

Washoe County



MATT SMITH, Chairman
 KITTY JUNG, Vice Chairman
 GEORGE FURMAN, MD
 SHARON ZADRA

GEORGE HESS, MD
 DENIS HUMPHREYS, OD
 JULIA RATTI

KEVIN DICK
 Interim District Health Officer

LESLIE ADMIRAND
 Deputy District Attorney

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.washoecountv.us/health

MEETING NOTICE AND AGENDA

Washoe County District Board of Health

Date and Time of Meeting: Thursday, July 25, 2013, 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

All items numbered or lettered below are hereby designated **for possible action** as if the words “for possible action” were written next to each item (NRS 241.020). An item listed with asterisk (*) next to it is an item for which no action will be taken.

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	Mr. Flores
Public Comment	*3.	Public Comment (limited to three (3) minutes per person)	Mr. Smith
	4.	Approval/Deletions to Agenda for the July 25, 2013 Meeting	Mr. Smith
	5.	Approval/Additions/Deletions to the Minutes of the May 23, 2013 Regular Meeting and June 10, 2013 Concurrent Meeting	Mr. Smith
	*6.	Recognitions A. Introduction of new employee(s) – None. B. Years of Service – 1. Joan Sprau – CCHS – 10 years 2. Will Lumpkin – EHS – 5 years 3. Molly Diaz – AHO – 10 years C. Retirements – 1. Jerry Gaige – AQM – 12 years	Mr. Smith and Mr. Dick

Time	Agenda Item No.	Agenda Item	Presenter
	7.	Proclamations – None.	Mr. Smith and Mr. Dick
	8.	<p><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.</p> <p>A. <u>Air Quality Management Cases:</u></p> <ol style="list-style-type: none"> 1. Recommendation to Uphold Unappealed Citations to the Air Pollution Control Hearing Board: <ol style="list-style-type: none"> a. Go Mart – Case 1116, NOV 5238 1755 Sutro Street, Reno, NV 2. Recommendation of Cases Appealed to the Air Pollution Control Hearing Board. None. 3. Recommendation for Variance: None. <p>B. <u>Sewage, Wastewater & Sanitation Cases:</u> Recommendation to Approve Variance Case(s) Presented to the Sewage, Wastewater & Sanitation Hearing Board. None.</p> <p>C. <u>Budget Amendments / Interlocal Agreements:</u></p> <ol style="list-style-type: none"> 1. Proposed retroactive approval of the Interim District Health Officer’s acceptance of Subgrant Amendment #1 from the Nevada Department of Health and Human Services, Health Division for the period January 1, 2013 through December 31, 2013 in the amount of \$99,223, bringing total CY 2013 funding for the Immunization Program Grant (IOs 10028 & 10029), to \$198,446 	<p>Ms. Albee</p> <p>Ms. Cooke</p>
	9.	<u>Air Pollution Control Hearing Board Cases appealed to the District Board of Health.</u> None.	Ms. Albee
	10.	<p><u>Regional Emergency Medical Services Authority:</u></p> <ol style="list-style-type: none"> A. Review and Acceptance of the Operations and Financial Reports for June, 2013; and B. Update of REMSA’s Community Activities Since June, 2013 	Mr. Gubbels
	11.	Presentation, Discussion, and Possible Direction to Staff regarding Emergency Medical Services (“EMS”), Including Recommendations Contained in the TriData Report and Various Other EMS Studies	Dr. Todd
	12.	Presentation of Environmental Health Services Division Programs, Mandates, Fees – Activities and Mandates for the Waste Management Program	Mr. Sack

Time	Agenda Item No.	Agenda Item	Presenter
	13.	Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure Report for June, 2013	Ms. Stickney
	14.	Presentation, Discussion, and Possible Direction to Staff regarding Health Board Participation in a Public Health Study	Mr. Dick
	15.	Presentation, Discussion, and Possible Direction to Staff regarding a Fundamental Review	Mr. Dick
	16.	Proposed Approval of Out of Class Pay in the amount of \$132,520.96 (22%) for Mr. Kevin Dick, Interim District Health Officer Retroactive to April 26, 2013 and Until a Permanent District Health Officer is Appointed	Mr. Smith and Ms. Griffey
	*17.	<u>Staff Reports and Program Updates</u>	
		A. Director, Epidemiology and Public Health Preparedness Communicable Disease; Public Health Preparedness; Emergency Medical Services; and Vital Statistics	Dr. Todd
		B. Director, Community and Clinical Health Services Clinical Programs and Non-Communicable Disease Updates.	Mr. Kutz
		C. Director, Environmental Health Services Food Program; Land Development; Solid Waste / Special Events; and Vector-Borne Disease Program	Mr. Sack
		D. Acting Director, Air Quality Management Air Quality; Planning and Monitoring Activity; Permitting Activity; Compliance & Inspection Activity; and Permitting & Enforcement Activity	Mr. Inouye
		E. Administrative Health Services Officer AHSO agenda items are included in other agenda items	Ms. Stickney
		F. Interim District Health Officer REMSA / EMS, Fundamental Review, Nevada State Board of Health, NACCHO Conference, Health District Fees, Staffing, Permit Software Project, Cross Divisional Initiatives, Other Events and Activities, and Health District Media Contacts and Outreach	Mr. Dick
Board Comment	*18.	Limited to Announcements or Issues for Future Agendas	Mr. Smith
	19.	Emergency Items	Mr. Dick
Public Comment	*20.	Public Comment (limited to three (3) minutes per person). No action may be taken.	Mr. Smith
	21.	Adjournment	Mr. Smith

Business Impact Statement: A Business Impact Statement is available at the Washoe County Health District for those items denoted with a “\$.”

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.

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.

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.

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.”

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

Supporting materials are available to the public at the Washoe County Health District located at 1001 E. 9th Street, in Reno, Nevada. Mr. Bill Flores, Administrative Secretary to the District Board of Health is the person designated by the Washoe County District Board of Health to respond to requests for supporting materials. Mr. Flores is located at the Washoe County Health District and may be reached by telephone at (775) 328-2427 or by email at wflores@washoecounty.us. Supporting materials are also available at the Washoe County Health District Website www.washoecounty.us/health pursuant to the requirements of NRS 241.020.

Washoe County



Health District

**Washoe County District Board of Health
Meeting Minutes
May 23, 2013**

PRESENT: Mr. Matt Smith, Chairman, Councilwoman Zadra, Councilwoman Ratti, Dr. Hess, Dr. Furman, and Dr. Humphreys

ABSENT: Commissioner Jung

STAFF:

Leslie Admirand, Deputy District Attorney
 Kevin Dick, Interim District Health Officer
 Eileen Stickney, Administrative Health Services Officer, AHS
 Daniel Inouye, Acting Division Director, AQM
 Charlene Albee, Branch Enforcement Chief, AQM
 Steve Kutz, Division Director, CCHS
 Robert Sack, Division Director, EHS
 Randall Todd, DrPH, Division Director, EPHP
 Lori Cooke, Fiscal Compliance Officer, AHS
 Phil Ulibarri, Public Information Officer, AHS
 Steve Fisher, Department Computer Application Specialist, AHS
 Beverly Bayan, WIC Program Manager, AHS
 Patsy Buxton, Fiscal Compliance Officer, AHS
 Peggy F. O'Neill, Recording Secretary

Candy Hunter, PHN Supervisor, CCHS
 Jennifer Howell, Program Coordinator, CCHS
 Dave Boland, Senior Environmental Health Specialist, EHS
 Wes Rubio, Environmental Health Specialist, EHS
 Sara Dinga, Intern, EHS
 Jeff Whitesides, Public Health Preparedness Manager, EPHP
 Christina Conti, Public Health Preparedness Coordinator, EPHP
 Susanne Paulson, Epidemiologist, EPHP
 Stacey Akurosawa, EMS Coordinator, EPHP
 Heather Holmstadt, PHI, EPHP
 Megan McKinlay, PHI, EPHP
 Nicole Alberti, Health Educator I, EPHP
 Cindy Hawks, Office Support Specialist, EPHP
 Lei Chen, Senior Epidemiologist, EPHP

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
1:07 pm 1, 2	Meeting Called to Order, Pledge of Allegiance and Roll Call	Chairman Smith called the meeting to order, followed by the Pledge of Allegiance led by Councilwoman Zadra . Roll call was taken and a quorum noted.	
3.	Public Comment	None.	
4.	Approval / Deletions – Agenda – May 23, 2013	Chairman Smith called for any deletions to the Agenda of the May 23, 2013 DBOH Meeting.	Councilwoman Zadra moved, seconded by Councilwoman Ratti , that the May 23, 2013, Agenda be approved as presented. <u>MOTION CARRIED</u>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
5.	Approval/Additions/Deletions to the Minutes of the March 7, 2013 Special Budget Meeting and March 28, 2013 Regular Meeting	Chairman Smith called for any additions or corrections to the minutes of the March 7, 2013 Special Budget Meeting and March 28, 2013 Regular Meeting.	Dr. Humphreys moved, seconded by Dr. Hess , that the minutes of the March 7, 2013 Special Budget Meeting be approved as presented. Councilwoman Zadra moved, seconded by Councilwoman Ratti , that the minutes of the March 28, 2013 Regular Meeting be approved as presented. <u>MOTION CARRIED</u>
6.	Recognitions	Mr. Dick and Chairman Smith made the following recognitions: A. Introduction of new employee(s) – Sara McConnell-Dinga, Public Health Emergency Response Coordinator B. Promotions – None. C. Years of Service – None. D. Retirements – None. E. Recognitions – Candy Hunter - Lifetime Achievement Award at the 14 th Annual Nurse of Achievement Awards.	
7.	Proclamations	Proclamations – None.	
8.	Consent Agenda	A. <u>Air Quality Management Cases:</u> 1. Recommendation to Uphold Unappealed Citations to the Air Pollution Control Hearing Board: a. Spanish Springs Construction – Case No. 1115, NOV 5267, 2399 Valley Road, Reno, NV b. Spanish Springs Construction, Case No. 1117, NOV 5266, 2399 Valley Road, Reno, NV c. Eagle Crest Construction – Case 1118, NOV 5268, 11420 South Virginia Street, Reno, NV	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>2. Recommendation of Cases Appealed to the Air Pollution Control Hearing Board. None.</p> <p>3. Recommendation for Variance: None.</p> <p>B. <u>Sewage, Wastewater & Sanitation Cases:</u> Recommendation to Approve Variance Case(s) Presented to the Sewage, Wastewater & Sanitation Hearing Board. None.</p> <p>C. <u>Budget Amendments / Interlocal Agreements:</u></p> <p>1. Approval of Amendment #1 to the Interlocal Contract with the State of Nevada, Department of Motor Vehicles, for the DMV Excess Reserve Grant Program (IO 11001) to extend the contract period through June 30, 2014.</p> <p>D. <u>Proposed acceptance of the Washoe County Health District 2013 Legislative Session Report</u></p>	<p><u>ACTION ITEMS:</u> Letters to Spanish Springs Construction (2) and Eagle Crest Construction regarding fines and due dates.</p> <p>Dr. Hess moved, seconded by Councilwoman Zadra, that the Consent Agenda be approved as presented in a single motion.</p> <p><u>MOTION CARRIED</u></p>
9.	Air Pollution Control Hearing Board Cases Appealed to the District Board of Health.	There were no cases agendized this month.	
10.	<p><u>Regional Emergency Medical Services Authority:</u></p> <p>A. Review and Acceptance of the Operations and Financial Reports for April, 2013; and</p>	<p>Mr. Jim Gubbels, President of REMSA, reported that the DBOH members have been provided copies of the April 2013 Operations and Financial Reports; overall emergency response times for Priority One compliance was at 93%; Priority Two Compliance was at 98%; Priority One in the 8-minute zone was at 92%; the 15-minute zone was at 100%; and the 20-minute zone was at 100%. The overall average bill for air ambulance service to date is \$7,270 and overall average bill for ground ambulance services to date is \$1,028. For the year of 2012, there was a total of 90 times that Care Flight was requested for service, of that, 64 of the times, REMSA Ground was there. Care Flight was used as a sole responder 26 times, utilized two or three times at Winnemucca Ranch Road, which is out in Palomino Valley, another one was in Palomino Valley, Red Rock had two or three, East Washoe Lake had two or three, Cold Springs was in there, I-80 West at Tracy was there. So, again, the majority of these are number one, life-threatening, so they are Priority One calls. And, again, most of them are in our surrounding areas. Care Flight needs to be requested; therefore, if Highway Patrol is on the scene of a bad accident in the I-80 corridor, we will go ahead and launch for them, or if fire is on the</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
	<p>BOARD COMMENT</p> <p>B. Update of REMSA's Community Activities Since April, 2013</p>	<p>scene, then we will launch for them. An individual person cannot request it.</p> <p>Councilwoman Ratti expressed appreciation for the responsiveness to her inquiries. She confirmed with Mr. Gubbels that Care Flight as a first responder in an urban environment is extremely rare, one such flight so far in 2013 and no such flight in 2012</p> <p>Mr. Gubbels announced that this is National EMS Week. The company is having a BBQ and providing commendation awards. He is most proud of three or four awards that will be awarded to certain employees for supporting other employees as well as an award where an employee went above and beyond for a patient, assisting in the location of housing, ensuring they had some food, and even providing money for a prescription.</p>	<p>Councilwoman Ratti moved, seconded by Councilwoman Zadra, to accept the REMSA Operations and Financial Report for April 2013 as presented.</p> <p><u>MOTION CARRIED</u></p>
11.	<p>Presentation and Possible Approval of the Franchise Compliance Report for the Regional Emergency Medical Services Authority (REMSA) 7/1/11 through 6/30/12</p> <p>BOARD COMMENT</p>	<p>Stacey Akurosawa, Emergency Medical Services Coordinator, reported that staff recommends that the District Board of Health find REMSA in compliance with 31/31 of the performance requirements for Fiscal Year (FY) 12. She explained that before the board was the Franchise Compliance Report for REMSA for FY 12. Applicable excerpts from the franchise language are in italics followed by descriptions of findings in standard type. The report does not address discussions taking place with stakeholders regarding possible future changes to the franchise agreement but fulfills the requirement of the existing Franchise Item No. 26.</p> <p>Chairman Smith inquired about the survey with comparative organizations [market study] as noted in Item 5 of the Franchise Compliance Report which Ms. Akurosawa explained that the market study is performed by a contractor. Mr. Gubbels explained that the existing language in the Franchise Agreement calls for a RFP or competitive bid every 7 years. In 2010, a market study was done. This market study was performed by 15 associates who compared REMSA to 19 other organizations, ambulance organizations, and they looked at over 40 different criteria. Criteria included everything from equipment to staff to billing to maintenance. This is the largest market study ever done in the United States. Multiple agencies were involved with the interest of comparison and using the findings within each of their communities.</p> <p>Councilwoman Ratti inquired about the contract shows an end date of June 30, 2012 yet it is May, 2013.</p> <p>Ms. Akurosawa explained that there are two pieces to it; financials are done and then the independent audit. This causes a time delay.</p>	<p>Dr. Hess moved, seconded by Councilwoman Zadra, to accept the REMSA Franchise Compliance Report for FY 2012 as presented.</p> <p><u>MOTION CARRIED</u></p>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
12.	Presentation, Discussion, and Possible Direction to Staff regarding Emergency Medical Services (“EMS”), Including Recommendations Contained in the TriData Report and Various Other EMS Studies.	<p>Dr. Todd reported that this report is a product of the EMS Working Group which consists of the County Manager, the two City Managers, and the District Health Officer, along with their invited support staff. Dr. Todd, Ms. Akurosawa, and REMSA have been attending these meetings recently as well. There has been some progress, including a meeting this morning of which I will update you verbally. The group met on May 9th and again today [May 23rd]. The first item discussed was a point of disagreement over the use of 800MHz radio systems. Most of public safety uses them. REMSA is on the UHF system. There are very good arguments as to why REMSA should stay on UHF. There are very good arguments by public safety as to why they should use communication in MHz. In today’s meeting, REMSA reported that there is some talk on their board of possibly adding 800MHz radio capability with the condition that Homeland Security grant funding be obtained to purchase this expensive equipment. It would cost somewhere around \$1.5 Million to purchase these radio systems. There is a need for REMSA to retain its existing UHF system, because it is a national standard for EMS. Some of the surrounding counties, which provide mutual aid, are still on UHF, and there is a need for REMSA to be able to communicate with them as well. Dr. Todd pointed out that the other update on the second page of his written report discusses the data working group that was developed. It was discussed at the EMS working group that once they get Computer Aided Dispatch (CAD) to CAD linkages, they will have the ability to work the data in a combined fashion and answer several questions that they cannot answer right now. They are probably at least two years away before there is an upgraded CAD system in the 911 dispatch center, and there will be a period of time before they can link that system with REMSA CAD. Dr. Todd volunteered to utilize his statistician to head up that working group. They met for the first time; each of the fire agencies designated someone to attend this. They met on May 20th and identified some goals and questions that they would like answered once they have a combined dataset. The working group would like to know if within a geographic area if there are response times that are suboptimal. They want to know Fire and REMSA response times to know which component in certain areas needs to be tweaked to get there. They made some good progress. Everybody at the table expressed willingness to share their data. They actually have a little bit of the data already coming in. They have outlined a 7-step work plan which was shared with the group this morning. They presented about a 3-month estimated timeline to complete this. Dr. Todd mentioned one item that he explained was still a little bit contentious; there are response agencies on the EMS Working Group, who would very much like to be able get data files back. The problem is that that data is under HIPAA protection once the Health District has it. For example, there are ambulance calls with addresses that make</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
	<p>BOARD COMMENT</p>	<p>the information personally identifiable. The District can share the information in aggregate form and analyzed form, which he is happy to do, but staff has to stop short of that. Some agencies don't believe that; therefore, staff has requested that the Deputy District Attorney provide an opinion and carry that request forward.</p> <p>Chairman Smith asked if there are ways that the data can be redacted.</p> <p>Dr. Todd responded that staff needs the address at this point in order to have a unique identifier along with date and time. Once it is identified in a response zone, yes, it can be redacted.</p> <p>Chairman Smith asked Deputy District Attorney Leslie Admirand if she could provide an opinion on HIPAA and corresponding redactions.</p> <p>Deputy District Attorney Leslie Admirand advised that she has provided opinion via e-mail and agreed to the request.</p> <p>Councilwoman Zadra asked about if we have really considered the best system or simply what system is most widely used.</p> <p>Dr. Todd explained that there is a desire for standardization, and right now the public safety standard is 800MHz. Is that the optimal? No. The system is moving forward where in the not-so-distant future data may be able to be transferred over radio waves. This is doable now on certain technologies. He thinks that the District is going to see radio systems develop rapidly where much more data can be transmitted. He believes REMSA is also looking towards the future. At some point, it would be desirable if public safety and emergency medical responders were on a more interoperable basis.</p> <p>Councilwoman Zadra wanted to know if discussions have taken place regarding timeframes for implementing such a system and if three years is too soon.</p> <p>Dr. Todd explained that there have been robust discussions related to this effort but that he is unable to provide such a timeframe.</p> <p>Councilwoman Zadra asked what will be the contentious items for the upcoming joint meeting.</p> <p>Dr. Todd explained that City Manager Carey has taken Tri-Data recommendation and placed into broad categories, he has further subdivided the Tri-Data Recommendations within those categories on</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>things where we already have concurrence and things which still need to be negotiated. The attempt of the joint meeting is to update the elected boards on their progress under dispatch, their progress under the franchise, and where do they still need to do some work. He does not anticipate that it will be a contentious meeting with the structure being setup.</p> <p>Mr. Dick explained that Mr. Carey provided a draft document which has been distributed at the dais. It is draft, but if the Board sees any issues, please contact Dr. Todd. The intention is to use this as framework for discussion at the concurrent meeting. The joint meeting is on June 10th at 8:30am at the County Chambers.</p> <p>Dr. Todd pointed out that there is a need to finalize the agenda. There is a deadline by Tuesday of next week [May 28th] and staff is open to input.</p> <p>Mr. Dick added that there is a meeting being organized for June 3rd with the City Managers, County Manager, and the Health District, along with legal counsel.</p> <p>Dr. Hess asked a question about the exchange of data.</p> <p>Mr. Gubbels explained that there is a workaround by using the Health Department as it is a covered entity; REMSA is a covered entity; whereas, fire departments are not. Therefore, they really do not have to abide by federal law, but the District does. Within HIPAA, being a covered entity, there is a public health exception; the District can turn over information with certain exemptions.</p> <p>Dr. Todd explained staff can aggregate the data so that it is no longer identifiable, and then that data can go back out to interested parties. Dr. Todd believes that under circumstance of an immediate incident, Fire and REMSA can exchange data to take care of the patient. After the fact, the exchange of data then becomes problematic under HIPAA.</p> <p>Councilwoman Ratti added that her understanding of why these entities desire to obtain the data is for planning purposes. Therefore, we want data as fresh and relevant as it can possibly be so that we can see trends when we are under constrained resources and having to make really challenging decisions. The data point we are missing right now is where there is an overlap in service, so that we can make a better decision what fire station may be a better candidate for lesser service as maybe that is where REMSA service is most prompt and another station may need more service where REMSA is least prompt.</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>Dr. Todd explained that there is a difference in opinion amongst fire agencies in how much they want to put out there in real time. Some of them will tell you every call. Other fire agencies have said that they do not want to do that as it would bring in the looters after the fire is out.</p> <p>Chairman Smith added that it is great to hear that the EMS Working Group is active, moving forward, and all involved parties are sitting at the table. This is going to allow for efficiencies within the system so that each partner is going to be able to look at what they need to do, what they can do, but the bottom line is that the public will be better served.</p>	<p>Councilwoman Zadra moved, seconded by Councilwoman Ratti, to accept the report.</p> <p><u>MOTION CARRIED</u></p>
13.	<p><u>PUBLIC HEARING:</u> Proposed Approval and Adoption of the Well Construction Regulations, as amended.</p>	<p>Wes Rubio of Environmental Health Services provided the presentation. Mr. Rubio explained that the purpose of these amendments is to provide clarification of the existing regulations, add some additional definitions, incorporate portions of the regulations with the Sewage, Wastewater and Sanitation Hearing board, the SWS Board, and to remove some of the regulations that are just not possible to regulate. The revised Well Construction Regulations are intended to provide the minimum requirements to be followed by any licensed well driller when performing well construction activities within Washoe County. The initial revision to these regulations was made at the March 28, 2013 board meeting, and it was to address a single inconsistency between the Nevada Administrative Code and the Washoe County Health District Well Regulations. The current revisions encompass a complete review of the well regulations as are seen today. The regulations are geared toward protecting the public health and through good construction practices, the future water resources necessary to promote a healthy community and environment for all persons within Washoe County. Therefore, staff is recommending approval and adoption of these regulations as presented.</p> <p>There are two well regulations in Nevada: the State of Nevada and Washoe County. A couple of the changes address inconsistencies between those regulations mostly within setback requirements to septic systems, well spacing, etc. He noted that Washoe County regulations were actually more restrictive than the state requirements; the state would overrule the County in those cases. Some of the other requirements were simply fixing language, making it a little more open-ended, so that staff could work better with the well construction community, with the licensed well drillers, and to have a little more open-ended well regulation so that they can deal with new technologies as they come forth and provide that better service to the consumer.</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>Chairman Smith opened the public hearing and asked for any public comment. There was no public comment.</p>	<p>Dr. Hess moved, seconded by Dr. Humphreys, to approve and adopt the Well Construction Regulations, a amended.</p> <p><u>MOTION CARRIED</u></p>
14.	<p><u>PUBLIC HEARING:</u> Proposed Approval and Adoption of the Sewage, Wastewater, and Sanitation Regulations, as amended.</p>	<p>Dave Boland, Senior Environmental Health Specialist, made himself available for any questions. He explained that Mr. Rubio had just explained similar reasoning for changes with well construction regulations and updating some of the language. There were some items over the years where clarification had been requested as well as some items requested for consideration and changes. This is a culmination of those changes that staff has made.</p> <p>Chairman Smith opened the public hearing and asked for any public comment. There was no public comment.</p>	<p>Dr. Humphreys moved, seconded by Dr. Hess, to approve and adopt the Sewage, Wastewater, and Sanitation Regulations, a amended.</p> <p><u>MOTION CARRIED</u></p>
15.	<p>Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure Report for April, 2013</p> <p>Board Comment</p>	<p>Eileen Stickney, Administrative Health Services Officer, presented the Monthly Public Health Fund Revenue and Expenditure Report for April 2013, stating that Staff recommends the Board accept the report. Staff is developing some financial indicators to communicate to the Board of Health on the fiscal condition.</p> <p>Dr. Humphreys appreciated the efforts on these reports.</p>	<p>Councilwoman Ratti moved, seconded by Councilwoman Zadra, to accept the Health Fund Revenue and Expenditure Report for April, 2013.</p> <p><u>MOTION CARRIED</u></p>
16.	<p>Consideration of contracting with an appropriate national organization for a public health fundamental review of the Washoe County Health District, with a proposed budget of \$80,000</p>	<p>Mr. Dick explained that this is an item that was pulled from the prior month's agenda. Since then, he has met with Division Directors and Supervisors to discuss this item. Staff understands the importance of the fundamental review. He has been in contact with the National Association of County and City Health Officials (NACCHO), the premier national organization representing and working with health districts in organization and program performance. In fact, that is a track at their national conference that is coming up in July, which he hopes to attend. The recommendation is that the Board allow staff to proceed with working with NACCHO to establish a contract to conduct a fundamental review of the health district. Mr. Dick noted that when he met with Commissioner Jung, she had requested that the scope of that review include looking at the composition of the Board of Health shall the Board decide to consider that.</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
	<p>Board Comment</p>	<p>Councilwoman Zadra commented that we should be as thorough as we can be. Obviously, times have changed. We are allocating the resources; therefore, we should get a complete review and information.</p> <p>Chairman Smith questioned how does this fair with the funds that we do have available, and where will it come from.</p> <p>Mr. Dick explained that this is an additional piece that falls on the budget but added that they anticipate generating savings from what is budgeted due to vacant positions during the year that allow a realization in budget savings. One of the things he is working on doing is trying to have people thinking about public health expenditures as an investment versus a cost. He thinks that this is an important investment for the health district to be able to come up with this information to help the District in moving forward as well as possibly justifying the budget revenue that is required for supporting a good, functioning health district.</p> <p>Chairman Smith commented that we have talked about the structure for several years now, and I think it is a critical study to be done. One of the concerns we have been watching over the last several years is the long-term sustainability of the health district. We realize that we are reaching a point of no return, if you want to think about it like that, and we are going to have to do something about that. I think NACCHO is obviously a very well-qualified entity to take on this study. They have done this type of study in many communities, so I think they could give us a very good picture of what needs to be done to allow us to move forward and achieve that long-term sustainability.</p> <p>Dr. Hess commented that we should not just rely on the hope that someone is going to retire but plan for at least a portion of that when we budget for next year. My experience, going through accreditation every 7 years, and we need to plan ahead for the cost or we could get ourselves in some trouble.</p> <p>Mr. Dick explained that staff is seeking approval of a contract of up to \$80,000 and so hopefully they can come in lighter on that number. He will work with Ms. Stickney to identify where they can come up with those dollars in the budget.</p> <p>Dr. Hess believes that we don't need to come up with the entire amount but more of a down payment.</p> <p>Councilwoman Ratti agrees with the addition of a review of the board structure and governance. She questioned how the operation works with</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>NACCHO as in do they have a field of full-time consultants or do they sub-contract with folks.</p> <p>Mr. Dick could not provide a solid answer, but it is his understanding that they have some consultants that they know work with health districts. He will bring back details on what it will look like.</p> <p>Councilwoman Ratti commented to jump on the concern of Dr. Hess, we have asked the District Health Officer to manage some pretty significant adjustments in budgets based on the discussion last month. She is confident that the DHO is fully aware of the fiscal matters and challenges and that they will be reporting back. It would be helpful to receive a report on the overall health of the District.</p>	<p>Councilwoman Zadra moved, seconded by Councilwoman Ratti, to authorize the District Health Officer initiate a contract up to \$80,000 for the review and analysis.</p> <p><u>MOTION CARRIED</u></p>
17.	<p><u>Staff Reports and Program Updates</u></p> <p>A. <u>Director – Epidemiology and Public Health Preparedness</u></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 that in addition to his report, he has been contacted by the California health authorities about a case of Tick Bourne Elapsing Fever. This is not the first time that the District has had cases of this fever, but the cases they have had were rather severe. This comes from a tick bite, usually ticks entering the home. It is called relapsing fever, because you get an illness, get better, relapse, and can have several bouts of this over time. It is a treatable condition although it gets very serious when the patient develops A.R.D.S. No indication that this 6 year old has developed A.R.D.S., but staff will be taking a look at this. It looks like the area of exposure was just on the Nevada side of the California-Nevada Border up at the Lake, and that is where the District's cases have typically been. Dr. Todd questioned what it is about the Tahoe Basin that the Elapsing Fever becomes quite severe as compared to other parts of the country. It is difficult to diagnose as it is the cousin of the organism that causes Lyme Disease, but the District typically do not have the vector that causes Lyme Disease on this side of the mountain.</p>	
	<p>B. <u>Director – Community and Clinical Health Services</u></p>	<p>Mr. Steve Kutz, Director, Community and Clinical Health Services, presented his monthly Division Director's Report, a copy of which was placed on file for the record.</p>	
	<p>C. <u>Director – Environmental Health Services</u></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</p>	

