention(s). (See Pg 105)

<b>Planned Activity Type</b>	<b>Planned Activity Description</b>	<b>Performance Measure Planned Activities</b>
No Activity		

<b>Resource Element: Plans (P), Equipment (E), Skills (S)</b>	<b>Planned Activity Type</b>	<b>Planned Activity Description</b>
<b>Planning Resource Element 1:</b> Isolation and quarantine plans (See Pg 106)	No Activity	
<b>Planning Resource Element 2:</b> Separation of cohort plan (See Pg 106)	No Activity	

<b>Agency POC:</b>	<b>Start and End Date:</b>
Who will be your agency's lead point of contact (POC) on this?	When will your agency's POC start their work on this function?
Name:	Date:
Contact Info:	When will your agency's POC complete their work on this function?
	Date:

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**PHEP Capability # 11 : Non-Pharmaceutical Interventions**

**Demonstration Plan:**

Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)

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**PHEP Capability # 11: Non-Pharmaceutical Interventions**

**Function #4**

**Function #4: Monitor non-pharmaceutical interventions**

- Task 1:** Assess the degree of transmission, contamination, infection and severity of exposure. (See Pg 108)
- Task 2:** Disseminate situational awareness reports on impact of the intervention to all agencies involved in the intervention(s). (See Pg 108)
- Task 3:** Revise recommendation(s) for non-pharmaceutical interventions as indicated by the incident, including recommending intervention escalation or de-escalation. (See Pg 108)
- Task 4:** Document non-pharmaceutical implementation actions taken by local jurisdictions and document feedback from community partners assisting in the intervention(s) as part of the incident After Action Report. (See Pg 108)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
No Activity		

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
No Priority Elements		

Agency POC:	Start and End Date:
Who will be your agency's lead point of contact (POC) on this?	When will your agency's POC start their work on this function?
Name:	Date:
Contact Info:	When will your agency's POC complete their work on this function?
	Date:

<b>Demonstration Plan:</b>	
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)	

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**PHEP Capability #12 : Public Health Laboratory Testing**

**Definition:** Public health laboratory testing is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data reporting, investigative support, and laboratory networking to address actual or potential exposure to all hazards. Hazards include chemical, radiological, and biological agents in multiple matrices that may include clinical samples, food, and environmental samples (e.g., water, air, and soil). This capability supports routine surveillance, including pre-event or pre-incident and post-exposure activities.

**Performance Measure:** See Below

**Allocated funding:** \$0.00

**Performance Measure Data Element:**

**PHEP 12.1 (Function 1): Laboratorian Reporting** - Time for initial laboratorian to report for duty at the PHEP-funded laboratory (See Pgs 93-94)

- Start time: Date and time that a public health designated official began notifying on-call laboratorian(s) to report for duty at the CDC PHEP-funded laboratory

- Stop time: Date and time that the initial laboratorian reported for duty at the CDC PHEP-funded laboratory

**PHEP 12.2 (Function 4): 24/7 Emergency Contact Drill (Bi-Directional)** - Time to complete notification between CDC, on-call laboratorian, and on-call epidemiologist or between CDC, on-call epidemiologist and on-call laboratorian - depending on drill direction (See Pgs 95-96)

- Start time: Date and time that CDC EOC initiated contact with the on-call laboratorian or epidemiologist, depending on drill direction.

- Stop time: Date and time on-call laboratorian or epidemiologist (depending on drill direction) contacted the CDC EOC to complete the drill cycle.

**PHEP 12.3 (Function 3): LRN Emergency Response Pop Proficiency Test (PopPT) Exercise** - Ability of PHEP-funded LRN-C Level 1 and/or Level 2 laboratories to detect and quantify biomarkers of chemical agents in clinical samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise. (See Pg 97)

- Numerator: Number of biomarkers of chemical agents detected by Level 1 and/or Level 2 Laboratories.

- Denominator: Number of biomarkers of chemical agents included in the exercise.

**PHEP 12.4 (Function 5): Notification of Partners** - Time for CDC PHEP-funded laboratory to notify public health partners of significant laboratory results. (See Pgs 98-101)

- Start time: Time CDC PHEP-funded laboratory obtains a significant laboratory result

- Stop time: Time CDC PHEP-funded laboratory completes notification of public health partners of significant laboratory results (i.e., time when last public health partner was notified, if partners were not simultaneously notified)

**PHEP 12.5 (Function 3): Proficiency Testing (LRN-C Additional Methods)** - Proportion of LRN-C proficiency tests (additional methods) successfully passed by CDC PHEP-funded laboratories (See Pgs 102-103)

- Numerator: Number of LRN-C additional methods successfully proficiency tested by the CDC PHEP-funded laboratory

- Denominator: Total number of LRN-C additional methods for which the CDC PHEP-funded laboratory is qualified to test

**PHEP 12.6 (Function 3): Proficiency Testing (LRN-C Core Methods)** - Proportion of LRN-C proficiency tests (core methods) successfully passed by CDC PHEP-funded laboratories. (See Pg 104)

- Numerator: Number of LRN-C core methods successfully proficiency tested by the CDC PHEP-funded laboratory

- Denominator: Total number of LRN-C core methods

**PHEP 12.7 (Function 2): Sample Collection, Packing, and Shipping (SCPAs)** - Ability of PHEP-funded LRN-C laboratories to collect, package, and ship samples properly during an LRN exercise. (See Pg 105)

- Sample collection, packing and shipping (SCPAs) exercise results (Pass/Did not pass)

**PHEP 12.8 (Function 3): LRN Surge Capacity Exercise** - Ability of each PHEP-funded LRN-C Level 1 laboratory to process and report results to CDC for 500 samples during the LRN Surge Capacity Exercise. (See Pg 106)

- Start time: Date and time of delivery of 500 samples to LRN-C Level 1 laboratory

- Stop time: Date and time result from last sample was reported to CDC

**PHEP 12.9 (Function 1): Communication between PHEP-funded and Sentinel Clinical Laboratories** - Time for sentinel clinical laboratories to acknowledge receipt of an urgent message from the CDC Public Health Emergency Preparedness (PHEP)-funded Laboratory Response Network biological (LRN-B) laboratory. (See Pgs 107-108)

- Start time: Date and time CDC PHEP-funded LRN-B laboratory sends urgent message to first sentinel clinical laboratory

- Intermediate stop time: Date and time at least 50% of sentinel clinical laboratories acknowledged receipt of urgent message

- Intermediate stop time: Date and time at least 90% of sentinel clinical laboratories acknowledged receipt of urgent message

- Stop time: Date and time last sentinel clinical laboratory acknowledged receipt of urgent message

## Attachment B

### Washoe County Health District (WCHD)

#### CDC Public Health Emergency Preparedness (BP1) Subgrant # CDC08-12

#### Scope of Work (SOW) July 1, 2012 through June 30, 2013

<b>PHEP Capability #12 : Public Health Laboratory Testing</b>
<b>PHEP 12.10 (Function 5): Notification Drill associated with Proficiency Testing</b> – Ability of PHEP-funded LRN-B reference laboratory to contact the CDC Emergency Operations Center within 2 hours during LRN notification drill. (See Pg 109)
– Notification drill results (Passes/did not pass/ did not participate)
<b>PHEP 12.11 (Function 3): Proficiency Testing (LRN-B)</b> – Proportion of LRN-B proficiency tests successfully passed by CDC PHEP-funded laboratories (See Pg 113)
– Numerator: Number of LRN-B proficiency tests successfully passed by CDC PHEP-funded laboratory(s)
– Denominator: Total number of LRN-B proficiency tests participated in by CDC PHEP-funded laboratory(s)
<b>PHEP 12.12 (Function 2): Sample Quality – First Responders</b> – Percentage of LRN non-clinical samples without any adverse quality assurance events received at the CDC PHEP-funded LRN-B laboratory for confirmation or rule-out testing from first responders. (See Pgs 111-112)
– Numerator: Number of LRN non-clinical samples without any adverse quality assurance events received at CDC PHEP-funded laboratory for confirmation or rule-out testing from first responders
– Denominator: Total number of LRN non-clinical samples received at CDC PHEP-funded laboratory for confirmation or rule-out testing from first responders
<b>PHEP 12.13 (Function 2): Specimen Quality – Sentinel Clinical Laboratories</b> – Percentage of LRN clinical specimens received by PHEP-funded LRN-B laboratory for confirmation or rule-out testing from sentinel clinical laboratories without any adverse QA events. (See Pgs 113-114)
– Numerator: Number of LRN clinical specimens received by CDC PHEP-funded LRN-B laboratory for confirmation or rule-out testing from sentinel clinical laboratories without any adverse QA events
– Denominator: Total number of LRN clinical specimens received at CDC PHEP-funded LRN-B laboratory for confirmation or rule-out testing from sentinel clinical laboratories
<b>PHEP 12.14 (Function 5): PFGE <i>E. coli</i></b> – Percentage of pulsed field gel electrophoresis (PFGE) subtyping data results for <i>E. coli</i> O157:H7 submitted to the PulseNet (PN) national database within four working days of receiving isolate at the PFGE laboratory. (See Pgs 115-116)
– Numerator: Number of results from PFGE sub-typing of <i>E. coli</i> O157:H7 isolates that were submitted to the PulseNet (PN) database within four working days of receipt at the PFGE laboratory
– Denominator: Total number of <i>E. coli</i> O157:H7 isolates for which the state performed PFGE subtyping
<b>PHEP 12.15 (Function 5): PFGE <i>L. monocytogenes</i></b> – Percentage of pulsed field gel electrophoresis (PFGE) subtyping data results for <i>Listeria monocytogenes</i> submitted to the PulseNet (PN) national database within four working days of receiving isolate at the PFGE laboratory. (See Pgs 117-118)
– Numerator: Number of results from PFGE sub-typing of <i>Listeria monocytogenes</i> isolates that were submitted to the PulseNet (PN) database within
– Denominator: Total number of <i>Listeria monocytogenes</i> isolates for the state performed PFGE subtyping

Note: The page #'s listed for Performance Measures above correspond to CDC's "BP1 Performance Measures Specifications and Implementation Guidance", Version 1.1



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**PHEP Capability #12 : Public Health Laboratory Testing**

Outcome Objective by 6/30/12 date 70% or more of capability will be achieved.

**Function #1**

**Function #1: Manage laboratory activities**

Task 1: Exchange information and data with laboratories and laboratory networks within the jurisdiction. (See Pg 109)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
No Activity		

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
Planning Resource Element 1: Identification of laboratories and laboratory networks. (See Pg 109)	No Activity	
Planning Resource Element 2: Procedures for contacting sentinel laboratories and standard response guidelines. (See Pg 109)	No Activity	

**Agency POC:**

**Start and End Date:**

Who will be your agency's lead point of contact (POC) on this?

When will your agency's POC start their work on this function?

Name: \_\_\_\_\_

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

Contact Info: \_\_\_\_\_

When will your agency's POC complete their work on this function?

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

**Demonstration Plan:**

Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, JTX, Games, Drills, Functional Exercise, FSE)

\_\_\_\_\_

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**PHEP Capability #12: Public Health Laboratory Testing**

**Function #2**

**Function #2: Perform sample management**

**Task 1:** Handle, package, and transport samples following established IATA/DOT and laboratory-specific protocols. (See Pg 111)

**Task 2:** Maintain forensic chain-of-custody throughout the sample management process. (See Pg 111)

<b>Planned Activity Type</b>	<b>Planned Activity Description</b>	<b>Performance Measure Planned Activities</b>
No Activity		

<b>Resource Element: Plans (P), Equipment (E), Skills (S)</b>	<b>Planned Activity Type</b>	<b>Planned Activity Description</b>
<b>Equipment and Technology 1:</b> Access to sampling and shipping supplies (See Pg 112)	No Activity	
<b>Planning Resource Element 1:</b> Procedures and protocols for sample collection. (See Pg 111)	No Activity	
<b>Planning Resource Element 2:</b> Protocol for transportation security for laboratory materials. (See Pg 111)	No Activity	
<b>Skills &amp; Training 1:</b> Maintain certification of laboratory personnel in a shipping and packaging program (See Pg 112)	No Activity	

<b>Agency POC:</b>	<b>Start and End Date:</b>
Who will be your agency's lead point of contact (POC) on this? Name: _____ Contact Info: _____	When will your agency's POC start their work on this function? Date: _____ When will your agency's POC complete their work on this function? Date: _____

<b>Demonstration Plan:</b>	
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)	

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**PHEP Capability #12 : Public Health Laboratory Testing**

<b>Function #3</b>		
<b>Function #3: Conduct testing and analysis for routine and surge capacity</b>	Task 1: Provide LRN-B reference-level testing in clinical, food, and environmental samples for both rapid and conventional methods. (See Pg 113)	
	Task 2: Conduct chemical laboratory testing following LRN-C testing methods. (See Pg 113)	
	Task 3: Conduct radiological and nuclear laboratory testing following LRN-R (if program funds become available) testing methods. (See Pg 113)	
<b>Planned Activity Type</b>	<b>Planned Activity Description</b>	<b>Performance Measure Planned Activities</b>
No Activity		
<b>Resource Element: Plans (P), Equipment (E), Skills (S)</b>		<b>Planned Activity Type</b>
Planning Resource Element 1: Short-term & Long-term response efforts. (See Pg 113)		No Activity
Planning Resource Element 2: Preventative maintenance plans. (See Pg 114)		No Activity
Skill & Training 1: Laboratories participating in radiological or nuclear testing. (See Pg 114)		No Activity
Skill & Training 2: Laboratories must attain competency for LRN-B testing methods. (See Pg 114)		No Activity
Skill & Training 3: Laboratories must maintain the competency to pass LRN proficiency tests. (See Pg 114)		No Activity
Skill & Training 4: Laboratories participating in chemical testing must attain LRN-C Proficiency Testing Program Qualified status. (See Pg 114)		No Activity
<b>Agency POC:</b>		<b>Start and End Date:</b>
Who will be your agency's lead point of contact (POC) on this?		When will your agency's POC start their work on this function?
Name:		Date:
Contact Info:		When will your agency's POC complete their work on this function?
		Date:
<b>Demonstration Plan:</b>		
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)		

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**PHEP Capability #12 : Public Health Laboratory Testing**

**Function #4**

**Function #4: Support public health investigations**

**Task 1:** Establish and maintain the ability to provide analytical support for investigations with first responders and other health investigation community partners. (See Pg.115)

**Task 2:** Provide investigative consultation and technical assistance to jurisdictional health departments, first responders, and other health investigation community partners regarding sample collection, management, and safety. (See Pg.115)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
No Activity		

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
No Priority Elements		

Agency POC:	Start and End Date:
Who will be your agency's lead point of contact (POC) on this? Name: _____ Contact Info: _____	When will your agency's POC start their work on this function? Date: _____ When will your agency's POC complete their work on this function? Date: _____

**Demonstration Plan:**

Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)

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**PHEP Capability #12 : Public Health Laboratory Testing**

**Function #5**

**Function #5: Report results**

**Task 1:** Notify appropriate public health, public safety, and law enforcement officials (24/7) of presumptive and/or confirmed laboratory results from clinical, food, or environmental samples that involve a chemical, radiological, or biological threat agent. (See Pg 117)

**Task 2:** Send presumptive and confirmed chemical, radiological, or biological laboratory results to CDC and all submitters. (See Pg 117)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
No Activity		

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
<b>Equipment &amp; Technology 1:</b> Laboratory Information Management System (LIMS). (See Pg 117)	No Activity	

Agency POC:	Start and End Date:
Who will be your agency's lead point of contact (POC) on this? Name: Contact Info:	When will your agency's POC <u>start</u> their work on this function? Date: When will your agency's POC complete their work on this function? Date:

**Demonstration Plan:**

Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)

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**PHEP Capability #12 : Public Health Laboratory Testing**

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<b>PHEP Capability #13 : Public Health Surveillance &amp; Epidemiological Investigation</b>
<b>Definition:</b> Public health surveillance and epidemiological investigation is the ability to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes, as well as to expand these systems and processes in response to incidents of public health significance.
<b>Performance Measure:</b> See Below
<b>Allocated funding:</b> \$159,600.00
<b>Performance Measure Data Element:</b>
<b>PHEP 13.1 (Function 1): Disease Reporting</b> - Proportion of reports of selected reportable diseases received by a public health agency within the awardee required time frame. (See Pgs 122-125)
- Numerator: Number of reports of selected reportable disease received by a public health agency within the awardee required timeframe
- Denominator: Number of reports of selected reportable disease received by a public health agency
<b>PHEP 13.2 (Function 3): Disease Control</b> - Proportion of reports of selected reportable diseases for which initial public health control measure(s) were initiated within the appropriate timeframe. (See Pgs 126-128)
- Numerator: Number of reports of selected reportable diseases for which public health control measure(s) were initiated within an appropriate timeframe
- Denominator: Number of reports of selected reportable diseases received by a public health agency
<b>PHEP 13.3 (Function 2): Outbreak Investigation Reports</b> - Percentage of infectious disease outbreak investigations that generate reports. (See Pgs 130-132)
- Numerator: Number of infectious disease outbreak investigation reports generated
- Denominator: Number of infectious disease outbreaks investigated
<b>PHEP 13.4 (Function 2): Outbreak Reports with Minimal Elements</b> - Percentage of infectious disease outbreak investigation reports that contain all minimal elements. (See Pgs 133-134)
- Numerator: Number of infectious disease outbreak investigation reports generated containing all minimal elements
- Denominator: Number of infectious disease outbreak reports generated
<b>PHEP 13.5 (Function 2): Exposure Reports</b> - Percentage of epidemiological investigations of acute environmental exposures that generate reports. (See Pgs 135-137)
- Numerator: Number of epidemiological investigation reports of acute environmental exposures generated
- Denominator: Number of epidemiological investigations of acute environmental exposures
<b>PHEP 13.6 (Function 2): Exposure Reports with Minimal Elements</b> - Percentage of acute environmental exposure reports that contain all minimal elements. (See Pgs 138-139)
- Numerator: Number of epidemiological investigation reports of acute environmental exposures containing all minimal elements
- Denominator: Number of epidemiological investigation reports of acute environmental exposures generated

**Note:** The page #'s listed for Performance Measures above correspond to CDC's "BP1 Performance Measures Specifications and Implementation Guidance", Version 1.1

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**PHEP Capability #13: Public Health Surveillance & Epidemiological Investigation**

Outcome Objective by 6/30/12 date 70% or more of capability will be achieved.

**Function #1**

<b>Function #1: Conduct public health surveillance and detection</b>	<b>Task 1:</b> Engage and retain stakeholders, which are defined by the jurisdiction, who can provide health data to support routine surveillance, including daily activities outside of an incident, and to support response to an identified public health threat or incident. (See Pg 119)
	<b>Task 2:</b> Conduct routine and incident-specific morbidity and mortality surveillance as indicated by the situation (e.g. complications of chronic disease, injury, or pregnancy) using inputs such as reportable disease surveillance, vital statistics, syndromic surveillance, hospital discharge abstracts, population-based surveys, disease registries, and active casefinding. (See Pg 119)
	<b>Task 3:</b> Provide statistical data and reports to public health and other applicable jurisdictional leadership in order to identify potential populations at risk for adverse health outcomes during a natural or man-made threat or incident. (See Pg 119)
	<b>Task 4:</b> Maintain surveillance systems that can identify health problems, threats, and environmental hazards and receive and respond to (or investigate) reports 24/7. (See Pg 119)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
Sustain	<ul style="list-style-type: none"> <li>• WCHD will continue to engage and retain stakeholders who can provide health data to support routine surveillance.</li> <li>• WCHD will continue to conduct routine and incident-specific morbidity and mortality surveillance</li> <li>• WCHD will continue to provide statistical data and reports to public health and other applicable jurisdictional leadership</li> <li>• WCHD will continue to maintain surveillance systems that can identify health problems 24/7</li> </ul>	<p>Performance Measure: Proportion of reports of selected reportable diseases received by WCHD within required timeframes.</p> <p>Activity: By June 30, 2013 WCHD will conduct a timeliness assessment.</p>

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
<b>Equipment &amp; Technology 1:</b> Access to health information infrastructure and surveillance systems. (See Pg 121)	Sustain	WCHD will continue to utilize the NEDSS Base System (NBS) for electronic exchange of epidemiological information.
<b>Planning Resource Element 1:</b> Document the legal and procedural framework for information exchange. (See Pg 119)	Sustain/Build	<p>The WCHD Outbreak Management Standard Operating Procedure documents both the legal and procedural framework supporting information exchange. Version 5.0 of this procedure is currently ready for administrative review and should be ready for implementation by August 1, 2012.</p> <p>WCHD maintains legally required reporting through the NBS. Reports are accepted primarily through telephone and fax. Reporting sources receive periodic feedback through the EpiNews.</p>



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**PHEP Capability #13 : Public Health Surveillance & Epidemiological Investigation**

<p><b>Planning Resource Element 2:</b> Protocols for accessing health information (See Pg.119)</p>	<p style="text-align: center;">Sustain</p>	<p>WCHD currently requires all epidemiology staff to go through HIPAA training. For purposes of working with school personnel, WCHD maintains a standing letter with the Washoe County School District with names of staff authorized under FERPA to receive information.</p>
<p><b>Planning Resource Element 3:</b> Protocols to gather and analyze surveillance data. (See Pg.120)</p>	<p style="text-align: center;">Sustain/Build</p>	<ul style="list-style-type: none"> <li>• WCHD does not mandate name-based reporting beyond what is already required in NRS/NAC 441A.</li> <li>• WCHD currently depends on the ELR module within the NBS. This ELR module within the NBS currently receives data from one commercial laboratory. WCHD is reliant on the Nevada State Health Division for additional laboratory feeds into this ELR module.</li> <li>• By January 1, 2013 WCHD will review the meaningful use standards with the appropriate stakeholders as well as the Nevada State Health Division to assure that existing data systems are able to receive required data elements. Revisions to WCHD reporting protocols will be made as needed.</li> <li>• WCHD has implemented the following syndromic surveillance systems: <ul style="list-style-type: none"> <li>- Health Monitoring Systems (HMS) – Chief Complaint data from Emergency Departments</li> <li>- First Watch – Reason for ambulance transport</li> <li>- National Retail Data Monitor (NRDM) – OTC pharmaceutical purchasing data</li> <li>- School Absenteeism Monitoring (SAM) – School attendance data from the Washoe County School District</li> </ul> </li> </ul>
<p><b>Planning Resource Element 3:</b> Protocols to gather and analyze surveillance data. (See Pg.120) – Con't</p>	<p style="text-align: center;">Sustain/Build</p>	<ul style="list-style-type: none"> <li>• By June 2013 WCHD will work with the Nevada State Health Division to explore the feasibility of moving from the current HMS system to BioSense2 for purposes of lower cost syndromic surveillance.</li> <li>• WCHD will continue to use mortality data as part of influenza surveillance.</li> <li>• WCHD will continue to monitor major causes of morbidity through NRS mandated reporting.</li> <li>• WCHD will continue to utilize the EpiNews, Physician Letters, Blast Fax, and/or HAN to request that reporting sources include novel and/or emerging public health threats</li> </ul>
<p><b>Planning Resource Element 4:</b> Procedures to ensure 24/7 health department access. (See Pg.120)</p>	<p style="text-align: center;">Sustain</p>	<p>WCHD will continue to maintain a 24/7 reporting procedure.</p>
<p><b>Planning Resource Element 5:</b> Protocols to notify CDC of cases on the Nationally Notifiable Infectious Disease List. (See Pg.120)</p>	<p style="text-align: center;">Sustain</p>	<p>WCHD will continue to notify CDC through the NEDSS Base System (NBS).</p>
<p><b>Skills &amp; Training 1:</b> Tier 1 Competencies and Skills for Applied Epidemiologists. (See Pg.121)</p>	<p style="text-align: center;">Build</p>	<p>By June 30, 2013 WCHD will complete a Tier 1 Competency Assessment for epidemiology staff.</p>

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<b>Agency POC:</b>	<b>Start and End Date:</b>
Who will be your agency's lead point of contact (POC) on this? Name: _____ Contact Info: _____	When will your agency's POC start their work on this function? Date: _____ When will your agency's POC complete their work on this function? Date: _____

**Demonstration Plan:**

Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)	
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**PHEP Capability #13 : Public Health Surveillance & Epidemiological Investigation**

<b>Function #2</b>		
<b>Function #2: Conduct public health and epidemiological investigations</b>		<p><b>Task 1:</b> Conduct investigations of disease, injury or exposure in response to natural or man-made threats or incidents and ensure coordination of investigation with jurisdictional partner agencies. Partners include law enforcement, environmental health practitioners, public health nurses, maternal and child health, and other regulatory agencies if illegal activity is suspected. (See Pg 122)</p> <p><b>Task 2:</b> Provide epidemiological and environmental public health consultation, technical assistance, and information to local health departments regarding disease, injury, or exposure and methods of surveillance, investigation, and response. (See Pg 122)</p> <p><b>Task 3:</b> Report investigation results to jurisdictional and federal partners, as appropriate. (See Pg 122)</p>
Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
Sustain	<ul style="list-style-type: none"> <li>• WCHD will continue to conduct epidemiological investigations in response to natural or man-made threats or incidents.</li> <li>• WCHD will continue to provide epidemiological and environmental public health consultation, TA, and information to other local and/or state jurisdictions as requested.</li> <li>• WCHD will continue to report investigation results to jurisdictional and federal partners through the NBS.</li> </ul>	<p>Performance Measure 1: Percentage of infectious disease outbreak investigations that generate reports.</p> <p>Performance Measure 2: Percentage of infectious disease outbreak investigation reports that contain all minimal elements.</p> <p>Performance Measure 3: Percentage of acute environmental exposure investigations that generate reports.</p> <p>Performance Measure 4: Percentage of acute environmental exposure reports that contain all minimal elements.</p> <p>Activity: By August 2012 WCHD will implement version 5.0 of the Outbreak Management Standard Operating Procedure (SOP) that includes the requirements for and minimal elements of investigation reports.</p>
Resource Element: Plans (P), Equipment (E), Skills (S)		Planned Activity Type
<p><b>Planning Resource Element 1:</b> Investigation report templates. (See Pg 122)</p>		Build
<p><b>Skills &amp; Training 1:</b> Staffing capacity to manage the routine epidemiological investigation systems. (See Pg 124)</p>		Sustain
		<p>By August 2012 WCHD will implement version 5.0 of the Outbreak Management Standard Operating Procedure (SOP) that includes:</p> <ul style="list-style-type: none"> <li>• The requirements for and minimal elements of investigation reports.</li> <li>• Processes for how and when investigations will be conducted.</li> <li>• Processes and protocols for conducting investigations in partnership with other agencies and stakeholders.</li> <li>• MOUs for joint investigation and information exchange.</li> </ul> <p>WCHD will continue to maintain intermittent hourly positions for epidemiology and public health investigation to address surge issues.</p> <p>WCHD will continue to maintain epidemiology supervisory staff with advanced degrees and training.</p>

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Agency POC:	Start and End Date:
<p>Who will be your agency's lead point of contact (POC) on this?</p> <p>Name: <input style="width: 90%;" type="text"/></p> <p>Contact Info: <input style="width: 90%;" type="text"/></p>	<p>When will your agency's POC start their work on this function?</p> <p>Date: <input style="width: 80%;" type="text"/></p> <p>When will your agency's POC complete their work on this function?</p> <p>Date: <input style="width: 80%;" type="text"/></p>

**Demonstration Plan:**

<p>Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved: Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)</p>	
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**PHEP Capability #13 : Public Health Surveillance & Epidemiological Investigation**

**Function #3**

**Function #3: Recommend, monitor, and analyze mitigation actions**

- Task 1:** Determine public health mitigation, including clinical and epidemiological management and actions to be recommended for the mitigation of the threat or incident based upon data collected in the investigation and on applicable science-based standards outlined by Morbidity and Mortality Weekly Report, control of Communicable Diseases Manual, Red Book of Infectious Diseases or, as available, a state or CDC incident annex. (See Pg 124)
- Task 2:** Provide information to public health officials to support them in decision making related to mitigation actions. (See Pg 124)
- Task 3:** Monitor and analyze mitigation actions throughout the duration of the public health threat or incident. (See Pg 124)
- Task 4:** Recommend additional mitigation activities, based upon mitigation monitoring and analysis, throughout the duration of the incident, as appropriate. (See Pg 125)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
Sustain	<ul style="list-style-type: none"> <li>• WCHD will continue to determine and implement appropriate epidemiological management actions for the mitigation of threats based on investigation and applicable science.</li> <li>• WCHD will continue to provide information to public health officials to support decision making related to mitigation actions.</li> <li>• WCHD will continue to monitor and analyze mitigation actions throughout the duration of incidents or threats.</li> <li>• WCHD will continue to recommend additional mitigation activities based on monitoring and analysis.</li> </ul>	<p>Performance Measure: Proportion of reports of selected reportable diseases for which initial public health control measures were initiated within the appropriate time frame.</p> <p>Activity: WCHD will continue to initiate timely interventions and modify as needed to control and mitigate threats</p>

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
<b>Planning Resource Element 1:</b> Protocols for recommending and initiating containment and mitigation actions (See Pg 125)	Sustain	WCHD will continue to maintain and continuously update disease-specific procedures for the containment and mitigation of public health threats.
<b>Skill &amp; Training 1:</b> Training in Homeland Security Exercise and Evaluation After Action Report process (See Pg 125)	Build	By June 30, 2013 WCHD Epidemiology Staff will receive awareness level training with the Homeland Security Exercise and Evaluation After Action Report process.

<b>Agency POC:</b>	<b>Start and End Date:</b>
Who will be your agency's lead point of contact (POC) on this?	When will your agency's POC <u>start</u> their work on this function?
Name: <input type="text"/>	Date: <input type="text"/>
Contact info: <input type="text"/>	When will your agency's POC <u>complete</u> their work on this function?
	Date: <input type="text"/>

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**Demonstration Plan:**

Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)

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**PHEP Capability #13: Public Health Surveillance & Epidemiological Investigation**

**Function #4**

**Function #4: Improve public health surveillance and epidemiological investigation systems**

**Task 1:** Identify issues and outcomes during and after the incident. (See Pg 126)

**Task 2:** Conduct post-incident/post-exercise agency evaluation meeting(s) including all active participants (e.g. law enforcement, volunteer agencies, clinical partners or environmental regulatory agency) to identify internal protocols and deficiencies that require corrective actions in areas such as programs, personnel, training, equipment, and organizational structure. (See Pg 126)

**Task 3:** Develop an After Action Report/Improvement Plan. (See Pg 126)

**Task 4:** Communicate recommended After Action Report/Improvement Plan corrective actions to public health leadership. (See Pg 126)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
Build	By August 2012 WCHD will implement Version 5.0 of the Outbreak Management Standard Operating Procedure (SOP) that will specify the processes and procedures for: <ul style="list-style-type: none"> <li>• Identification of issues and outcomes during and after the incident</li> <li>• Conduct of post-incident evaluation meetings that include all participants</li> <li>• Development of AAR/IP.</li> <li>• Communication of recommended AAR/IP corrective actions to public health leadership.</li> </ul>	Performance Measure: Written plans include procedures to communicate the improvement plan to key stakeholders. Activity: By August 2012 WCHD will implement Version 5.0 of the Outbreak Management Standard Operating Procedure (SOP) that will specify the processes and procedures for: <ul style="list-style-type: none"> <li>• Identification of issues and outcomes during and after the incident</li> <li>• Conduct of post-incident evaluation meetings that include all participants</li> <li>• Development of AAR/IP.</li> <li>• Communication of recommended AAR/IP corrective actions to public health leadership.</li> </ul>

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
Planning Resource Element 1: Communication of improvement plan (See Pg 126)	Build	By August 2012 WCHD will implement Version 5.0 of the Outbreak Management Standard Operating Procedure (SOP) that will specify the processes and procedures for: <ul style="list-style-type: none"> <li>• Identification of issues and outcomes during and after the incident</li> <li>• Conduct of post-incident evaluation meetings that include all participants</li> <li>• Development of AAR/IP.</li> <li>• Communication of recommended AAR/IP corrective actions to public health leadership.</li> </ul>

Agency POC:	Start and End Date:
Who will be your agency's lead point of contact (POC) on this? Name:	When will your agency's POC start their work on this function? Date:
Contact Info:	When will your agency's POC complete their work on this function? Date:

**Attachment B**

**Washoe County Health District (WCHD)**

**CDC Public Health Emergency Preparedness (BP1) Subgrant # CDC08-12**

**Scope of Work (SOW) July 1, 2012 through June 30, 2013**

**PHEP Capability #13: Public Health Surveillance & Epidemiological Investigation**

**Demonstration Plan:**

Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)

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**Note:** The page #'s listed in this table correspond to CDC's "Public Health Preparedness Capabilities: National Standards for State and Local Planning", March 2011



**Attachment B**  
**Washoe County Health District (WCHD)**  
**CDC Public Health Emergency Preparedness (BP1) Subgrant # CDC08-12**  
**Scope of Work (SOW) July 1, 2012 through June 30, 2013**

**PHEP Capability # 14 : Responder Safety and Health**

**Definition:** The responder safety and health capability describes the ability to protect public health agency staff responding to an incident and the ability to support the health and safety needs of hospital and medical facility personnel, if requested.