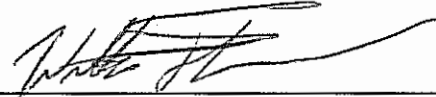
TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>the record.</p> <p>In your information, you have a report on bed bugs, which is heard about in hotels and motels, but they have now crossed the line and have been found in hospitals.</p> <p>Dr. Humphreys wondered why bed bugs have become so common.</p> <p>Mr. Sack explained that the main reason is due to pesticide resistance. It takes professionals to really work on them.</p>	
	<p>D. <u>Director – Air Quality Management</u></p>	<p>Mr. Daniel Inouye, Interim Division Director, Air Quality Management, presented the monthly Division Director’s Report, a copy of which was placed on file for the record.</p> <p>Mr. Inouye added that Air Quality has been promoting biking to school and the work activities all month. Some of the outreach includes proclamations by local entities and also Keep It Clean Rack ‘Em Up Program.</p> <p>The other item Washoe County is expected to receive an EPA settlement agreement in the amount of \$157,000 to replace 197 older wood burning stoves in Reno-Sparks area, administered by the UNR Business Environmental Program and is expected to be rolled out in the Summer or Fall of this year.</p>	
	<p>E. <u>Administrative Health Services Officer</u></p>	<p>The Administrative Health Services Officer’s Reports for this month were addressed in other agenda items.</p>	
	<p>F. <u>District Health Officer</u></p>	<p>Mr. Dick, Interim District Health Officer, presented the monthly District Health Officer Report, a copy of which was placed on file for the record.</p> <p>Mr. Dick expressed appreciation to the Board for meeting with him in order to receive some of their ideas individually as well as feedback. He has spent the month wrapping up and getting briefings from the Division Directors. He highlighted that the fee revisions were adopted last month with the 25% cap applied. There is an e-mail provided to the Board explaining what that means as far as an overall increase in fees. The anticipated overall increase in fees expected from the FY 14 fee revisions adopted at the April 2013 DBOH meeting is \$148,500 or 8.5% increase. Also, he reported out on the budget meeting held on May 7th with both of the City Managers and the County Manager. This was the 2nd budget meeting. In his report, there is a series of pie charts showing what the composition of staffing for the health district looks like with the 2014 budget versus what it was back in 2003. The full-time employee part of the pie</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>(blue piece) has shrunk, as has the part-time employee piece of the pie, and they have had more and more of the people who work for the Health District as intermittent-hourly and temporary employees. This is a structural change over those years to basically be able to provide more services at a lower cost for those employees. Staff has also looked at what has happened to the District's FTEs over that period. The District has had a decrease of FTEs over that period of about 17.3%. The Board of County Commissioners meeting on the 14th reported from 2008 that the Health District has experienced a 26.45% reduction versus the County's 21% reduction over the same period. The FY 14 budget is roughly equivalent to the funding amount The District received in 2004, and the staffing levels are roughly equivalent to District staffing back in 1993.</p> <p>Councilwoman Zadra was curious if the County 21% reduction figure was all-inclusive, including Courts, Sheriff, and Health District.</p> <p>Mr. Dick commented that he will report back.</p> <p>Dr. Hess commented that he is thoroughly impressed by the job [staff] has continued to do.</p>	
18.	Board Comment – Limited to Announcements or Issues for Future Agendas	None.	
19.	Emergency Items	None.	
20.	Public Comment	<p>Phil Ulibarri, Public Information Officer, announced the winners of the Rack 'Em Up Contest fairest bike racks were 1st Place: Whitehead Elementary School; 2nd Place: Westergard Elementary School; and 3rd Place: Dunn Elementary School. The schools with the best decorated bike racks were 1st Place: Cold Springs Elementary School; 2nd Place: Incline Elementary School; and 3rd Place: Mendive Middle School.</p>	
21.	Motion to Adjourn	There being no further business to come before the Board, the meeting was adjourned.	<p>Councilwoman Ratti, moved, seconded by Dr. Hess, that the meeting be adjourned.</p> <p><u>MOTION CARRIED</u> The meeting was adjourned at 2:35 p.m.</p>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
----------------	------------------	------------	--------



KEVIN DICK,
INTERIM DISTRICT HEALTH OFFICER



WILLIAM FLORES,
RECORDING SECRETARY

Washoe County



Health District

Washoe County District Board of Health Concurrent Meeting Minutes June 10, 2013

PRESENT: Chair Matt Smith, Dr. George Hess, Dr. George Furman, Commissioner Kitty Jung, Council Member Sharon Zadra, Dr. Denis Humphreys, and Council Member Julia Ratti

ABSENT: None.

STAFF:

Leslie Admirand, Deputy District Attorney
Kevin Dick, Interim District Health Officer
Robert Sack, Division Director, EHS
Peggy F. O'Neill, Recording Secretary

Randall Todd, DrPH, Division Director, EPHP
Phil Ulibarri, Public Information Officer, AHS
Stacey Akurosawa, EMS Coordinator, EPHP

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
8:32 am 1, 2	Call to Order; Salute to the Flag; Roll Call	Mr. Cashell led the pledge of allegiance.	
3.	Approval of the Agenda – Consideration of taking items out of sequence, deleting items, and adding items which require action upon a finding that an emergency exists (FOR POSSIBLE ACTION)	Board of County Commissioners (BCC) Chair Humke called for any deletions to the Agenda of the June 10, 2013 Concurrent Meeting.	<p>Dr. Humphreys moved, seconded by Commissioner Jung, that the June 10, 2013, Agenda be approved as presented.</p> <p><u>MOTION CARRIED</u></p> <p><i>The motion was also approved by the Board of County Commissioners, Reno City Council, and Sparks City Council.</i></p>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
2.1	Public Comment	<p>Jeffrey Church introduced himself as a property owner in unincorporated Washoe County as well as within the City of Reno. He explained that he would like to comment on emergency response and public safety. He explained the currently Reno has refused automatic aid to Washoe County. He added that people will die. He explained that within the City of Reno, the closest fire station to Boomtown and to many of the south schools are Truckee Meadows Fire Protection District units often staffed by paramedics, yet they will not be dispatched to any medical emergencies or accidents within the City of Reno. Likewise, within the County, even if City of Reno units are closer, they will not be sent, as the County goes to the County and City to City. He added that the needs of our community and the needs of our children are being disregarded. He explained that FEMA awarded a major grant to RFD / TMFPD for over \$13 Million for automatic aid and service to 6,000 square miles of Washoe and Reno. It was one of the top awards nationwide, and clearly, it would not have been awarded if it had been solely for the 100 square mile of the City of Reno. He pointed out that he had the grant application with him shall there be any doubt. He urged Washoe County to look closely at the grants and to seek legal input. He believes that strong action is required by the Commission on behalf of its citizens. He added that the City of Reno could be exposing itself to liability if they refuse automatic and mutual aid to respond to incidents in the County in accordance with the safer grants. In reviewing the staff reports, agendas, minutes, and watching the meetings, he is concerned that Reno may have intentionally failed to disclose to the public and Washoe County officials that these were joint RFD / Truckee Meadows grants to serve Countywide. He explained that he did not find any mention of the requirements or the Truckee Meadows Fire Protection District aspect in any agenda, staff report, etc. Upon review of the various grant applications with conflicting dates, he thinks it is clear that the grant was to provide service to the 6,000 square miles of Washoe County, 325,000 population, Reno only having about 225,000, 116 volunteers, Reno has none, 32 stations, enlisted coverage included, and Sparks if you are listening, Airport N86 in Spanish Springs, just the other side of Sparks, includes automatic aid, North County coverage, and many of entities located within the City of Sparks. He explained that FEMA noted in writing that Reno "Agreed to adhere to the requirements if awarded." He added that those requirements referenced Countywide. For Sparks, he explained, they indicated that they would cover 22 high rise buildings, 8 casinos, 5 hospitals (which includes Sparks), 23 health care facilities, 1 international airport, Stead Airport, the Spanish Springs Airport, Interstate 80 and 395 corridor.</p> <p>Katy Simon, Washoe County Manager, expressed appreciation, including on behalf of Chief Moore, to everyone who pitched in on the lightning storms and fires the day prior. She noted that Reno Fire, Sparks Fire, North Lake Tahoe Fire Protection District, Central Lyon, East Fork, North Lyon, Tahoe-Douglas, Mason Valley, Storey, Bureau of Land Management, U.S. Forest Service all helped out, and they wanted to thank each of them today.</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>City of Sparks Mayor Geno Martini presented a proclamation to County Manager Simon as this is her last concurrent meeting and declared June 10th, 2013 as Katy Simon Day.</p>	
4.	<p>Presentation, discussion and potential direction to staff regarding an update and status report of the EMS Working Group, including the progress on previous direction related to recommendations from the 2012 TriData Emergency Medical Systems Analysis Final Report (FOR POSSIBLE ACTION)</p>	<p>Shaun Carey, City of Sparks City Manager, explained that the EMS Working Group has been working diligently since January to implement the TriData study to the best of their abilities. Since that time, they have conducted 7 very effective meetings in taking the 38 recommendation of the TriData study and looking at them, allowing each agency to provide input to them, directly representing their issues, and then working to find those that we can agree upon and find a path for implementation. He is pleased to report that much of that work has been done, and many of the TriData areas will be implemented by your staff in coming months at various levels of government where appropriate. They do, however, have issues which require negotiation. They have met in good faith, with all parties being fairly represented, without attorneys in the room, to find common ground wherever possible. Today, they would like to provide an update on the three top priorities as determined by the working group to be the most important for seeking change in our emergency medical system. He explained that the emergency medical system currently in place is an effective program in Washoe County. He added that REMSA has been a good provider for many years, the stewardship of the Health Department has been good and effective, and the public safety agencies that surround them have always been focusing on good outcomes. What was pointed out in the TriData study were opportunities to improve a good system and take it forward to serve the future. He believes that this is the important thing to keep in mind today as these governing bodies consider providing the working group direction, setting a platform for the future. The interlocal agreement that established the Health Department was done to place an emphasis on public health, and we did place the responsibility for oversight of ambulance services within the Health Department. They subsequently entered into a franchise agreement, and it is that franchise agreement which provides the path and direction for all of the services that have been provided by REMSA for these many years. It is one of the top priorities for the working group to look at. Inside your staff report, you will find a series of color-coded pages which provide you an issue matrix. The top priority, as determined by your three managers, from Reno, Sparks, and Washoe County, was in fact to reopen the franchise agreement, to bring it forward in a way that would set a platform for future services. Page 1 of 30 contains the Managers' comments. They believe that the franchise agreement is at the heart of creating a positive future with REMSA as the service provider. The District Health Officer's comments were taken directly into this document. REMSA comments are there as well. There are three different opinions, but they believe continued negotiations and directions to move forward to find a path on the franchise agreement is very important and continues to be the number one issue to tackle. You have three</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>alternatives that make sense for you to consider. 1. Have the working group move forward to develop a scope of work in contractual requirements for a long-term contract with REMSA; 2. Move to modify the current franchise agreement, different than a contract which would have an end, scope of work, and performance measures; or 3. Continue to maintain the framework of the current franchise agreement. You can see the status listed, and the direction of the managers is to move forward with a scope of work.</p> <p>Kevin Dick, Interim District Health Officer, followed up on his remarks contained within the packets. He explained that Mr. Carey has been accurate in reflecting his opinion. Mr. Dick believes that at this point the working group has set down a path to meet with REMSA and the other responders as well as the three jurisdictions to discuss how we can move forward to improve overall EMS services in the community. He does not think at this point that they have fully explored all of the implications that would be involved in moving from a franchise agreement with REMSA to a contractual agreement for ambulance services. There are a number of factors that need to be considered which have not been fully identified to informed decision making at this point. He does agree that we should continue to work with REMSA and with the other EMS agencies to determine how we can best structure our programs.</p> <p>Jim Gubbels, President of REMSA, explained that currently we do have a franchise agreement that was formed for a purpose. Prior to 1986, we had three private ambulance companies in town. There was really no oversight of the services whatsoever. Two of them had filed for Chapter 11, and we did have a crisis going on in our community. That is why that franchise agreement was started with an exclusive provider to provide reliable service to our community. That is what has happened over the past 23 years is we do have a reliable ambulance service to serve this community. He does believe that it makes sense to take that franchise agreement, which is performance-based and has the oversight of the District Board of Health (DBOH), and throw it out to start out with a new contract which we have seen what those pieces of that contract would be. He believes it makes sense to work with it in the existing agreement or contract, modify where they need to be modified, where that will improve patient care. That is the support he has from the REMSA Board that they are willing to look at issues within the current franchise, that can improve patient care in our community, and they are willing to move forward in making those necessary changes. He does believe that Dr. Cohen as stated very clearly that we do have a good service in our community. He explained that Dr. Cohen also ranked clinical care for both REMSA and North Lake Tahoe Fire Protection District are above the criteria national performance levels. He explained that it does not make sense to throw it all out and start over with something that we do not even know exactly is within that type of contractual arrangement. He encourages the voting bodies to move forward with the commitment of the REMSA Board to do modifications where those</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>exist and move forward with that aspect of this recommendation.</p> <p>Mr. Carey, added in summary that he thinks the managers believe the question is effective governance. He explained that under the current franchise agreement, so many of the issues involving the County, the City of Reno, and the City of Sparks, do not have an appropriate path to resolution. In the current franchise agreement, as it sits within the health department, the managers believe that empowerment is necessary at the local government level for the leaders that have gathered here today to leap forward into the future. What happens in the EMS component of our overall public safety programs much be communicated, must have standards, and must be ready to reflect the changes which have already occurred in our communities and which will occur in the future. That is why the managers have come together in the need for transparency, accountability, and governance, and made this strong recommendation that we move to explore a scope of work to bring back a contractual relationship. Mr. Carey added that Jim is right in that we have not written a scope of work. In this first phase of the project, what the managers have determined is that the position we are in today does not deal with governance, does not deal with transparency, and does not deal with accountability, nor frankly, does it deal with change within our jurisdiction. He explained that it is on that basis that they made that recommendation. They would like the working group working in a direction that would move forward this issue, one we should not fall back from.</p> <p>Reno City Council Member Oscar Delgado advised that it is not entirely clear to him what issues and problems they are trying to resolve with the contract versus revision of the franchise agreement, why revision of the franchise agreement would not achieve the same effect.</p> <p>Mr. Carey explained that in a structural sense, the relationship between the Health Board and REMSA are of concern, because it is very difficult for public safety changes within each of the individual communities to lead to change of how a component of the public safety system works. For example, in Mr. Carey's system, where they grew rapidly into the Spanish Springs Valley, they did not have fire resources early in that development, nor did they have the services that would have been within the franchise serving that area. The way the contract is written, the oversight is done on the whole region, not looking at their specific jurisdiction. The unique ability of Sparks to provide its fire service, its fire service and dispatch were compromised, because their leadership did not have a path to create change. He added that a similar example would probably be found in the south part of Reno today where you have densities which require urban firefighting, you have suburban densities which require a different level of service. That's the question of governance: that ability for local government officials, who are elected to serve and lead this public safety mission, for them to be able to have a path for change. Mr. Carey explained</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>that inside of our franchise agreement, that opportunity has not been successful. It is not that there has not been an effective medical system. As we move forward, costs will become even greater, and public officials need to be freed up to make decisions to serve the future and not be hamstrung by something that exists on this level. All of the managers share a great concern over transparency. It needs to be transparent to a common person looking at a common organization to understand this service is being provided. This is essentially a monopoly operating under a modified public utility model. That model is used very infrequently. It has been the early research by managers that would say a contract without a term, a franchise without a term, are not good governance. They believe centrally to the issue you must have performance standards and a place where that contract has an end date. That is a place in time when good service can be rewarded by an extension, services can be modified to fit the current conditions, but it has led to the inability for this contract to come to an end. The Managers believe that can be solved in that matter.</p> <p>Mr. Delgado asked if Mr. Carey and team had discussed doing that within the franchise, because it seemed to him that that could also be modified.</p> <p>Mr. Carey answered by explaining that he has avoided legal at this point in the negotiation in order for managers to dive in and find alternatives and solutions. There will be contracts, franchises, and legal work that will need to be done. When the three managers look at the current structure of this franchise agreement, they were unanimous that it is time for change. The number one priority is the desire to improve patient care. It has got to be done cost effectively, it got to represent the geographics, the land uses, the concentrations of calls for service, and it has to be done in a way that serves this path forward.</p> <p>Commissioner Marsha Berkbigler having negotiated previous franchise agreements, she knows that franchises can be open, can have termination dates, they can have governance issues. All of those things can be added to the structure of the franchise. She continues to have some concerns about why we would throw out an entire document that has been effective. She explained that there is no question that we have good service but also no question that some things need to be changed.</p> <p>Mr. Carey responded by agreeing that those are very valid points that the franchise agreement can be changed and is an option listed as an alternative for consideration.</p> <p>Sparks City Council Member Ron Smith asked Mr. Gubbels if he is willing to look at and change the existing contract but just wants to go through the process until we get to that point.</p> <p>Mr. Gubbels agreed and explained that if there are changes within the existing</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>franchise that they are willing to make those changes. He explained that REMSA is regional and they do have different response zones for different areas and densities within the community. He explained that he is not opposed to looking at their zones and mapping and looking at changing them. He proposed having response standards for everyone, Sparks, Truckee Meadows, Reno, place on the map, find out where there are gaps, and then collectively decide how each area can be served differently.</p> <p>Sparks City Council Member Julia Ratti expressed how thrilled she is with the progress has been made and thanked all of the stakeholders at the table. She feels that they are starting to have meaningful, substantive conversations about how do we get to a better overall EMS system, not just focused on REMSA and the franchise agreement but focused across the entire system. She expressed her concern for governance and less concerned whether they call it a contract or franchise. She believes if we start with the current franchise agreement, it is going to have to be modified significantly to meet everything that has been discussed thus far. She asked Mr. Carey if there is any meaningful structural difference between the word “franchise” or the word “contract.”</p> <p>Mr. Carey explained that there is a very big difference. A franchise is a commitment to serve a service area which gives and empowers somebody to do rate setting and to do all of the activities required to bring the resources, provide the services, incur the costs, and to do that without competition. In the case of a contract, that is something you would use to design for any public service. For example, with Sparks street sweeping, we chose a portion of our agency, we wrote a scope of work for a specific period of time, and they bid on it, and we got specific costs. The services were known, the service area was known, and the costs were known. The Public Utilities Commission in Nevada regulates most of Nevada’s publically operating utilities. It is a process which has statewide implications. The use of franchises in this particular setting is very, very rare. When the managers look out to the alliance for innovation, the ICMA, the International Association of Fire Chiefs, we find most of the agencies are having these services provided by contracts with a more definitive scope of work and can be adjusted in a more governed sense than a franchise.</p> <p>Board of County Commissioners Chair David Humke mentioned Councilwoman Ratti’s comments regarding a franchise agreement just being a contract to which he explained that Mr. Carey had clarified that it is much more. He questioned if the essential problem is that there is not a commission in place for the REMSA franchise similar to a public utilities commission.</p> <p>Mr. Carey agreed and added that there is a franchise which is a franchise between the DBOH and REMSA and their service providers. It was an agreement entered into many years ago and has provided good results, but the challenges of governance are</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>present.</p> <p>Chair Humke added that with all due respect, REMSA is not producing a good result largely to the unincorporated areas, and that is what we need to work on.</p> <p>Chair Humke commented that there was reference to no attorneys in this process to which he added that when he thinks of governance, he looks to attorneys.</p> <p>Chair Humke asked Mr. Lipparelli since the franchise agreement does not have an end date, and therefore no method of renewal, as renewal is automatic, is there any termination provision.</p> <p>Mr. Lipparelli explained that there are termination provisions, but these provisions are for cause. The performance has to be so poor that the contract is terminated for failure to perform. There are also cure provisions which give the franchisee the opportunity to cure any deficiencies; there would have to be almost a catastrophic failure of the system in order to call it quits.</p> <p>Chair Humke clarified that if performance under the franchise agreement in a County Commissioner's viewpoint is not great, that does not rise to the level of catastrophic.</p> <p>Mr. Lipparelli responded that this would probably not rise to that level, but even if there are things that the franchisor, the DBOH and its community partners, are dissatisfied with, the first step would be to put the franchisee on notice and provide the opportunity for cure.</p> <p>Chair Humke explained what Mr. Lipparelli talked about in the catastrophic situation would likely be litigation which Chair Humke stated he was not advocating. He added that he does not think there is any person in the room that wishes litigation to fix the franchise agreement. He explained that there is the opportunity, as he found within the 30-page document, for a second franchise agreement which he may have interest for the unincorporated areas in Washoe County. He asked if we could modify the franchise agreement to allow the negotiation of a second franchise agreement.</p> <p>Mr. Lipparelli believes that you could design a different structure for service, but it would take the franchisee agreeing to it rather than unilaterally dictated by the franchisor.</p> <p>Chair Humke added that there is not currently any serious oversight, regulation and control over the franchisee. He explained that he is trying to find the possibilities in terms of governance of how we do this. He asked if it was possible to renegotiate the franchise agreement.</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>Mr. Lipparelli responded that, yes, it is possible.</p> <p>Chair Humke asked if it was also possible, as per Commissioner Berkbigler, to do modifications to add certain governance and other regulatory authority.</p> <p>Mr. Lipparelli responded that it is possible with agreement of the parties.</p> <p>DBOH Chair Matt Smith commented that one of the issues pointed out is the governance. However, when this was established, he explained, it was given to the DBOH, because it is the medical agency which oversees that. Given that, regarding governance, he added that it was given by the cities and the County to the DBOH. If there is a desire for changes to the franchise agreement, he stated, he has been on the Board for quite some time and has not seen a formal letter from any of the cities or the County asking them to change anything within the franchise agreement. He continued to explain that the agencies do have the government power but have given it to the Board. Therefore, if the agencies ask the DBOH to look at the franchise agreement, he believes that they have an obligation to look at it, but they have not formally been asked.</p> <p>Mr. Carey replied that with all respect, when Washoe County Commission initiated the TriData study, and they came forward with 38 recommendations, that was a very loud call for change. He believes that the County Commissioners in taking that step of leadership were looking for dramatic changes. He added that it is not disputed that EMS is the practice of medicine outside of the hospital, but what is disputed is that it is part of a public safety system that is not transparent, does not have accountability to local governments, and has impossible to change by any one of the local governments. There are elected officials that sit on the Board of which Mr. Carey said he could identify three who have tried that were unable to find a consensus at the DBOH to make change, and that was to bring in change necessary for the City of Sparks when their 911 center is getting the call that our services can be provided in an integrated and seamless manner. He added that Mr. Salerno tried, Mr. Smith tried, and Julia Ratti tried. It is very important that the Health Department hear the words that came from the TriData study and the recommendations that were made in October to move forward to make change in this area.</p> <p>DBOH Chair Smith replied that he sat right there and was asked if he was willing to look at the TriData report and that is exactly what we are doing. He thinks the Health Department has their ears open, and if there are necessary changes and it betters the system, he is all for it.</p> <p>Mr. Carey replied that they would not doubt that and that the Board has been</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>represented well in the process, at the table on the working group through the District's leadership without question. He does believe that we need to change for the future to bring in this important issue of governance for elected officials who are making a much broader public safety decision.</p> <p>DBOH Chair Smith added that all of the entities have now provided the Health Department with data, and we are currently going through that but do not yet have results. He explained that they are still in the same position as before and wants to see the results so that all of the elected officials can look at it and see where the problem really is. He believes that there are some problems with the franchise agreement, and he thinks that they are willing to change a lot of things.</p> <p>Mr. Carey expressed appreciation for the Health Department and Washoe County providing a statistician to start the work of data which will provide a foundation, looking at things by jurisdiction, looking where performance can be changed, and do that together. He explained that the DBOH leadership in that area is much appreciated.</p> <p>Commissioner Hartung followed up on Chairman Smith's question by asking if REMSA has provided the data needed to study the response times.</p> <p>Mr .Carey yielded to Dr. Randall Todd to answer the question.</p> <p>Commissioner Hartung further explained that he knows of couple of example in Spanish Springs where it has taken REMSA over half of an hour to respond. He added that it is not a consistent issue but nonetheless has occurred in at least two separate instances.</p> <p>Dr. Todd responded that they do have REMSA response time data which they have always had as the Health District does receive the data on a monthly basis. They analyze the data statistically. REMSA does 100% sampling on their data and reports that monthly to the DBOH. Staff in the Health District corroborates that report by conducting statistical analysis on a sample of their response data. They draw that sample randomly, and the District has a nurse who actually goes down to REMSA, listens to the tape recording of those calls, determines if they have been appropriately prioritized, notes the time they start the call, the time that they report that they arrived at the scene, and compares that to the standards that have been set. He believes the question perhaps needs to be a bit broader. That is do we have similar data from the other response agencies, and that is something that the EMS Working Group looked at just a few weeks ago. They determined that they do not have a way of looking at this from a system-wide perspective. They have talked about the need for Computer Aided Dispatch (CAD) and linking those systems so that they can answer those kinds</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>of questions but is going take a couple years before they have that technology. The interim solution that the working group came up with, and Mr. Carey alluded to this, was having each of the response agencies provide data to the health district. One of the problems is in matching, for example, a Reno fire response call or a Truckee Meadows fire response call to a REMSA response call, because there is no common identifier. However, the District's statistician is able to look at this and conclude if it is the same data, time, and address, then it is probably the same time. They have asked each of the response agencies to provide one month's worth of data so that they could test their ability to do this. He reported that they have successfully matched data between REMSA and Reno Fire. They have the data from the other response entities and are currently working on that. This will allow them to begin answering questions, such as what is REMSA's response times within fire response zones and vice versa. Perhaps, even more importantly, what is the overall response time from anywhere in our community from the time someone dials 911 until someone is there to help. Each agency has different response standards and different definitions of when they start the clock and when they stop the clock, but by combining this data, they hope to slide these timelines where they can be viewed as one record. Although it is more difficult in its current form, they did not want to wait for the CAD to CAD solution to answer some of these questions. Their work plan right now is that once they have matched up one month's worth of data, they will ask the entities for a larger set of data. In regards, to the specific example in Spanish Springs, Dr. Todd was unable to comment as he does not know the priority of the calls or anything else about them at this time.</p> <p>Commissioner Hartung responded to Dr. Todd by asking if he recommends as in TriData's Recommendation No. 2, found on page 17 of 30, that there be a common incident number be instituted.</p> <p>Dr. Todd responded that one of the things they had noted when they began to work with real data, it is time-consuming and labor-intensive to do this matching. It may seem that this would be easy, matching the same date, time and address, but entities may input addresses, for example, spelled out or abbreviated, causing the computer to look at this data as separate. Therefore, it takes human intervention to get these records to match. At the last EMS Working Group, as they were presenting some of their early efforts at data matching, the suggestion was made that they at least explore whether or not the 911 Dispatch Center could assign some sort of identifier that would be conveyed to the responding agencies and added to their respective databases that would allow them to link these much more easily.</p> <p>Commissioner Hartung asked if the typical length of a franchise agreement is known.</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>Mr. Lipparelli responded that he did not know the typical length but did explain that franchise agreements are often utility-specific, and, as Jim said, they need to capture a period where someone could make a large investment, have a rate of return on that investment, and generally show stable return on that investment to folks who may be shareholders. In that case of this franchise agreement, REMSA has made investments to serve an effective system. He added that we need to be cognizant of where they are, their assets and liabilities, and that would be part of a common franchise agreement.</p> <p>Commissioner Hartung asked Mr. Gubbels if he uses vendors for service or goods.</p> <p>Mr. Gubbels responded that REMSA does use vendors to purchase goods, such as medical supplies.</p> <p>Commissioner Hartung asked if REMSA has an agreement with any of its vendors which has lasted more than 20 years that they have never revisited.</p> <p>Mr. Gubbels responded that he not aware of any agreement meeting that criteria.</p> <p>Sparks City Council Member Schmitt commented that he is receiving very mixed signals on the contract and wanted to clarify that the original franchise agreement was in place for 20 years based upon return on investment.</p> <p>Mr. Gubbels answered the question in the affirmative explaining that the term was originally from 1986 to 2006, renewed each year thereafter.</p> <p>Mr. Schmitt continued to ask about the clause within the franchise agreement and if that was back in 1986 when the clause was put on that said that the contract basically did not end, that it required REMSA approval to eliminate the franchise agreement.</p> <p>Mr. Gubbels believes that is correct.</p> <p>Mr. Schmitt questioned if indeed that contract cannot end without REMSA's consent.</p> <p>Mr. Gubbels noted in addition to ending with REMSA's consent, it could end if REMSA defaults on the performance criteria within the franchise agreement.</p> <p>Mr. Schmitt questioned then why have 20 years in the agreement but did not expect an answer due to the length of time since the agreement was written. He added that he is getting mixed signals as some have said that the contract can be changed while Mr. Gubbels also noted a 20-year term and that he was willing to go back and look at a 10-year or specified time franchise agreement. He then asked Mr. Gubbels if he</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>was willing to look at a specified time that truly at the end of the 10 years, the franchise agreement ends.</p> <p>Mr. Gubbels replied that they are certainly willing to look at that, but he added that it has not been proposed.</p> <p>Mr. Schmitt questioned if Mr. Gubbels is willing to work for the citizens of Washoe County for 10 years and renegotiate a contract where citizens can go ahead and have a say at that time.</p> <p>Mr. Gubbels believes the answer would be yes, but again, he has a REMSA Board.</p> <p>Mr. Schmitt asked if there was anybody present who was involved when the franchise agreement started in 1986. He also questioned if in 1986 there was any elected official or employees of any municipality that could have been part that was on the receiving end of this contract who was actually employed by REMSA or a partner of REMSA, either the non-profit or profit side.</p> <p>Mr. Gubbels responded that he did not think so, but he was not involved with REMSA in 1986; he was working for Washoe Medical Center in 1986.</p> <p>Mr. Schmitt explained that it is very important in today's transparency of government that someone clearly answers that question and tells the citizens that no elected official or no employee of a municipality was involved in the other side of that agreement.</p> <p>Mr. Gubbels mentioned that he knew that it was all started by a blue ribbon commission, and there were certainly community leaders on that commission that started the franchise.</p> <p>Mr. Schmitt furthered his questioning to ask if anyone received funds that could have voted for that agreement.</p> <p>Mr. Gubbels explained that he could not answer that question.</p> <p>Mr. Schmitt continued to explain that Mr. Smith's comments took him off guard here, and he wants to make sure that they are very clear, as far as the City of Sparks side of things, what it is that the District Board of Health wants from them to be able to move forward, such as a formal demand letter pointing out the issues out there.</p> <p>DBOH Chair Matt Smith explained that if the City of Sparks wants to send a letter, the DBOH will take a look at it. He continued that the DBOH has representatives that</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>have concerns about REMSA, and they have talked about it and gone through a working group and shown these representatives about how the franchise agreement works and how REMSA works. He explained where they are right now is with the TriData report. It is out there, they are looking at it, working with the agencies, and if there are going to be some changes, this is where it is going to happen. He does not know if a demand letter is necessary at this point, because they have a working group that is coming up with recommendations from everyone's input.</p> <p>Mr. Schmitt responded that he has had representatives who have talked about this issue for 10 years. Therefore, he wants to make clear what is being asked of the City of Sparks.</p> <p>DBOH Board Member Dr. Hess commented that he has only been on the DBOH for two (2) years and therefore wanted to know exactly what it is that Mr. Schmitt is so incensed about.</p> <p>Mr. Schmitt responded by explaining that he is not incensed about it; it is about transparency to the citizens since we cannot change anything inside the franchise agreement without both parties agreeing to it. He explained that when you have an agreement that you can never break, it never sunsets no matter what you do, it takes a catastrophe to go ahead and break that agreement, that is an issue that needs to be resolved. The discussion has been going on for 10 years, and he explained that this is the first time he has heard that there needs to be a formal demand letter. He asked again if the City of Sparks needs to write a formal demand letter to ask the DBOH to look at this problem and resolve this issue.</p> <p>Board of County Commissioners Vice Chair Bonnie Weber directed her question to Mr. Carey. She explained that she had not heard him say that the working group suggested that they move to not change the franchise agreement but basically start over and move to a contract type. She requested to make it simple that yes, we want to break the franchise agreement, because she could not find this in any of the documents with the working group.</p> <p>Mr. Carey replied that the statement is contained on page 1 of 30, after the continuation of consideration of the alternatives. It states that "the City and County Managers recommend the region move to a contractual agreement." He explained both Jim and Kevin have both stated today that they believe that there is room to work within the franchise agreement, and that is why there are three alternatives to consider. It is the collective, unanimous decision of the managers that we do need to move to a contractual arrangement.</p> <p>Ms. Weber sought clarification that the contractual arrangements could be included in</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>the franchise agreement.</p> <p>Mr. Carey said he would need to consider Ms. Weber's question in consultation with attorneys, but he said he will get back to her with that information.</p> <p>Ms. Weber added that she knows we need transparency, we need the governance and accountability, but she explained that it does not sounds like it could work with what they have right now with the franchise agreement. It seems to her that it would be easier to start over, but she was unsure whether or not that was what Mr. Carey, on behalf of the managers, was saying.</p> <p>Mr. Carey responded by saying that he thinks that is what they are saying to honor the position of REMSA in our community, to begin to negotiate with them a contract, which includes transparency, governance, and the ability of local government leaders to integrate this completely into public safety. As they are providing a great service, we want to have something that has an end date, has a contract, has transparency, has accountability, and, most importantly, governance for those that are elected.</p> <p>Mr. Dick added that this is not a recommendation coming directly from the EMS Working Group. The portion with the comments was not shared with the EMS Working Group; therefore, while there are members of the EMS Working Group who support this, this is a recommendation of the managers.</p> <p>Ms. Weber commented that since they are managers, she takes their opinions and their work very seriously and appreciate that as well as the other members of the working group.</p> <p>Reno City Council Member and DBOH Board Member Sharon Zadra directed comments to Mr. Carey confirming that he had expressed that the model we use is somewhat rare. She asked if he had requested REMSA to date specific improvements that would make operations similar, even though it is still a franchise, to the more standard operations, and if so, what is the progress.</p> <p>Mr. Carey responded that they had not reached that point yet. They are collecting scopes of work and contracts from other part of the Western United States in order to build their understanding of potential elements. They have received them from San Joaquin County, King County area, and the Clark County area. They think that is a framework that they needed to absorb first and then engage in the conversation with REMSA about the scope of work could be. That is a work in progress that they are deliberately addressing and can provide answers subsequent to that work being done.</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>Ms. Zadra wanted to confirm that she was clear in her understanding that they know there are changes need, but those changes have not yet been expressed to REMSA to see if they can even step up to the plate.</p> <p>Mr. Carey responded with the affirmative.</p> <p>Ms. Zadra commented that it could be a mantra of semantics. She continued by adding that they have a franchise versus a contract in another locale but questioned if they could possibly achieve the same end game.</p> <p>Mr. Carey responded by saying that they will take her question of “could” and make sure that do their work to answer that question. He added that the working group needs to weigh in on her direct question.</p> <p>Ms. Zadra commented that they understand that there are some new players at the table. There is at least a change in the representative from the Health Department, Kevin has probably been attending for two or three meetings, and the same has occurred at REMSA. She asked if there is a sense of any change in attitude or involvement in the working group and the information being shared.</p> <p>Mr, Carey responded that Mr. Gubbels has been remarkable in his leadership. He is factual, honest, putting challenges on the table, and he is very pleased with his participation. He is representing REMSA well, and he is put across the types of challenges that they as managers want to dive into so that elected representatives can have recommendations which will be successful. In the case of the Health Department, he continued, they have had an unbroken leadership. Randall Todd has been at every meeting, along with Stacey, Dr. Iser, when he was available, and now Kevin. He said that his working relationship with Kevin shows that he is up to speed and up to the task of leading on this issue, diving right in.</p> <p>Ms. Zadra explained that the DBOH agreed in the last few weeks that they need to conduct an extensive operational audit from governance to execution of the service areas. She asked Mr. Dick for confirmation of this statement and that a scope is being put together that what specifics need to be placed in that audit.</p> <p>Mr. Dick confirmed and added that they are working on developing a scope and in discussions with an organization to conduct that fundamental review. They are looking for a top to bottom review of the Health District operations. He believes the EMS oversight will be a portion of that; they are really looking for all of the recommendations that they can receive to consider how they move forward.</p> <p>Ms. Zadra asked Mr. Dick if he has asked the working group for points that it sees</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>necessary to be included in the audit.</p> <p>Mr. Dick responded that they have not asked, but they would be happy to do so. They have a meeting coming up on Friday. If Mr. Carey can assist with having that on the agenda, we can put it on there.</p> <p>Ms. Zadra asked about when recommendations may come back.</p> <p>Mr. Dick responded that he currently does not have a timeline. He is envisioning that it will be months down the road for somebody to come in, be up to speed, and be able to explore this and provide recommendations. It is probably closer to a six month process to get the recommendations.</p> <p>Andrew Clinger, Reno City Manager, responded to the question about why the managers had not asked Mr. Gubbels for the changes. He pointed out that on page 28 in their packets is a letter that the three managers sent back on April 10th that did ask for the changes.</p> <p>Ms. Zadra emphasized that the Health Department is evaluating its entire structure through this audit. She believes that the recommendation that has been heard from a couple of members, Ms. Berkbigler in particular, is that they continue working with the working group for this critical analysis, and evaluation needs to be with all partners at the table with REMSA continuing to be the EMS provider. To make a change without understanding the total ability with the current partners, she added, is over presumptuous and has no reflection on the absolute demand and need for transparency. She does not believe there is anyone of them who does not recognize that. She heard at the last Health Board meeting that information was being shared for the first time that members had not previously received. She thinks that is a positive beginning with some of these new partners. She added that she is new to the Board, but she thinks there is certainly recognition that there are some corrections that are needed with the Board ready to make those corrections.</p> <p>Reno City Council Member Neoma Jardon stated that she is not necessarily so concerned with how we got here but more interested in where we are getting from this point forward. She is confirmed that Mr. Gubbels is in agreement with modifications to the franchise agreement. She explained that while the ultimate document may be vastly different than what we have now, the bones of it are valuable as a starting point. She asked if they do choose to modify the franchise agreement, and it says provide transparency and accountability to the cities and the County, is this being defined and equally applied to all emergency services.</p> <p>Mr. Carey responded that in the area of transparency, if that is the route taken, very</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>clearly deliberated in standard placed put into the franchise agreement to address that. In terms of services, that is an area where we would also latch onto that, deliberate from the working group, and bring back recommendations.</p> <p>Ms. Jardon clarified that the working group would be involved in defining those transparencies and accountabilities.</p> <p>Mr. Carey answered in the affirmative.</p> <p>Ms. Jardon also inquired about the timeline on the CAD to CAD that has already been agreed upon to move forward,</p> <p>Mr. Carey explained that Sheriff Haley will be the best person to answer that question.</p> <p>Reno City Council Member Jenny Brekhus stated that on the April 10 letter, the managers state to Mr. Gubbels to please “embrace the change and continue to come to the table to negotiate a franchise agreement.” Today, two months later, the recommendations of the managers is that we go to a contract model. She requested confirmation of this recommendation, asked why this change in two months time, and if it is envisioned that each contract would be a separately negotiated and executed document between each jurisdiction.</p> <p>Mr. Carey first answered that he believes it would be envisioned to be one contract. The TriData report recommends an EMS oversight agency, and that is one piece of the discussion that has not yet received a lot of time. Once they get into that discussion, he believes they will get further along. Part of the reason for the change, as they have done more research, is that it really represents best practices. He referred to Council Member Ratti’s comments in summing it up to not get hung up in what you call the document. The most important thing is the outcomes that they lay out and what the policy makers want to see come out of the document. He does not want to get hung up on whether you call it a franchise or a contract. There definitely are differences, but you can certainly build into a franchise agreement the same protections you can build into a contract.</p> <p>Ms. Brekhus added that if they are inclined to not go with the recommendation of the contract model but work through the franchise that they have, along the District Attorney’s comments in the cure, could the TriData report be folded into the deficiencies cure and work from there.</p> <p>Mr. Carey agreed and explained that the TriData recommendations is the framework from which they have been approaching this effort. As seen within that packets provide, agreement has been reached on most of those recommendations. There are</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>just a few remaining where negotiation with REMSA is necessary.</p> <p>Ms. Brekhus clarified that a possible action today, if they are disinclined to go with the contract model, is to say those areas where they have not been able to come to agreement with REMSA, drop those into the cure provisions of the franchise agreement and go forward.</p> <p>Mr. Carey agreed that that is one possible path that the policy makers could take.</p> <p>Ms. Berkgigler directed a question towards Mr. Lipparelli regarding if the franchise has an evergreen clause that cannot be terminated, unless agreement is reached with REMSA, we cannot do a contract unless we find them in violation of the contract which she thinks it has been made clear to today that they are not.</p> <p>Mr. Lipparelli believes the easiest way to get there is through agreement with the franchisee. Whether there is a desire to continue in the franchise model or rearrange it into a service contract of some different type, it is still going take the agreement of the franchisee to get that done through negotiation. There are potentially other legal avenues which everyone has thus far wanted to avoid talking about. Legal can present an array of those options if so desired, but he believes that focus thus far has been on trying to negotiate the solution.</p> <p>Ms. Berkgigler responded that it is certainly not her desire to go to war here or go to litigation or disagreement. That is what their shirts (tee shirts worn by the DBOH, Commissioners and City Council Member) are about; they work together as a team. Ms. Berkgigler wanted to clarify that it is a concern for her. If we support the agreement of the managers and we support our managers' opinions without questions. However, if we support that, we still have to reach some kind of agreement with REMS, because they do have an evergreen clause in the franchise.</p> <p>Mr. Lipparelli agreed except for the things that have already been discussed, which are that for cause and failures as Ms. Berkgigler's question stated, we do not have the facts for that.</p> <p>Mr. Hartung wanted to piggyback on Ms. Berkgigler's comments, and questioned if we can request REMSA to make a change and they resist on impasse, what is our recourse.</p> <p>Mr. Lipparelli responded that it is a problem that we do not have a process within the existing structure to work through impasse. The civil court system exists to resolve civil disputes between parties. As much as folks do not like to think of it as a possibility, litigation does sometimes solve problems. It takes a long time, it is</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>expensive, sometimes there is collateral damage, but it does solve problems.</p> <p>Mr. Carey added that he is not suggesting that we take a litigious viewpoint and seek action through the courts. He asked Mr. Gubbels about his comments on page 5 of 30 where he stated that the committee and REMSA believes that emergency medical service is the practice of medicine, so REMSA is practicing the first stage of emergency medicine.</p> <p>Mr. Gubbels agreed and added that that is why they are under the governance of their medical director, and, again, they report to those doctors in each and every hospital when they deliver that care and pass that care off to those emergency physicians when patients are delivered.</p> <p>Mr. Carey noted that those emergency physicians are vendors within the community asked Mr. Gubbels if he would consider himself a vendor as well.</p> <p>Mr. Gubbels responded that REMSA provides those services as a franchise. He pointed out that word "vendor" is not in the franchise agreement. It is an agreement that they are going to provide these services under the franchise, which is all the way from the medical care they deliver to the timeliness to control of the average bill for the community.</p> <p>Mr. Carey requested clarification on Mr. Gubbels' statement regarding the average bill for the community.</p> <p>Mr. Gubbels continued to explain that within the franchise the District Board of Health sets the average bill that they can charge each year for both ground ambulance service and medical helicopter service.</p> <p>Mr. Carey asked if with respect to billing if the community at-large assist at all in contributing money in this process, a fiduciary responsibility on the part of the community.</p> <p>Mr. Gubbels responded in the negative and explained that it is very clear in the franchise that they cannot receive subsidy from any of the jurisdictions or anyone else. They will respond to 64,000 calls this year; they will not put out 64,000 bills. They only submit a bill if they transport someone, and that number is about 37,000. Therefore, about one third of what REMSA does for the community does not have remuneration for that.</p> <p>Mr. Carey asked when Fire shows up prior to REMSA showing up, if he considers them being vendors. He asked if Mr. Gubbels understood what he was driving at,</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>partnerships versus vendors.</p> <p>Mr. Gubbels responded by explaining that, again, within our community, he would consider it more of a partnership than a vendor relationship. There is no interlocal agreement on fire services and what their response time standards or what they would do. There is an interlocal agreement through the franchise on what REMSA is required to do and its performance base. Mr. Gubbels added that he think that we all should be performance-based. One of the things discussed within the working group was that we all need to measure what we do. Response time is a piece of it, something very tangible, then what kind of care we render when we get there is another piece that needs to be measured.</p> <p>Ms. Simon expressed appreciation to Manager Carey for his leadership during this process. He has been a great leader and consensus-builder during this process, she said. She also thanked Manager Clinger and the fire chiefs and the Interim District Health Officer. She acknowledged that is has been a very good process. She continued by explaining that the some of their frustration can be heard. Going back to August, 2010, the Board of County Commissioners initiated the full top to bottom review of the EMS system. That report was produced by TriData with the oversight from a multi-stakeholder group that reflected fire service, medical direction, hospitals, and the district health department. She added that they have been at this for a very long time. She also encouraged everyone to listen to Sheriff Haley before any direction is given about the dispatch system, but she also wanted to take a moment to reiterate the direction that we would benefit from most at this point. She suggested possibly suggesting directing them to develop language around some points, because it seems like this is a sticking point regarding whether or not requests have been made clear. The first and most important point is having a termination date for mandatory review of whatever agreement takes effect. It is not so much whether it is called a contract or a franchise agreement, because a franchise agreement is a contract, but it has to have that provision for renew, with the decision makers having the right, as the folks who are accountable for the public safety response system in our communities, to be able to make changes. Have a termination date for mandatory review, allow for the opportunity for competitive requests for proposals before that renewal would occur, and make sure that we are clear about the intentions around dispatch. There is not a fully integrated dispatch system; those calls are transferred and are not held by the dispatch system. They are unable to have display or the closest unit response, and that does impact the response system here. As the elected officials, you are the ones accountable to your constituents to make sure that these things happen in the best possible way. The Managers' recommendation would be that REMSA would be required within the franchise agreement, or whoever the franchisee is, to join the dispatch system, and fully integrate that dispatch for a seamless response.</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>Ms. Ratti wanted to second Ms. Jardon’s comments in that she does not find much value at this point in reviewing decades of history, she does not think that it gets them anywhere, there is too much baggage going backward, and they really need to be future-focused. She continued to comment that she has heard more consensus today than the five years that she has been involved working on this issue, making her very encouraged. Ms. Ratti requested a quick clarification from Ms. Simon regarding competitive bidding and if that should be done on the front-end of this process or after they negotiate a new franchise or new contract with REMSA this round.</p> <p>Ms. Simon responded, noting that she was speaking for herself, she did not think that they were ready to do a competitive bid in this region right now. Before a contract would be renewed, the contract or franchise agreement would include a provision prior to renewal, at the discretion of the elected officials, there could be a competitive RFP for renewal.</p> <p>Ms. Ratti appreciated the clarification. She believes REMSA has worked with all parties in good faith, and she would be against a competitive RFP right now. She believes that this round is all about how to get a better, more transparent, more accountable working relationship with the current provider. Ms. Ratti announced that she was going to make a motion, because she thinks that there is a lot of consensus. Additionally, while she completely agrees that they need to hear on dispatch, that is the next item of three items. One item is about the contractual or franchise relationship with the current provider, the next one is about dispatch, and the following one is about oversight. They will not be able to finish the franchise until they do the other two, but what she hears, thanks to Ms. Zadra’s urging, REMSA was invited to the table. What she hears is that for whatever reason, REMSA still does not feel like there has been a specific request to come to formal negotiations on the franchise and/or contract agreement. After making a motion, Ms. Ratti added that she agreed with Mr. Gubbels’ comments early on that you are not going to be able to close those negotiations until we have answered several other questions brought up by the TriData report. One of her frustrations, as being a member of the Board of Health, is that things come up all of the time in their relationship, and, if they are not in the franchise agreement, there is not a path forward to deal with them. As a simple example, whether it is 8 minutes and 29 seconds or 8 minutes and 59 seconds, apparently in board meetings and in minutes, there is a record that says that 8 minutes in the franchise really means 8:59. Since it is not in the franchise agreement, when new players come onboard and read the franchise, it is confusing. Her preference is that most of what they agree upon within this process at some point ends up in the franchise agreement.</p> <p>Sparks City Council Member Ron Schmitt inquired about procedure to follow within</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>120 days.</p> <p>Ms. Ratti would like negotiations closed within 120 days, but they bring it back to them if they have questions.</p> <p>Ms. Eideen sought clarification from Ms. Ratti regarding when she says an agreement that addresses concerns, if she is talking about the issue that are in the TriData report that have not been so far reconciled between the parties.</p> <p>Ms. Ratti responded by stating that she would not hamstring the group, because she feels that the group has been successful in bringing out some issues during the working group process that are not necessarily identified in the TriData report. She feel that they have a good dialogue taking place that is addressing issues both within and outside of the TriData report, and they have some clarity in direction from each of their boards about which are the most important issues. Obviously, the evergreen clause and the financial liability is important, but she continued to note that she would not hamstring to have the negotiations only focus with TriData recommendations.</p> <p>Mr. Carey acknowledged that 120 days is sufficient. He requested that Ms. Ratti look at her motion for clarity that they will be using the TriData study as the basis of their efforts to reach agreement.</p> <p>Ms. Ratti agreed but acknowledged that there have been some other good issues that have been brought to the forefront by the working group that has more time than one consultant.</p> <p>Mr. Carey noted that they would find in their matrix, under the franchise agreement, the areas that the TriData study and the input they have received today, and it will be their charge to return in 120 days, at the conclusion of that negotiation period, where we are.</p> <p>Ms. Ratti reiterated that it will hopefully be resulting in an agreement.</p> <p>Sparks City Council Member Lawson asked if Mr. Gubbels also feels that 120 days is reasonable.</p> <p>Mr. Gubbels commented that 120 days does not seem like a long time to him, but he think to have the goal to shoot for 120 days would be reasonable.</p> <p>Chair Humke questioned if they were going to hear more about page 3 of the staff report regarding “fixed dispatch.” Mr. Humke added that the Honorable Sheriff of Washoe County has been sitting here “locked a loaded,” and he has a lot of</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>information to present. He wants to hear about that. He stated that they have dwelled on the second bullet point of opening the REMSA franchise agreement, which he believes they have achieved consensus, but then there is some provocative language to develop an EMS agency. Maybe that would come after the 120 day process, but he would recommend to Washoe County that they table the motion momentarily.</p> <p>Mr. Carey requested clarification from Mr. Humke that they hear from the Sheriff before making that motion.</p> <p>Mr. Humke responded in the affirmative but also added that they consider some of the other items, specifically of the third bullet point, before they go to any kind of motion.</p> <p>Commissioner Weber disagrees with the comments. She feels that being here, having made comments, they are going to hear from the Sheriff, and she feels they should go ahead and make the motion.</p> <p>Commissioner Hartung expressed concern as he would also like to hear about CAD. He added that dispatch is a huge, integral part of this process. He also expressed concern and would like to see language, due to the growing population within the unincorporated County, and it is still considered best effort. Best effort works as an, "I can get there when I get there," mentality which is a concern for some folks, especially as this population grows.</p> <p>Commissioner Weber agrees with Mr. Hartung as they are concerned with the rural part of the County. All of the Commissioners certainly have a vested interest in how the growth in the rural part of the County goes, but she does believe that the working group has done such a fabulous job so far that they will take that into consideration. She cannot imagine that their County Manager would not give direction to the Assistant County Manager to follow-up exactly that same way and worry about the issues in the rural areas. She does not think that issue is pertinent to this motion and would therefore support the motion.</p> <p>Chair Humke commented that his interpretation of Council Member Ratti's motion is that it begins with an agreement to modify the franchise agreement, at a minimum, including a termination process, including a date. The working group would then go to other part of it, such as the County Manager suggested, a competitive process to relet the franchise agreement. His own version was that they go to a secondary-type franchise agreement. He feels that people are going to say that he is trying to return to the 1980s where we had races and fist fights at vehicle accidents by all ambulances. No, he does not want to do that, but he wants the unincorporated areas to have equal protection for this medical care. He expressed agreement with the</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>motion. In consulting Mayor Martini, he believes that it is his intent to hear from Sheriff Haley and consider some of the other processes.</p> <p>Commissioner Hartung added that with respect to Council Member Ratti, she referred that the TriData study be involved, but in the area of best effort, the Tri Data Study does not really look at that growing population that they have in the unincorporated area. He questioned if they only stick with the TriData study, how do they accommodate those other issues.</p> <p>Sparks City Council Member Ratti responded that the City of Sparks has similar concerns, and she believes the City of Reno has similar concerns. She does not want anyone to leave the building thinking that the cities do not care about more outlying areas of our community. Some of the outlying areas in the cities suffer from some of the same challenges. Her concern is that there are about 10 issues that she is personally passionate about, and she believes that everyone around the table has a similar 10 issues. Her motion is really about putting faith in staff and the working group to be aware of those issues and move them forward in a negotiated setting. She does not believe that there can be that level of negotiation with all of them at the table. She is putting a lot of faith in the working group's advocacy, through their managers and their chiefs, through the working group to ensure that those most important issues get resolved.</p> <p>Mr. Hartung commented that he just did not want it to be fenced to the TriData study.</p> <p>Ms. Ratti responded that while she thinks the TriData study is the starting point, she does not think it is the end all, be all, because she does think that good, talented people are bringing meaningful issues forward that one study could not possibly encompass.</p> <p>Mr. Hartung responded that he could not agree more, and he just wanted to ensure that they were having a discussion and not being limited to the TriData study.</p> <p>Mr. Lipparelli noted that the County Commission agenda contemplates calling for public comment on action items.</p> <p>Chair Humke requested public speakers, but no one was signed up to speak.</p> <p>Council Member Jardon began by saying that all of them having campaigned over the last two years and having sat and witnessed a lot of these meetings, today is incredibly refreshing. Everyone has been so respectful and thoughtful to all opinions, and it is truly encouraging that everyone is coming together and uniting for the common good.</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>Reno City Council Member Jenny Brekhus commented that the motion seems to direct the working group to renegotiate the franchise agreement, but the working group and the respective jurisdictions are not parties to the franchise agreement. It would appear that only the District Board of Health would have the authority to open up the franchise agreements. She added that she has not read the franchise agreement, but she is just wondering if someone had a response as 120 days could go without progress or an issue of who has the authority to renegotiate the franchise agreement. She brings this up, because the managers, within two months, have moved to a more extraordinary position of going to this other model.</p> <p>Mr. Carey responded that they do have Board of Health members on the working group.</p> <p>Mr. Dick confirmed that the franchise agreement is with the District Board of Health; however, he believes that they all recognize that if they are going to be successful in moving forward with an amended agreement, there needs to be some buy-in and satisfaction from each governing body. He is amenable to the idea of moving forward with the EMS Working Group to work on negotiating what the franchise agreement might look like. Ultimately, however, it will be up to the District Board of Health to decide if that is a franchise agreement that they would like to amend and execute.</p> <p>DBOH Chair Smith added that he does believe that they are represented with the Health Officer in the group. However, it is really best to keep everyone else out of the negotiations, and they will report back to all of us for discussion.</p> <p>Reno City Council Member Jenny Brekhus responded that with that she will support the motion, but she feels that a stronger motion is to empower the District Board of Health to open up the franchise agreement with expression of intent by this body that they want the TriData recommendations implemented.</p> <p>DBOH Board Member Dr. Hess made a motion mirroring Council Member Ratti's motion.</p> <p>DBOH Board Member Dr. Furman commented that they have heard today from the elected officials, and they have needed to be heard. He believes that their direction is what they should do. He does not know if they need to vote on it as the Board of Health but instead go forward on the basis of the elected officials.</p> <p>DBOH Chair Smith believes that the Board of Health should vote in support of Ms. Ratti's recommendation.</p>	<p>Chair Smith moved, seconded by Council Member Ratti, to direct the EMS Working Group to open negotiations with REMSA on an updated agreement within 120 days.</p> <p><u>MOTION CARRIED</u> Washoe County Board of Health</p> <p><i>The motion was also approved by the Board of County Commissioners, Reno City Council, and Sparks City Council.</i></p>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>BCC Chair Humke, noting that he, too, had served on the Board of Health, suggested to Dr. Furman that in part this motion is a positive item for the Board of Health, because it invests your Health Officer at remaining at the table and ensuring that the negotiations are properly conducted.</p> <p>DBOH Board Member Dr. Furman agreed to move forward with a vote.</p> <p>DBOH Board Member Dr. Humphreys expressed appreciation for those who already done a lot of work, setting the groundwork for what needs to be done.</p> <p>Sparks Council Member Schmitt commented that we are all in the same boat together and understand that there are issues although there are differences in opinion, and having the Board of Health onboard shows that we are all in it together and going to reach a solution on this thing.</p> <p>BCC Chair Humke expressed appreciation to all entities. He believes that it is a banner day for them; they have been talking about it and finally have some action. He credit the managers, the Board of Health, and everyone for getting together to do this.</p> <p>Mr. Carey explained that our second highest priority is the area of dispatch. This is addressed in great detail in the TriData study. This involves communications of all forms. It involves dispatch, recordkeeping, and needs to be examined as what it can be in the future, not what it has been. This was the second highest priority, because the managers feel that this is a central area of change. It needs to change so that public safety functions in our communities without any dark holes, missing data, and missing communications. He explained that, nationally, we have moved in a direction of interoperable communications, and we are very fortunate to have Sheriff Haley chair our regional dispatch team, started by our shared services effort. He has positioned himself to be the expert that you should hear from on this issue.</p> <p>Washoe County Sheriff Mike Haley requested that the boards keep two things in mind as they listen to his presentation. First, communications, records management, and CAD systems drive transparency. They drive transparency when all users are using the same mechanisms with the same understanding and computer analytical questions being asked and that we remember what we ask the computer what to do. Second, his comments do not depend, at all, on the discussions that just took place and that resulted in a vote. It is irrespective of whether you are a franchise, whether you are a contract, or whether it is a handshake. The information being presented today needs to be done regardless of what happens going forward and what we call ourselves. Third, to answer a question by Council Member Jardon, with respect to CAD, there are major players in the region that are in a shared CAD system, records management system, dispatch communications system. He added that we are in an</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>upgrade phase with Tiburon to expand past the live date of our current technology. He added that they believe that their closest date of finishing that CAD update, Tiburon update, is June, 2014. If it cannot be done by that date, they are going to hold off, allow fire season to commence, because they cannot be in the middle of a serious upgrade of that nature and have fire season; it is just not a responsible move. It will then be extended to October, 2014 for the refresh on the CAD system that is fully utilized by Reno and Washoe County, and they hope Sparks will be involved in that movement to CAD by those go live dates. Sheriff Haley noted that he is going to cover both Item 13 and Item 16 in an integrated way. Item 13 informs, on the physical location, where are REMSA, Reno, Sparks, and Washoe County dispatch centers located. Who is the primary, secondary, and are they physically, virtually co-located. Item 16 speaks to the use of a single 800MHz radio communications system pushed to a single, integrated computer aided dispatch (CAD) system and thus pushed to individual, partitioned records management systems. There are three options that were identified by the managers in the dispatch working group: 1. Direct the Sheriff and Regional Dispatch Committee to continue to lead the region forward in an integrated regional data and voice dispatch system with CAD and records management capabilities; 2. Continue the current communications system and move with technological changes to a common system at a more leisurely pace; and 3. Maintain the status quo. After much discussion and recommendation from himself, recommendation from the Regional Dispatch Committee, which are all of your fire chiefs, and with concurrence with the managers in this group, they elected to recommend the boards to continue to move the region forward to an integrated, regional data and voice dispatch system with CAD and records management systems capabilities. This recommendation is in alignment with the last recommendation of the 911 Commission. This recommendation is in alignment with the TriData report. It is also consistent with our collective efforts since the mid-1990s of this region in building a Nevada shared radio communications system. This recommendation is also consistent with the National Telecommunications and Information Agency requirements, with the First Responder Network Authority Act of 2012, wherein each state must integrate its voice and data communications system for all first responders in the nation. The integration of records management systems (RMS), data and voice management within a single dispatch center, with secondary backups in Sparks and virtual alignment with REMSA, is absolutely necessary for our public safety. We need to remember that the present 800MHz radio system is a statewide Nevada shared radio system adopted in the mid-1990s, and we have never changed course from that. It has been a decision that has worked very well for this entire state and our region. It is a completely interoperability communications system for first responders in Washoe County, et al. and statewide. It has greater coverage and is expanding every day due to upgrades and new processes that are being implemented every day. It has greater traffic handling capacities, more resilient infrastructure, higher levels of redundancy when something goes wrong, robust and redundant, integrated, and it</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>provides greater customer service, faster response times, better on-scene management, unit efficiency, timely updates, increased patient care, as well as being more cost effective and shared cost effectiveness. Reno, Sparks, and Washoe County currently use the same radio system. Washoe County and Reno use the same CAD system, and we mirror Sparks' data at the present time. Sparks will fully use this collective CAD system in the near future should their board agree to come online with Tiburon's new version of the CAD system. He encourages for that to occur and is willing to help in any way, as he has indicated, in making that happen.</p> <p>The statewide UHF system, REMSA's system, is no longer supported by the state. It must be maintained privately or by specific county or agency agreement, public dollars. It adds additional costs to maintain, and it stands alone in a non-integrated fashion. UHF system future is limited and uncertain. 2019 federal guidelines will cut UHF bandwidth to half, reducing communications capabilities dramatically for all areas outside of our immediate area. Transparency is not possible, because we are not calling things the same. We are not talking about the same thing. In order to do that, we have to get off of these disparate systems, or we have to add 800MHz systems to REMSA. Data collected in one CAD system is not searchable, consistent with another CAD system, resulting in unreliable data collection, misinformation, confusion, and the inability to defend the use of and utilization of public resources. It also complicates litigation, mitigation, and the aftermath of a catastrophic event. REMSA does need UHF in rural and more remote areas. They need to look to 2019, just as we did on our land mobile radio (LMR) systems and mobile radio systems. When towers were reduced, we had to move to another system. It is not something that is unusual, but it is something that needs to be done, regionalizing communications centers, physically and virtually, placing all responders in one shared radio system, will enhance customer service, provide a more open government, and it will be more cost effective. He fully concurs with recommendation no. 1 which directs the Sheriff to work with the Regional Dispatch Committee and report to managers. REMSA concurs with the following: that all regional dispatch centers need to collect arrival patient side data, including the initiation of CPR, AED, and automatic vehicle locator (AVL). This requires the same radio system, same CAD system, and our partitioned records management system. They agree that this resolutions need to be obtained or that a resolution needs to be obtained with volunteer firefighters to decrease the impacts of dispatch delays. Again, we can meet that, if we have an integrated radio and CAD system. They concur that the development of unique identifiers, for all service calls, be created. This requires an integrated radio and CAD dispatch system. They concur that we implement a region-wide records management system. Reno, Washoe County, and Sparks either presently have that or will soon. This requires REMSA to integrate a RMS system with ours. They also concur that we also implement an automatic AVL system which also requires an integrated radio and CAD system. These and many more improvements can be achieved only through the</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>inclusion of a single computer aided dispatch, single radio system, and if he needs something else in his rural areas, then he needs something else in his rural areas. If he needs something to manage the majority of the population, the region for which we are responsible, then he needs that. For the next steps, we need to move REMSA completely to an 800MHz radio system. We need to integrate by bringing them onboard with a CAD system that works for all of us. For a time, they will need to maintain their UHF system and deal with the 2019 issues as a separate issue. We need to maintain our LMR system in addition to our long-term evolution system (LTE). Further, we need to purchase additional radios that REMSA utilizes. They can do that, or we can agree to do that in some fashion. They already have 800MHz radios. Hospitals already have 800MHz bay systems. They are not using them; we checked. There is a click to talk mechanism that we can monitor; they do not use them. We need to demand that the 800MHz system that we are giving them, at \$3,000 to \$4,000 each, needs to be utilized. Failing to communicate raises a tremendous risk. People die when we do not communicate. He added that we are responsible, to some degree, for our ineffectiveness in that area, and he appeals to this combined body to continue to enable them to do the necessary work that has already been started.</p> <p>Reno City Council Member Lawson requested clarification that the FCC has reduced the height above average terrain for the new 450 systems by 2019, so it will be similar to what the 800 system is now.</p> <p>Sheriff Haley responded that when they reduce the tower heights, they will reduce the distance of the radio transmission; therefore, you have to have more towers.</p> <p>Mr. Lawson clarified if it would be an integrated system similar to the 800MHz system.</p> <p>Sheriff Haley responded in the affirmative. Currently, he can be in Las Vegas with his handheld radio and talk to his dispatch here in Reno because of that Nevada shared radio system.</p> <p>Mr. Lawson stated that he knows Mr. Gubbels has the responsibility for the rural areas, and they are obviously not flocking to change that 800MHz, as it has been available for many years. He added that he would think that there has to be a transition period that by 2019 he would be able to make that transition.</p> <p>Sheriff Haley responded that REMSA has indicated that they have a great deal of willingness to work to that end, it is a cost-benefit analysis for them, similar to when the Sheriff goes to his board, explains costs, and they then decide whether or not and how they are going to cover those costs.</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>Mr. Lawson commented that he believes that what we are concluding is that being on the same CAD system, the information is transparent, shared amongst all of the entities.</p> <p>Sheriff Haley commented that the beautiful thing about a shared CAD system is they can be partitioned. Reno and Washoe County has a shared CAD system. For example, the Sheriff cannot just run through Reno's data because he feels like it. He has to obtain permissions. In advance of that, we decide what information we all need to share to provide transparency, good use of government resources, response times, etc. Other data that may be described as proprietary data can be partitioned out. Therefore, when we get some challenge, it can be obtained in a way that legally meets that franchise's standalone position.</p> <p>Reno City Council Member Jardon requested an update from Mr. Gubbels if he has had talks with his board with regards to the 800MHz radios and where that is now.</p> <p>Mr. Gubbels responded that the first conversation on the 800s came up at one of the working groups, and it was presented in a letter from the Sheriff. At that time, he was not amenable in trying to change REMSA's radio system to 800. Again, REMSA has been working for the last year and one half on investing money into the UHF system. He added that the UHF system well supports the services they need to provide along with the microwave that is being produced; therefore, wattage will not be an issue. Part of his responsibility, back through the franchise, it to be able to communicate with other EMS ambulance agencies. All of their surrounding EMS agencies do use UHF; therefore, he explained that he cannot just throw it out, including Southern CA that they deal with. He took to the REMSA Board the recommendation to also go to 800, and the REMSA Board asked if it was possible to have both the UHF and 800MHz radios in each ambulance. Mr. Gubbels said that that was possible. The Sheriff did generously volunteer to work with REMSA to obtain grants, because it is a huge investment. Even just that annual maintenance is probably over \$250,000. REMSA is currently a member of the 800MHz user group. They currently have nine (9) radios. In each of his supervisors' vehicles, they have a UHF radio and an 800MHz radio. They have their own channels on the 800MHz, REMSA 1 and REMSA 2. At any time, anyone on the 800s can go to those channels and speak to his supervisors right now. There are also patch capabilities, a technological piece, where you can actually call in on 800s and be patched back to a UHF radio. That technology is developing over time. To answer the question, REMSA is willing to move forward to have both 800MHz radios and their UHF radios to be able to conduct day-to-day business if they can obtain the funding, having confidence in our Sheriff.</p> <p>Sheriff Haley explained that there are Nevada administrative codes and state laws that give us great strength in demanding that a provider of medical services, or any</p>	


TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>provider, that wants to enter into that service, has to be able to communicate with us on our systems, not theirs. The Sheriff has provided that to the managers. He expressed the need for this to happen. He knows that we can get there, but, again, he highlighted that when we go out and negotiate for somebody to come do work for us, they need to bring all of the tools necessary to meet that obligation. One of those tools is to be able to communicate on the very system in which we have all invested and that is useful for the majority of the population in this entire northern Nevada region. Therefore, they have an obligation to come forward, he has offered to help in that process, they already have 19 radios, last year there was about 20 minutes of push-to-talk time. They are lead weights, because we have not told them that we cannot hear them and that they need to go to the 800. The Sheriff expressed confidence that we can get there.</p> <p>Ms. Jardon also asked a question regarding moving forward to an integrated regional data records and dispatching system. Since there are obviously different systems that exist, she asked who gets to choose which dispatch and records retention system that is going to be applied.</p> <p>Sheriff Haley responded that each individual city or county gets to choose what records management systems or CAD systems or dispatch process they want to use. Over time, and through collaborative work, Washoe County and Reno have molded into a fairly seamless process of radio communications, CAD systems, and records management systems. Sparks has very wisely maintained a secondary public safety answering point (PSAP) that is capable of picking up all of our primary traffic. REMSA is listed as a PSAP by virtue of this body's direction, but, tomorrow, if all of our PSAPS went down, they cannot dispatch for us. Sparks can dispatch for us, Reno can dispatch for us, and they can collect information. Therefore, you make the decisions in each of your bodies about how that is done, and the recommendation is that both nationally and locally we continue to move together either virtually or collocate those operations.</p> <p>Ms. Jardon requested verification that the disconnect will be resolved when the CAD to CAD comes online.</p> <p>Sheriff Haley responded in the affirmative and added that as soon as we are all collecting information in the same way, asking for it in the same way, and relying upon it, then the confusion goes away.</p> <p>Sparks City Council Member Ratti commented that she believes the role of governance is to focus on the end game and not to get too far in the weeds of the specifics of each technology. She also thinks that in terms of governance and particularly an agreement that moves forward with a third-party provider, we have to</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>be careful about being too detailed in the agreement, because if the agreement is for a 20-year period, the technology could change. Therefore, it is really about saying something that says we all need to be on the same page or we all have to be working towards being on the same page. She explained that she has a dream that we get to a place, which she knows required dispatch, the communications, and the database systems, where it is possible that transparent could mean that if you are a citizen, living in any of our jurisdictions, you could go to a website and see what is the average response time for a fire truck and what is the average response time for an ambulance in my geography so that people could make informed decisions about where they choose to live based on the level of service that we are able to afford to provide as a community. As much sympathy as she has for all of the different areas, there is no way that we can afford to maintain a level of service that is equal across the entire geography. However, there is the transparency piece, both for our citizens knowing what is happening in their own area and for our planning purposes of the individual jurisdictions so we know where to place a fire station or consider a two person crew that covers a small section of our city because of the understandable variances in response time. Without going into the details, Mr. Ratti asked if that was possible, and, if so, how far away are we from it.</p> <p>Sheriff Haley responded in the affirmative and explained that he is the Governor's appointee for the State of Nevada, 50 appointees in the nation, who is responsible for building the first responder network authority for the United States going forward. That is a long-term evolution network combining voice and data on a Band 14 radio device. This device does not exist today in our world; it exists in the military world. The system is required by Congress, in the First Responder Network Authority Act, and there is currently a nationwide RFP out to initiate this effort. We will build the next generation of public safety communications systems that will do all and more of what you just described in a single device. It will be a shared radio system. When the Sheriff uses his radio, the public cannot access it, but with this shared system, when he is not using it, someone else can use it. It is a federally mandated requirement that will happen with \$7 billion allocated to accomplish the first phase of that process.</p> <p>Ms. Ratti asked if there are steps we should be taking now to ensure that we aligned and could be reporting that data in a common way.</p> <p>Sheriff Haley responded that everything we are doing now is critical to prepare ourselves and position ourselves by getting away from all of these disparate systems, because we simply cannot afford to not be aligned in that manner as a government. We would be left out if we do not move forward in the manner that has been described here. We have great support among all of the cities and county to achieve that goal. When iPads came about, Apple did not need to sell them. People bought them, because they were useful and helpful and handy. The same will happen in this</p>	<p>Dr. Furman moved, seconded by Dr. Humphreys, to accept Sheriff Haley's report.</p> <p>MOTION CARRIED Board of Health</p> <p><i>The motion was also approved by the Board of County Commissioners, Reno City Council, and Sparks City Council.</i></p>