**Performance Measure:** See Below

**Allocated funding:** \$0.00

**Performance Measure Data Element:**

**PHEP 14.1 (Function 1, 3 and 4): Deployment Safety and Health Program (Awardee)** - The awardee health department has a deployment safety and health program in place for public health responders [Yes/No] (See Pgs 143-145)

**PHEP 14.2 (Function 1, 3 and 4): Deployment Safety and Health Program (LHDs)** - Proportion of PHEP-funded local health departments that have a deployment safety and health program in place for public health responders (See Pgs 146-148)

**PHEP 14.3 (Function 4): Screening/Out-Processing** - Proportion of deployed public health responders screened for medical readiness prior to deployment and outprocessed post-deployment (See Pgs 149-150)

**PHEP 14.4 (Function 4): Responder Health Outcomes** - Percentage of public health responders who were injured, ill, exposed, or killed as a result of deployment during an incident (See Pgs 151-152)

**Note:** The page #'s listed for Performance Measures above correspond to CDC's "BP1 Performance Measures Specifications and Implementation Guidance", Version 1.1

**Outcome Objective by 6/30/12 date 70% or more of capability will be achieved.**

**Function #1**

**Function #1: Identify responder safety and health risks.**

**Task 1:** Prior to an incident, identify the medical, environmental exposure, and mental/behavioral health risks that may be faced by staff responding to the public health incident in conjunction with partner agencies and based on jurisdictional risk assessment. (See Pg 127)

**Task 2:** Prior to an incident, identify subject matter experts and other informational resources that can be used by public health staff to make health and safety recommendations to the Incident Safety Officers or lead agency. (See Pg 127)

**Task 3:** Prior to an incident, and as applicable during an incident, work with subject matter experts to develop information on potential acute and chronic health conditions that may develop/occur during and after an exposure. (See Pg 127)

**Task 4:** In consultation with the Incident Safety Officer and subject matter experts, participate in the formulation of recommendations to the Incident Commander regarding responder-specific risks to be addressed in incident action plans. (See Pg 127)

**Task 5:** Distribute safety materials to public health responders through daily briefings at the onset of, and throughout an incident, in consultation with the Incident Safety Officer and jurisdictional subject matter experts. (See Pg 127)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities	
No Activity			
Resource Element: Plans (P), Equipment (E), Skills (S)		Planned Activity Type	Planned Activity Description
Planning Resource Element 1: Safety and health risk plans (See Pg 127)		No Activity	
Planning Resource Element 2: Public health roles and responsibilities (See Pg 128)		No Activity	

**Attachment B**  
**Washoe County Health District (WCHD)**  
**CDC Public Health Emergency Preparedness (BP1) Subgrant # CDC08-12**  
**Scope of Work (SOW) July 1, 2012 through June 30, 2013**

**PHEP Capability # 14: Responder Safety and Health**

**Agency POC:**

**Start and End Date:**

Who will be your agency's lead point of contact (POC) on this?

When will your agency's POC start their work on this function?

Name:

Date:

Contact Info:

When will your agency's POC complete their work on this function?

Date:

**Demonstration Plan:**

Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)

**Note:** The page #'s listed in this table correspond to CDC's "Public Health Preparedness Capabilities: National Standards for State and Local Planning", March 2011.

**Attachment B**  
**Washoe County Health District (WCHD)**  
**CDC Public Health Emergency Preparedness (BP1) Subgrant # CDC08-12**  
**Scope of Work (SOW) July 1, 2012 through June 30, 2013**

**PHEP Capability # 14 : Responder Safety and Health**

**Function #2**

**Function #2: Identify safety and personal protective needs**

**Task 1:** Prior to an incident, and as applicable during an incident, work with subject matter experts (e.g., state environmental health, state occupational health and safety, hazard-specific subject matter experts, and emergency managers) to identify responder safety and health resource requirements (e.g., equipment needs). (See Pg 129)

**Task 2:** Prior to an incident, and as applicable during an incident, and in conjunction with subject matter experts, formulate recommendations to public health responders regarding personal protective equipment that are consistent with local jurisdictional requirements. (See Pg 129)

**Task 3:** Coordinate with partner agencies to provide medical countermeasures and/or personal protective equipment to public health responders, if indicated by the incident. (See Pg 129)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
No Activity		

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
Planning Resource Element 1: Risk-related personal protective equipment. (See Pg 130)	No Activity	
Equipment Resource Element 1: Personal Protective Equipment for healthcare workers. (See Pg 130)	No Activity	

Agency POC:	Start and End Date:
Who will be your agency's lead point of contact (POC) on this? Name: _____ Contact Info: _____	When will your agency's POC start their work on this function? Date: _____ When will your agency's POC complete their work on this function? Date: _____

Demonstration Plan:
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)

**Note:** The page #'s listed in this table correspond to CDC's "Public Health Preparedness Capabilities: National Standards for State and Local Planning", March 2011

**Attachment B**  
**Washoe County Health District (WCHD)**  
**CDC Public Health Emergency Preparedness (BP1) Subgrant # CDC08-12**  
**Scope of Work (SOW) July 1, 2012 through June 30, 2013**

**PHEP Capability # 14 : Responder Safety and Health**

**Function #3**

<b>Function #3: Coordinate with partners to facilitate risk-specific safety and health training</b>		Task 1: Prior to an incident, and as applicable during an incident, work with subject matter experts to determine/recommend risk-specific training (both training for protective actions as well as training for response to exposure or injury). (See Pg 131)	
Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities	
No Activity			
Resource Element: Plans (P), Equipment (E), Skills (S)		Planned Activity Type	Planned Activity Description
Skills and Training 1: Risk-specific safety training on N-95 (See Pg 131)		No Activity	
Skills and Training 2: Risk-specific training documentation (See Pg 131)		No Activity	
Agency POC:		Start and End Date:	
Who will be your agency's lead point of contact (POC) on this?		When will your agency's POC start their work on this function?	
Name:		Date:	
Contact Info:		When will your agency's POC complete their work on this function?	
		Date:	
Demonstration Plan:			
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)			

**Note:** The page #'s listed in this table correspond to CDC's "Public Health Preparedness Capabilities: National Standards for State and Local Planning", March 2011

**Attachment B**  
**Washoe County Health District (WCHD)**  
**CDC Public Health Emergency Preparedness (BP1) Subgrant # CDC08-12**  
**Scope of Work (SOW) July 1, 2012 through June 30, 2013**

**PHEP Capability # 14: Responder Safety and Health**

**Function #4**

**Function #4: Monitor responder safety and health actions**

**Task 1:** Conduct or participate in exposure, mental/behavioral health, and medical surveillance of public health incident responders before, during, and after an incident. (See Pg 131)

**Task 2:** Coordinate with healthcare partners to facilitate access to and promote the availability of medical and mental/behavioral health services for responders, either on-site or off-site as applicable to the incident. (See Pg 131)

**Task 3:** Provide guidance to partner organizations to help conduct monitoring of any responder staff for medical/mental/behavioral incident-related health outcomes. (See Pg 131)

**Task 4:** Utilize surveillance data and other applicable inputs from partner agencies to provide recommendations or considerations for any changes related to the use of personal protective equipment (e.g., to alter, suspend, or terminate any activity or personal protective equipment usage judged to improve the outcome or be an imminent danger or immediately dangerous to life and health). (See Pg 131)

**Task 5:** Support the Public Information Officer and partner agencies to implement risk-communication strategies that communicate risks to responders after the completion of the acute phase of an incident. Include risks known pre-incident and those discovered during and after the acute phase. (See Pg 131)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities	
No Activity			
<b>Resource Element: Plans (P), Equipment (E), Skills (S)</b>		<b>Planned Activity Type</b>	<b>Planned Activity Description</b>
Planning Resource Element 1: Health surveillance (See Pg 132)		No Activity	
Equipment Resource Element 1: Responder Database (See Pg 132)		No Activity	
<b>Agency POC:</b>		<b>Start and End Date:</b>	
Who will be your agency's lead point of contact (POC) on this?		When will your agency's POC start their work on this function?	
Name:		Date:	
Contact Info:		When will your agency's POC complete their work on this function?	
		Date:	
<b>Demonstration Plan:</b>			
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)			

**Note:** The page #'s listed in this table correspond to CDC's "Public Health Preparedness Capabilities: National Standards for State and Local Planning", March 2011

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**Washoe County Health District (WCHD)**  
**CDC Public Health Emergency Preparedness (BP1) Subgrant # CDC08-12**  
**Scope of Work (SOW) July 1, 2012 through June 30, 2013**

**PHEP Capability # 14: Responder Safety and Health**

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**Attachment B**  
**Washoe County Health District (WCHD)**  
**CDC Public Health Emergency Preparedness (BP1) Subgrant # CDC08-12**  
**Scope of Work (SOW) July 1, 2012 through June 30, 2013**

<b>PHEP Capability # 15 : Volunteer Management</b>
<b>Definition:</b> Volunteer management is the ability to coordinate the identification, recruitment, registration, credential verification, training, and engagement of volunteers to support the jurisdictional public health agency's response to incidents of public health significance.
<b>Performance Measure:</b> See Below
<b>Allocated funding:</b> \$0.00
<b>Performance Measure Data Element:</b>
<b>PHEP 15.1 (Function 1-2): Managing Volunteers (Awardee)</b> - The awardee health department has plans, processes and procedures in place to manage volunteers supporting a public health or medical incident. (Yes/No) (See Pgs 155-156)
<b>PHEP 15.2 (Function 1-2): Managing Volunteers (LHDs)</b> - Proportion of PHEP-funded LHDs that have plans, processes and procedures in place to manage volunteers supporting a public health or medical incident. (See Pgs 157-158)
<b>HPP-PHEP 15.1 (Function 3-4): Volunteer Management</b> - Proportion of volunteers deployed to support a public health/medical incident within an appropriate timeframe. (See Pgs 159-160)

**Note:** The page #'s listed for Performance Measures above correspond to CDC's "BP1 Performance Measures Specifications and Implementation Guidance", Version 1.1

**Outcome Objective by 6/30/12 date 70% or more of capability will be achieved.**

<b>Function #1</b>	
<b>Function #1: Coordinate volunteers</b>	<b>Task 1:</b> Prior to an incident, identify the types and numbers of volunteers most likely to be needed in a public health agency's response based on the jurisdictional community risk assessment. (See Pg 133)
	<b>Task 2:</b> Prior to an incident, coordinate with existing volunteer programs (e.g., ESAR-VHP, Medical Reserve Corps) and partner organizations to support the pre-incident recruitment of volunteers that may be needed in a public health agency's response. (See Pg 133)
	<b>Task 4:</b> Prior to an incident and as necessary at the time of an incident, support provision of initial and ongoing emergency response training for registered volunteers. Training should be supported in partnership with jurisdictional Medical Reserve Corps unit(s) and other partner groups. (See Pg 133)

Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
No Activity		

Resource Element: Plans (P), Equipment (E), Skills (S)	Planned Activity Type	Planned Activity Description
<b>Planning Resource Element 1:</b> Volunteer needs assessment for healthcare organizations response. (See Pg 133)	No Activity	
<b>Planning Resource Element 2:</b> Collect, assemble, maintain, and utilize volunteer information. (See Pg 133)	No Activity	

<b>Agency POC:</b>	<b>Start and End Date:</b>
Who will be your agency's lead point of contact (POC) on this?	When will your agency's POC start their work on this function?
Name:	Date:
Contact info:	When will your agency's POC complete their work on this function?
	Date:

**Attachment B**  
**Washoe County Health District (WCHD)**  
**CDC Public Health Emergency Preparedness (BP1) Subgrant # CDC08-12**  
**Scope of Work (SOW) July 1, 2012 through June 30, 2013**

**PHEP Capability # 15 : Volunteer Management**

**Demonstration Plan:**

Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved: Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)

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**Note:** The page #'s listed in this table correspond to CDC's "Public Health Preparedness Capabilities: National Standards for State and Local Planning", March 2011



**Attachment B**  
**Washoe County Health District (WCHD)**  
**CDC Public Health Emergency Preparedness (BP1) Subgrant # CDC08-12**  
**Scope of Work (SOW) July 1, 2012 through June 30, 2013**

**PHEP Capability # 15 : Volunteer Management**

Function #2		
<b>Function #2: Notify volunteers</b>	<b>Task 1:</b> At the time of an incident, identify the desired skills and quantity of volunteers needed for the incident from the preincident volunteer registration. (See Pg 135)	
	<b>Task 2:</b> At the time of an incident, contact pre-incident registered volunteers using multiple modes of communication. (See Pg 135)	
	<b>Task 3:</b> At the time of an incident, notify volunteers who are able and willing to respond of where and how to report. (See Pg 135)	
	<b>Task 4:</b> At the time of an incident, coordinate with partner agencies to confirm credentials of responding volunteers. (See Pg 135)	
	<b>Task 5:</b> At the time of an incident, notify partner agencies of any need for additional volunteers. (See Pg 135)	
Planned Activity Type	Planned Activity Description	Performance Measure Planned Activities
No Activity		
Resource Element: Plans (P), Equipment (E), Skills (S)		Planned Activity Type
No Priority Elements		
Agency POC:		Start and End Date:
Who will be your agency's lead point of contact (POC) on this?		When will your agency's POC start their work on this function?
Name:		Date:
Contact Info:		When will your agency's POC complete their work on this function?
		Date:
Demonstration Plan:		
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)		

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**Attachment B**  
**Washoe County Health District (WCHD)**  
**CDC Public Health Emergency Preparedness (BP1) Subgrant # CDC08-12**  
**Scope of Work (SOW) July 1, 2012 through June 30, 2013**

**PHEP Capability # 15 : Volunteer Management**

**Function #3**

<b>Function #3: Organize, assemble, and dispatch volunteers</b>	<b>Task 1:</b> If the incident differs from or exceeds the public health agency's pre-incident-defined volunteer plans, identify additional volunteers that have the necessary credentials and skills. (See Pg 136)
	<b>Task 2:</b> Assure deployment briefing of public health volunteers, including safety and incident-specific training. (See Pg 136)
	<b>Task 3:</b> Assure tracking and rotation of volunteers as indicated by the incident and by relevant job function. (See Pg 137)
	<b>Task 4:</b> Manage spontaneous volunteers who may request to support the public health agency's response, either through incorporating them into the response or by triaging them to other potential volunteer resources. (See Pg 137)
	<b>Task 5:</b> Coordinate state and jurisdictional response roles for federal public health staff deployed to the jurisdiction. (See Pg 137)

<b>Planned Activity Type</b>	<b>Planned Activity Description</b>	<b>Performance Measure Planned Activities</b>
No Activity		

<b>Resource Element: Plans (P), Equipment (E), Skills (S)</b>	<b>Planned Activity Type</b>	<b>Planned Activity Description</b>
<b>Planning Resource Element 1:</b> Volunteer deployment protocols. (See Pg 137)	No Activity	
<b>Planning Resource Element 2:</b> Process to manage spontaneous volunteers. (See Pg 137)	No Activity	

<b>Agency POC:</b>	<b>Start and End Date:</b>
<b>Who will be your agency's lead point of contact (POC) on this?</b>	<b>When will your agency's POC start their work on this function?</b>
<b>Name:</b>	<b>Date:</b>
<b>Contact Info:</b>	<b>When will your agency's POC complete their work on this function?</b>
	<b>Date:</b>

<b>Demonstration Plan:</b>	
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)	

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**Scope of Work (SOW) July 1, 2012 through June 30, 2013**

**PHEP Capability # 15 : Volunteer Management**

<b>Function #4</b>		
<b>Function #4: Demobilize volunteers</b>	<b>Task 1:</b> Track (record or document) the demobilization of volunteers. (See Pg 138)	
	<b>Task 2:</b> Assure coordination of out-processing of volunteers. (See Pg 138)	
	<b>Task 3:</b> Coordinate with jurisdictional authorities and partner groups to identify community resources that can support volunteer post-deployment medical screening, stress, and well-being assessment and, when requested or indicated, referral to medical and mental/behavioral health services. (See Pg 138)	
<b>Planned Activity Type</b>	<b>Planned Activity Description</b>	<b>Performance Measure Planned Activities</b>
No Activity		
<b>Resource Element: Plans (P), Equipment (E), Skills (S)</b>		<b>Planned Activity Type</b>
<b>Planning Resource Element 1:</b> Volunteer Release Processes. (See Pg 139)		No Activity
<b>Planning Resource Element 2:</b> Volunteer exit screening protocols. (See Pg 139)		No Activity
<b>Agency POC:</b>		<b>Start and End Date:</b>
<b>Who will be your agency's lead point of contact (POC) on this?</b>		<b>When will your agency's POC start their work on this function?</b>
<b>Name:</b>		<b>Date:</b>
<b>Contact Info:</b>		<b>When will your agency's POC complete their work on this function?</b>
		<b>Date:</b>
<b>Demonstration Plan:</b>		
Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved. Routine public health activities, Planned event(s), Real incidents (s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)		

Note: The page #'s listed in this table correspond to CDC's "Public Health Preparedness Capabilities: National Standards for State and Local Planning", March 2011

**Attachment B**  
**Washoe County Health District (WCHD)**  
**CDC Public Health Emergency Preparedness (BP1) Subgrant # CDC08-12**  
**Scope of Work (SOW) July 1, 2012 through June 30, 2013**

**PHEP Capability # 15 : Volunteer Management**

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# Washoe County Health District



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

## STAFF REPORT

BOARD MEETING DATE: 10/25/2012

**DATE:** October 25, 2012

**TO:** District Board of Health Members

**FROM:** Joseph P. Iser, MD, DrPH, MSc  
Washoe County District Health Officer

**SUBJECT: Retroactive Approval of the Submission of the Accreditation Support Initiative for Public Health Departments to the NACCHO call for Applications**

### SUMMARY

Pursuant to the authority granted the District Health Officer at the May 24, 2012 District Board of Health Meeting, the Washoe County Health District (WCHD) submitted a proposal to the NACCHO Accreditation Initiative Support Call for Applications. The grant opportunity will provide a six month grant of up to \$40,000 to the WCHD to contract services to complete a Community Health Assessment and lead the formation of a Health Improvement Planning Partnership (HIPP) community group that will contribute to the Community Health Improvement Plan. The proposal was due and submitted on September 28, 2012.

A Community Health Assessment is not only a required prerequisite for Public Health Accreditation application, it will be extremely useful to WCHD and the community as we identify areas needing improvement and community assets and resources that can be mobilized to address population health improvement.

The stakeholders are committed and ready to capture all the benefits made available through this grant opportunity. Notification of awards will occur by November, 2012.

### FISCAL IMPACT

If the proposal is funded, a budget amendment will be brought to the District Board of Health for approval.

### POSSIBLE MOTION

Move to retroactively approve the WCHD's proposal for funding of the NACCHO Accreditation Initiative Support grant opportunity.

A handwritten signature in blue ink, appearing to read "Joseph P. Iser".

Joseph P. Iser, MD, DrPH, MSc  
District Health Officer



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*Regional Emergency Medical Services Authority*

# **REMSA**

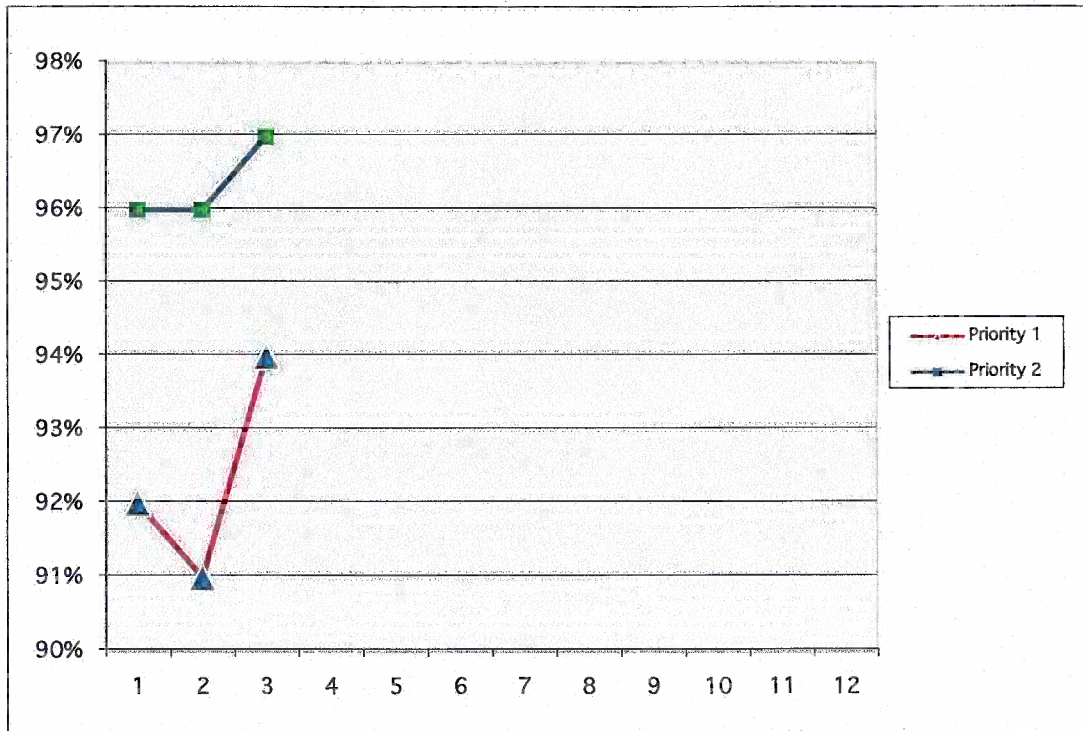
## **OPERATIONS REPORTS**

**FOR**

**SEPTEMBER 2012**

Fiscal 2013

Month	Avg. Response Time	Avg. Travel Time	Priority 1	Priority 2
Jul. 2012	5 mins. 46 secs.	4 mins. 48 secs.	92%	96%
Aug.	5 mins. 59 secs.	4 mins. 56 secs.	91%	96%
Sept.	5 mins. 46 secs.	4 mins. 48 secs.	94%	97%
Oct.				
Nov.				
Dec.				
Jan. 2013				
Feb.				
Mar.				
Apr.				
May				
June 2013				



Care Flight

Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-12	10	\$69,730	\$6,973	\$6,973
Aug.	17	\$140,090	\$8,241	\$7,771
Sept.	12	\$95,505	\$7,959	\$7,829
Oct.			\$0	\$7,829
Nov.			\$0	\$7,829
Dec.			\$0	\$7,829
Jan. 2013			\$0	\$7,829
Feb.			\$0	\$7,829
Mar.			\$0	\$7,829
Apr.			\$0	\$7,829
May			\$0	\$7,829
June			\$0	\$7,829
<b>Totals</b>	<b>39</b>	<b>\$305,325</b>	<b>\$7,829</b>	<b>\$7,829</b>

Adjusted Allowed Average Bill - \$7,393.00

REMSA Ground

Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-12	3222	\$3,256,558	\$1,011	\$1,011
Aug.	3305	\$3,381,910	\$1,023	\$1,017
Sept.	3088	\$3,190,456	\$1,033	\$1,022
Oct.			\$0	\$1,022
Nov.			\$0	\$1,022
Dec.			\$0	\$1,022
Jan. 2013			\$0	\$1,022
Feb.			\$0	\$1,022
Mar.			\$0	\$1,022
Apr.			\$0	\$1,022
May			\$0	\$1,022
June			\$0	\$1,022
<b>Totals</b>	<b>9615</b>	<b>\$9,828,924</b>	<b>\$1,022</b>	<b>\$1,022</b>

Allowed ground avg bill - \$1,028.00

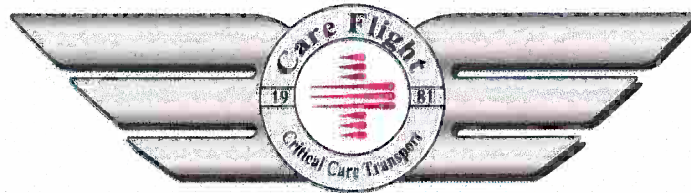




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*Regional Emergency Medical Services Authority*

**CARE FLIGHT  
OPERATIONS REPORT  
FOR  
SEPTEMBER 2012**



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

❖ **In Town Transfer:**

1 Ground ITT was completed

❖ **Outreach, Education, & Marketing:**

➤ 1 Community Education & Public Event

9/12 - 16/12	Reno Air Races	Flight Staff
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❖ **Statistics**

**Washoe County Flights**

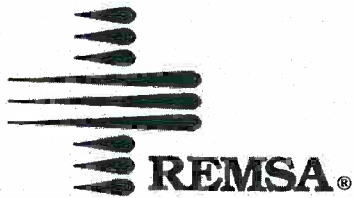
	# patients
Total Flights:	12
Total Patients	12
Expired on Scene	0
Refused Transport (AMA)	0
Scene Flights	12
Hospital Transports	0
Cardiac	4
Trauma	3
Medical	0
Pulmonary	1
High Risk OB	1
Neuro	2
Pediatrics	1
Newborn	0
Full Arrest	0
<b>Total</b>	<b>12</b>



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*Regional Emergency Medical Services Authority*

**REMSA**  
**GROUND OPERATIONS REPORT**  
**FOR**  
**SEPTEMBER 2012**



## GROUND AMBULANCE OPERATIONS REPORT

September 2012

### 1. OVERALL STATISTICS:

Total Number Of System Responses	5415
Total Number Of Responses In Which No Transport Resulted	2338
Total Number Of System Transports	3077

### 2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests	2%
Medical	43%
OB	0%
Psychiatric/Behavioral	5%
Transfers	17%
Trauma	26%
Trauma – MVA	7%
Trauma – Non MVA	19%
Unknown/Other	7%
Total Number of System Responses	100%

### 3. MEDICAL DIRECTOR'S REPORT:

The Clinical Director reviewed:

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

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

- 100% of cardiopulmonary arrests
- 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 2903 PCRs

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

**4. EDUCATION AND TRAINING REPORT:**

**A. Public Education**

**Advanced Cardiac Life Support**

Date	Course Location	Students
9/12/2012	EMS CES 911 Training Site	1
9/17/2012	Tahoe Pacific Hospital	1
9/19/2012	REMSA	10
9/21/2012	EMS CES 911 Training Site	5

**Advanced Cardiac Life Support Recert**

Date	Course Location	Students
9/8/2012	EMS CES 911 Training Site	3
9/10/2012	REMSA	7
9/11/2012	Tahoe Pacific Hospital	2
9/12/2012	Eastern Plumas Healthcare	5
9/20/2012	REMSA	7
9/22/2012	Trent Waechter	2
9/25/2012	REMSA	12
9/25/2012	EMS CES 911 Training Site	6
9/26/2012	Tahoe Forest Hospital - REMSA	18

**Advanced Cardiac Life Support Prep**

Date	Course Location	Students
9/4/2012	REMSA	6

**EMPACT**

Date	Course Location	Students
9/28/2012	REMSA	4

**Bloodborne Pathogen**

Date	Course Location	Students
9/26/2012	CCNN	21

**Basic Life Support Instructor**

Date	Course Location	Students
9/14/2012	REMSA	30

**Family & Friends CPR Awareness**

Date	Course Location	Students
9/15/2012	Girl Scout Troop 751 - REMSA	10

**Health Care Provider CPR**

Date	Course Location	Students
8/10/2012	SNJC	6
8/31/2012	Small Mine Development	1
9/1/2012	CPR 1st Aid Training	1
9/4/2012	Barrick Goldstrike	20
9/5/2012	REMSA	9
9/6/2012	West Hills	4
9/6/2012	REMSA	7
9/6/2012	EMS CES 911 Training Site	5
9/6/2012	Storey County Fire Department	20
9/6/2012	Nampa Fire Department	14

9/8/2012	Riggs Ambulance	14
9/9/2012	Storey County Fire Department	4
9/11/2012	REMSA	8
9/12/2012	CPR Plus	13
9/13/2012	CPR Plus	8
9/14/2012	Peter Larsen	7
9/14/2012	Ralston Family Practice - REMSA	4
9/14/2012	Ralston Family Practice - REMSA	5
9/15/2012	REMSA	10
9/17/2012	NDOC	9
9/19/2012	REMSA	11
9/21/2012	CCNN	10
9/22/2012	EMS CES 911 Training Site	7
9/24/2012	Lassen CPR Plus	1
9/25/2012	Lassen CPR Plus	1
9/25/2012	Chris McNally	19
9/26/2012	EMS CES 911 Training Site	3
9/26/2012	NDOC	3
9/27/2012	REMSA	9
9/27/2012	NDOC	2
9/27/2012	CPR Plus	11
9/14/2012	Storey County Fire Department	3

**Health Care Provider, Employee**

Date	Course Location	Students
9/7/2012	REMSA	1

9/17/2012	REMSA	1
9/20/2012	REMSA	1
9/25/2012	REMSA	1
9/27/2012	REMSA	1

### Health Care Provider Recert

Date	Course Location	Students
8/28/2012	Humboldt General Hospital	7
8/30/2012	EMS CES 911 Training Site	1
9/5/2012	Ralph Renteria	1
9/6/2012	REMSA	1
9/6/2012	Tahoe Forest Hospital	1
9/7/2012	Rosewood Rehab	6
9/7/2012	National Guard	8
9/8/2012	EMS CES 911 Training Site	2
9/8/2012	Riggs Ambulance	2
9/8/2012	National Guard	2
9/10/2012	REMSA	8
9/11/2012	Lassen CPR Plus	2
9/13/2012	Tahoe Forest Hospital	1
9/13/2012	Eastern Plumas Healthcare	1
9/13/2012	REMSA	5
9/13/2012	Concentra	5
9/14/2012	Tahoe Forest Hospital	1
9/14/2012	Ralston Family Practice - REMSA	1
9/18/2012	REMSA	8
9/18/2012	Tahoe Forest Hospital	15



9/18/2012	Tahoe Forest Hospital	4
9/19/2012	WCSD	1
9/19/2012	HCP R	4
9/20/2012	REMSA	4
9/21/2012	Tahoe Forest Hospital	2
9/22/2012	REMSA	9
9/24/2012	Tahoe Forest Hospital	1
9/25/2012	REMSA	8
9/27/2012	Regent Care Center Reno	2
9/28/2012	REMSA	9

#### Health Care Provider Skills

Date	Course Location	Students
8/31/2012	Peggy Drussel	1
8/31/2012	Tahoe Pacific Hospital	1
9/4/2012	REMSA	1
9/7/2012	Willow Springs	18
9/10/2012	REMSA	1
9/11/2012	REMSA	1
9/12/2012	REMSA	1
9/13/2012	REMSA	1
9/17/2012	REMSA	1
9/25/2012	REMSA	1
9/27/2012	Tahoe Pacific Hospital	1

#### Heart Saver CPR/AED

Date	Course Location	Students
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7/17/2012	Chris McNally	5
7/17/2012	Chris McNally	10
8/13/2012	UNR EHS	9
8/20/2012	Patagonia	6
8/20/2012	Patagonia	4
8/28/2012	UNR EHS	8
8/30/2012	WCSD	3
9/5/2012	WCSD	3
9/6/2012	WCSD	3
9/6/2012	CPR Plus	5
9/8/2012	CPR 1st Aid Training	5
9/8/2012	Tahoe Forest Hospital	15
9/8/2012	CPR Plus	3
9/8/2012	WCSD	2
9/9/2012	REMSA	1
9/10/2012	WCSD	2
9/11/2012	WCSD	2
9/12/2012	Elko County School District	3
9/12/2012	REMSA	9
9/12/2012	WCSD	3
9/13/2012	WCSD	4
9/18/2012	EMS CES 911 Training Site	1
9/18/2012	WCSD	2
9/19/2012	WCSD	2
9/21/2012	Project Uplift	5
9/21/2012	Paula Green	11
9/21/2012	Paula Green	11

9/22/2012	WCSD	4
9/23/2012	Ronald Oliver	3
9/24/2012	Jennifer Kraushaar	17
9/25/2012	Melissa McDonald	15
9/26/2012	Reed High School Hope Academy	4
9/26/2012	WCSD	7
9/4/2012	EMS CES 911 Training Site	1

### Heart Saver CPR/First Aid

Date	Course Location	Students
7/19/2012	NDOC	11
8/23/2012	NDOC	12
9/4/2012	Majen	3
9/4/2012	Community Living Options	3
9/5/2012	Amazon	4
9/5/2012	Susan Phillips	4
9/6/2012	REMSA	2
9/7/2012	NDOC	24
9/7/2012	NDOC	6
9/7/2012	The Children's Cabinet - REMSA	10
9/8/2012	Asplund - REMSA	9
9/8/2012	REMSA	10
9/9/2012	REMSA	4
9/10/2012	Bobbi Shanks	3
9/10/2012	NDOC	4
9/10/2012	NDOC	13
9/11/2012	Sierra Hiking Group - REMSA	7

9/12/2012	Elko County School District	2
9/13/2012	Majen	11
9/15/2012	Amazon	2
9/18/2012	EMS CES 911 Training Site	1
9/19/2012	Community Living Options	3
9/19/2012	Majen	7
9/19/2012	Amazon	4
9/20/2012	Great Basin College	11
9/22/2012	REMSA	12
9/24/2012	National Career Skills Institute	6
9/25/2012	Majen	12
9/26/2012	National Career Skills Institute	13
9/26/2012	Susan Phillips	3
9/27/2012	WCSD	5

**Heart Saver AED-Skills**

Date	Course Location	Students
9/5/2012	REMSA	1

**Heart Saver CPR/First Aid Skills**

Date	Course Location	Students
9/27/2012	REMSA	1

**Heart Saver First Aid**

Date	Course Location	Students
8/21/2012	Patagonia	12
9/5/2012	Susan Phillips	2
9/12/2012	WCSD	2

9/21/2012	CCNN	11
9/26/2012	Milan Institute	2

**Heart Saver Pediatric CPR/First Aid**

Date	Course Location	Students
7/31/2012	NorCal EMS	4
9/15/2012	REMSA	10
9/15/2012	Jennifer Kraushaar	9
9/18/2012	Alex MacLennan	10
9/22/2012	Jennifer Kraushaar	4
9/24/2012	Jennifer Kraushaar	14
9/25/2012	EMS CES 911 Training Site	1

**Pediatric Advanced Life Support**

Date	Course Location	Students
9/7/2012	REMSA	12
9/13/2012	REMSA	8
9/23/2012	Casey Quinlan	3
9/23/2012	EMS CES 911 Training Site	4

**Pediatric Advanced Life Support Recert**

Date	Course Location	Students
9/6/2012	REMSA	1
9/7/2012	John Mohler & Co	27
9/11/2012	EMS CES 911 Training Site	1
9/21/2012	REMSA	7
9/23/2012	EMS CES 911 Training Site	1

### Pediatric Advanced Life Support Instructor

Date	Course Location	Students
9/6/2012	REMSA	1

### CE Courses

Date	Course Location	Students
9/17/12	SIDS Awareness and Pediatric Crime Scene Prevention	20
9/20/12	SIDS Awareness and Pediatric Crime Scene Prevention	19

### Ongoing Courses

Date	Course Description / Location	Students
1/3/12	REMSA Education- Paramedic	15
8/14/12	REMSA Education - Paramedic	13
7/5/12	REMSA Education- EMT	23
7/5/12	REMSA Education - EMT	3

Total Students This Report	1184
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## 5. COMMUNITY RELATIONS:

### Community Outreach:

### Point of Impact

Date	Description	Attending
9/16 - 22/12	Child Passenger Safety Week	
9/22/12	Child Safety Seat Checkpoint, at Raley's Kids Fair, Robb Drive, Reno, 15 cars and 19 seats inspected.	6 volunteers, 4 staff

## Northern Nevada Fitting Station Project

Date	Description	Attending
9/18/12	Renown Prepared Childbirth	1 staff; 14 parents

## Safe Kids Washoe County

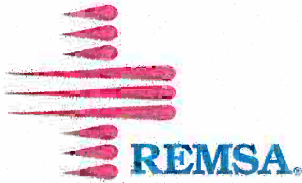
Date	Description	Attending
9/5/12	Safe Kids USA Advisory Council monthly teleconference.	1 staff
9/8/12	Amerigroup Baby Shower, Reno. Outreach table with Cribs for Kids and Safe Sleep information	1 staff, 10 attendees
9/10/12	Esther Bennett Safety Committee monthly meeting, Sun Valley.	7 volunteers, 1 staff, 1 intern
9/11/12	Have A Ball Mini Golf Tournament committee meeting, Sparks.	5 volunteers
9/11/12	Safe Kids monthly Coalition meeting, Sparks.	14 volunteers, 1 staff
9/12/12	Cribs for Kids Train the Trainer Program, REMSA.	1 staff, 7 students
9/17/12	REMSA Continuing Education Class - SIDS? Not SIDS? and Child Death Investigation, REMSA.	1 staff, 10 students
9/18/12	Statewide Nevada Maternal Child Health Coalition teleconference.	1 staff
9/18/12	Safe Kids Washoe County presentation to Washoe County School District Nurses, Reno.	1 staff, 40 attendees
9/19/12	Washoe County Obesity Prevention Forum, UNR. Safe Kids Washoe County was a co-sponsor.	3 staff
9/17/12	REMSA Continuing Education Class - SIDS? Not SIDS? and Child Death Investigation, REMSA.	1 staff, 20 students
9/22/12	Boys and Girls Club Day for Kids event, Sparks Marina. General Safety and Safe Sleep information booth.	1 staff, 2 student volunteers, 200 attendees
9/26/12	Safe Kids Washoe County and REMSA's co-sponsored Coaches Clinics: Preventing and Responding to Sports Injuries, REMSA.	1 staff, 1 volunteer, 3 attendees
9/26/12	Safe Kids Washoe County and REMSA's co-sponsored Coaches Clinics: Preventing and Responding to Sports Injuries, REMSA.	1 staff, 1 volunteer, 7 attendees

9/29/12	4th Annual Safe Kids Have a Ball Miniature Golf Tournament Fundraiser, Sparks. We raised more than \$9,000 for our programs.	10 volunteers, 180 participants
9/27/12	Innaugural Home Visitation Statewide Conference, Reno. Presentation on Safe Kids Washoe County and Cribs for Kids.	1 staff, 30 attendees

**Public Relations**

Date	Description	Attending
9/10/12	Interview with Fox 11 News regarding National Safe Kids Research Report on Pedestrian Safety.	1 staff
9/10/12	Interview with KOH Radio regarding Safe Kids Washoe County and REMSA's co-sponsored Coaches Clinics: Preventing and Responding to Sports Injuries.	1staff
9/11/12	Intermountain Region Emergency Medical Services for Children Coordinating Council teleconference.	1 volunteer
9/12/12	Interview with Fox News 11 News regarding the Cribs for Kids Train the Trainer program and safe sleep.	2 staff, 3 volunteers
9/25 - 27/12	Intermountain Region Emergency Medical Services for Children Coordinating Council regional meeting, Boise, ID.	1 volunteer





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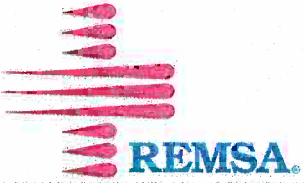
*Regional Emergency Medical Services Authority*

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

**INQUIRIES**

**September 2012**

There were no inquiries in the month of September.



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*Regional Emergency Medical Services Authority*

**GROUND AMBULANCE  
CUSTOMER SERVICE  
FOR  
SEPTEMBER 2012**

## GROUND AMBULANCE CUSTOMER COMMENTS SEPTEMBER 2012

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
1		Have a car seat for the child or kid patient.	
2	Transport was gentle and efficient. She said "personnel were very nice".	Pt was given morphine when she preferred not to have it. Do you have a better pain stopper? Morphine's side effects were undesirable.	
3	Not much. Could not determine the dose of aspirin to give. MD @ ER said there was NOTHING on the EKG indicating I was having a heart attack. This was an unnecessary transport.	This was a transport not for the patient, but for company profit. Just plain lack of competence!!	
4			Your billing is all screwed up. I sent you a letter.
5			I had passed out & remember nothing
6			I was unconscious during the ambulance ride to Renown.
7		You did just fine.	
8	Very fast and efficient	You all did a wonderful job	Thanks!
9	Everything		
10	Fine, informative	Can't think of anything	
11	EMT's made me feel I did right by calling for help. They were very pleasant.	Charge less.	I was very impressed by professionalism of EMT's.
12	Medic was very helpful, knowlegable, explained every procedure, and kept me comfortable.	Continue the same level of care.	
13	Everyone was very kind in the situation my husband was in. Thank you.	Everything you did right.	The care was great and everyone was very understanding.
14	We were out of town and 2 days post back surgery. Pt has double back surgery.		I am so grateful they were so quick and very efficient.
15	Very helpful, went out of their way to keep me calm and comfortable. an amazing job.	Can't think of anything.	EMT's were very good at keeping me calm and informed. AAA+++
16	You were kind and professional		
17	You were prompt and totally professional. Thanks.		
18	Everything was professionally done!		
19	Caring	Not a thing	
20	Whole experience was excellent and compassionate.		
21	The dispatcher took care of all the necessary paper work and communicated with the hospital staff.	Should be more friendly and introduce themselves.	Very knowledgeable and professional and seems to be gentle to the patient.
22	Response, patient care	Nothing	
23	Everything	Nothing	I do not know whether you have any say so in regards to how many first responder i.e. fireman respond to distress calls, to my point it was comforting to me to have the extra people on hand.
24	Everything. The young man is better with the needle then the nurses at Washoe. :)		
25	A very good job and staff		Excellent service.

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
26	Everything. The young men were great.	Keep doing what you're doing with the same class.	
27	Service and informative		
28	You guys were very polite and did very well on explaining everything to us.	I personally think you guys did well therefore I don't have anything so say nor does my family.	
29	The boys were great helping my husband.		Thank your staff for us.
30	Very helpful, compassionate.		
31	Very helpful, considerate and compassionate.		
32	God bless the people that came and helped me. You are wonderful. You treated me with care and compassion.	I can't even imagine getting better treatment.	They you all so much. God bless you.
33	Experience was warm and very helpful. Would highly recommend!		
34	Everything		You did a great job! Keep up the good work.
35	Very good crew. Trainee on first day very helpful		
36	Very professional		
37	The EMT's were spectacular! They saved my husband's life. God bless you all!		
38	Communicate, friendly, showed compassion		
39	Your staff was very professional, they explained every step in my treatment and the reason it was being done, all in a very calming manner.	Keep up the good work! Thanks!	
40	Everyone was kind and professional.		Your service has been very good on several occasions.
41	Staff was great	No complaints	
42	Everything	Just keep up the good work	Thank you
43	The REMSA ambulance help were great. They did a wonderful job for me	Nothing	The care and service were great. A+
44	Arrived rather quickly		
45	Everything!		
46	yes	Nothing	Your men were very polite, friendly and informative.
47	you were organized	You (they) were fine	Good.
48	Professional, caring	Very satisfied.	
49	Access the problem, well matter polite	Nothing. They arrive in a timely matter and the phone person was patient	Thank you for serving us.
50	Arrive quickly. Administer confidently.		
51	No complaints, everyone was very professional, kind and caring.		We have not had any contact with billing staff. Thank you all for your help.
52	Everything, and very helpfull. A great team.		Your team of REMSA were wanderfull they saved my life! Thank you to all of them.
53	Everything they did was prompt and helpfull. A great team. They saved my life!		Thank you to all of them.
54	Always there.		
55	EMT's were very attentive to my needs, very nice.		
56	Both gentlemen were very helpful and considerate to my condition.		Excellent.

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
57	Reassured all was taken care of.		
58	Came really fast and it made the difference to save my husband.	The same is just fine.	Very caring. Fast to the patient. Very nice young man. One of the crew came to check the next day to see if my husband was okay.
59	Courteous, kind, efficient, patient.		
60	Overall, it has always been professional	Repeat	Same
61	Fine		
62	Fine		
63	Yes		It was good.
64	Everything	Nothing.	
65	Got me to the hospital alive.	you are at your best.	I live across the old people home rd. I have seen the good service you do for over 20 years.
66	you did everything very well as usual.		I have no complaints at all.
67	your staff was wonderful	n/a	Excellent job.
68	yes, best service.	Staff as you are doing. Your people are the best.	you are great. Please express my thanks.
69	Convinced me to go to hospital. Very respectful to me.	Will REMSA bill my insurance?	Can I receive a copy of the REMSA report?
70	The two men were communicative and helpful. Also pleasant.	Nothing really. However, I noticed that the interior of the ambulance did not impress me as clean!	
71	Fast service. Faster if ambulance would have had fate code to Wyndgate Community.	Have gate codes to gated communities in Double Diamond area.	
72	Everything-great job Thanks	Not smoke up 1st plane	Great people on my flight
73	EVERYTHING- All employees were outstanding		The dispatcher was called by the Circus Circus. Thanks for the great service.
74	Every thing	Keep on Keep on!!!	
75	Everything	Continue.....!!!	
76	Paramedics were great!	Patient was taken to the wrong hospital	
77	Took care of patient carefully.		
78	I'm the wife-all were concerned about my 300lb husband very helpful for me!	You are doing great.	What a blessing for us Seniors to have crews like your to help us. We really appreciate your care and service.
79	your EMT's & Paramedics were wonderful!	Keep your service at the high level of care.	Great job!
80	Was polite & helpful and answered all questions.	sorry for the mess	
81	Care & Concern to the hospital was excellent.		
82	To me have great confidence to have them with me.		Saved my life in 1996 when had heart attack.
83	Get to the scene of the accident in a timely manner. Prompt Service!	First time ever using Remsa.	
84	everything		they were great
85	Everything	Thank you-	
86	Everything	Keep doing what you are doing	Excellent service

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
87	Attentive & personal care for patient at both ends of trip	Keep it up!!	
88	Helped me calm myself		
89	The care. Explaining what they were doing	I was pleased with all that was done for me.	
90	Communicate Needs & Procedures	Nothing	Very caring & patient EMT's
91	Your team provided good professional care	Thankx 9/10	
92	You arrived so quickly! Your dispatcher so so helpful, I am truly grateful!	Nothing	
93	All		
94	You got me there. I do not remember most of the ride!		
95	They were very nice very professional very medical incline, the girls on that day were very helpful.	I had great care	
96	It was all done professionally and efficiently	Keep on like you are	
97	The crew were very professional and at the same time very caring.		
98			Very professional, courteous, helpful, kind!
99	Prompt response		Service was excellent
100	Very polite & professional staff	Thank you for being there for my mom when she needed you.	
101	Everything was great and the people involved were very helpful.	Okay as is	Everything and service was great.
102	Everything	Keep doing what youre doing	The crew did a great job taking care of my needs and getting me to Saint Mary's Thank you!
103	Everything	Nothing	
104	Being prompt professional in evaluating condition to decide if necessary to go to ER & Hospital (NNMC)	Was done, was promptly and professionally.	
105	Prompt, gently, kind treatment when I was 911 & frightened	I don't see how!	Professional, kind staff
106	Courteous-Compassionate		
107	Got me to the hospital quickly & safely!		
108	Your response was rapid and I was treated with care and gentleness.		
109	Everything was done well	Nothing at this time	
110	Helped my husband up from his fall.	Nothing	Good
111	Everything		
112	Prompt service friendly personnel	Nothing	
113	FINE		
114	Everything	Continue as is-very satisfied	
115	Thank-you & God Bless you all!	Nothing I can think of	Very very good
116	Made me feel comfortable & safe	Keep up with having happy employees.	
117	All of it-they were great in helping me!	Nothing	
118			Very good
119	Medic talked to me and calmed me down so I wasn't so nervous. Very professional		

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
120	All was great.		
121	Got my 300 lb husband comfortable on the gurney.	You did it all very well!!	We are grateful we have your team of people. Thank you so much!!!
122	Everything!		
123	The crew were very personable & knowledgeable.		You could tell right away that my wife was in good hands & they only had her best interest in mind! Thanks again-Good Job Guys!!
124	They were excellent in all services. Each done their part very well.		Good Service.
125	Everything	Nothing	
126	Responded we pulled her breathing tube on 8/29/12. She passed in a matter of minutes.	Keep track of personal item (including teeth=false) if they are in patients.	I thank you for all you do. Thanks again!
127	Was Ok.		
128	Ease fears- was kind and gentle in dealing with me		
129	Everything	Teleport, maybe?	You are professional, what else is there?
130	The dispatcher was clear with instructions giving me a feeling of ease. The EMT's were very knowledgeable and gently. Cudos to all. Keep up the great work.		
131	Overall I was really unhappy w/service.	Not leave all their garbage all over the floor & they broke a pole right outside my house & just left it there.	
132	treated me with respect in a professional manner, and as expidious as possible.		
133	Everything was exceptional! The crew was very capable and explained everything.	I see no room for improvement.	I was very nervous & the crew made every attempt to elevate my fears. it is wonderful to know they are a phone call away if the need arises!
134	Very informative as to what procedures they were doing nice & courteous.		
135	Both men were very competent and had concern for my well being	I probably wouldn't have taken the ambulance to the hospital if I had known in advance what the cost would be. The fees are outrageous.	
136	Everything	Nothing	No comment necessary. Thanks for the great service.
137	Helpful & Polite		Professional service
138	All staff was great		
139	Communication	Don't know	Very good
140	Well trained, well equiped	Quicker response	
141	you showed up within minutes of call	everything was perfect	very nice young men-explained everything
142	Everything was very satisfactory!	Keep up the good work	
143	Very patient w/my young crying daughter		
144	Dispatcher provided useful information while awaiting arrival of emergency responders	Nothing that comes to mind	
145	The service was fast, prefessional, guys were very nice.	I do not know	My appreciation to crew.
146		Helpful	
147	Compassionate & patient	Can't think of anything; you did a fine job!	



	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
148			From airport to hospital; does not remember trip but thanks for safe transport!
149	Awesome trip!		
150	Concern for patient & explaining things		
151	Explaining things to patient & efforts at pain control. Taking care until patient fully in care of hospital staff.	Shorter arrival time	Good Staff
152	My husband was in a lot of pain with his knee. You were so efficient in moving him.	I can't think of one thing. You were just great!	My husband was so grateful for the pain shot on the way to the hospital.
153	Every thing was good. They were very good to me. Thank you and God Bless all of you.		
154	Ambulance crew very helpful, answered my questions, communication was good.		LifeCare Personnel spoke to dispatcher, not patient.
155	Very caring sweet		
156	Made me feel very comfortable and were friendly and polite.		
157	Efficient and timely-assured me that my safety was primary.	Unknown	Had to repeat my personal information every time new personnel took over my care. Stressful for a patient in pain.
158	We're here in good time! Got me to the hosp. in nothing flat! Took good care of me!		
159	You did everything well. The 4 men who brought my husband were the most caring & helpful.	They were wonderful.	He passed away Sept 3rd, 2012
160	Were very efficient in trying to help my mom. Gave clear instructions and information-very caring.	We are from TX and were thankful for the effort.	Even though my mom passed away the care and service was ultimately well done.
161	Everything		
162	Gave me a ride to the hospital	Nothing	Very professional couldnt ask for better
163	Everything	Just keep up the good work	
164	Everything	I think the crew did an excellent job especially because of my weight. It had to be really hard for them.	I don't know about billing as I am a medicaid patient.
165	Everything	You were fine-thank you	
166	I wish to commend the crew (name) and (name) for outstanding care and professional service. Please put a note or letter in the personnel file - they deserve recognition.		
167	Politeness, knowledgeable, confident.	Nothing	Care was fast great.
168	Took care of all my needs	Everything was done well	Perfect
169	Explanations good & staff considerate	Allowed me some decisions	Two really nice young men!
170	The men were SO professional, polite, calm, helpful and most especially they calmed me & helped me in a crisis! Thank you so very much!		Gold Star to the EMT's for me.
171	They were timely and professional in their response. They responded to my information and requests.	Continue to provide the best service and response in particularly to the elderly patients.	The responders did not treat me as a "senile senior" ie "profiling" which I have experienced in other areas and events.
172	All		Very caring & helpful excellent
173	Every one was very helpful and showed a lot of patience. We appreciate all the help with out them	You are continue to be as good as	Every one was helpful and always told us what was going on.
174	Caring for me		Excellent
175	Very personnel		Very good

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
176	Everything-polite	Keep doing what your doing	
177	Everything-polite	Nothing	
178	Communications with wife. Care for me in ambulance.		
179	The male and female were exceptional. Well trained, professional, calm, & caring. The male got my vein on the first try, most unusual.	Hire more folks like the above crew.	
180	Everything!		Thank you!
181	Stiches	Ok	Fine
182	Reassured me		
183	Everything was excellent.		
184	Exclant	Perfect	
185	Excellent, no signals, response. Calming & courteous with my souse (dementia) and myself.	Thanks for your assistance.	
186	Everything-	Very Good.	
187		You did your job with urgency-delivered me from PT A to PT B. Thank you	Thank you to all for taking care of me in my time of need (peace, love + happiness)
188	Everthing	The service was very good.	Your servers always very kind and helpful
189	All services were excellent	Payment plan	Great service
190	Everything. Especially the kindness & professional way they treated William.	Just keep doing as you are now.	Every thing was perfect.
191	Response time was fast. They were helpful at Emergency/Hospital.	I have not talked to the billing dept/staff.	
192	All was good.		
193	Every thing done well.		
194	Got patient to the VA hospital for treatment.		Tks to the Sparks Police for keeping the family informed.
195			The Service was great and Thank you very much for your help.
196	Everything.		
197	Fast Response		
198	All of it.	No answer	Great staff and did one hell of a job, Thank you.
199	We were very happy with the service provided to us.		
200	No complaints		Thank you for the prompt service & wonderful staff.
201	"ALL"	Not any thing	Very effcient very polite
202	EVERYTHING		
203	The crew was very helpful, respectful, & re-assuring.		Again, the above comments cover it.
204	Prompt when arriving	Nothing	
205	Calmed me & noted the severity of my condition & pain and treated en route.	N/A	You guys are spread to thin thanks to our gov cuts not ur fault.
206	Transported me 7 blocks to E.R.		
207	instilled confidence	Nothing	
208	Everything that was needed.	Not much. Everything went well.	Good.

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
209		Keep doing your job well as you are doing. I think you are all wonderful. Always nice and professional.	
210	Very courteous and knowledgeable	Nothing.	
211	Everything one could expect		
212	Banner's ambulance was en-route to Reno when I needed transportation to Renown due to heart attack-fortunately REMSA was available. The guys were so helpful and I am thankful they were there-Thank you		
213	Everything!	Nothing	We couldn't expect anything better.
214	Polite		
215	They were very professional & compassionate. They got here immediately.	Everything was done (perfect)	There wasn't anyway I could have gotten up as my arm was broken & I had two knee replacements & one doesn't bend correctly. Thank God for REMSA!!
216			Excellent.
217	Guys are good to help		Your people were good to me and family
218	Arrived rapidly. Very comforting in ambulance.		Paramedic couldn't find blood vessel in right hand. Badly bruised.
219	fine		
220	arrived on time	nothing.	perfect trip!
221	Everything		
222	Everything	don't know	Patient died 9/4-night
223	you calmed me & very helpful.		your crew is always very comforting and helpful.
224	Took care of me-was very polite and they knew what they were doing.	Just keep up the good work!!!	Excellent service
225	making patient comfortable before transport, working quickly & efficiently.	can't think of a thing!	
226	Everything		
227	Everything was great!!		
228	made patient more comfortable-I felt sure he was in good hands.		Your personnel were here in a timely manner, asked good questions to determine state of health, took vitals-good job!
229	Everything was done with great care-Comfort for my husband.	nothing-	Treatment was very professional-quick.
230	Everything		
231	Everything		
232	Everything	Nothing	Great
233	Yes, this was our first emergency and we appreciated the calm and professionalism of the team. They asked good questions which saved time for the hospital staff.		
234	We were on vacation and staying at the Silver Legacy- your staff was very professional.		
235	The men were gentle, caring, and professional in all phases, they treated me like a person.	Doesn't apply	Always good, that is why my household has your service.

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
236	Compassionate responses		
237	sympathetic & helpful	do very well	
238	at Old Town Mall super fast!	Knew their stuff!	
239	Keep patient calm & informed. Communicated well with family.	Nothing-Good Job!	Everyone was very helpful, informative, and encouraging.
240	Considerate of our wishes not to stop resuscitation. Thanks very much!		
241	I talked to the billing staff woman, and she was very helpful and polite.	Everything is good.	Excellent
242	Everything	no need for improvement-everything was great-the staff was wonderful.	
243			The two EMTs that brought my mother and I home from Reno-250 miles-were professional and kind.
244	Very courteous; have never found ANY of your employees to be in any way negative.	Nothing-all of your employees are very well trained and polite	Have seen your employees here at our home = also at my work I see them (I work for the VA & previously TPH) They are always professional.
245	you took me to the hospital right away.	you did the right thing.	excellent service
246	Could not have been more professional, polite, communicative, & considerate	nothing.	
247	Demonstrated kindness, patience, and professionalism with patient		
248	SO COMPASSIONATE and sincere! Made a scary situation LESS scary!	Keep the EMTs on staff forever and give them RAISES!!	
249	Good attention	Nothing	Good
250		All good	
251	Everything	Continue with the same courteous service.	Thanks for the polite friendly service
252	As I had fallen and broke my hip in the Eldorado shower, they immediatly calmed me & made me know they would take care of the situation.	Nothing I can think of as they were very professional.	
253	Everything	Not a thing- they were very considerate & thoughtful	
254	Everything	All functions were performed beyond expectations	wonderful service
255	Everything!	I can't imagine!	I don't know how to say Thank You, Thank you, to the crew. They were/are exceptional young persons.
256	Both young men were polite, gentle, and knowable.	Can't think of a thing	Nice people, good service- Thank you!
257	Everything was great! Everyone scored 100!		No negative comments- very satisfied
258	They were professional as well as personable. They also gave explanations when asked about different things.	N/A	
259	Attempted to calm myself & my children. My kids were given stuffed animals		
260	careful, pleasant		
261	The man who rode in the back with us was terrific. Calmed me down & kept me calm.	Absolutely nothing :)	
262	It all went as expected but I don't have anything to compare it to.	I don't know.	
263	Everything		
264	Everything	Continue	Excellent

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
265	Everything	Nothing	
266	So nice! :)		
267	Personnel were very professional & caring.		
268	Calm me down	Just keep coming if I have to call	The care was great and everyone was real nice
269	From air show to Renown they were great	N/A	Great
270	Stabilized me and got me to the hospital safely and quickly	I wish I could have been helped with my pain quicker and it seemed like the response took forever. Reduce prices!!	I just want to say thank you for all the help.
271	Fast service-very polite. Handle patient with great care.		
272	Fast service & gentle care	Hope I don't get sick again!	Totally professional & well trained.
273	Everything	Nothing	
274	Made sure he was comfortable in the transport to the airport.		Thank you!
275	The crew was respectful, friendly, attentive & reassuring.	I don't know of anything	I am a retired RN & I remember the early years of ambulance service in the Reno-Sparks area (1972 on) & it has come so far!
276	Your personnel were calm, asked only questions pertaining to my husband and info that was needed.	Nothing. Continue the professionalism.	Appreciated the calmness of the driver.
277	Was very caring	did very good job	
278	All responsibilities were met promptly and efficiently	Can't imagine!	Its comforting to know you are at our call.
279	The paramedic with me the patient was very helpful & infomative	The driver could have explained what was happening to my wife	I was impressed with the professionalism.
280	Listened, helpful	Can't think of anything	
281	Everything		The Paramedic was so kind & sweet to me. Please tell him thank-you for me. I was a former EMT-I in LA in my 20s so I understand both sides.
282	Got her Quickly	Get her quicker/update upgrade	equip
283	Caring attitude w/ my father		
284	The two EMT's were VERY good!		We have not dealt with the billing staff yet.
285	Everything	Nothing	
286	Response was prompt, personnel was helpful, calming and compassionate.		Care of the patient and family was of the highest quality.
287	Respectful, patient & understanding. Thank you!		
288	Everything	you did great	
289	You were all very helpful and supportive.		
290	Don't remember anything		All is fine
291	Pleasant, able, effecient		
292	prompt & w/o lights & siren- I didn't perfer that the neighbors should be disturbed.	Your staff is doing very well!!	Everyone was just great!
293	Yes, here quickly and very informative & nice.		
294	Emergency seervice-super helpful		

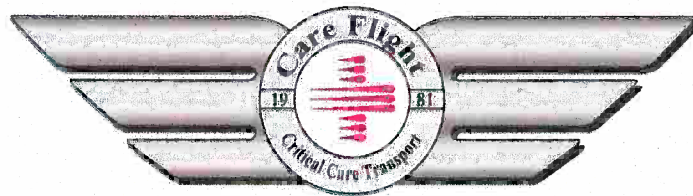
	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
295	Arrived promptly, and were very calming, were able to be professional & compassionate		We were on vacation and it was very comforting to know that the responders knew what was happening.
296	Everything went well.		
297	Immediately examining my vital systems to determine the degree of my condition in order to take appropriate action.	I believe that appropriate action was taken.	Excellent service rendered.
298	Your Emergency Procedures were the best we have ever seen--	Keep on Keeping on!	you are the BEST!
299	They gave me excellent care	Nothing	They were all kind, polite, and helpful.
300	Transported wife to hospital-she had a heart attack		I am trying to get help to pay bill-
301	Everything-Great!		
302	Everything		
303	Very nice and professional staff. They explained everything and kept me informed.		
304	Immediate response, calmed me down, knew exactly what to do- They were wonderful-	Nothing	These people know what they are doing, very competent- Thank you for an outstanding Ambulance Service-
305	Arrival was timely		
306	Were prompted & fast, fast, fast! YAHOO BACK IN TEXAS!!!	Well you already did	Good service
307	Courtesy-patience-knowledge-compassion-professional	nothing needed	Wonderful thanks- if I get sick again, I hope it is in Sparks!
308	Everything	You did everything perfect & excellently	Everyone was so nice & comforting to me & my husband, who was the patient.
309	Personnel were very thorough and professional.		
310	Everything	I wouldn't know	We haven't been billed yet. But I'm sure all will go well.
311	Transport to Reno from Reno Airport Transfer to Medical Staff @ Er/Cardio		
312	Everything		Service was great!!!
313	All staff were polite and helpful		Great Service



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*Regional Emergency Medical Services Authority*

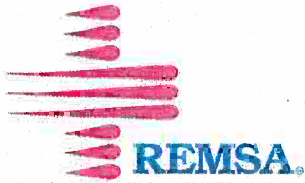
**CARE FLIGHT  
CUSTOMER SERVICE  
FOR  
SEPTEMBER 2012**



## CARE FLIGHT CUSTOMER COMMENTS SEPTEMBER 2012

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
1	Care for patient. Explanation of everything happening.	Nothing, perfect.	
2	Very courteous and thoughtful.		Appreciated a phone call that night on how I was doing and that Louis was fine.
3	Everything	Nothing	
4	Acted quickly probably saved my father's life since we live in Winnemucca.		
5	Everything! The nurses and pilot were great and very calming. I don't like helicopters but Gretchen made me comfortable and calm and she is great!!		
6	Fast, considerate service!		
7	Care Flight crew was very informative during flight ensuring my full understanding of what was occurring.	Everything was very professional.	
8	William got to Renown but passed away within 24 hours.		
9	it was very helpful how informative they were.	Nothing	Very helpful and kind.
10	You talked to her. Made her feel comfortable. She was scared but they made her feel good.		She passed away in hospital on 9/9/12.
11	Caring and compassionate of patient.		
12	first ride strapped outside to closest MASH unit, 17 yrs old, last ride to Renown Hospital.		He was 78 yrs young, Thank you. The angels are taking care of him now.
13	Very professional. They made us feel like we were their first priority.		
14	The patient says thank you to the Med crew and the pilot. He was very happy with the service.		
15	You were very good about making me comfortable and looking out for my personal belongings.	Nothing, I am happy. You could get a softer board.	The lady who helped me was great.
16	I couldn't ask for better care and attention.	Always be there for us.	
17	Very informative and friendly. Listened to my concerns of husbands fear of flying and reassured things would be fine.		Thank you very much!
18	Communication, transit, personnel, ALL A-1!	Excellent service, no suggestions.	A-1
19	Everything - great.		Care Flight called in by med personnel. No ambulance available. We were out of the loop. Didn't know anything until chopper landed.
20	You got me into the hospital (Renown) in Reno quick.		The crew was friendly and answered all my questions. My family and I are grateful you were there. Thank you.
21	Gentle, comforting, eased pain and reassured and most importantly "Expedient"	Nothing	The RN german was wonderful.
22	Everything.	Nothing	Just a big thank you for taking just great care of my husband
23	A smooth flight.	More conversation about what we are flying over at night.	
24	Everything.	First time patient.	
25	Caring, calm staff came to the aid of my husband. Thank you!		So sorry for the delay in returning this document. God Bless You!
26	Yes		





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*Regional Emergency Medical Services Authority*

**REMSA**  
**PUBLIC RELATIONS REPORT**  
**FOR**  
**SEPTEMBER 2012**

**PUBLIC RELATIONS**

**September 2012**

<b>ACTIVITY</b>	<b>RESULTS</b>
Wrote and distributed press release regarding Child Passenger Safety Week.	Information regarding the importance of child safety seats was run in the Reno Gazette Journal.
Wrote and distributed press release regarding Coach's Clinic on injury prevention.	Press release and information regarding the clinics were run in the Reno Gazette Journal, Sparks Tribune and Channel 4.
Wrote and distributed press release regarding Jane Miller retiring from REMSA/Care Flight.	KKOH did an interview with Jane and Channel 4 ran a story about her.
Wrote and submitted a Kids for Cribs winners column to the Reno Gazette Journal.	The winners' column ran on Sept. 16.
Distributed homebound flu shots press release.	Results will be available in Oct.

## Flight nurse and Care Flight pioneer retires



Published: 9/27 11:22 am

Updated: 9/27 11:24 am

RENO, Nev. (KRNV & MyNews4.com) -- Jane Miller, the first ever Chief Flight Nurse for Care Flight, is retiring.

In 1981, Care Flight was launched as a joint venture between Renown Health (then Washoe Medical Center) and Saint Mary's Regional Medical Center in Reno. The medical helicopter service was established to better serve the northern Nevada and northern California communities with fast medical response and transportation. Registered nurse, Jane Miller played a key role in helping Care Flight launch and was named the first-ever Chief Flight Nurse for the organization. In 1985, when ground ambulance was added to the mix, the Washoe County Health Department awarded the Care Flight franchise to the Air Ambulance Authority and the name was changed to Regional Emergency Medical Services Authority (REMSA).

Miller has served with Care Flight and REMSA in a variety of roles since that time. On June 18, 2012, she announced her retirement leaving a legacy of helping Care Flight become one of the nation's premier air ambulance programs.

Miller has been a registered nurse for 45 years, graduating from Holy Cross School of Nursing in South Bend, In., in 1967. She has served as a flight nurse for 37 of those years. In 1975, Miller began working as a nurse at Saint Anthony's Hospital in Denver, Co., in the ICU. Saint Anthony's began the first ever hospital-based flight program in the U.S. called Flight For Life. Prior to this, all flight nurses had worked on fixed wing aircraft or were members of the military.

In 1978, Miller became the first ever Assistant Chief Flight Nurse for the Flight For Life program and organized a team of nurses to develop a flight nurse orientation program. This was another pioneer effort as it was the first written and organized orientation for flight nurses in the U.S. During this time she also helped to implement a rural educational program via teleconferencing in Colorado, Montana, Utah and Idaho using the NASA Communication Video System. This was the first rural continuing education effort for this area using NASA satellites.