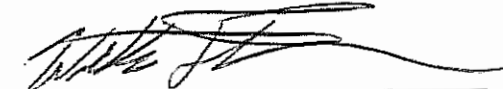
TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>next generation radio system. They are so far ahead of what we see now that you will just be amazed with what you can do with them, what first responders can do, what managers can do, what emergency operations centers (EOCs) can do, collectively gathering that data in one system.</p> <p>District Board of Health Chair Matt Smith asked that if once CAD is in place, would the Sheriff get all of that information from REMSA and other agencies.</p> <p>Sheriff Haley responded that it would be conditional upon the empowerment to move forward in a manner as being suggested.</p> <p>Chair Smith asked as far as the dispatch goes, if REMSA would still do the emergency medical dispatch (EMD).</p> <p>Sheriff Haley responded that he is not here today to discuss the EMD side, because that is not one of the items that his group has been given the power to review. He deferred to the managers for when they would like that discussion to take place. Sheriff Haley commented that he did have an impromptu meeting with Mr. Gubbels upon arrival today. The Sheriff's Office has just hired additional dispatchers, because they are taking over more of the County primary jurisdiction area that the City dispatched before. There is no nexus between the hiring of those dispatchers and whether or not County Fire, County systems or City systems do EMS dispatching or whether EMS dispatching comes out of REMSA. That is a discussion we will have to have.</p> <p>Sparks City Manager Shaun Carey advised that the working group would like the combined bodies to accept the Sheriff's report today and provide any direction.</p> <p>At the meeting's conclusion, Mr. Carey commented to complete the two others that are brought forward as priorities, medical oversight is one that we have not reached in the working group, and our commitment is to bring that back in a form that would be ready for action at the next concurrent meeting.</p> <p>The last one, in the general priority area, is that we would like to see further negotiations to explore the closest resources responding to the medical event. These priorities will be explored, along with dispatch, in the 120 day solution as requested.</p>	
5.	5.1 Public Comment	<p>Kathy Brandhorst commented that her name is Kathy Brandhorst Lisa Marie Presley John Benét Ramsey John Steele and she is also the United States President. She wanted to advise that she had a counterfeit bill that was a \$5 bill, which is actually not counterfeit. She added that it was a marked bill, and she turned it into the bank,</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>cannot spend it or even get her bus pass with it. She explained that she looked at the other \$10 bills, and “he” said that these are brand new bills, and that machine should be accepting those brand new bills now. She commented that the bank remembers that this bill was brought in by the security officer at the RTC bus station. Therefore, she advised that she had him arrested for this bank robbery that he did at Wells Fargo Bank downtown. She wanted to inform the combined bodies that this took place. She lives at a Riverboat Hotel right now; otherwise, she will have no place to live and will be living on the streets. She advised that there are homeless people coming there from the Mission. She alleged that they are carrying guns and hiding them inside the prayer house. This is what it is called when people do not have a place to live. They do not have an income at all. They have no place to go except for that little house. She advised that they cannot pay rent, they cannot buy clothes or shoes, not even groceries. She advised that they will go in with their machine gun and say that they are stealing all of the groceries they need to provide for themselves. She alleged that they do shoot the employees, the employers, and all of the customers in the store. She also explained that she has had several robberies at the Smith’s Supermarket, because they do not have a way to purchase the groceries. She continued to explain that they do rob the cash register. She also said that she had an incident where she had a \$10 bill in her wallet that flew out and went across the store which then went into “their” hands which then went her \$10 bill.</p>	
	<p>5.2 Comments from Commission, Councils, District Board of Health, Manager and Interim District Health Officer</p>	<p>Sparks City Council Member Lawson expressed appreciation to Neoma for the shirts. He thinks that this is a great campaign. He has thought of one and is having it done up for the City of Sparks. He hopes to see this soon. Big events in a little city. He expressed happiness for the entities coming together, moving forward, and making some progress.</p> <p>Commissioner Hartung wanted to correct himself when he referred to a unique identifier as Item 2; it is actually Item 4. He also wanted to say to Mr. Gubbels and all first responders that he really appreciates the work they do. He recognizes that they have made a significant investment in this community. He added that we look forward to having a franchise agreement that is a living document. He knows that we can find common ground on a number of outstanding issues, and they are doing a great job. This is not about poor performance by REMSA. They are doing a tough job with tough scenarios. All of our first responders are in the same boat.</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
25.	Motion to Adjourn	There being no further business to come before the Boards, the meeting was adjourned.	<p>Dr. Humphreys moved, seconded by Council Member Ratti, that the meeting be adjourned.</p> <p><u>MOTION CARRIED</u></p> <p><i>The motion was also approved by the Board of County Commissioners, Reno City Council, and Sparks City Council.</i></p> <p>The meeting was adjourned at 11:08 a.m.</p>



KEVIN DICK,
INTERIM DISTRICT HEALTH OFFICER



WILLIAM FLORES,
RECORDING SECRETARY



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

DATE: July 25, 2013

TO: District Board of Health

FROM: Daniel Inouye, Acting Director, Air Quality Management

SUBJECT: Go Mart – Case No. 1116
Unappealed Citation No. 5238
Agenda Item: 8. A. 1. a.

Recommendation

Air Quality Management Staff recommends that Citation No. 5238 be upheld and a fine of \$1,500 be levied against Go Mart for failure to conduct the required annual performance testing in accordance with Condition No. 4 of Permit to Operate No. B0012GS. Failure to conduct the required testing constitutes a major violation of the District Board of Health Regulations Governing Air Quality Management, specifically Section 030.2175, Operations Contrary to Permit. This is a negotiated settlement.

Recommended Fine: \$3,100.00

Negotiated Fine: \$1,500.00

Background

On April 16, 2013, AQ Specialist Wallace Prichard conducted a routine gasoline dispensing facility inspection at the Go Mart located at 1755 Sutro Street in Reno. During the inspection, AQ Specialist Prichard noted that Pump No. 4 had a nozzle out of round and a cut in the supply hose. Both of these items were out of compliance and were required to be replaced. AQ Specialist Prichard tagged the pump out of service with notice No. 100380 until the required repairs were completed. Upon review of the file, AQ Specialist Prichard discovered the required annual Air to Liquid (A/L) and Static Pressure Decay Tests had not been conducted. Condition No. 4 of Permit to Operate No. B0012GS issued for the gasoline dispensing equipment states:

An annual A/L (Air to Liquid) Test and Static Pressure Decay Test will be required to demonstrate compliance with the CARB Executive Orders for vacuum assist phase II vapor recovery systems. The AQMD must be notified at least 72 hours prior to the test. The testing must be completed 90 days from the expiration date of this permit and the results submitted within 30 days of the test.

The file records identified the most recent testing was completed on December 20, 2011; therefore the annual testing should have been completed prior to December 20, 2012. This testing date would have allowed for the results to be submitted in compliance with the condition prior to the permit expiration date of January 31, 2013. Permit to Operate No. B0012GS was renewed in December, 2012 with the expectation the testing results would be submitted prior to the permit expiration date. As of the April 16th inspection date, the required testing had not been completed.

Based on the results of the inspection and file review, AQ Specialist Prichard issued Notice of Violation Citation No. 5238 for a major violation of Section 030.02175, Operations Contrary to Permit.

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

www.washoecounty.us/health

Printed on Recycled Paper

July 25, 2013
DBOH/Go Mart /Case 1116
Page 2

Settlement

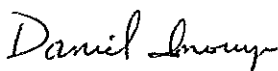
On May 30, 2013, Senior AQ Specialist Dennis Cerfoglio conducted a negotiated settlement meeting attended by AQ Specialist Prichard and Mr. Wasem Akhtar, representative of Go Mart. After consideration of all of the facts presented in the case, AQ Specialist Cerfoglio proposed that Citation No. 5238 be upheld with a fine of \$1,500. Mr. Akhtar agreed to the condition of the negotiated settlement. A Memorandum of Understanding was signed by all parties.

As a follow up, the required testing was completed on May 22, 2013, and the results submitted to the Air Quality Management office.

Alternatives

1. The Board of Health may determine that no violation of the Regulations has taken place and dismiss Citation No. 5238.
2. The Board may determine to uphold Citation No. 5238 and levy a 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 Go Mart may be properly noticed.



Daniel Inouye, Acting Director
Air Quality Management Division

DI/DC: ma



DISTRICT HEALTH DEPARTMENT AIR QUALITY MANAGEMENT DIVISION

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION

Date: June 6, 2013

Company Name: Go Mart

Address: 1755 Suto Street, Reno, NV 89512

Notice of Violation No.: 5238 Case No.: 1116

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: 030.2175 Violation of Permit Condition. Failure to test Pressure Decay

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 1,500⁰⁰. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on July 25, 2013.

Waseem Akhtar
Signature of Company Representative

Dennis A. Cerfoglio
Signature of District Representative

WASEEM AKHTAR
Print Name

DENNIS A. CERFOGLIO
Print Name

Owner
Title

Sr. Air Quality Spec.
Title

[Signature]
Witness

Wallace Richard
Witness

Witness

Witness

**AIR QUALITY MANAGEMENT - ADMINISTRATIVE PENALTY TABLE &
RECOMMENDED FINE CALCULATION WORKSHEET**

Administrative Penalty Table

Air Quality Management Division Washoe County Health District

I. Minor Violations - Section 020.040(C)

<u>Regulation</u>	<u>1st Violation</u>	<u>2nd Violation</u>
040.005 Visible Emissions	\$ 1,000	\$ 2,500
040.030 Dust Control (fugitive)	250	750
040.035 Open Fires	500	1,000
040.040 Fire Training	500	1,000
040.050 Incinerator	1,000	2,000
040.051 Woodstoves	500	1,000
040.055 Odors	1,000	2,000
040.080 Gasoline Transfer (maintenance)	1,000	2,000
040.200 Diesel Idling	500	1,000
050.001 Emergency Episode	1,000	2,000

II. Major Violations - Section 020.040

<u>Regulation</u>	<u>Violation</u>	<u>Source Category</u>	
		<u>Minimum</u>	<u>Maximum</u>
030.000	Construction/Operating without Permit (per major process system or unit/day)	\$ 5,000	\$ 10,000
030.1402	Failure to Comply with Stop Work Order	10,000/day	10,000/day
030.2175	Operation Contrary to Permit Conditions (per day or event)	2,500	10,000
030.235	Failure to Conduct Source Test or Report (per Reporting Period for Each Unit)	2,500	5,000
	All other Major Violations (per day or event)	\$ 5,000	\$ 10,000
030.000	Construction Without a Dust Control Permit		
	Project Size – Less than 10 acres	\$ 500 + \$50 per acre	
	Project Size – 10 acres or more	\$1,000 + \$50 per acre	

III. Major Violations - Section 030.107 Asbestos

A. Asbestos Sampling & Notification	\$ 2,000 - \$10,000
B. Asbestos Control Work Practices (per day or event)	\$ 5,000 - \$10,000
C. Asbestos Containmentment & Abatement (per day or event)	\$ 5,000 - \$10,000

**Washoe County Air Quality Management
Permitting & Enforcement Branch
Recommended Fine Calculation Worksheet**

Company Name Go Mart
Contact Name Wasem Akhtar

Case #11116 NOV #5238 Complaint CMP13-0049

Violation of Section 030.2175 Operations Contrary to Permit

I. **Base Penalty as specified in the Penalty Table** = \$ 2,500

II. **Severity of Violation**

A. **Public Health Impact**

1. **Degree of Violation**

(The degree of which the person/company has deviated from the regulatory requirements)

Minor – 0.5 Moderate – 0.75 Major – 1.0 **Adjustment Factor** 1.0

2. **Toxicity of Release**

Criteria Pollutant – 1x

Hazardous Air Pollutant – 2x **Adjustment Factor** N/A

3. **Environmental/Public Health Risk** (Proximity to sensitive environment or group)

Negligible – 1x Moderate – 1.5x Significant – 2x **Adjustment Factor** 1.0

Total Adjustment Factors (1 x 2 x 3) = 1.0

B. **Adjusted Base Penalty**

Base Penalty 2,500 x Adjustment Factor 1.0 = \$ 2,500

C. **Multiple Days or Units in Violation**

Adjusted Penalty _____ x Number of Days or Units 1.0 = \$ _____

D. **Economic Benefit**

Avoided Costs \$ 600 = \$ 600
Static Pressure Decay and AL Tests

Penalty Subtotal – Recommended Fine

Adjusted Base Penalty \$ 2,500 + Economic Benefit \$ 600 = \$ 3,100

III. Penalty Adjustment Consideration

A. Degree of Cooperation (0 – 25%)	- 15	%
B. Mitigating Factors (0 – 25%)	- 25	%
1. <u>Negotiated Settlement</u>		
2. Ability to Pay		
3. Other (explain)		
C. Compliance History		
No Previous Violations (0 – 10%)	- 10	%
Similar Violation in Past 12 months (25 - 50%)	+ _____	%
Similar Violation within past 3 year (10 - 25%)	+ _____	%
Previous Unrelated Violation (5 – 25%)	+ _____	%
Total Penalty Adjustment Factors – sum of A, B, & C	-50	%

IV. Recommended/Negotiated Fine

Penalty Adjustment:

$$\begin{array}{r} \$ 3,100 \\ \text{Penalty Subtotal} \\ \text{(From Section II)} \end{array} \times \begin{array}{r} -50 \% \\ \text{Total Adjustment Factors} \\ \text{(From Section III)} \end{array} = \begin{array}{r} \$ -1,550 \\ \text{Total Adjustment Value} \end{array}$$

Additional Credit for Environmental Investment/Training – N/A

Adjusted Penalty:

$$\begin{array}{r} \$ 3,100 \\ \text{Penalty Subtotal} \\ \text{(From Section II)} \end{array} - \begin{array}{r} \$ 1,550 \\ \text{Total Adjustment Value} \\ \text{(From Section III + Credit)} \end{array} = \begin{array}{r} \$ 1,500 \\ \text{Negotiated} \\ \text{Fine} \end{array}$$


Air Quality Specialist

06/06/2013
Date



NOTICE OF VIOLATION

NOV 5238

DATE ISSUED: 04/16/2013

ISSUED TO: GO Mart PHONE #: (775) 322-1116

MAILING ADDRESS: 1755 Suto Street CITY/ST: Reno, NV. ZIP: 89512

NAME/OPERATOR: Wasem Akhdar PHONE #: _____

PERMIT NO. B0012 G.S. COMPLAINT NO. CMP13-0049

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 04/16/2013 (DATE) AT 10:20 AM (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

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

VIOLATION DESCRIPTION: Operating Permit condition "D" Records and Additional Conditions "4" annual A/L Test and Static Pressure Decay Test (Required Annually)

LOCATION OF VIOLATION: Site

POINT OF OBSERVATION: Site

Weather: N/A Wind Direction From: N E S W

Emissions Observed: _____
 (If Visual Emissions Performed - See attached Plume Evaluation Record)

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

Signature _____

CITATION: You are hereby notified that effective on _____ (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: [Signature] Date: 04/16/2013
 Issued by: Wallace Prichard Title: Air Quality Specialist

PETITION FOR APPEAL FORM PROVIDED

AIR QUALITY MANAGEMENT
PERMIT TO OPERATE # B00126S
APPLICATION SUBMITTED BY GO MART



PERMIT TO OPERATE

An Air Pollution Emission Source

No. B0012GS

Issued By Air Quality Management Division, Washoe County Health District

P.O. Box 11130, Reno, Nevada 89520-0027 • Phone (775) 784-7200

COPY

ISSUED TO: GO MART Gen Air - Gasoline

ADDRESS: 1755 SUTRO STREET, RENO NV, 89512

LOCATION: 1755 SUTRO STREET, RENO, NV 89512

EQUIPMENT COVERED UNDER THIS PERMIT GASOLINE DISPENSING FACILITY WITH VACUUM ASSIST PHASE II VAPOR RECOVERY, 8 GASOLINE NOZZLES

THE CONDITIONS OF OPERATION LISTED ON THIS PERMIT SUPERCEDE ALL PREVIOUS PERMIT CONDITIONS

CONDITIONS OF OPERATION LISTED ON THIS PERMIT:

- A. **ALTERATIONS:** This permit becomes void upon any change of ownership or address or any alteration of permitted equipment.
- B. **POSTING:** This permit shall be posted on or near the equipment listed above. This permit shall be made readily available at all times while the equipment is operating.
- C. **MODIFICATION OF EQUIPMENT:** Any modification of the equipment other than normal repair and maintenance will require a new permit.
- D. **RECORDS:** Any records of operation which effect the potential of the source to emit air pollutants, such as fuel or products consumed, products produced, hours of operation, chemicals or supplies used in source operation, must be maintained for a period of at least 5 years and made available to the Control Officer upon request.
- E. **EQUIPMENT FAILURE:** All upset or breakdown conditions resulting in increased emissions or air pollutants shall be reported in compliance with District regulations, Section 020.075 and 020.076.
- F. **ACCESS:** The Control Officer will be provided access to the facility to inspect operations and equipment covered under this permit whenever necessary to determine compliance with this permit and any other air pollution limitations specified in District regulations.

ADDITIONAL CONDITIONS:

- 1: The annual throughput/consumption figures must be submitted in writing to the A.Q.M.D. no later than the 20th of the month, approximately 6 weeks prior to the expiration date of the permit.
- 2: All gasoline transfer and dispensing facilities must operate in accordance with Section 040.080 of the Washoe County District Board of Health Regulations governing Air Quality Management.
- 3: To reduce evaporative loss all components of the Phase I and Phase II vapor recovery systems shall be installed and maintained in accordance with California Air Resources Board (CARB) Executive Orders, or New York State Department of Environmental Conservation approvals.
- 4: An annual A/L (Air to Liquid) Test and Static Pressure Decay Test will be required to demonstrate compliance with the CARB Executive Orders for vacuum assist phase II vapor recovery systems. The AQMD must be notified at least 72 hours prior to the test. The testing must be completed 90 days from the expiration date of this permit and the results submitted within 30 days of the test.
- 5: A flow limiter is required on dispensers that have a maximum flow rate in excess of 10 gallons/minute.
- 6: All hoses, boots, faceplates/flexible cones, nozzle shut off mechanisms, check valves, swivels, tanks, tank fill tubes, and fill tube cap seals must be maintained in good working order with regular maintenance to prevent leakage and excess escape of vapors (i.e. no tears, slits, holes, leaks, or malfunctions -- Section 040.080.)
- 7: In accordance with Section 040.095 of the Washoe County Air Quality Regulations and 40 CFR, Part 80, all gasoline dispensed to motor vehicles between October 1 and January 31 must contain the proper amount of oxygenate and each dispenser must be properly labeled with the following statement: The gasoline dispensed from this pump is oxygenated and will reduce carbon monoxide pollution from motor vehicles. The label must be clearly visible to the public on the upper two-thirds of the pump on the vertical surface near the gallonage and price meters.

Joseph P. Iser MD, DrPH, MS

CONTROL OFFICER

01/31/2014

EXPIRATION DATE

\$475.00

ANNUAL RENEWAL FEE

B0012GS

PERMIT NO.

FAILURE TO COMPLY WITH THE CONDITIONS OF THIS PERMIT MAY RESULT IN CITATIONS OR PERMIT REVOCATION



PERMIT TO OPERATE

An Air Pollution Emission Source

No. B0012GS

Issued By Air Quality Management Division, Washoe County Health District

P.O. Box 11130, Reno, Nevada 89520-0027 • Phone (775) 784-7200

COPY

ISSUED TO: GO MART Gen Air - Gasoline

ADDRESS: 1755 SUTRO STREET, RENO NV, 89512

LOCATION: 1755 SUTRO STREET, RENO, NV 89512

EQUIPMENT COVERED UNDER THIS PERMIT GASOLINE DISPENSING FACILITY WITH VACUUM ASSIST PHASE II VAPOR RECOVERY, 8 GASOLINE NOZZLES

8: Fuel spills or leaks must be cleaned up or corrected immediately using proper waste disposal methods. (Including accumulations of fuel in spill containers, condensation pots, and liquid collectors).

9: "Instructions for operating the phase II vapor recovery equipment must be posted for the customers, and must stress that ""Topping Off"" is prohibited --Section 040.080.C. The Air Quality Management Division's answer line phone number must be posted for customers with comments/problems regarding the nozzles - (775) 784-7200."

10: VACUUM/ASPIRATOR ASSIST SYSTEMS: The assist system must be operating at all times when the facility is open for business.

11: All operations must comply with 40 CFR Part 63, Subpart CCCCCC - National Emission Standards for Hazardous Air Pollutants (NESHAP) for Source Category: Gasoline Dispensing Facilities.

Joseph P. Iser M.D., D.P.H., M.S.

CONTROL OFFICER

01/31/2014

EXPIRATION DATE

\$475.00

ANNUAL RENEWAL FEE

B0012GS

PERMIT NO.

FAILURE TO COMPLY WITH THE CONDITIONS OF THIS PERMIT MAY RESULT IN CITATIONS OR PERMIT REVOCATION

COMPLAINT INVESTIGATION REPORT
Washoe County Air Quality Management Division

Complaint Number: **CMP13-0049**

Complaint Status: NOV

Source of Complaint: INVESTIGATOR

Complaint Type: PERMIT

Date Received: 04/16/2013

Time: 10:45 A.M.

Inspector: WPRICHARD

Inspector Area: 1

Complaint Description: NOV CITATION 5238, CASE 1116 - PERMIT VIOLATION - NO TESTING AND NO PROPER REPAIRS

Address: 1755 SUTRO ST RENO

Location: GO MART

Parcel Number: 00416101

Related Permit Number: B0012GS

Complainant:

WALLACE PRICHARD, AQ SPECIALIST II
AIR QUALITY MANAGEMENT
1001 E 9TH ST STE B171
RENO NV 89512
775-784-7212

Responsible Party:

GO MART
WASEM AKHDAR
1755 SUTRO ST
RENO NV 89512

Investigation:

Failure to comply with Operating Permit Conditions.

The bi-annual gasoline inspection was conducted on April 16, 2013 at GO MART gas station located at 1755 Sutro Street, Reno, Nevada. Air Quality Specialist Prichard found that pump nozzle #4 was out of compliance with the permit conditions during this inspection. The nozzles are a vacuum assist units and the nozzle would not pass the ring test. Also the supply hose to the nozzle was cut and needed to be replaced. The pump was taken out of service and tagged with notice #100380. The store was requested to call Air Quality Specialist Prichard and inform him when the replacement was complete.

When the records were inspected it was also found that the annual A/L (Air to Liquid) Test and Static Pressure Decay Test had not been completed. This test is required to be completed every year on a vacuum assist system.

GO MART's last test was conducted on December 20, 2011 and was scheduled for renew on December 20, 2012. When Specialist Prichard inspected on April 16, 2013 GO MART had not completed a new test and was out of compliance with their permit conditions for almost 4 months.

The afternoon of April 18th at 10:00 am Specialist Prichard received a call from GO MART informing

him that the repairs to the pump #4 had been completed and that all pumps were back in service. GO MART was informed that they could put the pump back into service.

Specialist Prichard was also informed that Mr. Akhtar was having problems scheduling a date to get his tank testing done. He was informed that he would need to get the testing completed soon or his pumps would be tagged out of service. It was another 29 days before the testing was complete.

Tanknology completed the A/L Test and the Static Pressure Decay Test on May 22,2013 and the results were received by AQM on May 22,2013. Testing showed that the A/L and Static Pressure Decay Test Passed.

GO MART was issued a Notice of Violation #5238 a Citation. A Major Violation of Section 030.2175, Violation of Permit Conditions. Permit To Operate #B0012GS Additional Condition #4: maintains that an Annual A/L (Air to Liquid) Test and Static Pressure Decay Test will be required to demonstrate compliance with CARB Executive Orders for vacuum assist phase II vapor recovery systems.

Branch Chief Charlene Albee was notified on April 16,2013 , at 3:00pm that there was a documented Violation of Permit Conditions and an NOV Citation was issued

Enforcement Activities

Warning Citation..:	Citation Number: 0
NOV.....: 04/16/2013	NOV Number....: 5238
	Case Number.....: 1116
Settlement.....:	Amount.....: \$0.00
Appealed.....:	
Upheld.....:	Amount.....: \$0.00

Status Information

Initialized By.....: TBURTON	Completed Date...:
Date Assigned.....: 04/16/2013	Completed By.....:

AIR QUALITY MANAGEMENT
VAPOR RECOVERY INSPECTION SHEET
FOR GO MART
LOCATED AT 1755 SUTRO STREET, RENO NV 89512
DATED APRIL 16, 2013



WASHOE COUNTY HEALTH DISTRICT
 AIR QUALITY MANAGEMENT DIVISION
 VAPOR RECOVERY INSPECTION SHEET

STATION GO MART ADDRESS 1755 Sutho Street
 CITY Reno ZIP 89512 CONTACT _____
 OWNER/OPERATOR Wasem Akhdar PHONE (775) 322-1116
 NUMBER OF DISPENSERS (GASOLINE) 2 NUMBER OF NOZZLES (GASOLINE) 8
 NUMBER OF PRODUCT GRADES (GASOLINE) 2 NUMBER OF NOZZLES (DIESEL) 2
 FOR EACH DISPENSER

Date 4/16/2013
 Permit # B0012 GS
 INSP Priedrich
 VN# _____

DEFECTIVE OR NON-OPERABLE EQUIPMENT

NOZZLE NUMBER	<u>4</u>																			
GAS GRADE	<u>Reg</u>																			

PUMPS	1. VACUUM PUMP																			
	2. LEAKS FTGS/SWIVELS																			
	3. USE INSTRUCTIONS																			
	4. WINTER FUEL ADVISEMENT ..																			
HOSE	1. CUT/PUNCTURED	<u>X</u>																		
	2. FLATTENED/KINKED																			
	3. LENGTH																			
	4. SWIVEL																			
	5. RETRACTORS																			
NOZZLE	1. NOZZLE/SPOUT	<u>X</u>																		
	2. SWIVEL JOINTS																			
	3. FACE SEAL																			
	4. BELLOWS																			
	5. VAPOR CHECK VALVE																			
VENT PIPES	1. 2" DIA. X 12 HGT.-MIN.																			
	2. AFTERBURNER																			
OTHER	1. VACUUM/ASSISTEQUIP																			
	2. AFTERBURNER																			

Make repairs and call Air Quality 784-7212

COPY

PHASE I System Type: Two-Point Coaxial _____ Other _____ PHASE II INSTALLED YES NO _____ BALANCE ASSIST

	TANK #1	TANK #2	TANK #3	TANK #4		TANK #1	TANK #2	TANK #3	TANK #4
1. PRODUCT GRADE (UR, U+, UP)					8. DEFECTIVE VAPOR POPPET				
2. TANK CAPACITY, GALLONS					9. MISSING FILL CAP				
3. MISSING VAPOR CAP					10. DEFECTIVE FILL CAP				
4. DEFECTIVE VAPOR CAP		<u>ok</u>			11. FILL CAP GASKET		<u>ok</u>		
5. VAPOR CAP NOT ENGAGED					12. FUEL/DEBRIS IN VAULT				
6. VAPOR CAP GASKET					13. VAULT DRAIN VALVE				
7. DEFECTIVE COAXIAL					14. FILL-VAP-STEM LOOSE				

REMARKS: Nozzle failed ring test on replace and call
Hose on # 4 regular is damaged, repair
and call. Pump is taped out. # 100380
Notice of Violation issued # 5238 (Records)
MACT requirements are not current.

OPERATOR (X) [Signature]

Unless otherwise noted all equipment must be repaired or replaced within 7 working days of the inspection date. Failure to repair or replace equipment may result in a Notice of Violation for permit conditions (Section 030.2175 - Operations Contrary to Permit. Washoe County District Board of Health Regulations Governing Air Quality Management).

Date 04/16/ Time 10:20 AM
Station Name GO Mart.
Operator's Name Wasem Arslan
Station Address 1755 Suto St Reno
Telephone No. 322-1116
Inspector Richard
Defect Nozzle & Hose.

Totalizer Reading When Tagged N/A

WARNING

Use of this device is prohibited by WCHD-AQMD Regulation 040.080 and unauthorized removal of this tag or use of this equipment will constitute a violation of the regulation punishable by a maximum civil fine of \$10,000 per day.

I declare under penalty of perjury that the device tagged was not used, nor was the tag removed, until the required repairs were effected and the District notified.

Prepared by _____ Title _____

Signature _____

Date _____ Time _____

Totalizer Reading at Time of Repair _____

Repairs Made _____

BEFORE USING THIS DEVICE Telephone the Air Quality Management Division at _____

If repairs were made to the nozzle body you must notify the Department of Weights and Measures.