From 1979 to 1980, Miller's career took a turn when Henry Cleveland, a renowned trauma surgeon, selected her to be the nurse to accompany U.S. Sen. Ted Kennedy as he campaigned across the country for the democratic presidential nomination. She took a 10-month hiatus from flight nursing and became Sen. Kennedy's private trauma nurse. Her job, as dictated by his mother, was "to save his life if anything happened to him." To that purpose, she was never more than 10 feet away from him when he was outside of his personal suite.

In 1981, the National Flight Nurses Association (NFNA) was organized and implemented and took the orientation of flight nurses a step further with the publication of the first text book, "Flight Nursing-Principles and Practice." While working for Care Flight, Miller was the co-editor of the trauma section of this first edition. Now this text is in its third edition, and is still the gold standard text for flight nurse orientation. In 1982 while also working at Care Flight, Miller became the chairman of the Clinical Practice and Standards Committee of the American Society of Hospital Based Emergency Air Medical Services (ASHBEAMS), now known as Association of Air Medical Services (AAMS). This was the first time clinical standards and practices for nursing in the civilian air transport environment were put down on paper. Again, she was a pioneer in the development of this aspect of flight nursing. Miller continued as a member of this committee for 15 years as well as spending 10 years on the ASHBEAMS Finance Committee.

In December of 1980, Miller came to work for Washoe Medical Center (now Renown Health) in Reno as the Chief Flight Nurse for their new Life Flight Helicopter Program. This became a joint venture with Saint Mary's Hospital in 1981 with the new name of Care Flight. At this time, flight nursing in Nevada was still in its infancy, and Miller became the nurse advocate to the Nevada State Board of Nursing to assure nurses in Nevada could provide care in the prehospital setting without being a paramedic. With her efforts, Nevada became the first state in the U.S. where a nurse's practice was not restricted because they were not certified paramedics. Miller practiced as the Director of Care Flight for six years and in 1991 became the first Vice President of REMSA.

As Vice President of REMSA, Miller continued to direct the air transport service for nine years until 2000. As part of her role, she worked with the Washoe County Health Department to develop the first Washoe County Multi-Casualty Incident Plan, served as the air ambulance representative on the Nevada state EMS Advisory Committee (1987-1992), and on the Nevada Committee for the Development of Regulations for Air Ambulance Services which incorporated personnel, protocols and equipment on the air ambulance. Also during this time, she was instrumental in placing the first ever MD 900 (McDonald Douglas twin engine

0/3/12

Flight nurse and Care Flight pioneer retires - My News 4 - KSNV, Reno, NV

helicopter) in EMS into service in the world.

Miller's efforts at REMSA have also resulted in the fact that of the more than 12,000 EMS agencies in the United States, REMSA is one of only three organizations in the world to be accredited by Commission on Accreditation of Ambulance Services (CAAS), the Commission on Accreditation of Medical Transportation Systems (CAMTS), and also the National Academies of Emergency Dispatch (NAED) as a Center of Excellence in Emergency Medical Dispatch. She also helped establish of the first ever homebound flu vaccination program for Washoe County.

Home

## Dayton students take flight aboard Care Flight as part of fundraising program

Submitted by editor on Sun, 09/30/2012 - 9:23am

Carson City carson center City Emergency functions Health Health & Wellness medical Nevada Northern Nevada  
Rescue service Services students Dayton fundraising high school

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Three Dayton High School students landed a birds-eye view of the sky aboard Care Flight on Saturday functions.

The students, two juniors and a senior are enrolled in Dayton High School's HOSA; Future Health Professionals class.

The Cracker Box in Carson City, Js' Old Town Bistro in Dayton, and a Dayton Rotary member are sponsoring the students.

Care Flight began in 1981 as a shared helicopter program of Washoe Medical Center, Saint Mary's Regional Medical Center and Northern Nevada Medical Center to provide fast, high-quality emergency medical service and rescue to the remote and rural areas of northern Nevada and northeastern California.

In 1986, Care Flight was placed under the authority of the Regional Emergency Medical Services Authority to create a comprehensive EMS system with fully integrated ground and air emergency medical services. From 1986 through 1990 Care Flight provided helicopter and fixed wing air ambulance transport. Since 1990 Care Flight has provided high quality helicopter critical care transport.

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## School District Holds 'Operation Healthcare Bound'

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*Posted: Sep 28, 2012 3:29 PM PDT**Updated: Sep 28, 2012 4:16 PM PDT*

Washoe County middle and high school students can have the chance to learn about careers in life sciences Saturday in Reno.

The school district is holding "Operation Healthcare Bound" Saturday from 10 am to 2 pm at the Joe Crowley Student Union on the University of Nevada campus.

Students who are considering careers as physicians, nurses, physical therapists, dieticians, radiology technicians, dentists, or Emergency Medical Technicians can learn about those careers and others during this fifth annual Operation Healthcare Bound.

The University of Nevada's School of Medicine, REMSA and the Reno Fire Department are among the organizations helping to put on the event.



# REMSA offers seasonal in-home flu shots for homebound residents

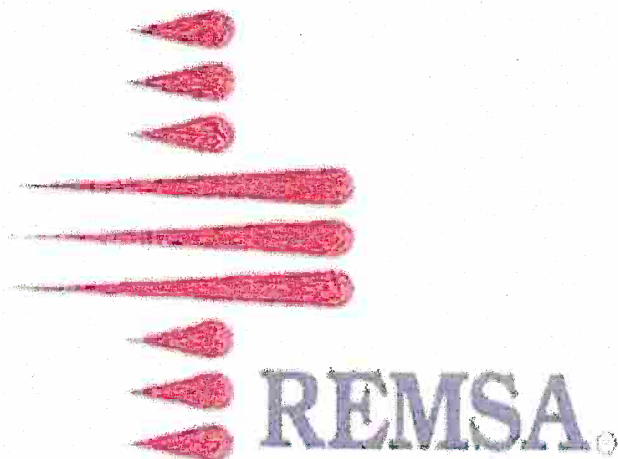
Published: 9/27 4:37 pm

Updated: 9/27 4:38 pm

RENO, Nev. (KRNV & MyNews4.com) -- In an effort to protect Reno and Sparks residents from influenza and pneumonia, the Regional Emergency Medical Services Authority (REMSA) is providing in-home visits to homebound residents to administer seasonal flu and pneumonia shots until Oct. 12 or until vaccine supplies are no longer available. REMSA's homebound flu shot program is designed to offer critical health protection for individuals who are unable to leave their home due to illness or disability.

REMSA is encouraging the elderly and those with chronic health problems to participate in the important mobile community health program, as they are more likely to develop serious complications from the flu and pneumonia if not protected. Homebound individuals considered high-risk due to asthma, diabetes or heart disease are also urged to get a flu and/or pneumonia shot.

Homebound flu shots are \$38 and pneumonia shots are \$91. To schedule an appointment or for additional information, call the REMSA Flu Hotline at 775-858-5741.





## **REMSA to hold youth sports coaches clinic on how to prevent, treat sport injuries**

Published: 11:13 am 9/10/12

Updated: 11:50 am

RENO, Nev. (KRNV & MyNews4.com) -- The Regional Emergency Medical Services Authority (REMSA) will conduct two classes for coaches to reduce the amount of children suffering from unnecessary long-term injuries during sports activities.

Clinics will take place from 5:30 p.m. to 7 p.m. on Wednesday, Sept. 26. and on Thursday, Sept. 27 from 3:30 p.m. to 5 p.m. Both classes will be held at REMSA's education facility at 400 Edison Way, Suite B in Reno.

Sponsored by Safe Kids Washoe County and University of Nevada Sport Medicine, educators will present an overview of common sports related injuries and steps coaches, parents and athletes can take to prevent these injuries. Participants will also learn how to deal with common injuries and how to identify those that need more immediate care and evaluation.

Participants in the clinic will receive a free water bottle as well as a basic first aid kit to keep with them for immediate care needs at event (while supplies last). For more information or to register for the class, visit [www.remsaeducation.com](http://www.remsaeducation.com) or call 775-353-0772.



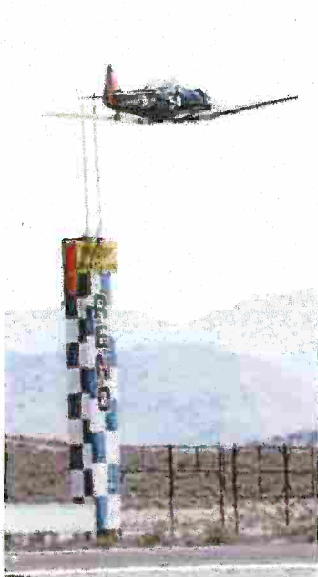
## Reno Air Races to return with tributes

Ceremonies to honor victims, community

1:37 PM, Sep 8, 2012

Written by

[Guy Clifton](#)



Michael Pfeleger flies his T-6 past the home pylon on June 16 during the pylon racing seminar at the Reno-Stead Airport. / Marilyn Newton/RGJ



Alan Torn of REMSA, one of the first responders to the 2011 air races crash, was honored at city hall on Nov. 9. Opening ceremonies this year will pay tribute to victims, first responders and the community that rallied after the disaster. / RGJ File

### At a Glance

**WHAT:** Reno National Championship Air Races

**WHEN:** Wednesday through Sunday

**WHERE:** Reno-Stead Airport

**EVENTS:** Racing in six classes: Formula One, Biplane, T-6, Sport, Unlimited and Jet. Military demonstrations, Patriot Jet Team, stunt pilots.

**TICKETS:** Prices vary depending upon day and seating. Discounts for youth, seniors and military. Discounts also available through Scolari's markets. Available at [www.airrace.org](http://www.airrace.org) or call 775-972-6663.

Air racing returns to Reno-Stead Airport this week, and organizers face the challenge of balancing a full slate of action and entertainment with a remembrance of the victims of last year's crash and a tribute to the first responders and community that rallied in the aftermath.

Pilot Jimmy Leeward and 10 spectators were killed and dozens injured when Leeward's P-51 Mustang

experienced a mechanical failure and crashed into box seats in front of the grandstand last year.

"We are going to appropriately remember the events of last year," said Mike Draper, spokesman for the 49th annual National Championship Air Races. "The theme this year is 'A Tribute.' We'll be paying tribute to the victims, but also to the first responders and the community for its support."

Practice and qualifying runs will be going today, Monday and Tuesday, with heat races scheduled to begin Wednesday afternoon. In all, 50 races in six classes — Formula One, Biplane, Sport, T-6, Jet and Unlimited — are scheduled from Wednesday through Sunday.

Draper said pre-event ticket sales are “on par” with what they were last year.

“We’re expecting 200,000-plus to be here over the course of the event,” he said.

The formal opening ceremony, which will include a 30- to 40-minute memorial/tribute, is expected to include some of those who were injured, first responders from fire, police and military along with Reno Mayor Bob Cashell, Sparks Mayor Geno Martini and other dignitaries. A flight element is also expected to be included, Draper said.

Opening ceremonies on Championship Sunday will also include a tribute, he said.

Numerous changes have been made in the wake of last year’s accident, most based on recommendations from the National Transportation Safety Board after a months-long investigation. However, the majority of changes are for the racers and teams and will be mostly transparent to spectators.

“There were a bunch of little things done to make everything safer in general,” said Mike Mangold, president of the Jet Class. “One of the things was they changed the shape of the course (for jets and the Unlimited Class).”

Air races spokeswoman Valerie Miller said several pylons that designate the race course have been moved for the Unlimited and Jet classes, so that when the planes make the turn toward the grandstands and pit area, it is a “softer” turn, meaning less energy moving in that direction.

Mangold, who flew the revised course during Pylon Racing School in June, said it creates a safer line for the pilots as well because the pylons have been moved to areas that make them easier for the pilots to pick up. Pilots in the Jet and Unlimited gold classes are flying close to 500 mph during a race.

Fred Telling, president of the T-6 class and pilot of the plane “Baby Boomer,” said pre-race technical inspections and follow-up inspections if any problems were corrected on a race plane, are also part of rules adjustments for the pilots.

A relocation of fuel trucks and more barriers between the race course and crowd area are also among the changes recommended by the NTSB that are being implemented.

“In light of what happened last year, we’re in a safe mode,” Mangold said. “We owe that to the fans and the racers themselves.”

One of the more visible change this year is the official name of the event — the TravelNevada.com Reno National Championship Air Races presented by Breitling — which reflects a \$600,000 sponsorship agreement made between the Nevada Commission on Tourism and the Air Races, which helped the Air Races meet a \$2 million insurance premium in order to hold this year’s event.

The races will also have on-site counselors available for anyone who might require such a service.

The “air show” portion of the event will include the F-22 Raptor, and F-18 Super Hornet demonstrations, along with the Patriot Jet Team, a group of precision fliers that consist of former U.S. Navy Blue Angels and U.S. Air Force Thunderbirds pilots.

Stunt planes and other entertainment will also be part of the festivities.

Miller said entries are up in the Sport and Formula One classes, and down in the Unlimited and Jet classes.

Among the field in the Unlimited Class are longtime favorites Rare Bear and Strega. Rare Bear will be piloted by Stu Dawson; while two-time Unlimited Gold champion pilot Steven Hinton will again fly Strega.

Returning this year will be the plane September Fury, a past Unlimited Gold champion. It will be piloted by former NASA Astronaut Hoot Gibson.

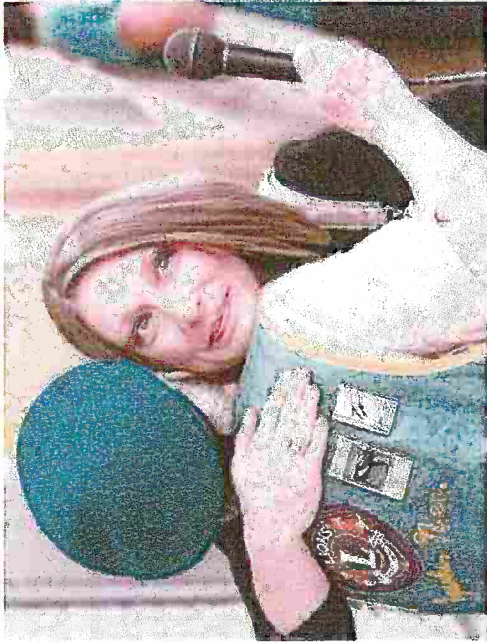
It has been two years since race fans have seen a championship race in the Unlimited Class.

In 2010, the championship race was canceled because of high winds and Hinton was declared the champion based on earlier qualifying races. Then last year, the crash of Leeward’s P-51 Mustang during an Unlimited heat race prompted the cancellation of the remainder Air Races in 2011.

## Sparks Senior Center gets facelift

by Garrett Valenzuela

6 days ago | 1836 views | 0 | 3 | 0 | 0



Tribune photo by John Byrne - Michelle McDonald, of the Reno-Sparks Leadership class, shares a hug with Shirley Hendrix before a ribbon-cutting ceremony.

plans for the renovation, saying that her passion for helping senior citizens fueled the project.

"I have been over here and had lunch with the seniors a handful of times and they really have kind of adopted me," she said. "It's meant a lot to me to be able to be a part of (the project) and just see the smiles on their faces at the end of the day that a community was able to come together to support them and give back to them."

The renovations done by the RSL, a program formed through the Chamber of Commerce, provided repainting of the walls, new carpet throughout the building, re-upholstery to furniture, updated artwork, a new defibrillator and an ADA-accessible front desk. The RSL brought in more than \$18,000 in cash donations and another \$15,000 of in-kind donations to fund the project.

Tom Young, co-chairman of the construction committee for RSL, said the collaboration among community businesses and organizations made the renovations swift and achievable. He said the new energy-efficient lighting was attributed to Washoe County. RC Willey donated all of the carpet and REMSA donated the new defibrillator.

The leadership class also had help from Sierra Nevada Job Corp who painted all of the walls with donated paint from Reno Paint Mart, while the Washoe County Sheriff's inmate crews improved landscaping conditions, moved furniture and helped pull up the carpet and tear down the front desk.

"This was a huge collaboration among the entire community," Young said. "We could not have done this without the help of the donors, the Job Corp students and all of the help from the seniors who come here."

Young said the decision of the leadership team to renovate this particular facility included several factors. He said the building's 1991 original construction date made it long overdue for improvements, but he stressed the amenities the senior center provides to the community's elderly.

"I think a lot of people forget about our seniors and that many of them are on a fixed income. It provides a meal that is affordable and provides a community for them to come down and socialize with their peers," he said. "I think people have to realize that this building is not abandoned. Now it will have a new look and people can come and enjoy their experience here."

McDonald experienced the interaction among the senior center's occupants first hand and said the services provided by the facility often go unnoticed, but have a distinct value to those involved in them daily. "Some of the seniors don't have any family so they come here for interaction, they come here for support and this is now a place where they can enjoy being here," she said. "I think the entire (leadership) class is now really invested in the (facility) and we all want to make sure that everything stays up to date and well taken care of. I think many of us will be down here much more often to interact with the people who helped make this possible."

Shirley Hendrix, a member of the Sparks Special Seniors program at the Sparks Senior Citizens Center, said approving renovations and assembling activities could be difficult when working with Washoe County. She said because the RSL was not affiliated with the county, the improvements avoided an extensive county process and allowed the improvements to take effect immediately.

Hendrix, who has been affiliated with and advocated for the senior center, said the communication and partnership with the RSL proved crucial in finalizing the improvements.

"They invited a few of us to their big fundraiser and we were treated like queens there," she said. "They were all friendly and they hugged us and it was like a family group. It was wonderful."

Hendrix said the social outreach that the senior center provides could only be amplified by the improvements to the interior.

"There really is no place for us to be social, and that is what this place provides is a social interaction," she said. "People can come here and have their card games and bingo, and it's just another home. I think we will have more people showing up for our activities because of (the improvements) and people will want to stay here longer."

The Sparks Senior Citizens Center will be undergoing exterior renovations worth more than \$99,000 after receiving approval from Sparks City Council in August. The project will be the first exterior renovation designed to focus on water drainage patterns and water tightness of the exterior.

Exterior improvements are in response to the significant water damage to the roof and increased stucco damage near the front entrance. The city noted water collection in the flat areas of the roof and ice continually deteriorating the building as key causes of the damage.





# Washoe County Health District



Public Health  
Prevent. Promote. Protect.

## STAFF REPORT

BOARD MEETING DATE: October 25, 2012

**DATE:** October 10, 2012

**TO:** District Board of Health

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

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

**SUBJECT:** Presentation and Acknowledgement of Fiscal Year 12 Health Fund Financial Review; Discussion and Possible Direction regarding current and/or future Health Fund finances.

### SUMMARY

The Fiscal Year 12 Health Fund Financial Review is a presentation reflecting the status of the Health Fund at June 30, 2012 utilizing closed unaudited financial information. The information is considered "unaudited" as the Washoe County Comprehensive Annual Financial Report (CAFR), auditor's report, report on internal control, and Single Audit Report required by the Office of Management and Budget (OMB) Circular A-133, for the fiscal year ended June 30, 2012 has not yet been presented to the Washoe County Board of Commissioners.

*District Board of Health Strategic Priority:* Acknowledgement, discussion and/or direction supports the Washoe County Health District priority to assure that mandates are met and needed services are delivered.

### PREVIOUS ACTION

The District Board of Health acknowledged receipt of the Fiscal Year 10 Health Fund Financial Review at their September 23, 2010 meeting.

### BACKGROUND

On March 03, 2011 the Washoe County District Board of Health held a Public Hearing to discuss and provide direction regarding the FY 2012 Health District Budget. The FY12 budget was adopted with an ending fund balance of \$1,099,518. This update provides information related to the status of the Health Fund at June 30, 2012.

AGENDA ITEM # 13

The actual ending fund balance using unaudited figures is \$3,916,042 (as reflected in Attachment A) of which \$2,627,962 is identified as FY13 opening fund balance as reflected in Attachment B, and \$985,356.03 is identified as restricted as reflected in Attachment A. The variance detail is illustrated in Attachment C.

**FISCAL IMPACT**

There is no fiscal impact to the acknowledging the report. The fiscal impact of any board direction is unknown at this time.

**RECOMMENDATION**

Staff recommends that the Washoe County District Board of Health acknowledge receipt of the Fiscal Year 12 Health Fund Financial Review.

**POSSIBLE MOTION**

Move to acknowledge receipt of the Fiscal Year 12 Health Fund Financial Review.

## UNAUDITED STATE DOC

## FUND - HEALTH

RESOURCES	(1)	(2)	(3)
	ACTUAL PRIOR YEAR ENDING 6/30/11	UNAUDITED FINANCIALS YEAR ENDING 6/30/12	FINAL APPROVED FY12
REVENUE			
LICENSES AND PERMITS			
Nonbusiness Licenses and Permits	1,042,434	984,267	1,008,585
Subtotal	1,042,434	984,267	1,008,585
INTERGOVERNMENTAL REVENUES			
Federal Grants	5,499,964	5,532,021	5,423,536
Federal Grants - Indirect	76,808	106,217	31,837
State Grants	368,195	329,907	228,327
Other	757,856	827,765	749,006
Subtotal	6,702,823	6,795,910	6,432,706
CHARGES FOR SERVICES			
Health and Welfare	1,288,165	1,265,749	1,153,115
Reimbursements	0	-	0
Subtotal	1,288,165	1,265,749	1,153,115
MISCELLANEOUS			
Contributions and Donations-Private Sour	44,445	44,458	41,450
Other	231	7,974	-
Subtotal	44,676	52,432	41,450
Subtotal Revenues	9,078,098	9,098,358	8,635,856
OTHER FINANCING SOURCES			
Proceeds from Financing			
Operating Transfers In (Schedule T)			
General Fund	8,192,500	7,250,850	8,056,500
Other Funds			
Subtotal Other Sources	8,192,500	7,250,850	8,056,500
BEGINNING FUND BALANCE:			
Reserved			
Unreserved	3,194,988	3,745,034	2,659,262
TOTAL BEGINNING FUND BALANCE	3,194,988	3,745,034	2,659,262
Prior Period Adjustments			
Residual Equity Transfers			
TOTAL AVAILABLE RESOURCES	20,465,586	20,094,242	19,351,618

WASHOE COUNTY HEALTH DISTRICT  
**UNAUDITED STATE DOC**  
 FUND - HEALTH

EXPENDITURES BY FUNCTION AND ACTIVITY	(1)	(2)	(3)
	ACTUAL PRIOR YEAR ENDING 6/30/11	UNAUDITED FINANCIALS YEAR ENDING 6/30/12	FINAL APPROVED FY12
<b>HEALTH FUNCTION</b>			
Public Health Administration			
Salaries and Wages	1,734,075	1,678,159	1,868,837
Employee Benefits	664,118	688,409	1,146,246
Services and Supplies	173,855	228,655	191,494
Capital Outlay	-	-	-
Subtotal	2,572,049	2,595,223	3,206,577
Air Quality Management Division			
Salaries and Wages	1,366,552	1,181,919	1,398,837
Employee Benefits	471,174	430,987	531,855
Services and Supplies	232,543	190,305	138,283
Capital Outlay	60,232	152,587	58,000
Subtotal	2,130,501	1,955,798	2,126,975
Community/Clinic Health Services Division			
Salaries and Wages	3,107,118	2,919,644	3,074,358
Employee Benefits	1,065,497	1,059,535	1,189,906
Services and Supplies	827,955	833,592	914,680
Capital Outlay	-	17,467	-
Subtotal	5,000,570	4,830,238	5,178,944
Environmental Health Services Division			
Salaries and Wages	3,174,744	3,017,062	3,339,544
Employee Benefits	1,153,082	1,153,846	1,306,624
Services and Supplies	776,331	677,467	1,012,705
Capital Outlay	-	-	0
Subtotal	5,104,157	4,848,375	5,658,873
Epidemiological Public Health Preparedness			
Salaries and Wages	1,117,561	1,064,303	1,315,000
Employee Benefits	398,565	412,508	468,184
Services and Supplies	372,012	325,878	282,546
Capital Outlay	25,137	145,876	15,000
Subtotal	1,913,275	1,948,566	2,080,731
<b>HEALTH FUNCTION SUBTOTAL</b>	<b>16,720,552</b>	<b>16,178,200</b>	<b>18,252,100</b>
<b>OTHER USES</b>			
CONTINGENCY (Not to exceed 3% of Total Expenditures all Functions)	XXXXXXXXXX	XXXXXXXXXX	
Operating Transfers Out (Schedule T)			
General Fund	-	-	-
Accrued Benefits Fund	-	-	-
Subtotal Other Uses	-	-	-
<b>ENDING FUND BALANCE:</b>			
Restricted		985,356	
Unreserved	3,745,034	2,930,686	1,099,518
<b>TOTAL ENDING FUND BALANCE</b>	<b>3,745,034</b>	<b>3,916,042</b>	<b>1,099,518</b>
<b>TOTAL FUND COMMITMENTS AND FUND BALANCE</b>	<b>20,465,586</b>	<b>20,094,242</b>	<b>19,351,618</b>

<b>ETC EFB at June 30, 2012</b>	<b>2,627,962</b>
<b>Actual (unaudited) EFB at June 30, 2012</b>	<b>3,916,042</b>
<b>Variance</b>	<b>1,288,080</b>
Restricted Funds (Deferrals)	985,356
Increased Net Revenue	103,507
Net Federal/Other Grant Revenue	9,604
Federal Indirect Revenue	39,392
Expenses less than BTC	150,221
	<b>1,288,080</b>

RESOURCES	(1)	(2)	(3) (4)	
	ACTUAL PRIOR YEAR ENDING 6/30/2011	ESTIMATED CURRENT YEAR ENDING 6/30/2012	BUDGET YEAR ENDING 6/30/2013 TENTATIVE APPROVED	FINAL APPROVED
REVENUE				
LICENSES AND PERMITS				
Nonbusiness Licenses and Permits	1,042,434	947,537	1,014,985	1,124,537
Subtotal	1,042,434	947,537	1,014,985	1,124,537
INTERGOVERNMENTAL REVENUES				
Federal Grants	5,576,772	5,674,217	5,479,171	5,479,685
State Grants	368,195	329,940	99,857	99,857
Other	757,856	749,006	718,766	718,766
Subtotal	6,702,823	6,753,163	6,297,794	6,298,308
CHARGES FOR SERVICES				
Health and Sanitation	1,288,165	1,200,343	1,238,065	1,253,150
Reimbursements	0			
Subtotal	1,288,165	1,200,343	1,238,065	1,253,150
MISCELLANEOUS				
Contributions and Donations from Private Sources	44,445	43,088	41,934	41,934
Other	231	1,724		
Subtotal	44,676	44,812	41,934	41,934
Subtotal Revenues	9,078,098	8,945,855	8,592,778	8,717,929
OTHER FINANCING SOURCES				
Proceeds from Asset Disposition				
Proceeds from Financing				
Operating Transfers In (Schedule T)				
General Fund	8,192,500	7,250,850	8,623,891	8,623,891
Equipment Sales				
Subtotal Other Sources	8,192,500	7,250,850	8,623,891	8,623,891
BEGINNING FUND BALANCE	3,194,988	3,745,034	2,569,603	2,627,962
TOTAL AVAILABLE RESOURCES	20,465,586	19,941,739	19,786,272	19,969,782

WASHOE COUNTY  
(Local Government)

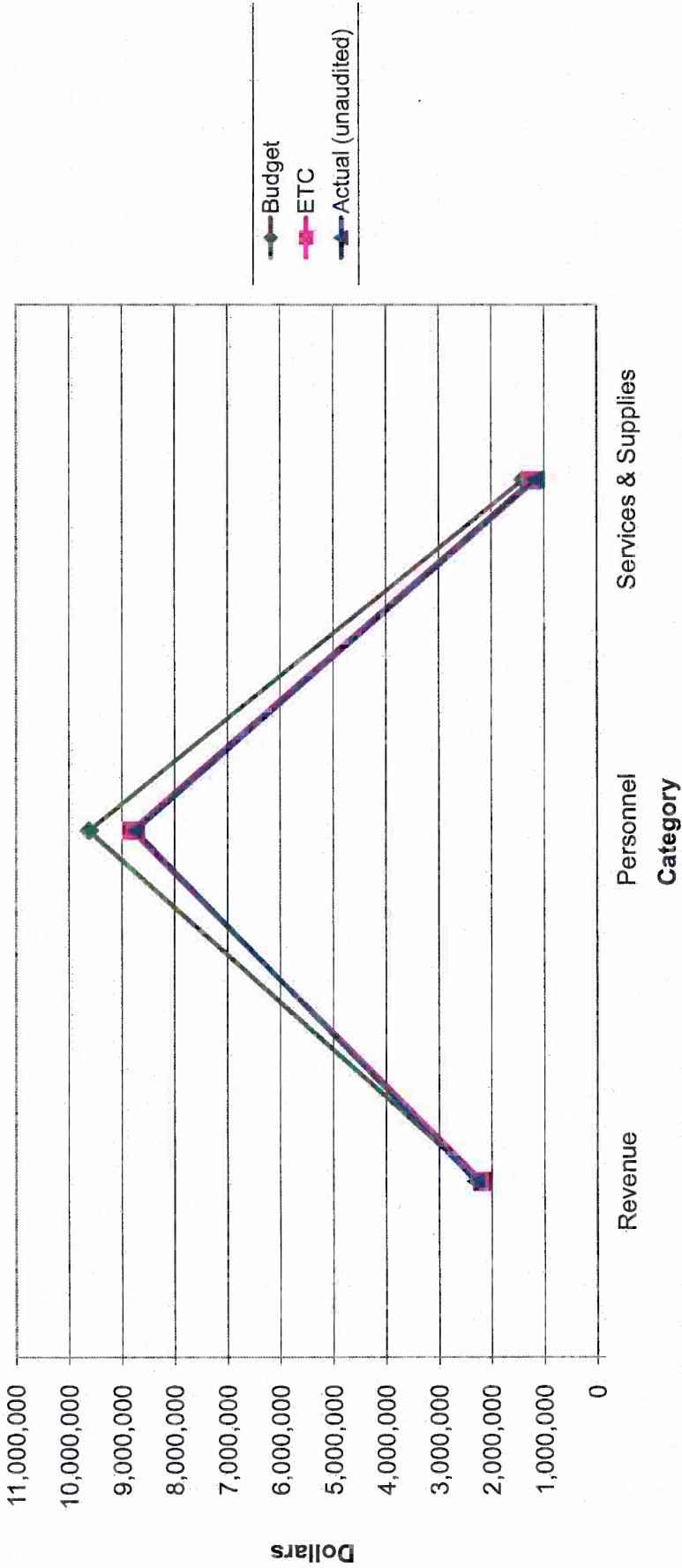
SCHEDULE B - 202  
FUND - HEALTH

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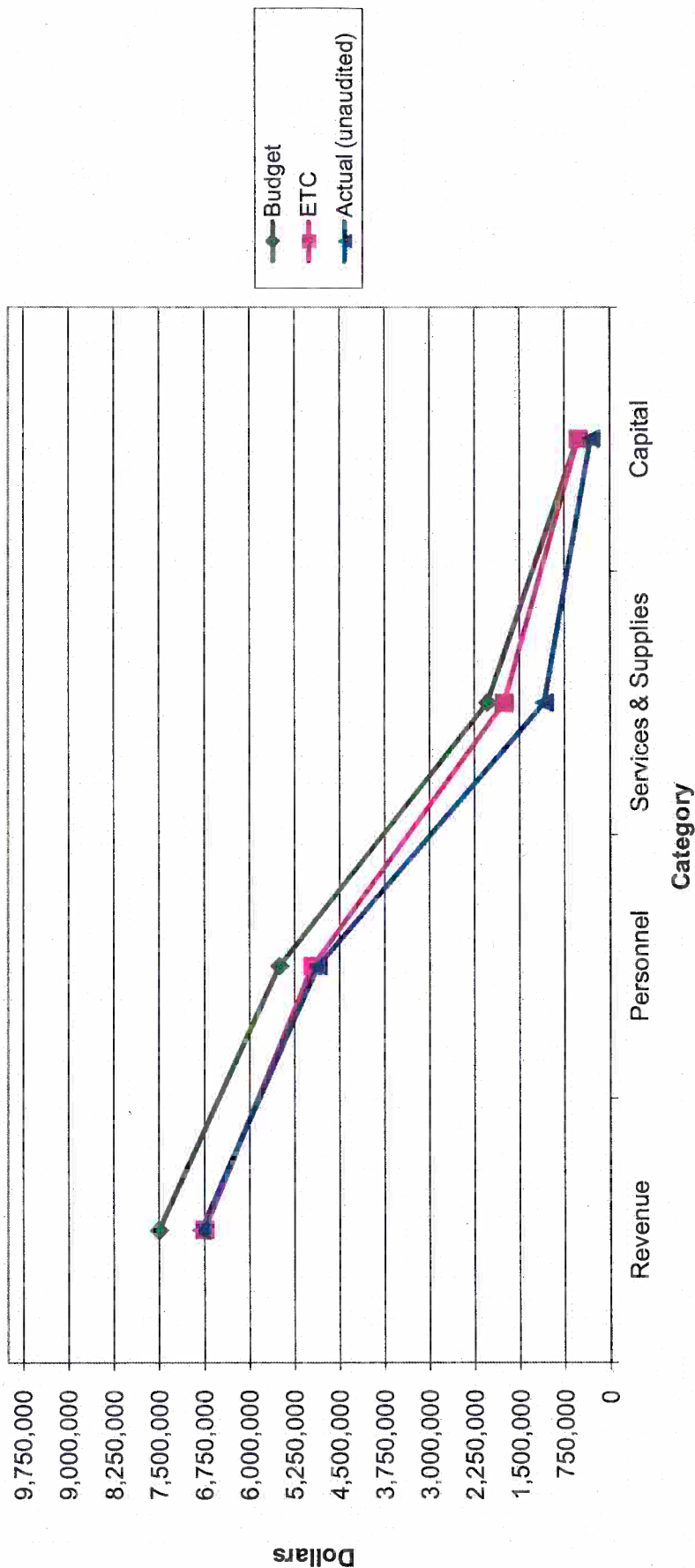