Ser. 100380

TANKOLOGY -TESTING AND INSPECTION CERTIFICATE RESULTS FOR
GO MART -LOCATED AT
1755 SUTRO STREET, RENO NV 89512
DATED MAY 22, 2013



Tanknology

Testing and Inspection Certificate

Tanknology Inc.

11000 North MoPac Expressway, Suite 500, Austin, TX 78759

800-800-4633 www.tanknology.com

Page 1 of 1

Test Date	5/22/2013	Tanknology WO#	NW1-2311833
Test Purpose	COMPLIANCE	Customer PO#	

<u>Customer</u>	<u>Location</u>
GO MART 1755 SUTRO STREET RENO, NV 89512	GO MART (RENO) 1755 SUTRO ST RENO, NV 89512
Attn: WASSEM AKHTAR (775) 333-5211	Attn: Waseem (775) 333-5211

Test / Inspection Description	Item Tested	Date Tested	Result
Air or Vapor to Liquid Ratio	See test report for details	5/22/2013	Pass

Tanknology Representative: Jerry Belloli
Telephone: ()

Technician: Joey Mesa
Technician Certification: (See forms)



Tanknology Air to Liquid Ratio Form

Store Information

Site Name: GO MART
Address: 1755 SUTRO ST RENO NV 89512
Phone: 775-333-5211

Testing Company

Name: TANKNOLOGY INC.
Address: 11000 N.MoPac Expressway, #500 AUSTIN, TX 78759
Phone: 1-(800)-800-4633

Allowable A/L: 1.00 - 1.20 Test Unit Serial Number: 0835626
CARB EO: G-70-150 Test Unit Calibration Date: 1/14/2013

Meter Leak Tests: Pre-Test Leak Check (Pass/Fail): Pass Note: Bulb must not inflate in less than 30 seconds.
(For TriTester only) Post-Test Leak Check (Pass/Fail): Pass

Table with 8 columns: Dispenser Number, Product Grade, Nozzle Model #, Nozzle Manufacturer, A/L, GPM, PASS / FAIL, Comments. Contains 8 rows of test data.

Tester: Joey Mesa Certification #: 86041

Signature: [Signature] Test Date: 5/22/2013

WO: 2311833

Go Mart, 115 S. 5th St Reno NV 89512



Tanknology Inc.
8501 N. MoPac Expressway, Suite 400 Austin, TX 78759 (800) 964-0010
**JOB CLEARANCE FORM &
SITE SAFETY CHECKLIST - OVF**

Policy 100-29-A
Rev: D
Revised: 8/04/2008

Site Name#: <u>Go Mart Reno</u>		Street Address: <u>115 S 5th St Reno, NV 89512</u>		W.O. # <u>231833</u>
Arrival Time: <u>8:45</u>	Departure Time: <u>10:00</u>	Travel Time:	Others on site:	Date <u>6-21-08</u>
Scope of Work and Tasks Performed (JSA's must be available for all tasks): <u>HI</u>				
Repairs to Equipment or Parts Provided:				
Follow-up actions required; equipment isolated; comments:				

PPE - PERSONAL PROTECTIVE EQUIPMENT REQUIRED (Check items used or mark ~ if not applicable)

<input type="checkbox"/> Safety Vest	<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Gloves	<input type="checkbox"/> Hearing Protection
<input type="checkbox"/> Steel Toe Boots	<input type="checkbox"/> Splash Goggles	<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Other

PRE-TEST PROCEDURES (Check each item completed or mark ~ if not applicable)

- Discuss safety procedures with site personnel. Nearest hospital: St. Mary's Hospital Medical Center
- Prior to fuel deliveries the UST system must be placed back into working order. (315) 740-3188
- Secure entire work area with barricades (cones, flags, and caution tape, pennant flags, or other perimeter guard).
- Place fire extinguishers and "No Smoking" signs in the work area.
- Implement Lockout/Tagout per API 1646 (when accessing product piping during tasks)
 - All applicable equipment disabled during test(s).
 - Secure nozzles with "Out of Service" bags and nylon ties.
 - Close ball valves or check valves on product piping.
 - Secure the circuit breaker(s) with lockout devices and tags.
 - Verify LOTO is complete by trying to operate pumps.
 - Disconnect electrical "bayonet" connector from the STP(s).

SIGN IN

General Safety Checks:
All site personnel have been informed.
Fuel delivery has been informed.
Is a fuel delivery due today? _____
LOTO procedures have been discussed and agreed.
Work areas barricaded to protect workers, staff & public.

Lead Technician Name <u>Jerry Mass</u>	Lead Technician Signature
Site Representative Name <u>Tarik</u>	Site Representative Signature

I have discussed job clearance form with technician.

POST-TEST PROCEDURES (Check each item completed or mark ~ if not applicable)

- Remove all "Lockout/Tagout" devices.
- Run all pumps and verify there are no leaks:
 - Leak Detector Threads on STP's
 - Impact Valve Test Ports under dispensers
 - Functional Elements & Relief Screws
- Install head wire seal on all test plugs & leak detectors that were serviced.
Count LD threads: L1 _____ L2 _____ L3 _____ L4 _____ L5 _____ L6 _____
- Check following components operational:
 - Ball floats, dry breaks & caps
 - Containment sumps are dry
 - Dispenser panels are replaced
 - Leak detectors & vent tubes
 - Monitoring system is operational
 - Siphon lines and manifold valves
 - STP fittings and bayonet connectors
 - ATG probes, sensors, & caps
 - Cathodic protection operational
 - Dispensers & POS operational
 - Drop tubes, fill adapters & caps
 - Manhole covers and sump lids
 - Shear valves are open
 - Siphon lines and manifold valves
 - Vents (not capped, plugged or isolated)
- Remove barricades.

#4475

SIGN OUT & Operator Verification of Work (OVF)

General Safety Checks:
Work area has been left tidy & safe.
Site staff are aware of work status including any remaining isolation.
Changes to equipment are documented and communicated.
All incidents, near incidents, and unsafe situations reported.

Lead Technician Name <u>Jerry Mass</u>	Lead Technician Signature
Site Representative Name <u>TARIK</u>	Site Representative Signature

Site Representative Comments:
HI

COMPANY CONFIDENTIAL

© Tanknology Inc., 2011. All Rights Reserved.

Printed copies of this document are uncontrolled. The current version is available in the Tanknology On-Line Document Control System

ATTN = Wallace Prichart

***** TANK DATA *****

	TANK NO. 1	TANK NO. 2	TANK NO. 3	TANK NO. 4
TANK DIAMETER (IN)	92	92	92	
LENGTH (FT)	28.96	28.96	28.96	
VOLUME (GAL)	10000	10000	10000	
TYPE	ST	ST	ST	
FUEL LEVEL (IN)	41.5	73.5	38.75	
FUEL TYPE	SUP UNLD	REG UNLD	DIESEL 2	
dVOL/dy (GAL/IN)	110.18	88.75	109.33	

CALIBRATION ROD DISTANCE

1	10.65625
2	26.95313
3	41.93750
4	56.93750
5	74.93750

ATTN= Walce Prichard
Air Quality Specialist

~~ATTN=~~ From
Geo Mart LLC
Waseem #775-750-8309

2/4

INVOICE #DL000144

TEST DATE: 05/16/13

LAWRENCE TANK TESTING
P.O. BOX 407
DOWNIEVILLE, CA 95936
775-750-7456

TANK STATUS EVALUATION REPORT

***** CUSTOMER DATA *****

***** SITE DATA *****

GO MART
1755 SUTRO
RENO
NEVADA
89512

GO MART
1755 SUTRO
RENO
NEVADA
89512

CONTACT: SHERAZ AHMED
PHONE #: 775-322 1116

CONTACT: SHERAZ AHMED
PHONE #: 775-322-1116

***** COMMENT LINE *****

CURRENT EPA STANDARDS DICTATE
THAT FOR UNDERGROUND FUEL TANKS, THE MAXIMUM ALLOWABLE LEAK/GAIN
RATE OVER THE PERIOD OF ONE HOUR IS .10 GALLONS.
THE FOLLOWING TANK(S) WERE TESTED USING A USTEST 2000/P TANK TEST SYSTEM.

TANK #1: SUPER UNLEADED TYPE: STEEL RATE: .001773 G.P.H. GAIN
TANK IS TIGHT.

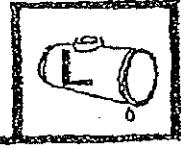
TANK #2: REG UNLEADED TYPE: STEEL RATE: .040233 G.P.H. GAIN
TANK IS TIGHT.

TANK #3: DIESEL FUEL 2 TYPE: STEEL RATE: .023990 G.P.H. GAIN
TANK IS TIGHT.

OPERATOR: GREG BOSTROM
UTT-1021

SIGNATURE:  DATE: 5-16-13

13
4



Lawrence Tank Testing

P.O. Box 407

Downieville, California 95936

775-750-7456

MECHANICAL LEAK DETECTOR TEST CERTIFICATION

STATION#:

Test Date

Address:

60-MARK
1755 SUTRO, REALD. AV

City/State/Zip:

516113

Product	STP Manufacturer	Leak Detector Manufacturer/Model	Serial #	Pass/Fail*
RUL <input checked="" type="checkbox"/>	<u>Red JACKET</u>	Existing: <u>116 1054</u>	<u>40605-2029</u>	<u>PASS</u>
PLUS <input type="checkbox"/>		New: <u>1</u>	<u>1</u>	
SUP <input type="checkbox"/>				
DSL <input type="checkbox"/>				
OTHER <input type="checkbox"/>				
Comments: <u>Replaced O Ring</u>				

Product	STP Manufacturer	Leak Detector Manufacturer/Model	Serial #	Pass/Fail*
RUL <input type="checkbox"/>	<u>Red JACKET</u>	Existing: <u>116 1058</u>	<u>H1205-3774</u>	<u>PASS</u>
PLUS <input type="checkbox"/>		New: <u>1</u>		
SUP <input type="checkbox"/>				
DSL <input checked="" type="checkbox"/>				
OTHER <input type="checkbox"/>				
Comments:				

Product	STP Manufacturer	Leak Detector Manufacturer/Model	Serial #	Pass/Fail*
RUL <input type="checkbox"/>	<u>Red JACKET</u>	Existing: <u>116 1017</u>	<u>11087</u>	<u>PASS</u>
PLUS <input type="checkbox"/>		New: <u>1</u>		
SUP <input checked="" type="checkbox"/>				
DSL <input type="checkbox"/>				
OTHER <input type="checkbox"/>				
Comments:				

Product	STP Manufacturer	Leak Detector Manufacturer/Model	Serial #	Pass/Fail*
RUL <input type="checkbox"/>		Existing: <u>1</u>		
PLUS <input type="checkbox"/>		New: <u>1</u>		
SUP <input type="checkbox"/>				
DSL <input type="checkbox"/>				
OTHER <input type="checkbox"/>				
Comments:				

All new units must pass test. If an operational leak detector restricts flow through the product line, or if the detector will not pass a test, shut the product down immediately. Perform a line test to verify system integrity.

If the product lines are tested - Products that fail should be shut down immediately. Notify the station operator

[Signature]
Technician Name

1177-1021
Technician #

24/4

LAWRENCE TANK TESTING

PO BOX 407 DOWNIEVILLE, CALIFORNIA 95936 775-750-7456
 SERVING NORTHERN NEVADA AND CALIFORNIA FOR OVER 21 YEARS

PETRO-TITE PRODUCT LINE TEST

STATION # _____

DATE 5-16-13

STATION NAME 60-MART OWNER _____

ADDRESS 1755 SUTRO, Reno, NV

PRODUCT	TIME	PROCEDURE	PSI PRESSURE		BURETTE VOLUME		NET CHANGE	TEST RESULTS AND COMMENT	
			BEFORE	AFTER	BEFORE	AFTER			
REG	0930	CHARGED LINE TO	50						
PLUS	0945	RECHARGED LINE TO	50 WITH BURETTE SET AT						
PREM	1000	1 ST 15 MIN. PERIOD	50	50	.038	.038	.000		
DSL	1015	2 ND 15 MIN. PERIOD	50	50	.036	.036	.000		
BIO	1030	3 RD 15 MIN. PERIOD	50	50	.036	.036	.000		
	1045	4 TH 15 MIN. PERIOD	50	50	.036	.036	.000	1.000 GPH	
		BLEED BACK					+0.022	(PASS) FAIL	
REG	0930	CHARGED LINE TO	50						
PLUS	0945	RECHARGED LINE TO	50 WITH BURETTE SET AT						
PREM	1000	1 ST 15 MIN. PERIOD	50	49	.038	.037	-0.001		
DSL	1015	2 ND 15 MIN. PERIOD	50	50	.036	.036	.000		
BIO	1030	3 RD 15 MIN. PERIOD	50	50	.036	.036	.000		
	1045	4 TH 15 MIN. PERIOD	50	50	.036	.036	.000	= -0.001 GPH	
		BLEED BACK					+0.019	(PASS) FAIL	
REG	0930	CHARGED LINE TO	50						
PLUS	0945	RECHARGED LINE TO	50 WITH BURETTE SET AT						
PREM	1000	1 ST 15 MIN. PERIOD	50	49	.037	.036	-0.001		
DSL	1015	2 ND 15 MIN. PERIOD	50	50	.036	.036	.000		
BIO	1030	3 RD 15 MIN. PERIOD	50	50	.036	.036	.000		
	1045	4 TH 15 MIN. PERIOD	50	50	.036	.036	.000	= -0.001 GPH	
		BLEED BACK					+0.024	(PASS) FAIL	

TECHNICIAN Bryce T. Bohannon LICENSE # UTT-1021

SUNDANCE SERVICE

301 Hot Springs Rd., # 9

Carson City, Nv. 89706

775-883-4357

REPAIR ORDER

Job Complete ?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Cert. Forms Attached ?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
tracking#	351035114510	
DATE	5-10-13	
Gilbarco	SR#	C#

CUSTOMER NAME	CUSTOMER ADDRESS	CITY
J-11 RW	900 E. PARR BLVD	RENO

PROBLEM DISCRPTION	CRIME/CASUALTY?
Wmgs 6/10/12 Nozzles bad per air quality	

WORK PERFORMED
Inspected, Nozzles damaged and need to be replaced. Will order and return.

PHONE #	STATION #
	326M
MATERIAL DISCRPTION	QTY.
WITH PART NUMBERS	

LABOR CHARGE/MAN		
INIT.	Hrs.	Min.
WR	1.5	

5-10-13
Ara Hernandez
store stamp

Parts required to complete	Ordered ?
12VW Nozzles x3	YES

Work needed @ site

Travel time	ARRIVE SITE	DEPART SITE	Total Hrs/min @ site
	12:00	12:00	

MILEAGE

GILBARCO INFO

DISP# & SERIAL #	FAULT	CAUSE	REMEDY

ANY OSHA CONFINED SPACE WORK REQUIRES TWO MEN PER OSHA CER 1910-146

NOV @ SITE ?	YES	NO
INCL W/ PAPERWORK?	YES	NO

TECH NAME	Dealer - please read before signing. This is to certify that the work done was completed in the time indicated.	CUSTOMER SIGNATURE
Wyatt W. [Signature]		

May. 19 2013 09:58AM P1

FAX NO. : 77533372400

FROM :



CHRONOLOGY OF COMPLIANCE ACTIONS

Go Mart

Notice of Violation - WARNINGS

<u>Date</u>	<u>Action</u>	<u>Reason</u>
6/4/2010	25% + Permit cost.	Expired Permit
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Notice of Violation - CITATIONS

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

Details: _____

Details: _____

Details: _____



Washoe County Health District



Public Health
Prevent. Promote. Protect.

STAFF REPORT
BOARD MEETING DATE: July 25, 2013

DATE: July 15, 2013
TO: District Board of Health
FROM: Lori Cooke, Fiscal Compliance Officer, Washoe County Health District
 775-325-8068, lcooke@washoecounty.us
THROUGH: Eileen Stickney, Administrative Health Services Officer
 775-328-2417, estickney@washoecounty.us

SUBJECT: Proposed retroactive approval of the Interim District Health Officer's acceptance of Subgrant Amendment #1 from the Nevada Department of Health and Human Services, Health Division for the period January 1, 2013 through December 31, 2013 in the amount of \$99,223, bringing total CY 2013 funding for the Immunization Program Grant (IOs 10028 & 10029), to \$198,446.

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 Subgrant Amendment #1 from the Nevada Department of Health and Human Services, Health Division (NSHD), which provides for grant funding for the on-going Immunization Program, IOs 10028 & 10029. A copy of 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 health communities.

Approval of Subgrant Amendment #1 also supports the Health District Immunization Program Mission to promote public health by reducing vaccine preventable disease through immunization, with an emphasis on collaboration and cooperation with community partners.

PREVIOUS ACTION

The Washoe County District Board of Health approved a Notice of Subgrant Award in the amount of \$99,223, representing “Round 1” of funding, in support of the Immunization Program on February 28, 2013.

BACKGROUND

The NSHD has received “Round 2” of funding from the Centers for Disease Control and Prevention (CDC). As such, the Amendment reflects the subgrant period of January 1, 2013 through December 31, 2013, with additional funding of \$99,223.

In order to have an executed contract with sufficient budget authority to bill expenditures through June 30, 2013, the Interim District Health Officer signed Subgrant Amendment #1 on June 26, 2013.

FISCAL IMPACT

No budget amendments are necessary as sufficient budget authority is available through 6/30/14.

RECOMMENDATION

Staff recommends that the District Board of Health retroactively approval of the Interim District Health Officer’s acceptance of Subgrant Amendment #1 from the Nevada Department of Health and Human Services, Health Division for the period January 1, 2013 through December 31, 2013 in the amount of \$99,223, bringing total CY 2013 funding for the Immunization Program Grant (IOs 10028 & 10029), to \$198,446.

POSSIBLE MOTION

Move to retroactively approve the Interim District Health Officer’s acceptance of Subgrant Amendment #1 from the Nevada Department of Health and Human Services, Health Division for the period January 1, 2013 through December 31, 2013 in the amount of \$99,223, bringing total CY 2013 funding for the Immunization Program Grant (IOs 10028 & 10029), to \$198,446.

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

HD Amendment #: 13128-1
 HD Contract #: 13128
 Budget Account #: 3213
 Category #: 20
 GL #: 8516

SUBGRANT AMENDMENT #1

Program Name: Immunization Program Bureau of Child, Family & Community Wellness Nevada State Health Division		Subgrantee Name: Washoe County Health District (WCHD)	
Address: 4150 Technology Way, Suite #210 Carson City, NV 89706-2009		Address: PO Box 11130 Reno, NV 89520	
Original Subgrant Period: 1/1/2013 through 12/31/2013		Subgrantee EIN#: 88-6000138	
Amended Subgrant Period: 1/1/2013 through 12/31/2013		Subgrantee Vendor#: T40283400 Q	
Source of Funds: 1. Centers for Disease Control & Prevention	% of Funds: 100%	CFDA#: 93.268	Federal Grant #: 1H23IP000727-01

Amendment #1: The Nevada State Immunization Program received Round 2 funding from the CDC issued on 6/7/2013. It is necessary for the Nevada State Immunization Program to increase the 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 \$99,223, from \$99,223 to \$198,446.

Change to:
 Total Approved Budget Categories & Funding Sources

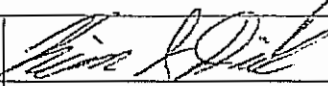
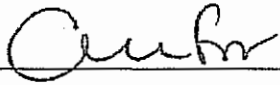
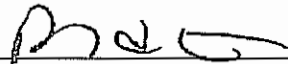
CATEGORIES	FUNDING SOURCE				TOTAL
	VFC OPS (01)	VFC/AFIX (04)	317 OPS (00)	PAN FLU (05)	
1. Personnel	\$112,808		\$72,028		\$184,836
2. Travel	\$400		\$4,530		\$4,930
3. Operating	\$866				\$866
4. Equipment					
5. Contractual/Consultant					
6. Training					
7. Other	\$7,814				\$7,814
TOTAL	\$121,888		\$76,558		\$198,446

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).