EXPENDITURES BY FUNCTION AND ACTIVITY	(1)	(2)	(3) (4) BUDGET YEAR ENDING 6/30/2013	
	ACTUAL PRIOR YEAR ENDING 6/30/2011	ESTIMATED CURRENT YEAR ENDING 6/30/2012	TENTATIVE APPROVED	FINAL APPROVED
HEALTH FUNCTION				
Public Health (202-0)				
Salaries and Wages	10,500,051	10,001,016	10,465,519	10,457,703
Employee Benefits	3,752,436	3,785,538	4,046,173	4,054,532
Services and Supplies	2,382,696	3,002,692	4,561,864	4,586,845
Capital Outlay	85,369	524,531	255,000	255,000
Subtotal	16,720,552	17,313,777	19,328,556	19,354,080
HEALTH FUNCTION SUBTOTAL	16,720,552	17,313,777	19,328,556	19,354,080
OTHER USES				
CONTINGENCY (Not to exceed 3% of Total Exp all Functions)	XXXXXXXXXX	XXXXXXXXXX		
Operating Transfers Out (Schedule T)				
Subtotal Other Uses	0	0	0	0
ENDING FUND BALANCE	3,745,034	2,627,962	457,716	615,702
TOTAL COMMITMENTS AND FUND BALANCE	20,465,586	19,941,739	19,786,272	19,969,782

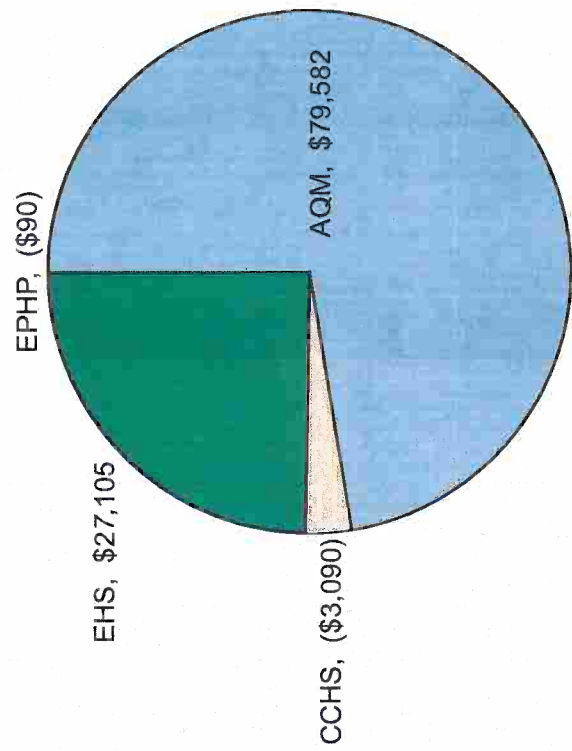
### FY12-LOCAL



### FY12-GRANTS

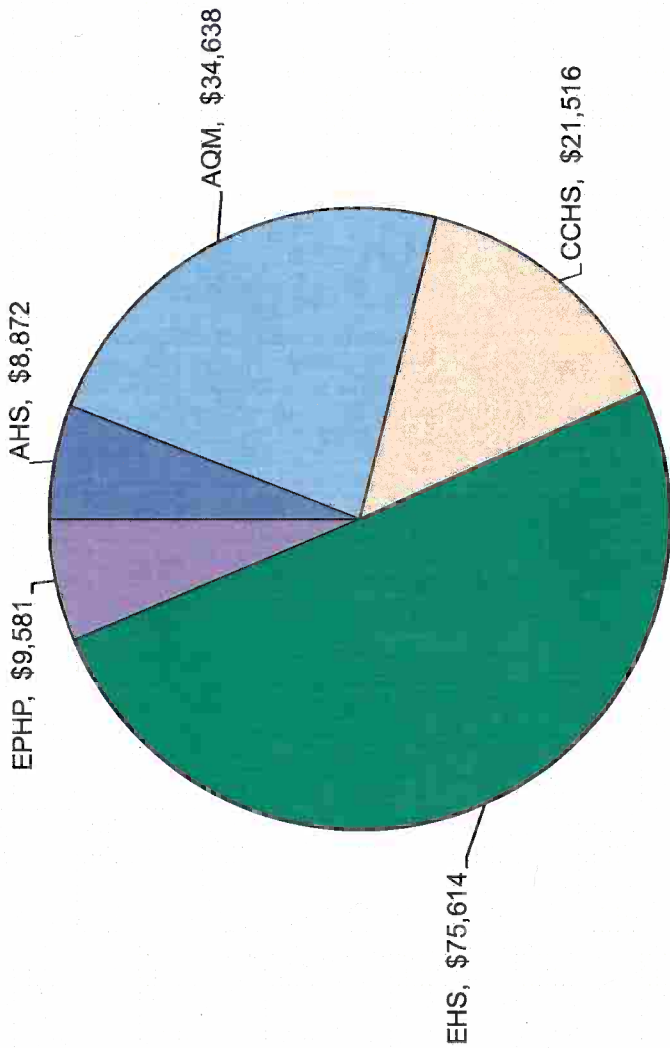


**FY12 REVENUE (Licenses & Permits, Charges for Services, Donations)  
-Variance \$103,507  
Actual (unaudited) over ETC**



- AHS: No Variance
- AQM: Air Pollution Permits (-\$22,925); Dust Plans (-\$49,168); Development-NOE; NESAP (-\$9,268)
- CCHS: Immunization (-\$1,146); Sexual Health (-\$1,701)
- EHS: Pool Permits (-\$12,468); Vector Plans (-\$2,743); IT (-\$7,897); Special Events (-\$5,499)
- EPHP: Birth & Death Certificates (-\$90)

**FY12 OPERATING EXPENSES-Variance \$150,221  
Actual (unaudited) under Estimates to Complete (ETC)**



- AHS: Admin travel (-\$2,898); WIC Lease (\$5,650)
- AQM: Personnel (-\$29,577); General Operating (-\$5,061);
- CCHS: Personnel (-\$18,018); Prof Svcs-Chronic Disease,STD,IZ (-\$7,109);Biologicals-IZ (-\$12,294); Outpatient-STD (-\$5,762); Travel-Admin (-\$4,174);General Operating (-\$10,196)
- EHS: Personnel (-\$53,065); Equipment Svcs O&M/Motor Pool (-\$10,803);General Operating (-\$10,035)
- EPHP: Personnel-EPI (-\$7,182); Prof Svcs-EPI (-\$4,850)



# Washoe County Health District



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

October 12, 2012

To: Members District Board of Health  
 From: Eileen Stickney  
 Subject: Public Health Fund Revenue and Expenditure Report for September 2012  
 Agenda Item No. - 14

**Recommendation**

Staff recommends that the District Board of Health accept the attached report of revenues and expenditures for the Health Fund for September 2012 of fiscal year 13.

**Background**

The attached reports are for the accounting period 2/13 and the percentages should approximate 25% of the year. Our total revenues and expenditures for the current year (FY13) compared to last year (FY12) are as follows:

SEPT 2013	FY13 – REV	FY12 – REV	FY13 – EXP	FY12 – EXP
Transfer				
AHS	16%	15%	24%	22%
AQM	13%	16%	28%	22%
CCHS	4%	10%	22%	21%
EHS	22%	25%	25%	26%
EPHP	27%	25%	28%	25%
<b>TOTAL</b>	<b>15%</b>	<b>16%</b>	<b>22%</b>	<b>22%</b>

The Environmental Oversight Account for September 2012 is \$108,294.27.

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

*Eileen Stickney*  
 \_\_\_\_\_  
 Administrative Health Services Officer

Enclosure

Washoe County Health District  
REVENUE  
Periods 1-3, FY13

Accounts	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
422503 Environmental Permits	51,500.00	12,579.00	38,921.00	24	46,900.00	9,807.00	37,093.00	21
422504 Pool Permits	68,000.00	6,768.00	61,232.00	10	63,000.00	5,876.00	57,124.00	9
422505 RV Permits	10,500.00	2,200.00	8,300.00	21	9,700.00	1,704.00	7,996.00	18
422507 Food Service Permits	369,000.00	91,014.00	277,986.00	25	342,000.00	76,369.00	265,631.00	22
422508 Wat Well Const Perm	20,000.00	8,635.00	11,365.00	43	27,000.00	2,209.00	24,791.00	8
422509 Water Company Permits	2,500.00	261.00	2,239.00	10	3,500.00	234.00	3,266.00	7
422510 Air Pollution Permits	448,037.00	106,776.50	341,260.50	24	370,485.00	67,633.75	302,851.25	18
422511 ISDS Permits	49,000.00	13,927.00	35,073.00	28	47,000.00	15,974.00	31,026.00	34
422513 Special Event Permits	79,000.00	34,522.00	44,478.00	44	74,000.00	37,181.00	36,819.00	50
422514 Initial Applic Fee	27,000.00	6,526.00	20,474.00	24	25,000.00	5,783.00	19,217.00	23
* Licenses and Permits	1,124,537.00	283,208.50	841,328.50	25	1,008,585.00	222,770.75	785,814.25	22
431100 Federal Grants	5,410,086.51	544,219.57	4,865,866.94	10	6,249,019.10	872,199.01	5,376,820.09	14
431105 Federal Grants - Indirect	69,599.00	6,269.10	63,329.90	9	38,708.00	9,804.89	28,903.11	25
432100 State Grants	99,857.00	3,181.97	96,675.03	3	458,327.00	5,025.30	453,301.70	1
432310 Tire Fee NRS 444A.090	418,766.00	66,093.55	352,672.45	16	452,000.00	153,722.94	298,277.06	34
432311 Pol Ctr 455B.830	300,000.00	79,864.00	220,136.00	27	297,006.07	79,550.00	217,456.07	27
* Intergovernmental	6,298,308.51	699,628.19	5,598,680.32	11	7,495,060.17	1,120,302.14	6,374,758.03	15
460500 Other Immunizations	89,000.00	19,405.00	69,595.00	22	89,000.00	22,612.73	66,387.27	25
460501 Medicaid Clinical Services	36,200.00	44.46	36,244.46	0	40,300.00	10,891.30	29,408.70	27
460503 Childhood Immunizations	30,000.00	6,531.00	23,469.00	22	59,000.00	11,428.54	47,573.46	19
460508 Tuberculosis	4,100.00	1,168.26	2,931.74	28	6,250.00	1,092.83	5,157.17	17
460510 IT Overlay	113,400.00	31,748.00	81,652.00	28	96,800.00	23,263.00	73,537.00	24
460511 Birth and Death Certificates	400,000.00	121,749.00	278,251.00	30	280,000.00	112,541.00	167,459.00	40
460512 Duplication Service Fees		3.00	3.00			6.70	6.70	
460513 Other Health Service Charges	2,700.00	1,782.00	918.00	66	2,700.00	124.00	2,576.00	5
460514 Food Service Certification	13,900.00	3,765.00	10,135.00	27	9,000.00	3,787.00	5,213.00	42
460515 Medicare Reimbursement					300.00		300.00	
460516 Pgm Inc-3rd Prty Rec	2,250.00		2,250.00		4,750.00	8,163.93	3,413.93	172
460517 Influenza Immunization	7,000.00	65.00	6,935.00	1	7,000.00	83.00	6,917.00	1
460518 STD Fees	23,000.00	5,491.90	17,508.10	24	28,000.00	5,675.82	22,324.18	20
460520 Eng Serv Health	44,000.00	7,495.00	36,505.00	17	42,000.00	7,807.00	34,193.00	19
460521 Plan Review - Pools & Spas	2,500.00	530.00	1,970.00	21	2,500.00	1,571.00	929.00	63
460523 Plan Review - Food Services	17,000.00	5,630.00	11,370.00	33	17,000.00	3,310.00	13,690.00	19
460524 Family Planning	44,000.00	7,998.92	36,001.08	18	44,000.00	8,279.25	35,720.75	19
460525 Plan Review - Vector	30,000.00	9,447.00	20,553.00	31	24,000.00	6,105.00	17,895.00	25
460526 Plan Review-Air Quality	40,000.00	7,124.00	32,876.00	18	25,000.00	7,930.00	17,070.00	32
460527 NOE-AQM	100,000.00	23,049.00	76,951.00	23	76,000.00	23,052.00	52,948.00	30
460528 NESHAP-AQM	84,000.00	15,546.00	68,454.00	19	66,000.00	17,086.00	48,914.00	26
460529 Assessments-AQM	41,000.00	11,525.00	29,475.00	28	28,000.00	10,248.00	17,752.00	37
460530 Inspector Registr-AQ	2,600.00	2,838.00	238.00	109	3,115.00	2,670.00	445.00	86
460531 Dust Plan-Air Quality	95,000.00	27,745.00	67,255.00	29	165,000.00	35,724.00	129,276.00	22
460532 Plan Rvw Hotel/Motel		322.00	322.00					
460534 Child Care Inspection	8,500.00	2,728.00	5,772.00	32	8,000.00	2,415.00	5,585.00	30
460535 Pub Accomod Inspection	17,300.00	4,080.00	13,220.00	24	16,000.00	3,626.00	12,374.00	23
460570 Education Revenue	5,700.00	264.00	5,436.00	5	13,400.00	2,364.00	11,036.00	18

Washoe County Health District  
 REVENUE  
 Periods 1-3, FY13

Accounts	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
* Charges for Services	1,253,150.00-	317,985.62-	935,164.38-	25	1,153,115.00-	331,855.10-	821,259.90-	29
484050 Donations Federal Prgm Income	41,934.00-	11,104.74-	30,829.26-	26	41,450.00-	12,641.37-	28,808.63-	30
484195 Non-Govtl Grants					5,000.00-		5,000.00-	
485121 Jury Reimbursements		45.00-	45.00					
485300 Other Misc Govt Rev	41,934.00-	27.89-	27.89		805,650.00-		805,650.00-	
* Miscellaneous	8,717,929.51-	11,177.63-	30,756.37-	27	852,100.00-	12,641.37-	839,458.63-	1
** Revenue		1,311,999.94-	7,405,929.57-	15	10,508,860.17-	1,687,569.36-	8,821,290.81-	16



Washoe County Health District  
EXPENSE  
Periods 1-3, FY13

Accounts	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
701110 Base Salaries	9,426,920.37	2,194,374.42	7,232,545.95	23	9,478,553.73	2,194,437.28	7,284,116.45	23
701120 Part Time	524,842.89	130,943.99	393,898.90	25	542,290.09	136,405.47	405,884.62	25
701130 Pooled Positions	403,235.86	113,900.59	289,335.27	28	425,879.50	94,614.89	331,264.61	22
701140 Holiday Work	1,450.00	1,103.63	346.37	76	1,200.00	1,279.98	79.98	107
701200 Incentive Longevity	162,400.00	494.22	161,905.78	0	162,380.00	1,076.54	161,303.46	1
701300 Overtime	50,825.11	19,639.16	31,185.95	39	57,406.25	21,124.09	36,282.16	37
701406 Standby Pay	1,000.00	99.98	900.02	10	3,000.00	5,427.32	5,427.32	13
701408 Call Back	10,479.54		10,479.54		101,818.78	376.24	2,623.76	
701412 Salary Adjustment		25,885.01	25,885.01			75,587.24	101,818.78	
701413 Vac Payoff/Sick Pay-Term						3.58	75,587.24	
701415 Physical Fitness Pay		16,569.07	16,569.07			6,695.64	6,695.64	
701417 Comp Time								
701500 Merit Awards								
* Salaries and Wages	10,581,153.77	2,503,010.07	8,078,143.70	24	10,679,709.73	2,537,028.27	8,142,681.46	24
705110 Group Insurance	1,441,387.10	337,462.96	1,103,924.14	23	1,489,390.16	342,676.27	1,146,713.89	23
705199 Lab Cost Sav-Benef						1,438.00	1,438.00	
705210 Retirement	2,396,330.05	550,488.10	1,845,841.95	23	2,366,170.12	544,112.26	1,822,057.86	23
705215 Retirement Calculation						997.20	354,284.80	0
705230 Medicare April 1986	137,695.64	33,551.15	104,144.49	24	137,288.33	33,076.83	104,211.50	24
705320 Workmens Comp	63,932.41	15,983.16	47,949.25	25	63,088.76	19,337.43	43,751.33	31
705330 Unemply Comp	15,533.45	15,533.45		100	14,892.40		14,892.40	
705360 Benefit Adjustment					11,708.00		11,708.00	
* Employee Benefits	4,054,878.65	953,018.82	3,101,859.83	24	4,437,819.77	938,761.99	3,499,057.78	21
710100 Professional Services	759,517.38	145,596.53	613,920.85	19	1,126,661.42	44,506.43	1,082,154.99	4
710105 Medical Services	9,264.00	857.50	8,406.50	9	8,914.00	757.00	8,157.00	8
710108 MD Consultants	46,900.00	9,325.00	37,575.00	20	60,900.00	11,325.00	49,575.00	19
710110 Contracted/Temp Services	81,000.00	6,433.01	74,566.99	8	89,365.00	8,174.30	81,190.70	9
710119 Subrecipient Payments					186,242.00	25,279.85	160,962.15	14
710200 Service Contract	105,243.00	27,756.06	77,486.94	26	69,433.00	33,527.76	36,905.24	48
710205 Repairs and Maintenance	20,541.91	2,331.03	18,210.88	11	19,940.00	1,478.64	18,461.36	7
710210 Software Maintenance	16,200.00	13,920.00	2,280.00	86	12,000.00		12,000.00	
710300 Operating Supplies	129,840.55	19,406.33	110,434.22	15	158,652.00	40,118.00	118,534.00	25
710302 Small Tools & Allow	3,685.00		3,685.00		1,685.00		1,685.00	
710308 Animal Supplies	2,000.00	343.91	1,656.09	17	2,000.00	323.75	1,676.25	16
710319 Chemical Supplies	231,950.00	231,816.20	133.80	100	281,950.00	265,255.90	16,694.10	94
710325 Signs and Markers								
710334 Copy Machine Expense	28,096.89	5,444.31	22,652.58	19	29,324.89	5,422.89	23,902.00	18
710350 Office Supplies	40,920.01	8,857.79	32,062.22	22	44,277.01	7,734.62	36,542.39	17
710355 Books and Subscriptions	7,709.00	1,056.07	6,652.93	14	7,684.00	2,620.81	5,063.19	34
710360 Postage	21,340.00	4,612.58	16,727.42	22	21,085.00	4,706.63	16,378.37	22
710361 Express and Courier	610.75	275.66	335.09	45	780.00	74.48	705.52	10
710391 Fuel & Lube	100.00		100.00		100.00		100.00	
710500 Other Expense	42,223.51	4,341.58	37,881.93	10	28,331.31	2,442.72	25,888.59	9
710502 Printing	26,645.00	2,211.72	24,433.28	8	17,557.00	2,288.41	15,268.59	13
710503 Licenses & Permits	8,870.00	2,512.39	6,357.61	28	8,540.00	2,001.00	6,539.00	23

Washoe County Health District  
EXPENSE  
Periods 1-3, FY13

Accounts	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
710505 Rental Equipment	3,324.00	538.00	2,786.00	16	2,300.00	127.00	2,173.00	6
710506 Dept Insurance Deductible		152.58	152.58-			150.00	150.00-	
710507 Network and Data Lines	6,240.00	2,611.33	3,628.67	42	5,960.00	3,263.29	2,696.71	55
710508 Telephone Land Lines	45,215.00	9,130.51	36,084.49	20	46,189.00	9,077.96	37,111.04	20
710509 Seminars and Meetings	31,770.00	8,873.50	22,896.50	28	33,040.00	9,551.00	23,489.00	29
710512 Auto Expense	19,368.00	3,304.37	16,063.63	17	23,268.00	3,440.06	19,827.94	15
710514 Regulatory Assessments	11,920.00	5,960.00	5,960.00	50				
710519 Cellular Phone	15,790.00	1,302.24	14,487.76	8	17,240.00	2,654.31	14,585.69	15
710529 Dues	11,176.00	4,517.00	6,659.00	40	6,886.00	1,943.00	4,943.00	28
710535 Credit Card Fees	11,455.00	3,091.46	8,363.54	27	10,495.00	2,718.47	7,776.53	26
710546 Advertising	44,728.86	10,180.00	34,548.86	23	42,465.52	29,786.38	12,679.14	70
710551 Cash Discounts-Lost		14.17	14.17-			11.77	11.77-	
710577 Uniforms & Special Clothing	3,000.00	1,247.97	1,752.03	42	3,150.00	1,686.90	1,463.10	54
710585 Undesignated Budget	15,300.00		15,300.00		923,058.00		923,058.00	
710600 LT Lease-Office Space	113,439.00	28,060.32	85,378.68	25	113,439.00	36,667.40	76,771.60	32
710703 Biologicals	223,816.98	41,626.67	182,190.31	19	242,794.79	34,564.80	208,229.99	14
710714 Referral Services					9,040.00		9,040.00	
710721 Outpatient	110,399.15	8,344.48	102,054.67	8	97,399.00	1,372.64	96,026.36	1
710872 Food Purchases	7,250.00	715.18	6,534.82	10	3,726.00	180.26	3,545.74	5
711010 Utilities	2,880.00		2,880.00		3,483.00		3,483.00	
711100 ESD Asset Management	17,040.00	4,104.00	12,936.00	24	17,160.00	4,550.00	12,610.00	27
711113 Equip Srv/Replace	25,938.64	6,640.27	19,298.37	26	44,139.00	11,336.54	32,802.46	26
711114 Equip Srv O & M	42,163.13	12,748.66	29,414.47	30	57,849.02	13,250.03	44,598.99	23
711115 Equip Srv Motor Pool	16,741.00		16,741.00			182.50	182.50-	
711117 ESD Fuel Charge	51,253.35	16,895.19	34,358.16	33	48,768.76	15,803.74	32,965.02	32
711119 Prop & Liab Billings	80,283.41	20,070.84	60,212.57	25	77,036.32	19,259.07	57,777.25	25
711210 Travel	186,672.25	21,566.00	165,106.25	12	163,845.00	16,411.46	147,433.54	10
711300 Cash Over Short						3.00-		
711400 Overhead - General Fund	2,553,372.00		2,553,372.00					
711502 Build Imp nonCapital						127.00	127.00-	
711504 Equipment nonCapital	105,441.08	94,866.88	10,574.20	90	66,984.98	65,189.63	1,795.35	97
* Services and Supplies	5,338,633.85	793,659.29	4,544,974.56	15	4,235,138.02	742,676.90	3,492,461.12	18
781004 Equipment Capital	364,770.01	159,293.00	205,477.01	44	529,183.12	233,364.75	295,818.37	44
* Capital Outlay	364,770.01	159,293.00	205,477.01	44	529,183.12	233,364.75	295,818.37	44
** Expenses	20,339,436.28	4,408,981.18	15,930,455.10	22	19,881,850.64	4,451,831.91	15,430,018.73	22
621001 Transfer From General	8,623,891.00-		8,623,891.00-		7,250,850.00-		7,250,850.00-	
* Transfers In	8,623,891.00-		8,623,891.00-		7,250,850.00-		7,250,850.00-	
** Other Financing Src/Use	8,623,891.00-		8,623,891.00-		7,250,850.00-		7,250,850.00-	
*** Total	2,997,615.77	3,096,981.24	99,365.47-	103	2,122,140.47	2,764,262.55	642,122.08-	130

Washoe County Health District  
Administrative Health Services  
Periods 1-3, FY13

Accounts	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
431100 Federal Grants	1,109,658.25-	179,962.03-	929,696.22-	16	1,191,109.00-	179,947.19-	1,011,161.81-	15
* Intergovernmental	1,109,658.25-	179,962.03-	929,696.22-	16	1,191,109.00-	179,947.19-	1,011,161.81-	15
** Revenue	1,109,658.25-	179,962.03-	929,696.22-	16	1,191,109.00-	179,947.19-	1,011,161.81-	15
701110 Base Salaries	1,659,278.99	401,226.48	1,258,052.51	24	1,672,188.45	411,422.44	1,260,766.01	25
701120 Part Time	24,152.57	6,419.67	17,732.90	27	24,218.74	5,879.99	18,338.75	24
701130 Pooled Positions	5,000.00	5,457.25	457.25-	109	24,125.42	5,750.07	18,375.35	24
701200 Incentive Longevity	32,255.00	57.70	32,197.30	0	31,900.00	490.38	31,409.62	2
701300 Overtime	1,300.00	364.60	935.40	28	2,100.00	623.12	1,476.88	30
701412 Salary Adjustment	10,554.54		10,554.54		58,579.12		58,579.12	
701413 Vac Payoff/Sick Pay-Term		3,173.40	3,173.40-			388.28	388.28-	
701417 Comp Time		18.92	18.92-			0.48	0.48-	
* Salaries and Wages	1,732,541.10	416,718.02	1,315,823.08	24	1,813,111.73	424,554.76	1,388,556.97	23
705110 Group Insurance	264,635.74	63,022.50	201,613.24	24	271,401.01	66,588.43	204,812.58	25
705199 Lab Cost Sav-Benef						292.60-	292.60	
705210 Retirement	401,739.43	95,314.83	306,424.60	24	402,901.49	96,065.80	306,835.69	24
705215 Retirement Calculation					355,282.00		355,282.00	
705230 Medicare April 1986	23,995.79	5,759.13	18,236.66	24	24,227.84	5,880.24	18,347.60	24
705320 Workmans Comp	11,886.40	2,971.62	8,914.78	25	12,363.45	3,090.87	9,272.58	25
705330 Unemply Comp	2,888.00	2,888.00		100	2,920.50		2,920.50	
* Employee Benefits	705,145.36	169,956.08	535,189.28	24	1,069,096.29	171,332.74	897,763.55	16
710100 Professional Services	9,500.00	12,510.78	3,010.78-	132	9,500.00	210.00	9,290.00	2
710105 Medical Services	350.00	26.00	324.00	7	350.00		350.00	
710200 Service Contract	1,500.00		1,500.00		1,500.00	1.96	1,498.04	0
710205 Repairs and Maintenance	400.00	80.00	320.00	20	400.00		400.00	
710300 Operating Supplies	9,100.00	2,040.68	7,059.32	22	17,251.00	8,803.88	8,447.12	51
710334 Copy Machine Expense	4,600.00	1,139.81	3,460.19	25	5,680.00	1,219.60	4,460.40	21
710350 Office Supplies	8,800.00	3,589.36	5,210.64	41	11,900.00	3,387.13	8,512.87	28
710355 Books and Subscriptions	1,250.00	44.94	1,205.06	4	1,350.00	787.00	563.00	58
710360 Postage	1,375.00	259.92	1,115.08	19	1,175.00	187.80	987.20	16
710361 Express and Courier	100.00	7.64	92.36	8	100.00		100.00	
710500 Other Expense	1,600.00	284.90	1,315.10	18	1,600.00	163.05	1,436.95	10
710502 Printing	2,080.00	19.75	2,060.25	1	2,080.00	371.32	1,708.68	18
710503 Licenses & Permits	2,490.00	390.00	2,100.00	16	2,490.00	1,806.00	684.00	73
710507 Network and Data Lines	630.00	116.22	513.78	18	630.00	119.97	510.03	19
710508 Telephone Land Lines	10,340.00	1,930.39	8,409.61	19	11,340.00	1,791.72	9,548.28	16
710509 Seminars and Meetings	6,900.00	1,511.50	5,388.50	22	7,400.00	3,136.00	4,264.00	42
710512 Auto Expense	3,950.00	835.63	3,114.37	21	3,900.00	870.35	3,029.65	22
710519 Cellular Phone	1,470.00	218.46	1,251.54	15	1,470.00	477.50	992.50	32
710529 Dues	2,850.00	2,485.00	365.00	87	2,850.00	945.00	1,905.00	33
710546 Advertising	150.00		150.00		150.00		150.00	
710600 LT Lease-Office Space	71,788.00	17,950.32	53,837.68	25	71,788.00	23,187.40	48,600.60	32
710872 Food Purchases	150.00		150.00		150.00		150.00	
711010 Utilities	1,000.00		1,000.00		1,000.00		1,000.00	
711100 ESD Asset Management					312.00	78.00	234.00	25
711114 Equip Srv O & M		36.56	36.56-		767.04	178.35	588.69	23

Washoe County Health District  
 Administrative Health Services  
 Periods 1-3, FY13

Accounts	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
711115 Equip Strv Motor Pool						50.00	50.00-	
711117 ESD Fuel Charge	14,926.40	3,731.61	11,194.79	25	557.28	197.81	359.47	35
711119 Prop & Liab Billings	17,000.00	1,121.68	15,878.32	7	15,154.15	3,788.52	11,365.63	25
711210 Travel					17,000.00	2,865.15	14,134.85	17
711300 Cash Over Short						3.00-	3.00	
711504 Equipment nonCapital	1,500.00	2,765.05	1,265.05-	184	1,650.00	14,094.88	12,444.88-	854
* Services and Supplies	175,799.40	53,096.20	122,703.20-	30	191,494.47	68,715.39	122,779.08	36
** Expenses	2,613,485.86	639,770.30	1,973,715.56	24	3,073,702.49	664,602.89	2,409,099.60	22
*** Total	1,503,827.61	459,808.27	1,044,019.34	31	1,882,593.49	484,656.70	1,397,937.79	26

Washoe County Health District  
Air Quality Management  
Periods 1-3, FY13

Accounts	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
422510 Air Pollution Permits	448,037.00-	106,776.50-	341,260.50-	24	370,485.00-	67,633.75-	302,851.25-	18
* Licenses and Permits	448,037.00-	106,776.50-	341,260.50-	24	370,485.00-	67,633.75-	302,851.25-	18
431100 Federal Grants	912,531.00-		912,531.00-		863,531.00-	94,288.93-	769,242.07-	11
431105 Federal Grants - Indirect	30,224.00-		30,224.00-			4,324.07-	4,324.07-	
432100 State Grants					230,000.00-		230,000.00-	
432311 Pol.Ctr/ 4555.830	300,000.00-	79,864.00-	220,136.00-	27	297,006.07-	79,550.00-	217,456.07-	27
* Intergovernmental	1,242,755.00-	79,864.00-	1,162,891.00-	6	1,390,537.07-	178,163.00-	1,212,374.07-	13
460526 Plan Review-Air Quality	40,000.00-	7,124.00-	32,876.00-	18	25,000.00-	7,930.00-	17,070.00-	32
460527 NOE-AQM	100,000.00-	23,049.00-	76,951.00-	23	76,000.00-	23,082.00-	52,948.00-	30
460528 NESHAP-AQM	84,000.00-	15,546.00-	68,454.00-	19	66,000.00-	17,086.00-	48,914.00-	26
460529 Assessments-AQM	41,000.00-	11,525.00-	29,475.00-	28	28,000.00-	10,248.00-	17,752.00-	37
460530 Inspector Registr-AQ	2,600.00-	2,838.00-	238.00-	109	3,115.00-	2,670.00-	445.00-	86
460531 Dust Plan-Air Quality	95,000.00-	27,745.00-	67,255.00-	29	165,000.00-	35,724.00-	129,276.00-	22
* Charges for Services	362,600.00-	87,827.00-	274,773.00-	24	363,115.00-	96,710.00-	266,405.00-	27
** Revenue	2,053,392.00-	274,467.50-	1,778,924.50-	13	2,124,137.07-	342,506.75-	1,781,630.32-	16
701110 Base Salaries	1,345,462.49	311,912.00	1,033,550.49	23	1,292,212.29	277,942.41	1,014,269.88	22
701130 Pooled Positions	85,151.68	3,251.63	81,900.05	4	28,000.00	2,043.71	25,956.29	7
701140 Holiday Work	250.00	87.14	162.86	35				
701200 Incentive Longevity	19,210.00		19,210.00		22,400.00	251.54	22,148.46	1
701300 Overtime	10,045.11	2,092.06	7,953.05	21	7,599.56	1,105.80	6,493.76	15
701413 Vac.Payoff/Sick Pay-Term						38,584.09	38,584.09-	
701417 Comp Time						5,358.86	5,358.86-	
* Salaries and Wages	1,460,119.28	317,342.83	1,142,776.45	22	1,350,211.85	325,286.41	1,024,925.44	24
705110 Group Insurance	172,127.11	36,847.28	135,279.83	21	177,040.72	37,976.67	139,064.05	21
705199 Lab Cost Sav-Benef						267.60	267.60	
705210 Retirement	324,109.95	74,029.02	250,080.93	23	305,669.98	64,802.50	240,867.48	21
705230 Medicare April 1986	19,385.69	4,460.55	14,925.14	23	18,443.93	4,229.03	14,214.90	23
705320 Workmens Comp	7,585.40	1,896.36	5,689.04	25	7,543.80	1,885.95	5,657.85	25
705330 Unemploy Comp	1,843.00	1,843.00		100	1,782.00	1,782.00	1,782.00	
* Employee Benefits	525,051.15	119,076.21	405,974.94	23	510,480.43	108,626.55	401,853.88	21
710100 Professional Services	245,103.78	55,776.00	189,327.78	23	298,767.94	283.00	298,484.94	0
710105 Medical Services	1,416.00	693.50	722.50	49	1,316.00	323.50	992.50	25
710200 Service Contract	500.00		500.00		500.00		500.00	
710205 Repairs and Maintenance	10,741.91	2,101.03	8,640.88	20	11,730.00	449.01	11,280.99	4
710210 Software Maintenance	4,200.00	4,170.00	30.00	99				
710300 Operating Supplies	11,079.55	7,149.34	3,930.21	65	8,600.00	4,085.58	4,514.42	48
710334 Copy Maching Expense	4,400.00	722.07	3,677.93	16	4,400.00	1,022.58	3,377.42	23
710350 Office Supplies	4,000.00	892.30	3,107.70	22	4,000.00	1,015.07	2,984.93	25
710355 Books and Subscriptions	224.00	289.23	65.23-	129	224.00	224.37	0.37-	100
710360 Postage	2,900.00	765.48	2,134.52	26	2,900.00	721.18	2,178.82	25
710361 Express and Courier	80.75	191.50	110.75-	237	175.00	36.82	138.18	21
710500 Other Expense	100.00		100.00		100.00	1,270.92	1,170.92-	1,271
710502 Printing	800.00	400.03	399.97	50	800.00	115.86	684.14	14
710503 Licenses & Permits	135.00	232.39	97.39-	172	135.00		135.00	
710505 Rental Equipment	1,800.00		1,800.00		1,800.00		1,800.00	

Washoe County Health District  
 Air Quality Management  
 Periods 1-3, FY13

Accounts	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
710507 Network and Data Lines		1,315.00	1,315.00-			1,490.00	1,490.00-	
710508 Telephone Land Lines	6,500.00	1,062.55	5,437.45	16	6,500.00	1,027.64	5,472.36	16
710509 Seminars and Meetings	3,005.00	914.00	2,091.00	30	5,000.00		5,000.00	
710512 Auto Expense	1,000.00	11.66	988.34	1	1,000.00	123.79	876.21	12
710519 Cellular Phone	4,700.00	328.89	4,371.11	7	4,700.00	746.31	3,953.69	16
710529 Dues	4,435.00	740.00	3,695.00	17	435.00		435.00	
710535 Credit Card Fees	1,600.00	592.04	1,007.96	37	1,500.00	505.97	994.03	34
710546 Advertising	1,000.00	10,180.00	9,180.00-	1,018	1,000.00	11,806.36	10,806.36-	1,181
710577 Uniforms & Special Clothing	1,100.00	1,247.97	147.97-	113	1,100.00	1,686.90	586.90-	153
711100 ESD Asset Management	2,592.00	648.00	1,944.00	25	2,808.00	702.00	2,106.00	25
711113 Equip Srv Replace	8,499.58	2,380.56	6,119.02	28	13,719.96	3,629.24	10,090.72	26
711114 Equip Srv O & M	10,384.74	2,666.53	7,718.21	26	12,963.22	2,176.83	10,786.39	17
711117 ESD Fuel Charge	10,687.05	2,958.55	7,728.50	28	10,520.54	3,021.18	7,499.36	29
711119 Prop & Liab Billings	9,525.40	2,381.34	7,144.06	25	9,246.60	2,311.65	6,934.95	25
711210 Travel	26,088.25	7,517.83	18,570.42	29	31,000.00	305.40	30,694.60	1
711504 Equipment nonCapital	33,117.08	45,039.58	11,922.50-	136	24,000.00	26,527.14	2,527.14-	111
* Services and Supplies	411,715.09	153,367.37	258,347.72	37	460,941.26	65,608.30	395,332.96	14
781004 Equipment Capital	322,770.01	159,293.00	163,477.01	49	330,432.00	87,488.60	242,943.40	26
* Capital Outlay	322,770.01	159,293.00	163,477.01	49	330,432.00	87,488.60	242,943.40	26
** Expenses	2,719,655.53	749,079.41	1,970,576.12	28	2,652,065.54	587,009.86	2,065,055.68	22
*** Total	666,263.53	474,611.91	191,651.62	71	527,928.47	244,503.11	283,425.36	46

Washoe County Health District  
Community and Clinical Health Services  
Periods 1-3, FY13

Accounts	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
431100 Federal Grants	2,073,875.53-	33,357.38-	2,040,518.15-	2	2,361,625.00-	197,562.41-	2,164,062.59-	8
431105 Federal Grants - Indirect	15,300.00-		15,300.00-			1,379.45-	1,379.45	
432100 State Grants	24,857.00-	3,181.97-	21,675.03-	13	153,327.00-	5,025.30-	148,301.70-	3
* Intergovernmental	2,114,032.53-	36,539.35-	2,077,493.18-	2	2,514,952.00-	203,967.16-	2,310,984.84-	8
460500 Other Immunizations	89,000.00-	19,405.00-	69,595.00-	22	89,000.00-	22,612.73-	66,387.27-	25
460501 Medicaid Clinical Services	36,200.00-	44.46	36,244.46-	0	40,300.00-	10,891.30-	29,408.70-	27
460503 Childhood Immunizations	30,000.00-	6,531.00-	23,469.00-	22	59,000.00-	11,426.54-	47,573.46-	19
460508 Tuberculosis	4,100.00-	1,168.26-	2,931.74-	28	6,250.00-	1,092.83-	5,157.17-	17
460515 Medicare Reimbursement					300.00-		300.00-	
460516 Pgm Inc-3rd Pity Rec	2,250.00-		2,250.00-		4,750.00-	8,163.93-	3,413.93	172
460517 Influenza Immunization	7,000.00-	65.00-	6,935.00-	1	7,000.00-	83.00-	6,917.00-	1
460518 STD Fees	23,000.00-	5,491.90-	17,508.10-	24	28,000.00-	5,675.82-	22,324.18-	20
460524 Family Planning	44,000.00-	7,998.92-	36,001.08-	18	44,000.00-	8,279.25-	35,720.75-	19
460570 Education Revenue	4,500.00-	158.00-	4,342.00-	4	11,000.00-	1,740.00-	9,260.00-	16
* Charges for Services	240,050.00-	40,773.62-	199,276.38-	17	289,600.00-	69,965.40-	219,634.60-	24
484050 Donations Federal Pgm Income	41,934.00-	11,104.74-	30,829.26-	26	41,450.00-	12,641.37-	28,808.63-	30
484195 Non-Govtl Grants					5,000.00-		5,000.00-	
485300 Other Misc Govt Rev		27.89-	27.89					
* Miscellaneous	41,934.00-	11,132.63-	30,801.37-	27	46,450.00-	12,641.37-	33,808.63-	27
** Revenue	2,396,016.53-	88,445.60-	2,307,570.93-	4	2,851,002.00-	286,573.93-	2,564,428.07-	10
701110 Base Salaries	2,251,688.94	521,177.94	1,730,511.00	23	2,290,226.58	531,061.18	1,759,165.40	23
701120 Part Time	500,690.32	124,400.78	376,289.54	25	518,071.35	130,326.80	387,744.55	25
701130 Pooled Positions	137,811.41	54,318.59	83,492.82	39	240,007.08	42,366.38	197,640.70	18
701140 Holiday Work		108.90	108.90					
701200 Incentive Longevity	48,650.00	148.06	48,501.94	0	44,097.00	46.16	44,050.84	0
701300 Overtime	1,280.00	255.57	1,024.43	20	8,606.69	165.26	8,441.43	2
701412 Salary Adjustment	75.00-		75.00-		5,998.39		5,998.39	
701413 Vac Payoff/Sick Pay-Term		6,513.33	6,513.33-			4,986.32	4,986.32-	
701415 Physical Fitness Pay						3.58	3.58-	
701417 Comp Time		7,024.55	7,024.55-			1,055.41	1,055.41-	
* Salaries and Wages	2,940,045.67	713,947.72	2,226,097.95	24	3,107,007.09	710,011.09	2,396,996.00	23
705110 Group Insurance	431,817.28	102,731.78	329,085.50	24	433,145.91	92,669.97	340,475.94	21
705199 Lab Cost Sav-Benef						292.60-	292.60	
705210 Retirement	665,245.56	153,092.15	512,153.41	23	670,286.51	154,692.47	515,594.04	23
705230 Medicare April 1986	36,723.75	9,342.73	27,381.02	25	37,606.78	8,995.89	28,610.89	24
705320 Workmens Comp	18,435.65	4,608.90	13,826.75	25	17,766.03	8,006.70	9,759.33	45
705330 Unemploy Comp	4,479.25	4,479.25	4,479.25	100	4,196.70		4,196.70	
* Employee Benefits	1,156,701.49	274,254.81	882,446.68	24	1,163,001.93	264,072.43	898,929.50	23
710100 Professional Services	75,150.71	4,214.81	70,935.90	6	160,510.33	12,314.20	148,196.13	8
710105 Medical Services	850.00	28.00	822.00	3	600.00	14.00	586.00	2
710108 MD Consultants	46,900.00	9,325.00	37,575.00	20	48,900.00	9,325.00	39,575.00	19
710110 Contracted/Temp Services	1,000.00		1,000.00		2,555.00	25,279.85	199.15	92
710119 Subrecipient Payments					186,242.00	2,327.78	160,962.15	14
710200 Service Contract	6,048.00	2,436.67	3,611.33	40	4,938.00	2,327.78	2,610.22	47
710205 Repairs and Maintenance	3,800.00		3,800.00		5,710.00	1,017.89	4,692.11	18

Washoe County Health District  
Community and Clinical Health Services  
Periods 1-3, FY13

Accounts	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
710300 Operating Supplies	76,719.00	6,649.91	70,069.09	9	76,784.00	19,998.91	56,785.09	26
710334 Copy Machine Expense	13,847.00	2,631.20	11,215.80	19	13,775.00	2,238.11	11,536.89	16
710350 Office Supplies	13,520.01	1,569.34	11,950.67	12	11,877.01	1,061.49	10,815.52	9
710355 Books and Subscriptions	2,060.00	399.00	1,661.00	19	1,200.00	630.00	570.00	53
710360 Postage	4,490.00	1,033.17	3,456.83	23	4,740.00	1,377.91	3,362.09	29
710361 Express and Courier	245.00	71.00	174.00	29	320.00	27.10	292.90	8
710500 Other Expense	30,602.51	3,898.88	26,703.63	13	18,990.31	969.75	18,020.56	5
710502 Printing	9,675.00	1,470.42	8,204.58	15	6,277.00	592.93	5,684.07	9
710503 Licenses & Permits	3,555.00	1,890.00	1,665.00	53	3,325.00	195.00	3,130.00	6
710506 Dept Insurance/Deductible		152.58	152.58					
710507 Network and Data Lines	2,560.00	785.88	1,774.12	31	2,280.00	933.50	1,346.50	41
710508 Telephone Land Lines	13,975.00	2,960.79	11,014.21	21	13,394.00	3,011.22	10,382.78	22
710509 Seminars and Meetings	4,750.00	3,147.00	1,603.00	66	6,600.00	2,350.00	4,250.00	36
710512 Auto Expense	13,318.00	2,204.73	11,113.27	17	13,043.00	2,096.99	10,946.01	16
710519 Cellular Phone	540.00	18.28	521.72	3	540.00	82.92	457.08	15
710529 Dues	1,350.00	550.00	800.00	41	1,350.00	300.00	1,050.00	22
710535 Credit Card Fees	3,245.00	626.35	2,618.65	19	3,730.00	679.93	3,050.07	18
710546 Advertising	34,903.86		34,903.86		37,390.52	16,904.99	20,485.53	45
710577 Uniforms & Special Clothing	200.00		200.00		350.00		350.00	
710585 Undesignated Budget	15,300.00		15,300.00					
710703 Biologicals	220,396.19	41,626.67	178,769.52	19	239,040.00	34,322.80	204,717.20	14
710714 Referral Services					9,040.00		9,040.00	
710721 Outpatient	108,264.15	7,764.00	100,500.15	7	95,264.00	1,339.68	93,924.32	1
710872 Food Purchases	6,550.00	715.18	5,834.82	11	3,026.00	149.37	2,876.63	5
711010 Utilities	1,700.00		1,700.00		2,303.00		2,303.00	
711100 ESD Asset Management	288.00	72.00	216.00	25				
711114 Equip Srv C & M	550.44	133.15	417.29	24				
711115 Equip Srv-Motor Pool						132.50	132.50	
711117 ESD Fuel Charge	711.35	212.24	499.11	30				
711119 Prop & Liab Billings	23,150.65	5,787.63	17,363.02	25	21,776.21	5,444.04	16,332.17	25
711210 Travel	28,184.00	3,343.24	24,840.76	12	27,781.00	4,398.76	23,382.24	16
711504 Equipment nonCapital	6,530.00	189.00	6,341.00	3	13,093.00		13,093.00	
* Services and Supplies	774,928.87	105,906.12	669,022.75	14	1,036,744.38	151,872.47	884,871.91	15
* 781004 Equipment Capital	17,000.00		17,000.00		20,174.00		20,174.00	
* Capital Outlay	17,000.00		17,000.00		20,174.00		20,174.00	
** Expenses	4,888,676.03	1,094,108.65	3,794,567.38	22	5,326,927.40	1,125,955.99	4,200,971.41	21
*** Total	2,492,659.50	1,005,663.05	1,486,996.45	40	2,475,925.40	839,382.06	1,636,543.34	34



Washoe County Health District  
Environmental Health Services  
Period 1-3, FY13

Accounts	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
422503 Environmental Permits	51,500.00-	12,579.00-	38,921.00-	24	46,900.00-	9,807.00-	37,093.00-	21
422504 Pool Permits	68,000.00-	6,768.00-	61,232.00-	10	63,000.00-	5,876.00-	57,124.00-	9
422505 RV Permits	10,500.00-	2,200.00-	8,300.00-	21	9,700.00-	1,704.00-	7,996.00-	18
422507 Food Service Permits	369,000.00-	91,014.00-	277,986.00-	25	342,000.00-	76,369.00-	265,631.00-	22
422508 Wat Well Conist Perm	20,000.00-	8,635.00-	11,365.00-	43	27,000.00-	2,209.00-	24,791.00-	8
422509 Water Company Permits	2,500.00-	261.00-	2,239.00-	10	3,500.00-	234.00-	3,266.00-	7
422511 ISDS Permits	49,000.00-	13,927.00-	35,073.00-	28	47,000.00-	15,974.00-	31,026.00-	34
422513 Special Event Permits	79,000.00-	34,522.00-	44,478.00-	44	74,000.00-	37,181.00-	36,819.00-	50
422514 Initial Applic Fee	27,000.00-	6,526.00-	20,474.00-	24	25,000.00-	5,783.00-	19,217.00-	23
* Licenses and Permits	676,500.00-	176,432.00-	500,068.00-	26	638,100.00-	155,137.00-	482,963.00-	24
431100 Federal Grants	277,000.00-	70,017.64-	206,982.36-	25	277,000.00-	55,056.32-	221,943.68-	20
432100 State Grants	75,000.00-		75,000.00-		75,000.00-		75,000.00-	
432310 Tire Fee NRS 444A.090	418,766.00-	66,093.55-	352,672.45-	16	452,000.00-	153,722.94-	298,277.06-	34
* Intergovernmental	770,766.00-	136,111.19-	634,654.81-	18	804,000.00-	208,779.26-	595,220.74-	26
460510 IT Overlay	113,400.00-	31,748.00-	81,652.00-	28	96,800.00-	23,263.00-	73,537.00-	24
460512 Duplication Service Fees		3.00-	3.00-			6.70-	6.70-	
460513 Other Health Service Charges	2,700.00-	1,782.00-	918.00-	66	2,700.00-	124.00-	2,576.00-	5
460514 Food Service Certification	13,900.00-	3,765.00-	10,135.00-	27	9,000.00-	3,787.00-	5,213.00-	42
460520 Eng Serv Health	44,000.00-	7,495.00-	36,505.00-	17	42,000.00-	7,807.00-	34,193.00-	19
460521 Plan Review - Pools & Spas	2,500.00-	530.00-	1,970.00-	21	2,500.00-	1,571.00-	929.00-	63
460523 Plan Review - Food Services	17,000.00-	5,630.00-	11,370.00-	33	17,000.00-	3,310.00-	13,690.00-	19
460525 Plan Review - Vector	30,000.00-	9,447.00-	20,553.00-	31	24,000.00-	6,105.00-	17,895.00-	25
460532 Plan:Rvw Hotel/Motel		322.00-	322.00-					
460534 Child Care Inspection	8,500.00-	2,728.00-	5,772.00-	32	8,000.00-	2,415.00-	5,585.00-	30
460535 Pub Accomod Inspecth	17,300.00-	4,080.00-	13,220.00-	24	16,000.00-	3,626.00-	12,374.00-	23
460570 Education Revenue	1,200.00-	106.00-	1,094.00-	9	2,400.00-	624.00-	1,776.00-	26
* Charges for Services	250,500.00-	67,636.00-	182,864.00-	27	220,400.00-	52,638.70-	167,761.30-	24
485121 Jury Reimbursements		45.00-	45.00					
* Miscellaneous		45.00-	45.00					
** Revenue								
701110 Base Salaries	1,697,766.00-	380,224.19-	1,317,541.81-	22	1,662,500.00-	416,554.96-	1,245,945.04-	25
701130 Pooled Positions	3,018,372.82	702,622.66	2,315,750.16	23	2,981,274.44	710,872.63	2,270,401.81	24
701140 Holiday Work	174,772.77	42,016.36	132,756.41	24	103,247.00	44,353.17	58,893.83	43
701140 Holiday Work	1,200.00	907.59	292.41	76	1,200.00	1,279.98	79.98-	107
701200 Incentive Longevity	50,800.00	288.46	50,511.54	1	53,100.00	288.46	52,811.54	1
701300 Overtime	36,600.00	16,811.02	19,788.98	46	34,000.00	16,706.62	15,293.38	55
701406 Standby Pay								
701408 Call Back	1,000.00	99.98	900.02	10	3,000.00	5,427.32	5,427.32-	13
701413 Vac Payoff/Sick Pay-Term		16,198.28	16,198.28-			376.24	2,623.76	
701417 Comp Time		9,525.60	9,525.60-			31,628.55	31,628.55-	
701500 Merit Awards						280.89	280.89-	
* Salaries and Wages	3,282,745.59	788,469.95	2,494,275.64	24	3,083,002.82	813,213.86	2,269,788.96	26
705110 Group Insurance	434,110.13	100,626.78	333,483.35	23	454,634.94	107,509.69	347,125.25	24
705199 Lab Cost Sav-Benef						292.60-	292.60-	
705210 Retirement	728,879.94	166,928.27	561,951.67	23	709,981.00	167,100.53	542,880.47	24
705230 Medicare April 1986	41,040.99	10,364.78	30,676.21	25	40,395.20	10,286.62	30,108.58	25
705320 Workmens.Comp	18,838.38	4,709.61	14,128.77	25	18,966.18	4,741.56	14,224.62	25

Washoe County Health District  
 Environmental Health Services  
 Period 1-3, FY13

Accounts	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
705330 Unemply Comp	4,577.10	4,577.10		100	4,480.20		4,480.20	
* Employee Benefits	1,227,446.54	287,206.54	940,240.00	23	1,228,457.52	289,345.80	939,111.72	24
710100 Professional Services	325,401.67	3,530.00	321,871.67	1	490,885.57	2,350.00	488,535.57	0
710105 Medical Services	6,548.00	110.00	6,438.00	2	6,548.00	419.50	6,128.50	6
710110 Contracted/Tmp Services	65,000.00	2,444.53	62,555.47	4	55,225.00	5,818.45	49,406.55	11
710200 Service Contract	95,300.00	22,754.47	72,545.53	24	60,300.00	26,257.02	34,042.98	44
710205 Repairs and Maintenance	4,600.00	150.00	4,450.00	3	1,100.00	11.74	1,088.26	1
710300 Operating Supplies	20,100.00	3,566.40	16,533.60	18	20,100.00	2,082.44	18,017.56	10
710302 Small Tools & Allow	3,685.00		3,685.00		1,685.00		1,685.00	
710308 Animal Supplies	2,000.00	343.91	1,656.09	17	2,000.00	323.75	1,676.25	16
710319 Chemical Supplies	231,950.00	231,816.20	133.80	100	281,950.00	265,255.90	16,694.10	94
710334 Copy Machine Expense	2,250.00	413.14	1,836.86	18	2,250.00	533.88	1,716.12	24
710350 Office Supplies	9,100.00	1,150.56	7,949.44	13	9,500.00	1,305.70	8,194.30	14
710355 Books and Subscriptions	2,400.00	119.00	2,281.00	5	2,400.00	532.95	1,867.05	22
710360 Postage	9,775.00	1,908.71	7,866.29	20	9,300.00	1,752.48	7,547.52	19
710361 Express and Courier	175.00		175.00		175.00	10.56	164.44	6
710391 Fuel & Lube	100.00		100.00		100.00		100.00	
710500 Other Expense	8,300.00	157.80	8,142.20	2	5,800.00	39.00	5,761.00	1
710502 Printing	11,525.00	203.70	11,321.30	2	4,025.00	879.30	3,145.70	22
710503 Licenses & Permits	2,690.00		2,690.00		2,590.00		2,590.00	
710506 Dept Insurance Deductible	2,500.00	348.66	2,151.34	14	2,500.00	150.00	150.00	
710507 Network and Data Lines	9,710.00	2,153.00	7,557.00	22	9,375.00	599.85	1,900.15	24
710508 Telephone Land Lines	13,415.00	1,394.00	12,021.00	10	9,240.00	2,220.93	7,154.07	24
710509 Seminars and Meetings	100.00		100.00		4,450.00	3,890.00	5,350.00	42
710512 Auto Expense	11,920.00	5,960.00	5,960.00	50	7,450.00	1,032.84	6,417.16	14
710514 Regulatory Assessments	6,600.00	496.40	6,103.60	8	3,965.00	368.00	1,293.00	22
710519 Cellular Phone	1,661.00	382.00	1,279.00	23	1,661.00	1,008.81	2,956.19	25
710529 Dues	4,610.00	1,310.67	3,299.33	28	1,050.00	815.53	234.47	78
710535 Credit Card Fees	6,050.00		6,050.00		1,700.00		1,700.00	
710546 Advertising	1,700.00		1,700.00		78,700.00		78,700.00	
710577 Uniforms & Special Clothing	41,651.00	10,110.00	31,541.00	24	41,651.00	13,480.00	28,171.00	32
710585 Undesignated Budget	11,856.00	2,808.00	9,048.00	24	11,232.00	3,146.00	8,086.00	28
710600 LT Lease-Office Space	17,061.11	4,165.21	12,895.90	24	29,926.32	7,584.12	22,342.20	25
711100 ESD Asset Management	30,573.49	9,193.86	21,379.63	30	40,610.32	10,739.05	29,871.27	26
711113 Equip Srv Replace	16,741.00		16,741.00		37,533.78	12,584.75	24,949.03	34
711115 Equip Srv Motor Pool	39,776.37	13,724.40	26,051.97	35	23,247.26	5,811.84	17,435.42	25
711117 ESD Fuel Charge	23,656.38	5,914.11	17,742.27	25	44,650.00	8,074.63	36,575.37	18
711119 Prop & Liab Billings	81,150.00	5,897.40	75,252.60	7	9,000.00	72.50	8,927.50	1
711210 Travel	1,184,175.02	332,526.13	851,648.89	28	1,313,875.25	379,169.99	934,705.26	29
711504 Equipment non-Capital	25,000.00		25,000.00					
* Services and Supplies	25,000.00		25,000.00					
781004 Equipment Capital	5,719,367.15	1,408,202.62	4,311,164.53	25	5,625,335.59	1,481,729.65	4,143,605.94	26
* Capital Outlay	4,021,601.15	1,027,978.43	2,993,622.72	26	3,962,835.59	1,065,174.69	2,897,660.90	27
** Expenses								
*** Total								

Washoe County Health District  
Epidemiology Public Health Preparedness  
Period 1-3, FY13

Accounts	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
431100 Federal Grants	1,037,021.73-	260,882.52-	776,139.21-	25	1,555,754.10-	345,344.16-	1,210,409.94-	22
431105 Federal Grants - Indirect	24,075.00-	6,269.10-	17,805.90-	26	38,708.00-	4,101.37-	34,606.63-	11
* Intergovernmental	1,061,096.73-	267,151.62-	793,945.11-	25	1,594,462.10-	349,445.53-	1,245,016.57-	22
460511 Birth and Death Certificates	400,000.00-	121,749.00-	278,251.00-	30	280,000.00-	112,541.00-	167,459.00-	40
* Charges for Services	400,000.00-	121,749.00-	278,251.00-	30	280,000.00-	112,541.00-	167,459.00-	40
** Revenue	1,461,096.73-	388,900.62-	1,072,196.11-	27	1,874,462.10-	461,986.53-	1,412,475.57-	25
701110 Base Salaries	1,152,117.13	257,435.34	894,681.79	22	1,242,651.97	263,138.62	979,513.35	21
701120 Part Time		123.54	123.54-			198.68	198.68-	
701130 Pooled Positions	500.00	8,856.76	8,356.76-	1,771	30,500.00	101.56	30,398.44	0
701200 Incentive Longevity	11,485.00		11,485.00		10,883.00		10,883.00	
701300 Overtime	1,600.00	115.91	1,484.09	7	5,100.00	523.29	4,576.71	10
701412 Salary Adjustment					37,241.27		37,241.27	
* Salaries and Wages	1,165,702.13	266,531.55	899,170.58	23	1,326,376.24	263,962.15	1,062,414.09	20
705110 Group Insurance	138,696.84	34,234.62	104,462.22	25	153,167.58	37,931.51	115,236.07	25
705199 Lab Cost Sav-Benef						292.60-	292.60	
705210 Retirement	276,355.17	61,123.83	215,231.34	22	277,331.14	61,450.96	215,880.18	22
705215 Retirement Calculation						997.20	997.20-	
705230 Medicare April 1986	16,549.42	3,623.96	12,925.46	22	16,614.58	3,685.05	12,929.53	22
705320 Workmens Comp	7,186.58	1,796.67	5,389.91	25	6,449.30	1,612.35	4,836.95	25
705330 Unemploy Comp	1,746.10	1,746.10		100	1,513.00		1,513.00	
705360 Benefit Adjustment					11,708.00		11,708.00	
* Employee Benefits	440,534.11	102,525.18	338,008.93	23	466,783.60	105,384.47	361,399.13	23
710100 Professional Services	104,361.22	69,564.94	34,796.28	67	166,997.58	29,349.23	137,648.35	18
710105 Medical Services	100.00		100.00		100.00		100.00	
710108 MD Consultants					12,000.00	2,000.00	10,000.00	17
710110 Contracted/Tamp Services	15,000.00	3,988.48	11,011.52	27	31,585.00		31,585.00	
710200 Service Contract	1,895.00	2,564.92	669.92-	135	2,195.00	4,941.00	2,746.00-	225
710205 Repairs and Maintenance	1,000.00		1,000.00		1,000.00		1,000.00	
710210 Software Maintenance	12,000.00	9,750.00	2,250.00	81	12,000.00		12,000.00	
710300 Operating Supplies	12,842.00		12,842.00		35,917.00		30,769.81	14
710325 Signs and Markers						5,147.19	5,147.19	
710334 Copy Machine Expense	2,999.89	538.09	2,461.80	18	3,219.89	1,336.50	1,336.50-	
710350 Office Supplies	5,500.00	1,656.23	3,843.77	30	7,000.00	408.72	2,811.17	13
710355 Books and Subscriptions	1,775.00	203.90	1,571.10	11	2,510.00	965.23	6,034.77	14
710360 Postage	2,800.00	645.30	2,154.70	23	2,970.00	446.49	2,063.51	18
710361 Express and Courier	10.00	5.52	4.48	55	10.00	667.26	2,302.74	22
710500 Other Expense	1,621.00		1,621.00		1,841.00		1,841.00	
710502 Printing	2,565.00	117.82	2,447.18	5	4,375.00	329.00	4,046.00	8
710505 Rental Equipment	1,524.00	538.00	986.00	35	500.00	127.00	373.00	25
710507 Network and Data Lines	550.00	45.57	504.43	8	550.00	119.97	430.03	22
710508 Telephone Land Lines	4,690.00	1,023.78	3,666.22	22	5,580.00	1,026.45	4,553.55	18
710509 Seminars and Meetings	3,700.00	1,907.00	1,793.00	52	4,800.00	175.00	4,625.00	4
710512 Auto Expense	1,000.00	252.35	747.65	25	875.00	330.46	544.54	38
710519 Cellular Phone	2,480.00	240.21	2,239.79	10	3,080.00	314.74	2,765.26	10
710529 Dues	880.00	360.00	520.00	41	590.00	330.00	260.00	56

Washoe County Health District  
Epidemiology Public Health Preparedness  
Period 1-3, FY13

Accounts	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
710535 Credit Card Fees	2,000.00	562.40	1,437.60	28	1,300.00	523.76	776.24	40
710546 Advertising	2,625.00		2,625.00		2,875.00	259.50	2,615.50	9
710585 Undesignated Budget					38,708.00		38,708.00	
710703 Biologicals	3,420.79		3,420.79		3,754.79	242.00	3,512.79	6
710721 Outpatient	2,135.00	580.48	1,554.52	27	2,135.00	32.96	2,102.04	2
710872 Food Purchases	550.00		550.00		550.00	30.89	519.11	6
711010 Utilities	180.00		180.00		180.00		180.00	
711100 ESD Asset Management	2,304.00	576.00	1,728.00	25	2,808.00	624.00	2,184.00	22
711113 Equip Srv/Replace	377.95	94.50	283.45	25	492.72	123.18	369.54	25
711114 Equip Srv/O & M	654.46	718.56	64.10-	110	3,508.44	155.80	3,352.64	4
711117 ESD Fuel Charge	78.58		78.58		157.16		157.16	
711119 Prop & Liab Bjilings	9,024.58	2,256.15	6,768.43	25	7,612.10	1,903.02	5,709.08	25
711210 Travel	34,250.00	3,685.85	30,564.15	11	43,414.00	767.52	42,646.48	2
711502 Build Imp nonCapital						127.00	127.00-	
711504 Equipment nonCapital	1,750.00	46,873.25	45,123.25-	2,678	19,241.98	24,495.11	5,253.13-	127
* Services and Supplies	238,643.47	148,749.30	89,894.17	62	426,432.66	77,298.98	349,133.68	18
781004 Equipment Capital					178,577.12	145,876.15	32,700.97	82
* Capital Outlay					178,577.12	145,876.15	32,700.97	82
** Expenses	1,844,879.71	517,806.03	1,327,073.68	28	2,398,169.62	592,521.75	1,805,647.87	25
*** Total	383,782.98	128,905.41	254,877.57	34	523,707.52	130,535.22	393,172.30	25



# FY 2013/14 Planning & Budget Calendar and 3-Year Department Business Plans

- FY 2013/14 planning & budget calendar
- Preliminary assumptions used for business planning
- 3-year Department Business Plans

DBOH 10/25/12  
AGENDA ITEM  
# 15





# Draft Planning & FY 2013/14 Budget Calendar

## October

- ▶ 3-year Department Business Plan form preparation

## November

- ▶ Indirect cost planning begins
- ▶ CIP process begins
- ▶ Departments submit 3-year Department Business Plans to Budget

## December

- ▶ Finance presents 3-year forecast to BCC

## January

- ▶ Departments present Strategic Plans & 3-year Department Business plans to SPC





# Draft Planning & FY 2013/14 Budget Calendar

## February

- ▶ Departments submit FY 2013/14 budget requests

## March

- ▶ Final revenue projections from the State

## April

- ▶ Departments appeal budgets if necessary
- ▶ Tentative budget due to State
- ▶ CIP completed

## May

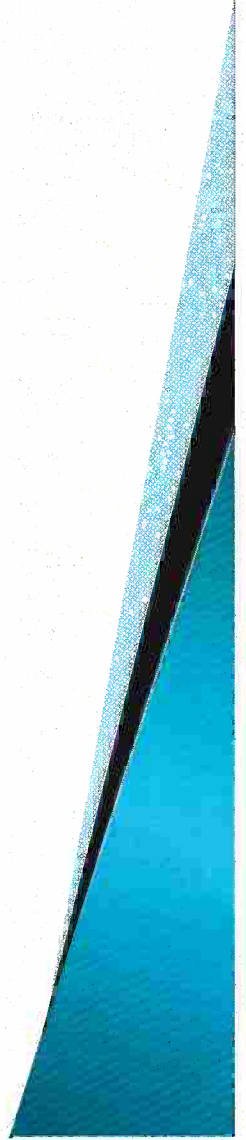
- ▶ Budget adopted

*Note: 2013 is a legislative year and any augmentation related to changes must be submitted by July 3<sup>rd</sup> 2013.*



## Why 3-year Department Business Plans?

- ▶ Better informed forward-looking business decisions
- ▶ 3-Year Department Business plans requested by Commission







# Preliminary Sources and Uses Used for Business Planning (September 2012)

## PRELIMINARY 3-YEAR FORECAST

General Fund	FY 12/13 Forecast	FY 13/14 Forecast	FY 14/15 Forecast	% Change	FY 14/15 Forecast	% Change
Beginning Fund Balance	\$ 36,322,627	\$ 31,184,726	\$ 28,496,826	-14.1%		-8.6%
<b>Revenues and Other Sources:</b>						
Taxes	137,365,071	138,208,361	140,972,549	0.6%		2.0%
Licenses and Permits	8,467,335	8,750,991	9,044,143	3.4%		3.4%
Consolidated Taxes	72,405,136	73,853,239	75,330,304	2.0%		2.0%
Intergovernmental	16,928,823	16,595,407	16,928,823	-2.0%		2.0%
Charges for Services	28,395,463	22,404,103	22,404,103	0.0%		0.0%
Fines and Forfeitures	8,213,700	8,213,700	8,213,700	0.0%		0.0%
Miscellaneous	4,794,019	4,794,019	4,794,019	0.0%		0.0%
Other Financing Sources	1,500	1,500	1,500	0.0%		0.0%
Transfers In	1,934,400	429,400	429,400	-76.6%		0.0%
<b>Total Revenues and Other Sources</b>	<b>272,405,448</b>	<b>273,250,744</b>	<b>278,118,551</b>	<b>0.3%</b>	<b>278,118,551</b>	<b>-1.8%</b>
<b>Total Sources</b>	<b>\$308,728,074</b>	<b>\$304,435,470</b>	<b>\$306,615,377</b>	<b>-1.4%</b>	<b>\$306,615,377</b>	<b>0.7%</b>
<b>Expenditures and Other Uses:</b>						
Salaries and Wages	\$121,984,303	\$123,735,387	\$124,758,651	1.4%		0.8%
Employee Benefits	73,489,204	74,465,148	75,763,746	1.3%		1.7%
Services and Supplies	69,604,985	59,459,057	60,479,010	-2.2%		1.7%
Capital Outlay	490,404	453,404	453,404	-7.5%		0.0%
Transfers Out	13,802,445	16,850,649	17,650,649	-14.9%		4.7%
Contingency	975,000	975,000	975,000	0.0%		0.0%
<b>Total Expenditures and Other Uses</b>	<b>277,543,348</b>	<b>275,938,645</b>	<b>280,080,160</b>	<b>-0.6%</b>	<b>280,080,160</b>	<b>1.5%</b>
<b>Ending Fund Balance</b>						
Assigned for Budget Shortfall	2,687,900	1,961,609		-27.0%		-100.0%
Committed Ending Fund Balance	4,148,525	4,148,525	4,186,577	0.9%		0.9%
Unassigned Ending Fund Balance	24,346,301	22,366,691	22,348,639	-8.1%		-0.2%
<b>Total Ending Fund Balance</b>	<b>31,184,726</b>	<b>28,496,826</b>	<b>26,535,217</b>	<b>-8.6%</b>	<b>26,535,217</b>	<b>-6.9%</b>
<b>Total Uses</b>	<b>\$308,728,074</b>	<b>\$304,435,470</b>	<b>\$306,615,377</b>	<b>-1.4%</b>	<b>\$306,615,377</b>	<b>0.7%</b>

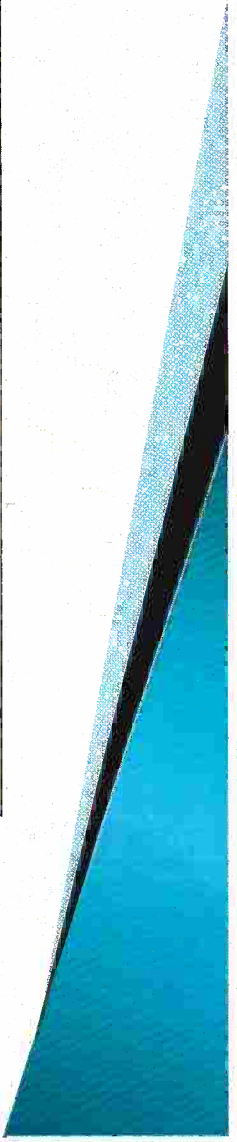
Committed Ending Fund Balance as a percent of Expenditures 1.5%

Unassigned Ending Fund Balance as a percent of Expenditures 8.1%

Use of FB \$ 5,137,900 \$ 2,687,900 \$ 1,961,603

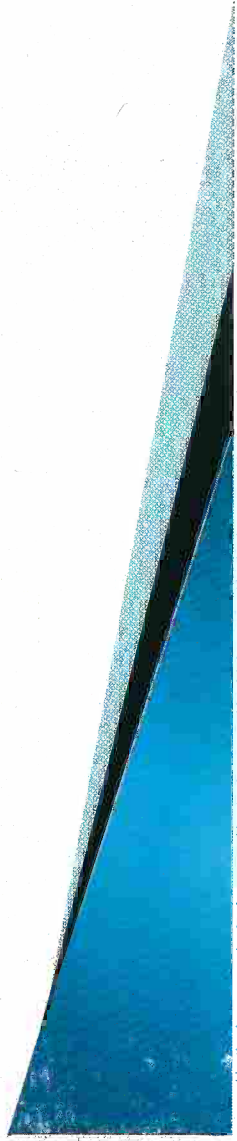
# Assumptions for Sources and Uses

<b>FY 12/13 Assumptions:</b>
FY 12/13 is Estimate to Complete and includes:
<b>Revenues:</b>
CTAX is restated with a 2% increase over FY 11/12 Actual
<b>Expenditures:</b>
\$400,000 additional expenditures in Services and supplies for settlement of RDA issue
Includes forecasted impact of Sheriff arbitration of \$1.3 million in salaries, wages, and benefits
<b>FY 13/14 Assumptions</b>
<b>Revenues:</b>
Property Taxes - Increase in operating from \$1.1324 to \$1.1337 due to reduced Debt Service Rate
Property Taxes - 0.5% Increase (offset by \$400k reduction due to RDA)
Property Taxes - No Change in Abatement Rate
Licenses & Permits - 3.35% growth which is 1/2 of expected in FY 12/13 (conservative Estimate)
CTAX - 2% increase in over FY 12/13 ETC
Intergovernmental & Fines and Forfeitures - 0% change due to volatile historical nature of revenue
<b>Expenditures:</b>
Salaries and Wages - FY 12/13 Budget Plus 1% for longevity and merit and arbitration
Benefits - 5% Inflation factor actuary approved "Getzen Mode!"
Transfers - down due to reduced transfers for central services cost subsidies
Services and Supplies - 4.5% mandated increase in medical indigent assistance, offset by RDA payment and budget reduction plans



## Assumptions for Sources and Uses (Continued)

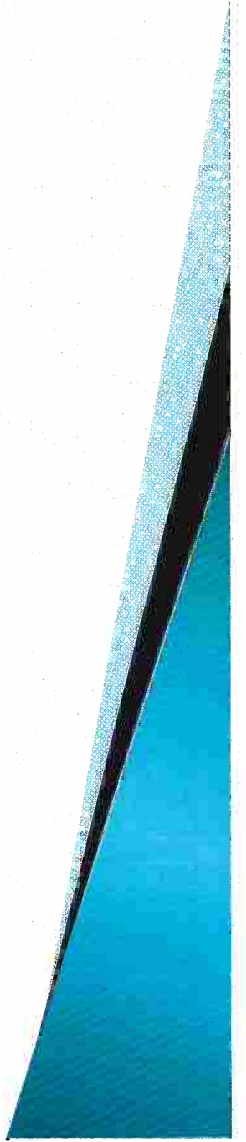
<b>FY 14/15 Assumptions</b>
<b>Revenues:</b>
Property Taxes - Increase in operating from \$1.1324 to \$1.1337 due to reduced Debt Service Rate
Property Taxes - 2% Increase
Property Taxes - No Change in Abatement Rate
Licenses & Permits - 3.35% growth which is 1/2 of expected in FY 13/14 (conservative Estimate)
CTAX - 2% increase in over FY 13/14
Intergovernmental & Fines and Forfeitures - 0% change due to volatile historical nature of revenue
<b>Expenditures:</b>
Salaries and Wages - FY 13/14 Budget Plus 1% for longevity and merit.
Benefits - 5% Inflation factor actuary approved "Getzen Model"
Services and Supplies - Inflated for CPI where applicable and 4.5% increase in indigent medical assistance.
Transfers - up due to capital transfer increase of \$2 million, offset by reduced transfers for central services cost subsidies.





## Future Risks

- ▶ Nevada Legislative Session
- ▶ Federal "Fiscal Cliff"
- ▶ Economy in Europe and locally
- ▶ Maintained high unemployment

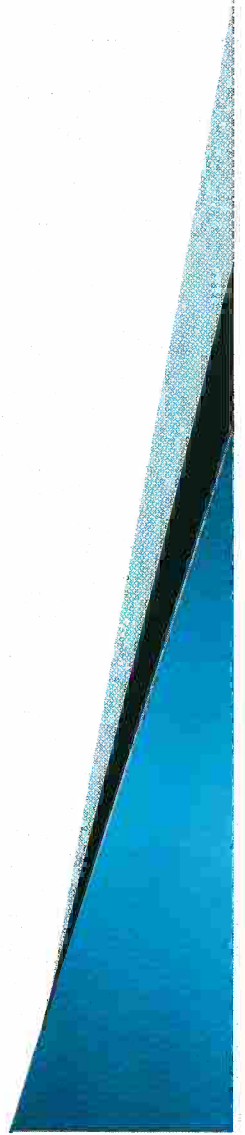




## 3-year Department Business Plans

### Next Steps

- ▶ Departments notify Budget of point of contact
- ▶ Prioritization for funding (if any) will be based on reviews from Budget and SPC
- ▶ Plans will inform the budget process





# Department Business Plans

**On SharePoint:**

▶ <http://wsharepoint/3YearPlan/default.aspx>

**Each Department has their own forms**

3-Year Business Plan Suggestions			
DEPARTMENT			
Department Name: Community Services - Golf Fund			
FINANCIAL INFORMATION (If your department has revenues for FY 12/13 listed, please project those revenues for FY 13/14 and FY 14/15)			
Revenues	FY 12/13 Adopted	FY 13/14 Projected*	FY 14/15 Projected*
Green Fees	1,371,616		
Adv Raser Washog	48,000		
Other	17,292		
Total	1,428,910	0	0
Expenditures/Expenses	FY 12/13 Adopted	FY 13/14 Projected*	FY 14/15 Projected*
Salaries and Wages	308,787	368,387	311,196
Employee Benefits	115,754	118,060	120,784
Services and Supplies	244,216	244,216	249,832
Central Service Costs	83,689	83,689	85,614
Depreciation	217,669	217,668	217,664
Total	969,314	972,220	985,054

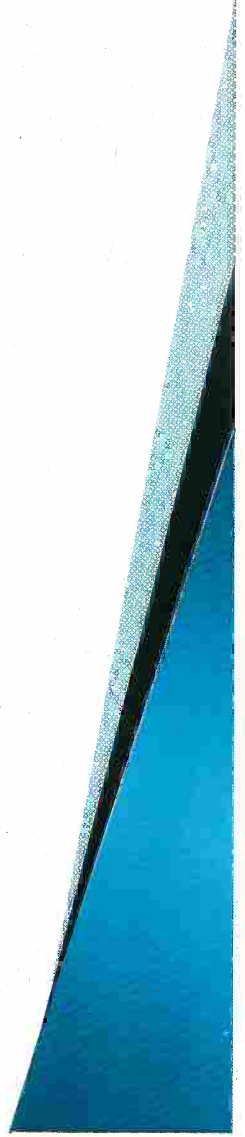
Note: \*Projected amounts will change over time as new revenue and expense information becomes available. The numbers above represent an estimate based on information available at the time this form was completed.

BUSINESS PLAN



# Budget & SPC Plan Review Criteria

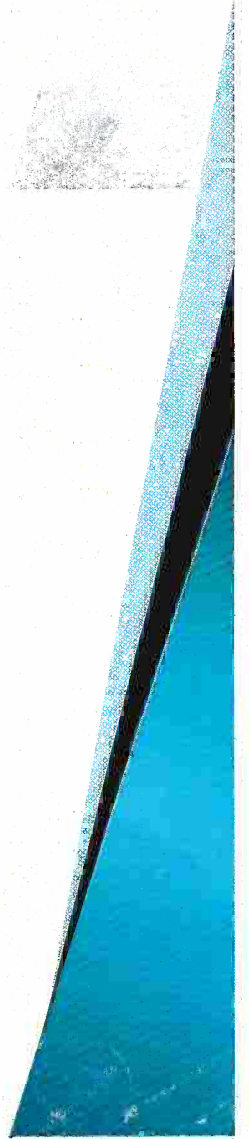
- ▶ **Return on Investment (ROI)**
  - Net fiscal impact of project
- ▶ **Timeframe for ROI**
  - How long will it take to recover costs?
- ▶ **Upfront costs (one-time and/or ongoing)**
- ▶ **Impact to other department's services and/or budgets**
  - Positive or negative
- ▶ **Impact to customers**
  - Will this proposal increase/decrease service to customers?





## Budget & SPC Plan Review Criteria

- ▶ Link to strategic plans
  - Does this proposal link to a County-wide or department strategic goal?
- ▶ Link to fundamental review
  - Does this proposal help implement a fundamental review suggestion?
- ▶ Ease of implementation
  - Are there obstacles to implementation such as NRS or County Code? Or, would implementation be relatively simple?
- ▶ Other
  - Does this proposal create more collaboration within the organization, etc?







**WASHOE COUNTY HEALTH DISTRICT**  
**EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS DIVISION**

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

October 17, 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, October 2012

**Communicable Disease**

- Influenza – The flu season has begun and formal collection and reporting of sentinel healthcare provider data on influenza-like illness (ILI) has started as well. We have already had some positive rapid influenza test results as well as one confirmed case of Influenza B. This is somewhat unusual because Influenza B is usually seen in the later part of the flu season.
- Outbreaks - Staff continue have continued to work along with EHS staff on large outbreaks of gastroenteritis in elementary schools. In three schools where outbreaks have been identified there have been nearly 400 cases. The attack rate among students has been around 20%. The symptoms have been consistent with Norovirus although specimens have been submitted to CDC to determine if another virus might be implicated due to a significant number of negative lab results locally. Control measures have included exclusion of ill students and staff until 72 hours after their symptoms subside and additional cleaning measures involving the use of bleach which is known to kill Norovirus and other related gastrointestinal viruses.
- Fungal Meningitis – The Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA) have been working closely with State Health Departments on a multistate investigation of fungal meningitis and joint infections among patients who received a methylprednisolone acetate injection prepared by the New England Compounding Center (NECC) in Framingham, Massachusetts. Some of these patients who received epidural infections also suffered strokes that may have resulted from their infection.

As of October 17 there have been 247 cases with 19 deaths reported among 15 states. No cases have been reported in Nevada. However, some recalled products from NECC did make their way to providers in Nevada including some in Washoe County. The CDC has advised that healthcare professionals should cease use of any product produced by NECC, all of which have been recalled. Washoe County Communicable Disease staff have contacted local facilities that were on the list of consignees provided by CDC as having received NECC products since May 2011.

## Public Health Preparedness (PHP)–

### Training and Education

- The Northern California Hansen's Disease Program will be providing a free training in Washoe County on November 16, 2012 from 1 – 3 pm. The course has been approved for 2 CEUs for nurses and is pending approval of 2 CMEs for physicians. The California-based program has been beneficial as a resource for the occasional case of Hansen's Disease that is identified locally.

### Exercises

- The Health District participated in the Great Nevada Shakeout Exercise on October 18. This was the largest Great Nevada Shakeout in its three-year history, and part of the world's largest public earthquake drill with 18 million participants globally. More than a half a million Nevadans were registered to participate in the annual statewide public earthquake drill.

The Great Nevada Shake Out was a simple, coordinated “drop, cover and hold-on” exercise held on 10/18 at 10:18 a.m. Washoe County was registered as a participating government agency.

Employees were asked, wherever they were on 10/18 at 10:18 a.m. —unless they were driving — to **drop, cover, and hold-on**, as if there were a major earthquake occurring at that very moment, and to stay in that position for at least 60 seconds, which is about the time it took to register for the earthquake drill.



Now in its third year, the Great Nevada Shakeout serves as the annual statewide earthquake drill and is held on the third Thursday of October. In 2010, Nevada was the first state to join with California in this massive effort to encourage people to prepare and practice for earthquake response. Now there are 15 states involved in the Great Shakeout, making this the largest public earthquake drill in the world.

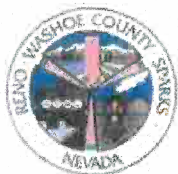
The state of Nevada lies within the Basin and Range Province, one of the most seismically active regions in the United States. Along with California and Alaska, Nevada ranks in the top three states subject to the most large-scale earthquakes over the last 150 years.

### Community Outreach

- A media campaign consisting of bus ads and radio ads in both English and Spanish will run through the end of this calendar year. The focus of the campaign is to promote influenza prevention behaviors.



**Randall L. Todd, DrPH, Epidemiology and Public Health Preparedness Director**



# Washoe County Health District



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

**Staff Report**  
**Board Meeting Date: 10/25/12**

**DATE:** October 25, 2012

**TO:** District Board of Health Members

**FROM:** Steve Kutz, RN, MPH, Division Director  
Community and Clinical Health Services  
(775) 328-3759 [skutz@washoecounty.us](mailto:skutz@washoecounty.us)

**SUBJECT:** Community and Clinical Health (CCHS) Division Report  
October 2012 District Board of Health Meeting

1. Obesity Forum
2. ACHIEVE Final Report
3. Washoe County Medical Society Mini-Internship Program
4. Program Reports

## 1. Obesity Forum

Days before the Fourth Annual Washoe County Obesity Forum was held on September 19<sup>th</sup>, 2012, the Robert Wood Johnson Foundation issued the "F as in Fat" report. Researchers predicted that if Nevada is not able to reduce the rise in obesity, a staggering 50% of adults in the state will be obese by the year 2030. The same report stated that if Nevadans are able to reduce obesity by just 5%, nearly \$6 billion in obesity-related health care costs could be saved in Nevada.

Washoe County Health District annually sponsors this Forum to educate and inspire the community to work together to prevent and reduce obesity in Washoe County. September 19<sup>th</sup> 2012 was also recognized as Obesity Prevention Awareness Day by local governing boards including the BOH, BCC, and the Cities of Reno and Sparks. The Forum also received special recognition (letters) from both Senators Reid and Heller. This year saw the best attendance yet, with 150 members of the community attending the one day event, including our own Board Member, Dr. Hess, and Health Officer Dr. Joseph Iser who welcomed attendees with opening comments.

Participants included physicians, educators from the community and school district, nutritionists, nurses, community planners and others. The event was well covered by the media, with reporters from the radio station KUNR, and TV stations 2, 4, 8, 11 and Spanish Language Univision covering the event. The major outcomes of the event

include increased knowledge by participants along with community mobilization, and interest in legislative activity.

## **2. ACHIEVE (Action Communities for Health, Innovation, & Environmental Change) Final Report**

The Chronic Disease Prevention Program concluded a three year Washoe County ACHIEVE project on September 30, 2012, with submission of a final community assessment and progress report based on the Community Action Plan (CAP). The community assessment used the CHANGE Tool (Community Health Assessment and Group Evaluation assessment) to assess policy, systems and environmental strategies employed in five sectors: Community-at-large, Community Institution/Organization, Health Care, Schools, and Work Site. The modules examined leadership, chronic disease management, physical activity, tobacco, and nutrition at 16 sites in the County through interviews and secondary data collection.

The assessment was largely done by Urmila Mainali, MPH candidate from the University of Nevada, Reno's School of Community Health Science, with the team providing support and resources.

CHANGE Assessment conclusions include the following findings:

- Nutrition was the lowest scoring area overall
- Tobacco was the highest scoring area overall, perhaps in part due to effects of the Nevada Clean Indoor Air Act (NCIAA).
- Environmental strategies generally scored higher than policy development, indicating a need for sustaining existing practices (often championed by a current leader) through written policies.
- Within sectors, nutrition again scored lowest in policy (followed by physical activity)

A summary of the third year reassessment (attached) documents solutions in place for identified areas of need. CAP goals for specific objectives (e.g. development of Food Policy Council, Wellness and Family Engagement Policies) were completely met; however data revealing changes in children and adults at healthy weights is not yet available for review to ascertain if the overall goal was met.

As a major public health concern, chronic disease prevention strategic planning in Washoe County will use the data derived from the ACHIEVE Program. In addition, the leadership team composed of community representatives is willing to continue in an advisory role.

## **3. Washoe County Medical Society Mini-Internship Program:**

Erin Dixon, Program Coordinator (Tobacco) participated in a mini-internship with the Washoe County Medical Society. Overall she was very impressed with the program

which provided her with an opportunity to shadow four different specialists related to chronic disease; an Endocrinologist, General Surgeon, ICU Pulmonologist, and Cardiologist. It gave Erin greater insight into health care in our community and the struggles that occur in direct patient care. She states, "It also confirmed for me that the chronic disease prevention program needs to somehow increase our efforts to improve the overall health of our community. Most of the patients I was privileged to observe still engaged in a majority, if not all, of the negative lifestyle behaviors that lead to chronic diseases."

Erin has informational packets for anyone else in the Health District that may be interested in or benefit from attending the next mini-internship program.

#### 4. Program Reports

- a. **Sexual Health** – Planning is underway for World AIDS Day activities, partnering with Northern Nevada Outreach Team (NNOT). "Mpowerment" activities continue in collaboration with community partners (HOPES, UNR, Build Our Center).
- b. **Immunizations** – School located vaccination clinics (SLVC) – Tdap/Flu clinics began 10/9/12, and will continue for the next couple of months.
- c. **Tuberculosis Prevention and Control Program** – Several new clients with active disease were started on treatment contact investigations, with ten cases already identified in 2012. Mobile video options for Direct Observed Therapy (DOT) are being explored for implementation.
- d. **Family Planning/Teen Health Mall** – The Program Manager submitted a program Corrective Action Report and provided training for waived tests at the lab training/evaluation day.
- e. **Chronic Disease Prevention Program** – Staff created the EPI-news on Obesity, and continues work on tobacco grant deliverables. Seven proposals from CCHS for UNR's School of Community Health Sciences Intern and MPH projects were submitted October 12, 2012.
- f. **Home Visitation** – PHNs attended a training sponsored by the Maternal, Infant and Children Home Visitation Program of the Nevada State Health Division. The Program Manager is working with the Nevada State Health Division to obtain authorization for data access to initiate Fetal Infant Mortality Review.

## Community Reassessment Summary Washoe County 2012

### Community At Large: Attributing Factors for less than 60% (Score less than 2 for either Policy or Environment)

#### Nutrition (Policy and Environment)

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- *Policy:* A lack of policies were identified in the Washoe County community that encouraged healthy food access in underserved areas, including strategies such as development of community gardens, access to farmers' markets, menu labeling, banning trans fat cooking practices, portion control, connecting locally grown food and other recommended approaches.
- *Environmenta:* practices scored higher in the third year assessment approaching 60% and a significant improvement over the 42% in the year one assessment.

#### Solutions:

- ✚ A Washoe County Food Plan was developed and approved by the District Board of Health in 2011.
- ✚ A Food Policy Council was established to develop strategies to provide healthy food and beverage options in underserved areas. Meetings are now held monthly by members selected for their expertise.
- ✚ Washoe County School District is implementing school gardens in some schools.
- ✚ County planning staff developed a list of codes for reassessment and potential changes that would allow development of community gardens, sales of locally grown fruits and vegetables, backyard chicken coops and other strategies that increase access to healthy food.
- ✚ In redesign of key transportation corridors, the Regional Transportation Commission considers concepts of "complete streets" to provide access to food when siting bus stops, developing bikeways and ensuring walking routes.

#### Tobacco Use (Policy)

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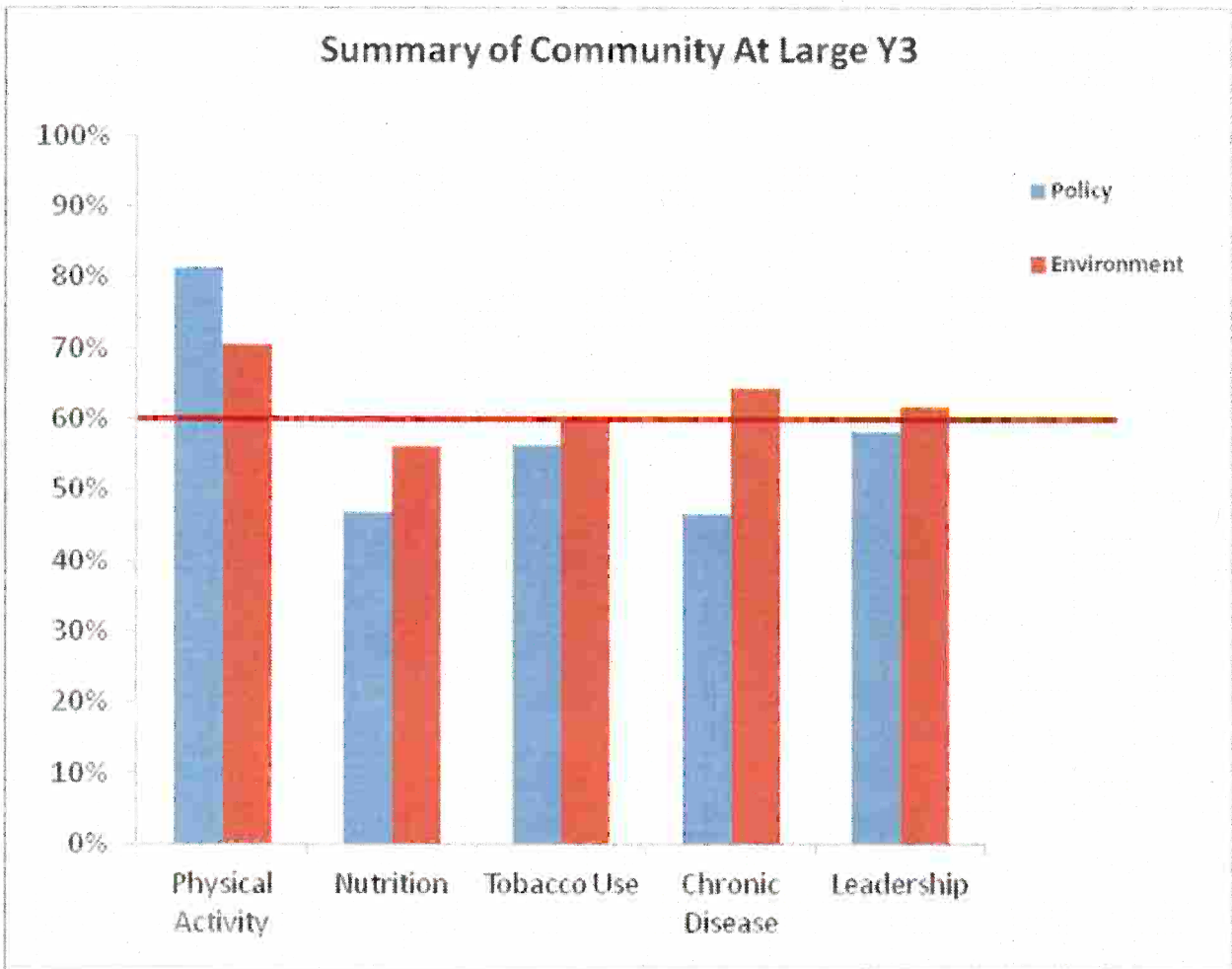
- *Policy:* A weakened Nevada Clean Indoor Air Act resulted from efforts by the tobacco and gaming industry to exempt certain businesses and ensure challenges to enforcement provisions. Appetite to increase tobacco taxes is limited in Nevada where taxation in general is discouraged and there are no fees for tobacco licensing.

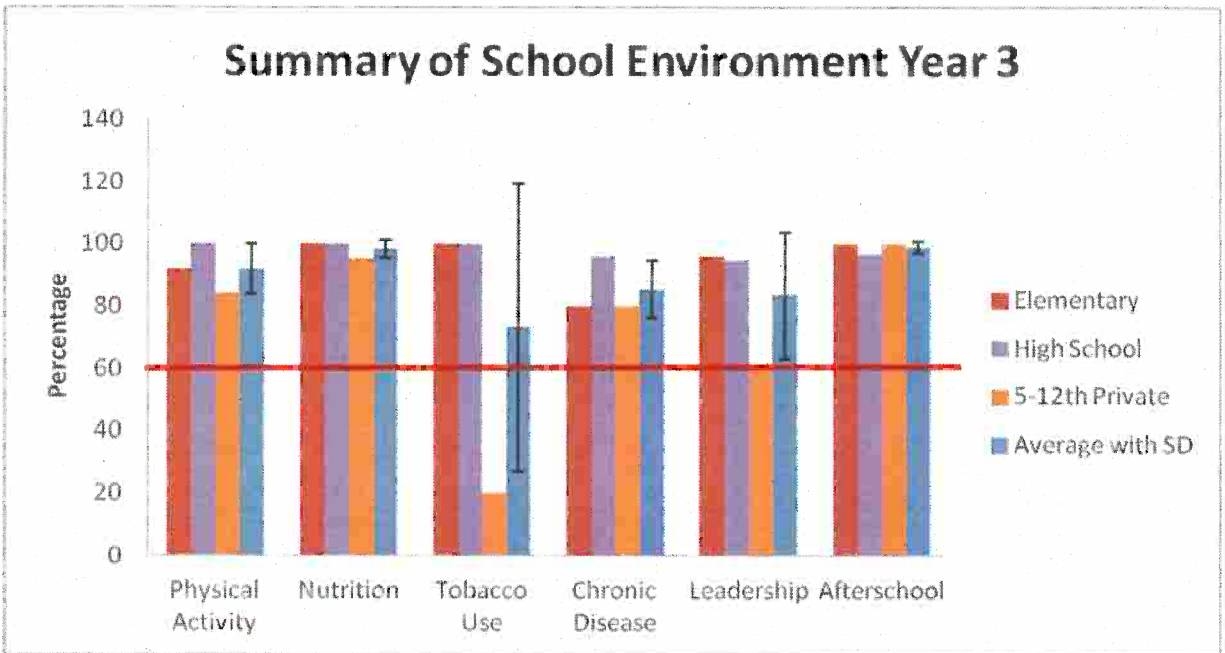
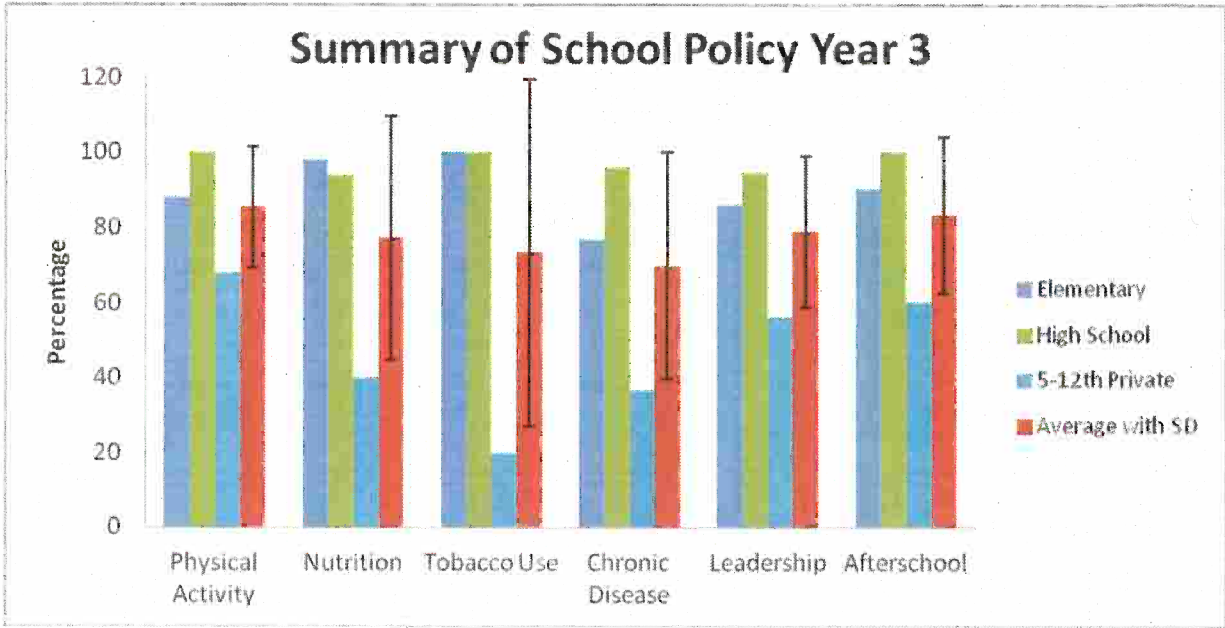
#### Solutions:

- ✚ The Washoe County Health District prepared fact sheets on the epidemiology of tobacco-related morbidity and mortality, usage in Nevada, and the efforts related to tobacco retailer licensing.
- ✚ The Washoe County Health District established a smoke-free meeting policy and released a press release about availability of smoke-free meeting sites.

Community Development code provisions assessed by planner for potential County Commission action for mixed land use and food access).

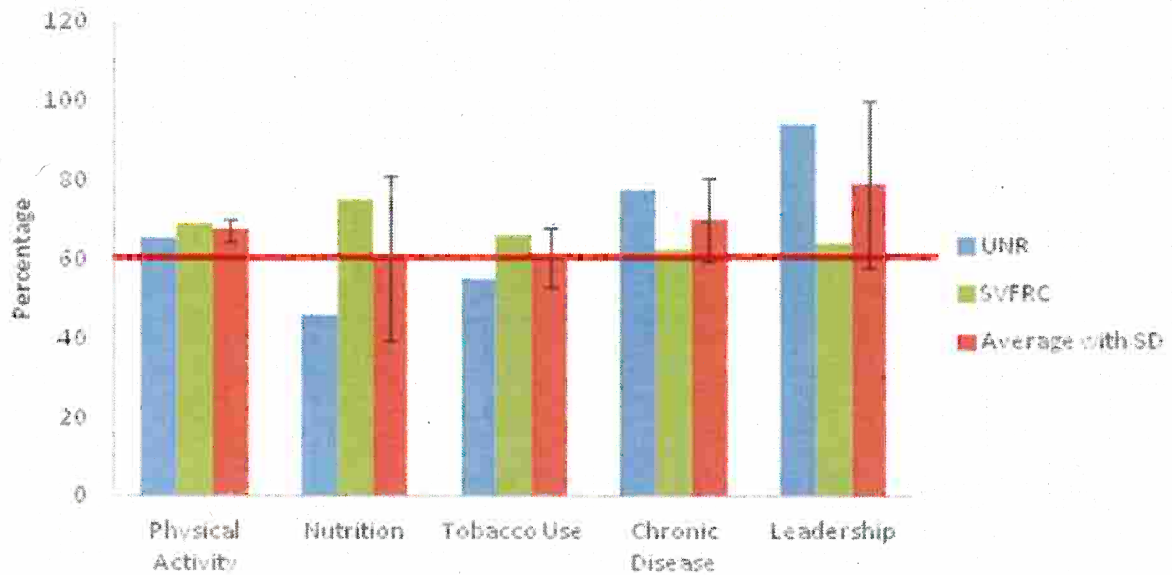
- ✦ Finance: Regional Transportation considers public shared-use paths, public recreation facilities, public parks or greenways, public sports facilities, pedestrian enhancements, bicycle enhancements (Tahoe-Pyramid Bikeway).



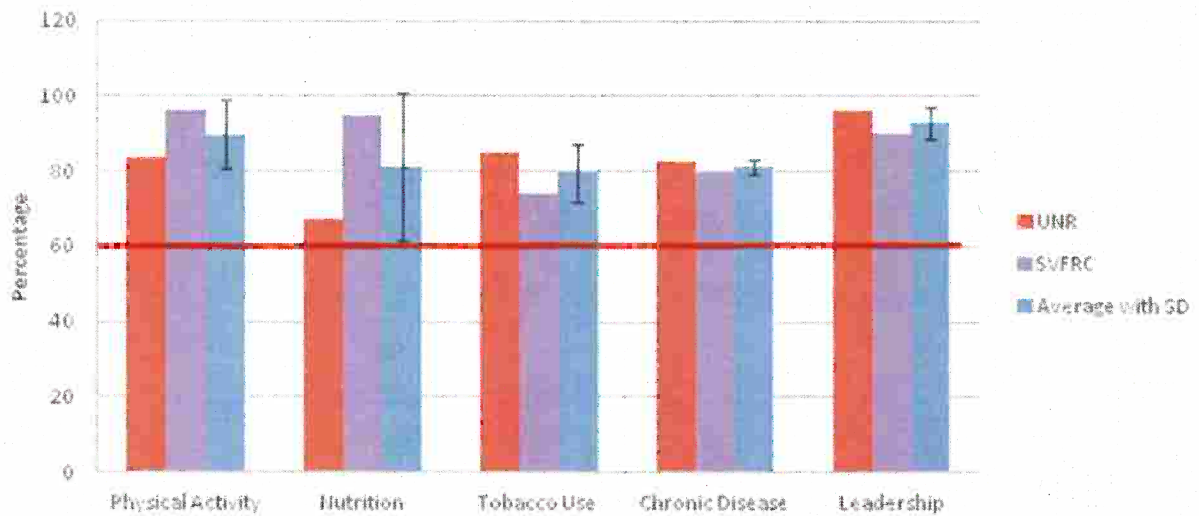




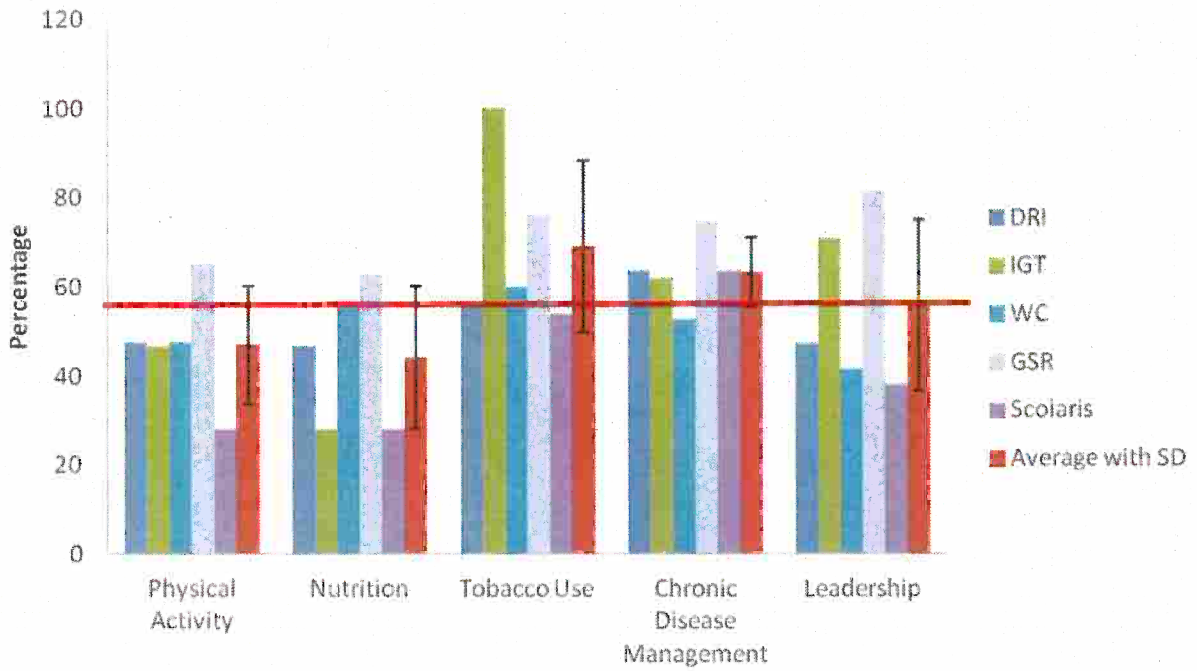
### Summary of CIO Policy Y3



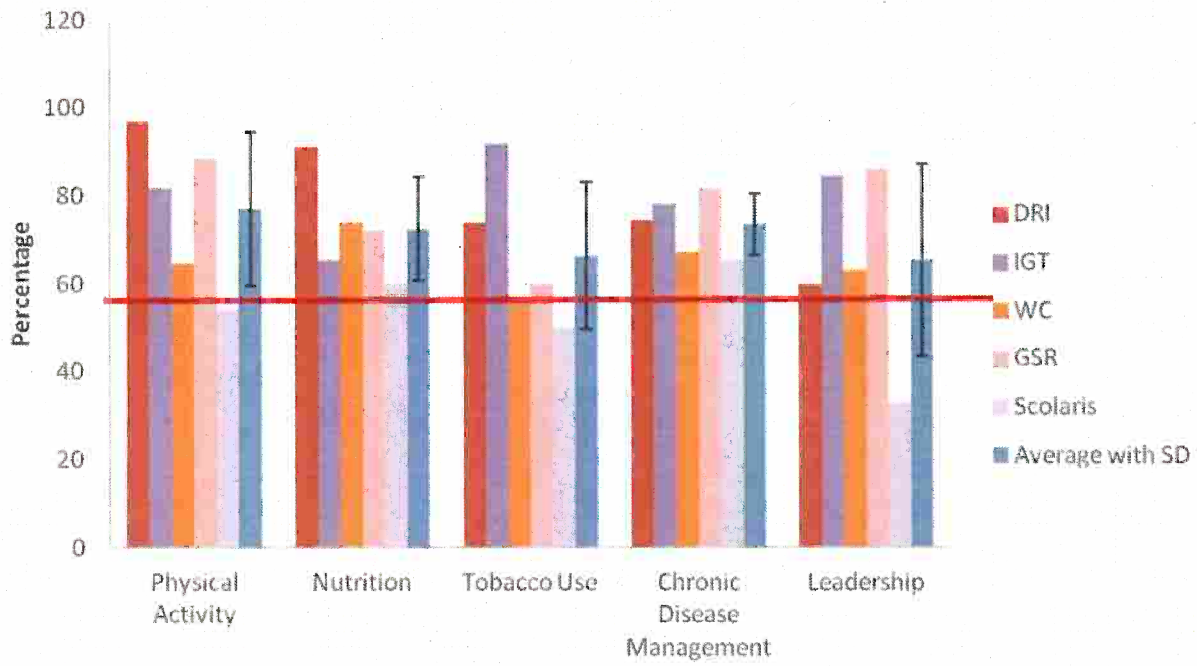
### Summary of CIO Environment Y3



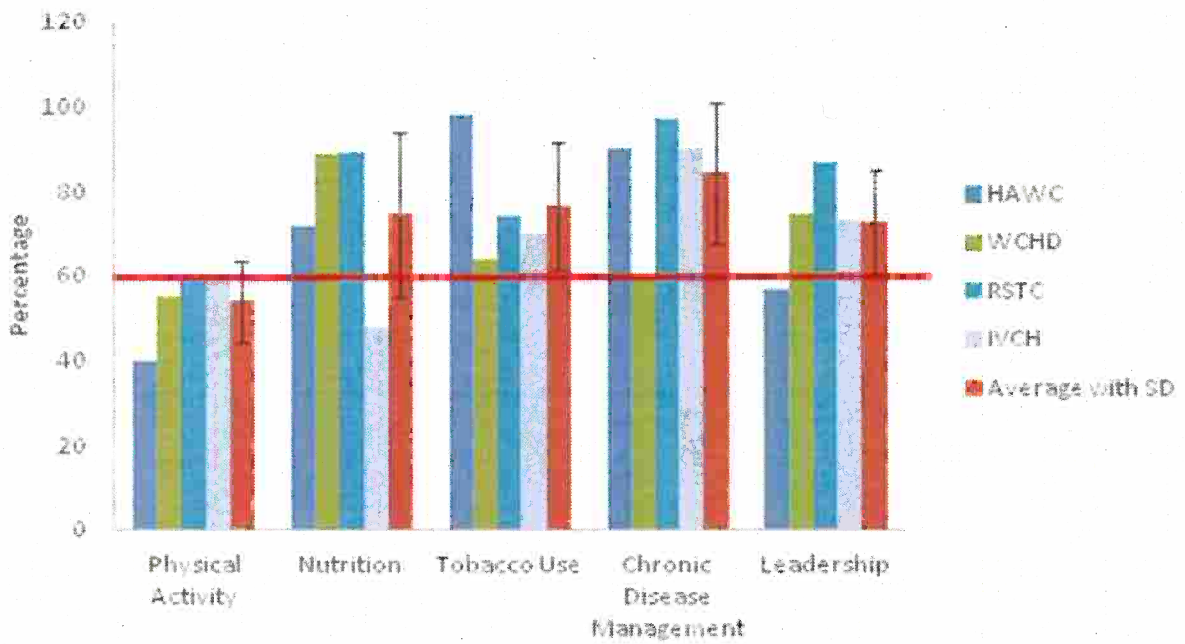
### Summary of Worksites Policy Y3



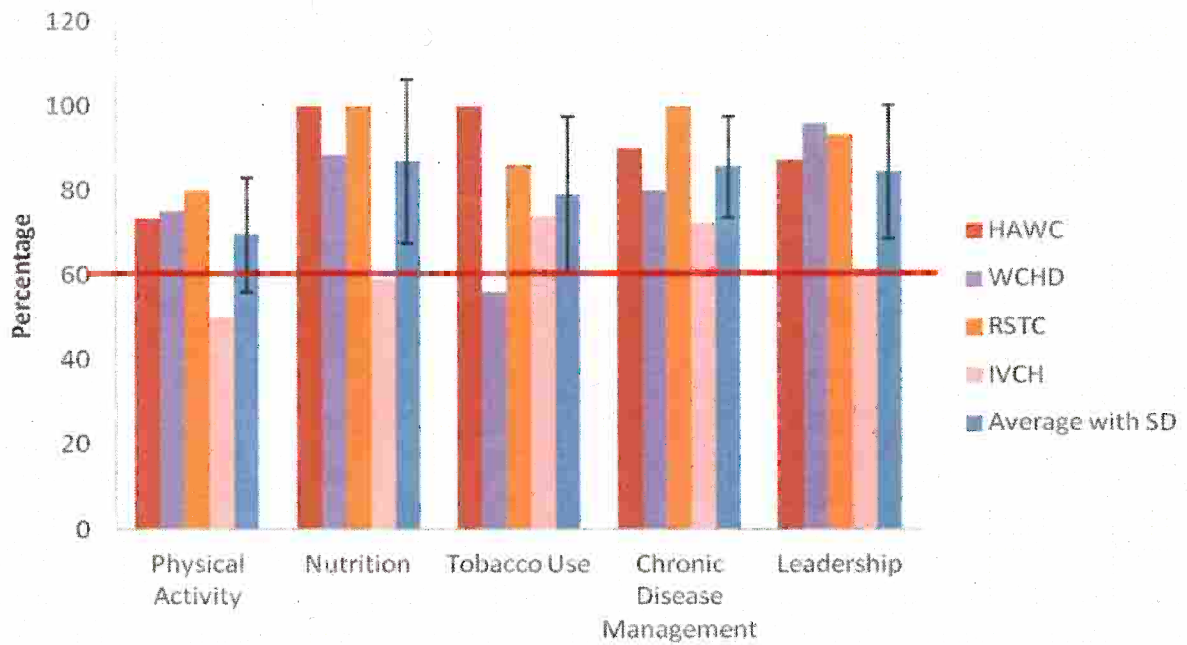
### Summary of Worksites Environment Y3



### Summary of Health Care Policy Y3



### Summary of Health Care Environment Y3





# Washoe County Health District

## ENVIRONMENTAL HEALTH SERVICES DIVISION



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

**DATE:** October 16, 2012

**TO:** District Board of Health Members

**FROM:** Robert O. Sack, Division Director, Environmental Health Services (EHS)

**SUBJECT:** Environmental Health Services Division Report for October 2012

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### Food Program

- Staff is currently permitting food establishments in child care centers. When serving a limited menu these food establishments are exempted from the food establishment construction and equipment requirements.
- Staff continues to investigate/manage gastro intestinal (GI) outbreaks at local elementary schools. We continue monitoring with the assistance of the CD program and actively manage others.
- Food regulations are being updated to bring before the DBOH sometime in spring of 2013.

### Land Development

- Environmentalists overseeing the Invasive Body Decoration (IBD) program have been asked by Placer County Environmental Health to let them ride-along to provide training in how we inspect tattoo and body piercing establishments. These have been scheduled for October 23-25. The IBD program is new for Placer County. Creating consistent requirements across jurisdictions will assist California artists in meeting regulations when coming to Reno for events such as Street Vibrations.
- The Safe Drinking Water Act (SDWA) staff has inspections of TMWA's facilities scheduled for four days later this month which will complete our annual water system inspections. For the first time, annual inspections include approximately 30 pump stations per year along with water storage tanks, wells, and treatment plants.

### Solid Waste/Special Events

- The Director continues to cover for the vacant Environmental Health Specialist Supervisor position. Interview questions were completed with HR collaboration. A panel, consisting of Washoe County and outside agency personnel, is scheduled to conduct initial interviews the week of October 22. Second interviews with the EHS Director and Health Officer will be scheduled sometime in November.

### **Vector-Borne Disease Program**

- The Nevada Department of Agriculture's Animal Disease laboratory confirmed a six-year-old feral horse in south Reno tested positive for West Nile Virus (WNV). This is the first positive WNV horse in Washoe County for 2012. After being notified, Vector conducted early morning fogging in the identified area of South Meadows, Mira Loma and Damonte Ranch.
- Because of a recent West Nile Virus neuroinvasive human case in Fallon, Vector offered surveillance trapping to the Churchill Mosquito and Weed Abatement District. This will extend the area of surveillance where the positive horse and human case occurred.
- Staff continues to sample and apply biological product to catch basins in the McQueen area, Arrow Creek, Stead and the older industrial area of Sparks off of Greg Street. Wide area surveillance trappings ended the week of October 8. Weekly adult collections in the New Jersey Light Traps have been reduced as the weather starts to cool down. Even though temperatures are cooling and our indexes are showing fewer adults in our surveillance collections, if you are outside in the evening and early morning hours, protect yourself with proper clothing and wear repellent.
- This year to date has seen the highest number of WNV cases in the nation since 2003.
- The Southeast Connector (Veterans Parkway) project will have a two phase approach per a recent RTC meeting. The first phase is to build a bridge over the Truckee River at Greg Street (\$45-50 million). The second phase is to build a six-lane road from Clean Water Way to South Meadows (\$55-68 million). The original plan of developing 20 acres of wetlands and realigning Steam Boat Creek north of Pembroke Drive has been removed, relieving Vector's concern of a properly designed proposal.
- Steamboat Creek will only be realigned from the Bella Vista Ranch (also known as the Butler Ranch) to Mira Loma Drive. With a new engineering firm in place, the RTC proposal will be resubmitted for review to the Army Corp of Engineers, State Regulators and the Washoe County Health District Vector-Borne Diseases Program.
- Vector staff collaborated with John Martini with the City of Sparks to pump the abandoned D'Andrea Golf Course pond at a cost of over \$8,000 to the city of Sparks. Staff treated this pond three times this year until algae covered the entire surface making pesticide applications impossible. The process took two and a half weeks.



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Robert O. Sack, Division Director  
Environmental Health Services Division



# WASHOE COUNTY HEALTH DISTRICT

## AIR QUALITY MANAGEMENT DIVISION



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

**Date:** October 16, 2012

**To:** District Board of Health *KD*

**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 September 2012 and includes the following sections:

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



# Director's Report SEPTEMBER 2012

## Electric Vehicles

A wrap was put on the AQM Nissan Leaf which was purchased earlier this year to promote the zero emissions clean air aspects of the vehicle as it is used by AQM personnel on local business travel in the community and at special events.

AQM participated in the national Plug In America Day event at Idlewild Park on Sunday September 23<sup>rd</sup>. AQM hosted an information table to provide information on the benefits of electric vehicles in reducing air pollution in our community. An electric vehicle charging station was also displayed. AQM provided rides to the public so they could experience and appreciate the performance of the vehicle in a "no sales environment." Others, including NV Energy, Nissan, and members of the public, provided opportunities for driving or riding in an electric vehicle as well. I participated in an interview with Travis Johnson of NV Energy on the KKOH Dan Mason Show on September 21<sup>st</sup> to promote the air quality benefits of electric vehicles and the event.



### AIR QUALITY COMPARISON FOR SEPTEMBER

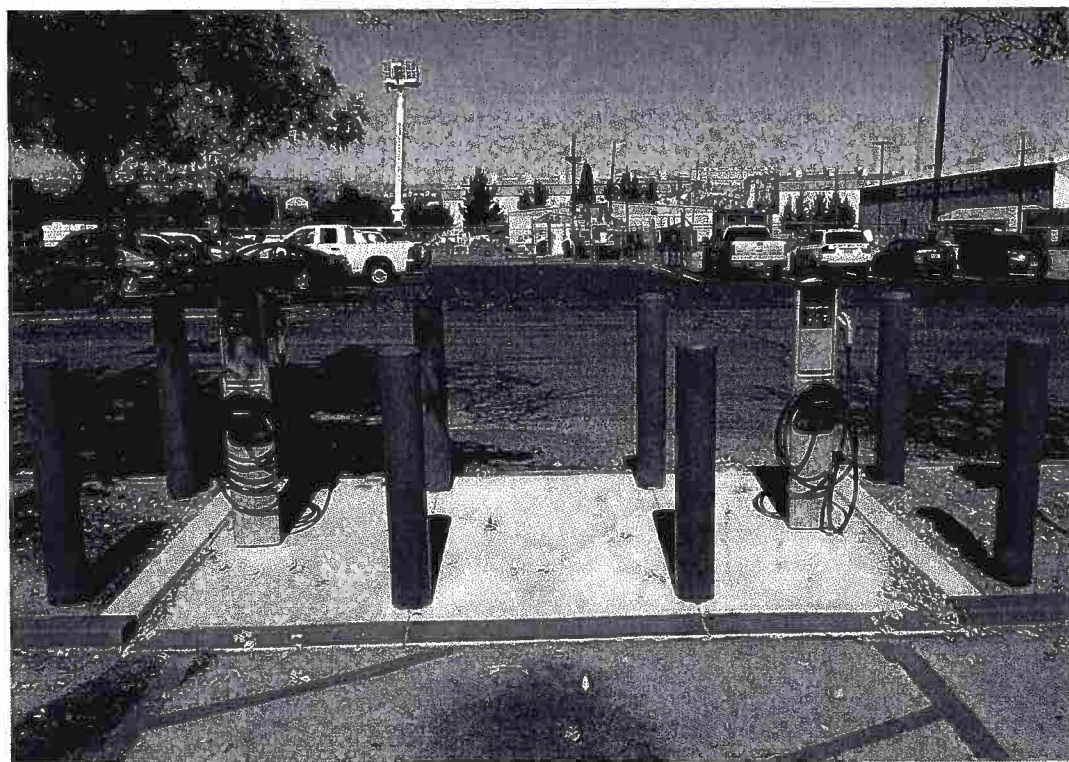
Air Quality Index Range		# OF DAYS SEPT 2012	# OF DAYS SEPT 2011
GOOD	0 to 50	24	27
MODERATE	51 to 100	6	3
UNHEALTHY FOR SENSITIVE GROUPS	101 to 150	0	0
UNHEALTHY	151 to 200	0	0
VERY UNHEALTHY	201 to 300	0	0
<b>TOTAL</b>		<b>30</b>	<b>30</b>

Two electric vehicle charging stations were installed at the County Complex behind the Health District Building B. The stations provide both 208 volt level two charging and 110 volt charging. The stations are part of the ChargePoint Network. ChargePoint monitors the station performance at 10 minute intervals, provides information on the location of the stations and their availability to the public, and also provides updates to individuals that are plugged in and charging vehicles at the station. A ChargePoint RFID card is required to activate the station. These are available for a nominal charge from the company.

AQM entered into a contract with VIA Motors to participate in their Beta vehicle testing program and receive a certified extended range electric vehicle when their vehicles are certified for distribution in the U.S. Under the terms of the agreement a Beta test vehicle is to be delivered to AQM by November 30<sup>th</sup>. The vehicle will then be replaced with an extended range electric van to be used for air monitoring station maintenance when U.S. certification is received.

The electric vehicle project activities were funded with grant monies received from U.S. EPA.

*Kevin Dick, Director*





HIGHEST AQI NUMBER BY POLLUTANT

Air Quality

POLLUTANT	SEPT 2012	YTD for 2012	SEPT 2011	Highest for 2011
CARBON MONOXIDE (CO)	12	25	11	39
OZONE 8 hour (O3)	67	104	51	114
PARTICULATES (PM <sub>2.5</sub> )	28	94	72	132
PARTICULATES (PM <sub>10</sub> )	43	74	39	88

For the month of September, the highest Air Quality Index (AQI) value reported was sixty-seven (67) for Ozone. There were no exceedances of Carbon Monoxide, PM2.5 or PM10. There were twenty-four (24) days the air quality was in the good range, and six (6) days the air quality was in the moderate range.

Planning & Monitoring Activity

Smoke Management

Staff attended a smoke management meeting at the United States Forest Service - Truckee Ranger District in preparation for the fall prescribed burn season. This meeting included representatives from the USFS, air quality management agencies, and the National Weather Service. The primary purposes of the meeting were to: 1) Improve each organization's smoke management program, and 2) improve communication between the organizations. Although the USFS prescribed burn projects occur in California, the smoke has the potential to impact the citizens of southern Washoe County.

Emissions Inventory

Staff is finalizing the 2011 periodic emissions inventory for presentation and possible adoption at the November DBOH meeting. The inventory is a comprehensive accounting of air pollutant emissions in Washoe County and is a required element in the State Implementation Plan.

*Dan Inouye, Branch Chief  
Planning and Monitoring*

Permitting Activity

TYPE OF PERMIT	2012		2011	
	SEPT	YTD	SEPT	ANNUAL TOTAL
Renewal of Existing Air Permits	105	1065	92	1215
New Authorities to Construct	4	66	10	82
Dust Control Permits	9 (75 acres)	84 (1183 acres)	4 (19 acres)	89 (796 acres)
Wood Stove Certificates	33	241	17	259
WS Dealers Affidavit of Sale	8 (4 replacements)	62 (37 replacements)	8 (5 replacements)	107 (69 replacements)
WS Notice of Exemptions	458 (3 stoves removed)	5479 (60 stoves removed)	256 (1 stoves removed)	5480 (51 stoves removed)
Asbestos Assessments and Asbestos Removal Notifications (NESHAP)	67	859	86	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-two (42) stationary source renewal inspections in September 2012. Staff also conducted inspections on asbestos removal and construction/dust projects.

Permitting & Enforcement Activity

The Enforcement Staff attended the annual Mine Safety & Health Administration (MSHA) Safety Refresher Course in Carson City. The annual refresher course is required by MSHA for anyone entering a mining or aggregate processing facility. Maintaining the annual safety certification enables the Air Quality Enforcement Staff to legally enter the permitted facilities to complete the required air quality inspections.

In preparation for new federal regulations expected to be finalized in December, the Permitting Staff sent a notification to all facilities that are currently operating stationary internal combustion engines to inform them of the National Emission Standards for Hazardous Air Pollutants (NESHAP) for Reciprocating Internal Combustion Engines (RICE Rule), 40 CFR Part 63, Subpart ZZZZ. EPA has issued new and amended rules addressing the emissions from the engines, which apply to the manufacturers, and the operation of the engines, which apply to our permitted facilities. An information request form was sent to all permitted facilities to gather information to determine the applicability of the regulations. Engines that were manufactured after 2006 may be subject to the RICE Rule and will need to have their existing permits to operate amended to include any new requirements. Most of the engines currently permitted are operated as emergency standby units so the only new requirement will be to have a non-resettable hour meter and document the hours of operation, which they have always done for permit renewal purposes anyway.

*Charlene Albee, Branch Chief  
Permitting & Enforcement*

Enforcement Activity

COMPLAINTS	2012*		2011		
	SEPT	YTD	SEPT	YTD	Annual Total
Asbestos	2	15	3	16	21
Burning	0	5	1	2	10
Construction Dust	4	28	5	49	59
Dust Control Permit	2	6	4	15	22
General Dust	2	36	0	0	0
Diesel Idling	3	7	0	2	3
Odor	0	7	4	15	17
Spray Painting	1	3	2	6	8
Permit to Operate	1	39	0	40	63
Woodstove	0	14	0	2	7
<b>TOTAL</b>	<b>15</b>	<b>160</b>	<b>19</b>	<b>148</b>	<b>210</b>
NOV'S	SEPT	YTD	SEPT	YTD	Annual Total
Warnings	4	38	0	31	55
Citations	1	25	1	7	9
<b>TOTAL</b>	<b>5</b>	<b>63</b>	<b>1</b>	<b>38</b>	<b>64</b>

\* Discrepancies in totals between monthly reports can occur because of data entry delays.

Notices of Violation (NOVs):

There were five (5) Notice of Violations (NOV's) issued in the month of September, 2012. There were four (4) NOV Warnings and one (1) NOV Citations.



# Washoe County Health District



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

October 25, 2012

**TO:** District Board of Health Members

**FROM:** Joseph P. Iser, MD, DrPH, MSc  
Washoe County District Health Officer

**SUBJECT:** October 2012 Washoe County District Health Officer Report

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## 2013 Legislative Session

- WCHD continues to coordinate with Washoe County, WCMS, NSMA, and others on legislative support issues.

## Budget

- The county has requested that all of their departments prepare 3-year Business Plans given current projections by November 2, 2012. We are working on completing this task. Finance will present these 3-Year forecasts to the Board of County Commissioners in December 2012. The Fiscal Year 14 budget calendar will begin at its regularly scheduled time. However, the District Board of Health budget meeting may need to be earlier.

## Human Resources

- Evaluations are back above the self-imposed threshold of 85%. We have refocused on completing Divisional evaluations back on schedule and up to date.
- We continue recruiting for open positions, including EPHP and EHS.
- Mr. Steve Kutz was offered the position of Division Director for CCHS and has accepted. His first day as DD was October 22.

## Communication

- DHO will continue to meet routinely or as needed with all partners.
- Responding to an invitation by the BCC, the DBOH and Reno City Council met with the BCC on October 18. An agenda item on this month's agenda reflects direction to us by DBOH following this meeting.
- We continue to work with St. Mary's and UNR on their effort to produce a more substantial data set, as reported to you previously, and it appears that Renown will be working with us in the near future on a unified report to be conducted every three years.
- We started the new Q&A forum "Ask.Joe" for District employees that will be similar to the Ask.Washoe forum is now open for all District employees. Staff will be able to ask questions anonymously for Division Directors, the DHO, or others to answer.

### Accreditation

- Internal accreditation meetings continue to occur.
- We will begin intermittent meetings and discussions to strengthen our applications next year for the CDC Public Health Prevention Specialist and the Public Health Associate Program.
- We plan to work closely with the students at UNR to match their goals with our needs for future PHPS and PHAP applications. DHO has concrete plans to meet with all MPH students during their first year to interest them in this opportunity.
- We have applied for a NACCHO grant to further accreditation activities.

### Washoe County and Community Activities

- DHO attended the REMSA Board of Directors meeting in October.
- DHO continues to meet regularly with the group looking at school-based health centers, led by WCSD and the oral health coalition.
- DHO met with four salaried fire chiefs regarding the EMS study.
- DHO met with Dr Jason Crawford of the UNR/SOM regarding residency rotations here at WCHD.
- WCHD is now working with the County and other agencies about sponsoring community gardens. We will bring this idea through the Food Policy Council and research grant opportunities.
- DHO continues to meet routinely with the Sheriff's Dispatch working group, and he was asked to take the lead on researching and reporting on EMD.

### State-Wide (and Beyond) Organizational Efforts

- We continue to meet at least quarterly with the other two local health authorities and the NSHD. The meetings set up with NSHD were cancelled by NSHD. We are working to reinstate these.
- DHO will work to continue broader discussions among border counties for other mutual aid and program effectiveness issues. These will primarily involve the health officers, with specific program representatives involved as appropriate.
- DHO met with CDC staff 10/15-17, paid for by CDC. He held specific personal discussions about immunization funding and chronic disease funding.
- DHO had a scheduled meeting with the Sheriffs and Chiefs Organization in Las Vegas, NV, 10/22/2012.

### Interjurisdictional Sharing of Resources

- WCHD, in collaboration with the NSHD and UNR-SOM and the seven rural counties to our east, applied for a Robert Wood Johnson grant to look at sharing of resources across jurisdictional lines. This two year grant would allow WCHD the resources to assist these other counties to review their current public health services and how they receive those services from the State. Some of these counties may want to contract with WCHD, others may want to continue working with the NSHD, and others may want to join or create their own Health Districts.

All seven counties provided letters of support, as did the NSHD, Ms. Simon, and Chairman Smith.

- Notification will occur in November.

District Board of Health Information and Resources

- We will discuss at this Board meeting proposals for and timing of the annual retreat.
- Health District Media Contacts and Outreach—please see attached.

*Joseph P. Iser MD, DrPH, MSc*

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Joseph P. Iser, MD, DrPH, MSc  
District Health Officer

**Health District Media Contacts: September 14 - October 15, 2012**

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
10/11/2012	KRXI-CH 21 FOX 11 Reno	Paul Nelson	Vector Control/Plague - Jeppson
10/10/2012	KOLO-CH8 ABC Reno	Terri Russell	Immunizations/HPV - Shore
10/9/2012	KKOH Radio - 780 AM	John Summers	West Nile - Ulibarri
10/8/2012	KRNV-CH 4 NBC Reno	Karen Griffin	Gasoline shortage/Oxygenated Fuel - Albee
10/4/2012	Reno Media Group (7 stations)	Connie Wray	Walk to School - Seals
10/3/2012	KRXI-CH 21 FOX 11 Reno	Anya Arechiga	Walk to School - Seals
10/1/2012	KOLO-CH8 ABC Reno	Rebecca Kitchen	Immunizations/Flu - Shore
9/28/2012	KRXI-CH 21 FOX 11 Reno	Matt Rosenberg	West Nile - Sack
9/29/2012	KTVN-CH 2 CBS Reno	Paul Nelson	West Nile - Sack
9/26/2012	KREN - CH 27 Univision	Raul Delgado	Immunizations/Flu - Kutz, Ulibarri
9/23/2012	KKOH Radio - 780 AM	Dan Mason	Air Quality - Dick
9/20/2012	KTVN-CH 2 CBS Reno	Chris Ciarlo	Immunizations/Flu - Shore
9/20/2012	KUNR - 88.7 FM Public Radio	Kate McGee	Obesity - Seals
9/20/2012	KREN - CH 27 Univision	Raul Delgado	Obesity - Seals
9/19/2012	KOLO-CH8 ABC Reno	Terri Russell	Obesity - Seals
9/19/2012	KRNV-CH 4 NBC Reno	Brett Hartman	Obesity - Seals
9/19/2012	KTVN-CH 2 CBS Reno	John Potter	Obesity - Seals
9/18/2012	KRXI-CH 21 FOX 11 Reno	Jaime Hayden	Obesity - Seals

Press Releases/Media Advisories/Editorials

10/3/2012	Media Distribution List	HE Alberti	Mosquito Abatement
9/27/2012	Media Distribution List	PIO Ulibarri	West Nile Virus in Horse
9/25/2012	Media Distribution List	PIO Ulibarri	Flu Shots Available
9/18/2012	Media Distribution List	PIO Ulibarri	Obesity Forum

Outreach/Presentations/Other

10/3/2012	Walk to School Day	DHO Iser and Ms. Seals	To encourage physical activity
10/3/2012	Chamber of Commerce	DHO Iser	Function and governance of WCHD
10/19/2012	Food Policy Council	DHO Iser	Health in All Policies