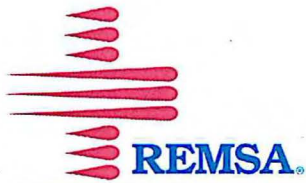
Disbursement of funds will be as follows:

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 \$198,446 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		6/26/13
Erin Seward, MPH State Immunization Program Manager	Erin Seward	6/18/13
Deborah A. Harris, MA, CPM CFCW Bureau Chief		6/14/13
Richard Whitley, MS Administrator, Health Division		6/15/13

CRS
CH



Regional Emergency Medical Services Authority

REMSA

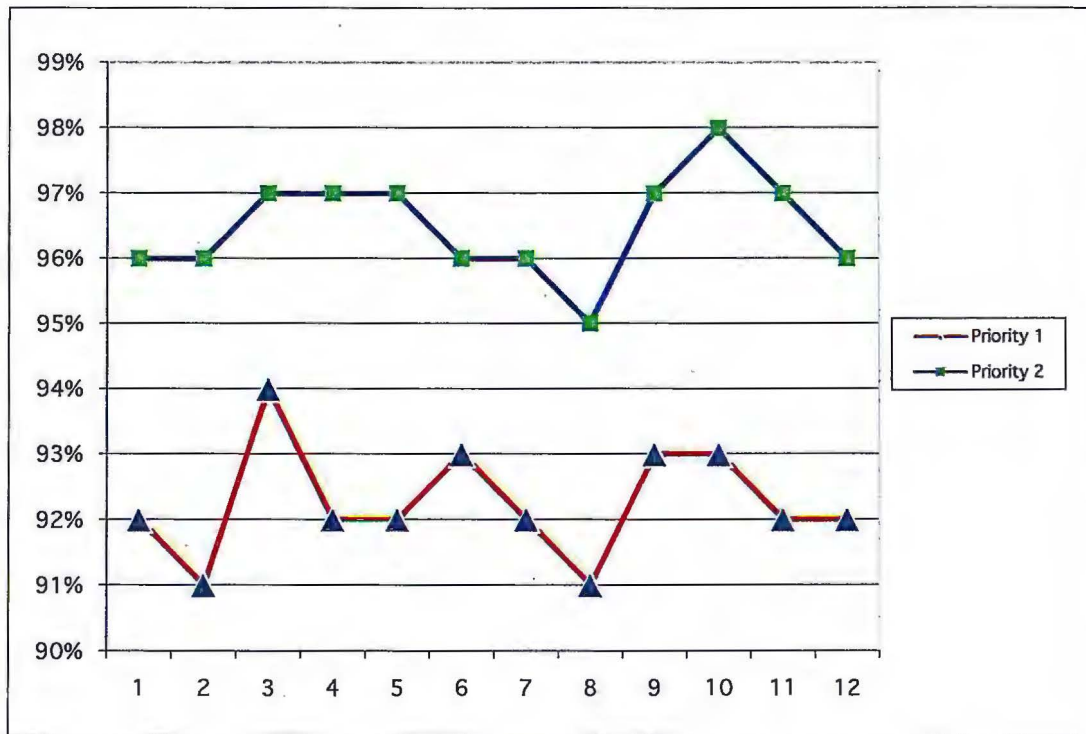
OPERATIONS REPORTS

FOR

JUNE 2013

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.	5 mins. 34 secs.	4 mins. 40 secs.	92%	97%
Nov.	5 mins. 38 secs.	4 mins. 42 secs.	92%	97%
Dec.	5 mins. 56 secs.	4 mins. 58 secs.	93%	96%
Jan. 2013	5 mins. 48 secs.	4 mins 50 secs.	92%	96%
Feb.	5 mins. 50 secs.	4 mins. 51 secs.	91%	95%
Mar.	5 mins. 32 secs.	4 mins. 35 secs.	93%	97%
Apr.	5 mins. 45 secs.	4 mins. 46 secs.	93%	98%
May	5 mins.58 secs.	4 mins. 56 secs.	92%	97%
June 2013	5 mins. 52 secs.	4 mins. 54 secs.	92%	96%



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.	3	\$20,775	\$6,925	\$7,764
Nov.	11	\$81,919	\$7,447	\$7,698
Dec.	3	\$19,774	\$6,591	\$7,639
Jan. 2013	6	\$40,326	\$6,721	\$7,550
Feb.	12	\$79,820	\$6,652	\$7,405
Mar.	16	\$113,572	\$7,098	\$7,350
Apr.	12	\$80,020	\$6,668	\$7,270
May	12	\$97,014	\$8,084	\$7,356
June	11	\$73,580	\$6,689	\$7,297
Totals	125	\$912,125	\$7,297	\$7,297

Adjusted Allowed Average Bill - \$7,393.00

REMSA Ground

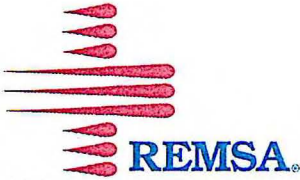
Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-12	3222	\$3,256,558	\$1,011	\$1,011
Aug.	3305	\$3,381,910	\$1,023	\$1,017
Sept.	3088	\$3,190,456	\$1,033	\$1,022
Oct.	3234	\$3,322,716	\$1,027	\$1,024
Nov.	3015	\$3,094,421	\$1,026	\$1,024
Dec.	3164	\$3,269,747	\$1,033	\$1,026
Jan. 2013	3376	\$3,477,783	\$1,030	\$1,026
Feb.	3086	\$3,182,191	\$1,031	\$1,027
Mar.	3375	\$3,480,552	\$1,031	\$1,027
Apr.	3096	\$3,191,831	\$1,031	\$1,028
May	3402	\$3,496,041	\$1,028	\$1,028
June	3364	\$3,462,770	\$1,029	\$1,028
Totals	38727	\$39,806,976	\$1,028	\$1,028

Allowed ground avg bill - \$1,028.00

Monthly Payments

REMSA
 Monthly Debt Payments
 As of 7/15/2013

Acct No	Current Monthly Payment (P&I)
7197508-5001	\$ 14,977.27
7197608-5002	10,241.51
7197608-9042	16,480.17
7197608-9047	10,279.43
7197608-9048	6,572.61
7197608-9049	14,993.51
7197608-9050	4,787.55
7197608-9051	22,530.20
7197608-9052	447.91
7197608-9053	2,196.54
7197608-9054	2,435.75
7197608-9055	8,353.72
7197608-9056	2,338.59
7197608-9057	17,511.94
7197608-9058	25,972.42
7197608-9059	2,452.20
10099003	11,871.59
10099004	11,871.59
10099005	12,488.60
Total	\$ 198,803.10



Regional Emergency Medical Services Authority

**CARE FLIGHT
OPERATIONS REPORT
FOR
JUNE 2013**



**CARE FLIGHT OPERATIONS REPORT
JUNE 2013
WASHOE COUNTY**

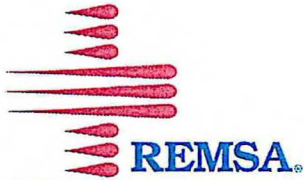
- ❖ **In Town Transfer:**
 1 Ground ITT was completed
- ❖ **Outreach, Education, & Marketing:**
 ➤ 1 Community Education & Public Events

6/26/13	Renown South Meadows helicopter safety	Flight Staff
---------	--	--------------

❖ **Statistics**

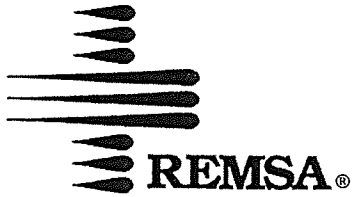
Washoe County Flights

	# patients
Total Flights:	11
Total Patients	11
Expired on Scene	0
Refused Transport (AMA)	0
Scene Flights	10
Hospital Transports	1
Cardiac	3
Trauma	4
Medical	3
Pulmonary	1
High Risk OB	0
Neuro	0
Pediatrics	0
Newborn	0
Full Arrest	0
Surgical	0
Total	11



Regional Emergency Medical Services Authority

REMSA
GROUND OPERATIONS REPORT
FOR
JUNE 2013



GROUND AMBULANCE OPERATIONS REPORT

June 2013

1. OVERALL STATISTICS:

Total Number Of System Responses	5749
Total Number Of Responses In Which No Transport Resulted	2385
Total Number Of System Transports	3364

2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests		2%
Medical		44%
OB		1%
Psychiatric/Behavioral		4%
Transfers		18%
Trauma		26%
	Trauma – MVA	7%
	Trauma – Non MVA	19%
Unknown/Other		5%
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 3251 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
6/1/2013	REMSA	5
6/6/2013	REMSA	10
6/8/2013	EMS CES 911 Training Site	1
6/15/2013	REMSA	10
6/18/2013	Eastern Plumas Healthcare	1
6/24/2013	EMS CES 911 Training Site	1
6/25/2013	REMSA	2
6/28/2013	REMSA	11

Advanced Cardiac Life Support Recert

Date	Course Location	Students
5/21/2013	Humboldt General Hospital	4
5/29/2013	Saint Mary's Regional Medical Center	6
5/30/2013	REMSA	10
5/30/2013	Trent Waechter	1
5/31/2013	EMS CES 911 Training Site	2
6/7/2013	John Mohler & Co	4
6/12/2013	REMSA	6
6/14/2013	John Mohler & Co	12
6/17/2013	REMSA	7
6/17/2013	EMS CES 911 Training Site	1

6/18/2013	EMS CES 911 Training Site	1
6/25/2013	Saint Mary's Regional Medical Center	5
6/26/2013	EMS CES 911 Training Site	4
6/29/2013	REMSA	11

Advanced Cardiac Life Support Skills

Date	Course Location	Students
6/5/2013	REMSA	1
6/7/2013	Tahoe Pacific Hospital - SM	1
6/21/2013	Saint Mary's Regional Medical Center	1

Advanced Cardiac Life Support Prep Course

Date	Course Location	Students
6/3/2013	REMSA	3

Bloodborne Pathogen

Date	Course Location	Students
6/18/2013	US Forest Service - REMSA	20

Health Care Provider CPR

Date	Course Location	Students
1/30/2013	South Lake Tahoe Police Department	3
1/30/2013	South Lake Tahoe Police Department	2
4/2/2013	UNR SOM - REMSA	32
4/2/2013	UNR SOM - REMSA	34
5/10/2013	Sierra Nevada Job Corps	1
5/16/2013	Jennifer Kraushaar	5
5/31/2013	Sierra Nevada Job Corps	5

5/31/2013	Molly Turner	1
6/1/2013	Riggs Ambulance	21
6/4/2013	Manor Care - REMSA	4
6/4/2013	REMSA	8
6/4/2013	Alex Worsnop	3
6/4/2013	Michael Salerno	4
6/4/2013	EMS CES 911 Training Site	6
6/6/2013	Humboldt General Hospital	5
6/6/2013	REMSA	6
6/6/2013	West Hills Hospital	13
6/7/2013	Career College of Northern Nevada	15
6/8/2013	REMSA	10
6/9/2013	EMS CES 911 Training Site	5
6/10/2013	Milan Institute	12
6/11/2013	EMS CES 911 Training Site	3
6/12/2013	REMSA	6
6/12/2013	Barrick DR	3
6/15/2013	Humboldt General Hospital	2
6/17/2013	Milan Institute	20
6/17/2013	Great Basin College	3
6/19/2013	EMS CES 911 Training Site	3
6/19/2013	Nye County Sheriff's	2
6/22/2013	EMS CES 911 Training Site	13
6/23/2013	Nye County EMS	2
6/24/2013	EMS CES 911 Training Site	2
6/25/2013	REMSA	9

6/25/2013	Trent Waechter	1
6/25/2013	EMS CES 911 Training Site	2
6/26/2013	EMS CES 911 Training Site	5
6/27/2013	Nye County Sheriff's	1
6/27/2013	Nye County Sheriff's	1
6/27/2013	EMS CES 911 Training Site	4
6/28/2013	Nye County Sheriff's	3
6/28/2013	Nye County Sheriff's	1

Health Care Provider Employee

Date	Course Location	Students
3/7/2013	REMSA	2
6/7/2013	REMSA	1
6/7/2013	REMSA	1
6/10/2013	REMSA	1
6/26/2013	REMSA	1
6/27/2013	REMSA	1
6/27/2013	REMSA	1

Health Care Provider Recert

Date	Course Location	Students
5/15/2013	Airport Fire Department	1
5/15/2013	Humboldt General Hospital	2
6/2/2013	Nampa Fire Department	1
6/4/2013	Eagle Valley	5
6/5/2013	Carson BLM	7
6/10/2013	Digestive Health - REMSA	15

6/11/2013	Nampa Fire Department	12
6/12/2013	Washoe County School District	3
6/12/2013	Tahoe Forest Hospital	1
6/13/2013	REMSA	10
6/13/2013	REMSA	1
6/13/2013	Eastern Plumas Healthcare	2
6/14/2013	REMSA	10
6/17/2013	EMS CES 911 Training Site	3
6/18/2013	REMSA	9
6/18/2013	Tahoe Forest Hospital	8
6/19/2013	Tahoe Forest Hospital	4
6/20/2013	Regent Care Center Reno	8
6/21/2013	HD Retina Eye Center - REMSA	6
6/24/2013	REMSA	10
6/26/2013	REMSA	9
6/26/2013	REMSA	9
6/28/2013	REMSA	8

Health Care Provider Skills

Date	Course Location	Students
5/29/2013	Martin DDS - REMSA	1
6/2/2013	Majen	1
6/5/2013	REMSA	1
6/6/2013	Tahoe Pacific Hospital - SM	3
6/7/2013	Majen	1
6/7/2013	REMSA	1

6/7/2013	Riggs Ambulance	1
6/10/2013	Tahoe Pacific Hospital - SM	1
6/14/2013	Majen	1
6/14/2013	Majen	1
6/15/2013	Tahoe Pacific Hospital - SM	1
6/18/2013	Tahoe Forest Hospital	1
6/22/2013	Tahoe Pacific Hospital - SM	1
6/24/2013	Tahoe Pacific Hospital - SM	2
6/28/2013	Tahoe Forest Hospital	1

Heart Saver CPR/AED

Date	Course Location	Students
5/8/2013	RAVE Family Foundation	14
5/24/2013	Washoe County School District	2
5/28/2013	Washoe County School District	7
5/29/2013	Pyramid Lake Clinic - REMSA	16
6/2/2013	Heather Paige	1
6/4/2013	Erica Krysztof	1
6/5/2013	REMSA	9
6/7/2013	Sierra Nevada Job Corps	5
6/8/2013	Washoe County School District	3
6/10/2013	Washoe County School District	6
6/11/2013	Majen	1
6/12/2013	Barrick DR	6
6/13/2013	Silver Bear Swim School - REMSA	13
6/15/2013	Nampa Fire Department	7
6/18/2013	Airport Fire Department	2

6/20/2013	Nevada Air Guard	5
6/23/2013	Nevada Air Guard	9
6/26/2013	Carson Nugget	2
6/29/2013	REMSA	10

Heart Saver CPR/First Aid

Date	Course Location	Students
1/25/2013	South Lake Tahoe Police Department	1
4/13/2013	McDermitt EMS	9
5/7/2013	McDermitt EMS	1
5/9/2013	McDermitt EMS	6
5/19/2013	Kevin Hoff	2
6/1/2013	REMSA	9
6/1/2013	Majen	13
6/1/2013	ABC Fire	6
6/2/2013	Airport Fire Department	1
6/3/2013	Sierra Nevada Job Corps	3
6/3/2013	Nye County EMS	3
6/3/2013	Eagle Valley	3
6/4/2013	US Probation Office - REMSA	12
6/4/2013	Sierra Nevada Job Corps	4
6/4/2013	Sierra Nevada Job Corps	1
6/5/2013	Sierra Adventures - REMSA	7
6/6/2013	PetSmart - REMSA	5
6/7/2013	Majen	6
6/7/2013	Chris McNally	9

6/7/2013	Northern Nevada International - REMSA	7
6/7/2013	Humboldt General Hospital	1
6/8/2013	Jennifer Kraushaar	2
6/8/2013	Mark Bosco	4
6/10/2013	Lassen CPR Plus	3
6/11/2013	Majen	10
6/11/2013	Alex MacLennan	10
6/11/2013	Alex MacLennan	11
6/12/2013	PetSmart - REMSA	6
6/12/2013	Majen	6
6/12/2013	Susan Phillips	5
6/12/2013	Sierra Nevada Job Corps	3
6/13/2013	Sierra Nevada Job Corps	6
6/13/2013	Randi Hunewill	12
6/14/2013	Elko BLM	24
6/15/2013	Riggs Ambulance	13
6/17/2013	Majen	4
6/18/2013	US Forest Service - REMSA	19
6/18/2013	Barrick DR	7
6/19/2013	Majen	2
6/19/2013	Barrick DR	6
6/20/2013	Elko BLM	3
6/20/2013	Barrick DR	13
6/20/2013	Sierra Nevada Job Corps	6
6/21/2013	Barrick DR	9
6/25/2013	Barrick DR	13

6/25/2013	EMS CES 911 Training Site	2
6/26/2013	Barrick DR	11
6/26/2013	Barrick DR	1
6/26/2013	Susan Phillips	2
6/26/2013	Nampa Fire Department	12
6/26/2013	Alex MacLennan	8
6/27/2013	Barrick DR	9
6/28/2013	Community Living Options	3
6/28/2013	Barrick DR	1
6/28/2013	Barrick DR	11
6/29/2013	Barrick DR	12

Heart Saver First Aid

Date	Course Location	Students
5/15/2013	Airport Fire Department	1
6/4/2013	Eagle Valley	5
6/7/2013	Career College of Northern Nevada	15
6/11/2013	Washoe County School District	3
6/11/2013	Milan Institute	13
6/18/2013	Milan Institute	20
6/25/2013	EMS CES 911 Training Site	2

Heart Saver Pediatric CPR/First Aid

Date	Course Location	Students
6/8/2013	Jennifer Kraushaar	5
6/21/2013	REMSA	1
6/22/2013	EMS CES 911 Training Site	2
6/8/2013	REMSA	9

Pediatric Advanced Life Support

Date	Course Location	Students
6/11/2013	REMSA	12
6/11/2013	Eastern Plumas Healthcare	2
6/21/2013	REMSA	9

Pediatric Advanced Life Support Recert

Date	Course Location	Students
3/22/2013	Trent Waechter	1
6/7/2013	REMSA	2
6/11/2013	EMS CES 911 Training Site	1
6/13/2013	John Mohler & Co	8
6/25/2013	REMSA	11

Pediatric Advanced Life Support Instructor

Date	Course Location	Students
6/12/2013	REMSA	4

Ongoing Courses

Date	Course Description / Location	Students
2/1/13	REMSA Education- Paramedic	15
8/14/12	REMSA Education - Paramedic	13
1/8/13	REMSA Education- AEMT	23
4/2/13	REMSA Education-EMT	22
6/25/13	REMSA Education - EMT	28

Total Students This Report	1228
----------------------------	------

5. COMMUNITY RELATIONS:

Community Outreach:

Point of Impact

Date	Description	Attending
6/1/13	Technician Update providing CEUs for recertification	1 staff, 7 Technicians
6/24-6/27/13	Nationally Certified Child Passenger Safety Technician Course	2 staff, 3 students
6/28/13	15th Annual Point of Impact Charity Golf Tournament	
6/29/13	Child Safety Seat Checkpoint, hosted by Renown Children's Hospital on Renown Campus, 14 cars and 17 seats inspected.	4 staff, 8 volunteers

Northern Nevada Fitting Station Project

Date	Description	
6/27/13	Article in the Renown Special Section of the Reno Gazette Journal.	

Safe Kids Washoe County

Date	Description	Attending
6/1/13	Bike Helmet community partner donations: 20 to the UNR Health and Wellness Program; 14 to the Community Services Agency Head Start; 30 to the Down's Syndrome Network of Northern Nevada; and 36 to Kiwanis Bikes Program.	
6/3/13	Press release to rural newspapers on safe sleep.	
6/3/13	Babies Need You: Shaken Baby and Unsafe Sleep Environment training at Carson City Sherriff's Department.	1 staff
6/4/13	Esther Bennett Annual Field Day; three safety stations - pedestrian, in-and-around cars, and fire safety.	3 volunteers; 200 kids
6/4/13	Interview with KOH radio about hyperthermia.	1 staff
6/4/13	Interview with Erin Breen with Channel 2 news about hyperthermia; story ran on evening news.	1 staff
6/5/13	Bi-monthly Safe Kids Washoe County Board of Directors meeting, REMSA.	8 volunteers, 1 staff

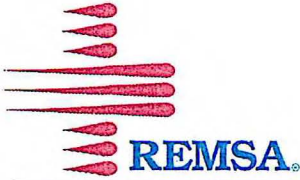
6/5/13	Immunize Nevada Board meeting, teleconference.	1 staff
6/6/13	Give Kids A Boost/Safe Kids Day subcommittee meeting, Sun Valley.	5 volunteers
6/11/13	Monthly Safe Kids Coalition Meeting, Sparks.	1 staff, 14 volunteers
6/13/13	Chronic Disease Coalition quarterly meeting, Washoe County Health District. Presented on the Innovation grant.	1 staff
6/13/13	Sports Injury Prevention focus group, REMSA.	2 volunteers, 1 student intern
6/13/13	Press release to Reno Gazette Journal on safe sleep.	
6/13/13	A Statewide Forum on Nevada's Online Health Insurance Exchange, Reno.	1 staff
6/14/13	Obesity Forum planning committee teleconference.	1 staff
6/15/13	South Valleys Library Health Fair focusing on Sports Injury Prevention, Reno.	1 student intern, 50 attendees
6/17/13	Northern Nevada Maternal Child Health Coalition meeting, Reno.	1 staff
6/18/13 - 6/22/13	Safe Kids Worldwide National Conference, Washington, D.C. Melissa Krall provided a poster presentation on the Nevada Cribs for Kids program.	1 staff, 1 volunteer
6/20/13	SIDS? Not SIDS? Presentation Renown Nursing staff, Reno.	1 staff, 8 attendees
6/20/13	Event planning with Marcus White from Amerigroup.	1 staff
6/21/13	Newspaper article in the Pahrump Valley Times about safe sleep.	
6/25/13 - 6/28/13	National Cribs for Kids conference, Pittsburgh, PA. Melissa Krall received the Starfish Making a Difference Award for the Nevada Cribs for Kids program.	2 staff

Meetings

Date	Description	Attending
6/13/13	Employee Resource Team	1 staff
6/20/13	CQI Steering Committee	1 staff

Public Relations

6/1/13	Winners Column for AAA donation of \$5,000 to Point of Impact and \$5,000 to Safe Kids Washoe County.
--------	---



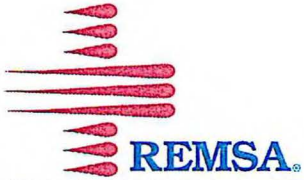
Regional Emergency Medical Services Authority

**GROUND AMBULANCE AND CARE FLIGHT
INQUIRIES
FOR
JUNE 2013**

INQUIRIES

June 2013

There was one inquiry in the month of June. A patient called Dr. Todd at the Health Department with some concerns about a recent transport due to an atypical seizure disorder. REMSA's Director of Education and CQI/CNO contacted the patient to discuss these concerns. The patient stated this should be an opportunity to educate the medics on this unusual type of seizure disorder. The patient agreed to the suggestion that a letter be obtained from their treating physician describing the condition, to carry with them in case they need a 911 response. The patient was quite satisfied with the contact and the opportunity to improve the care REMSA can provide in these circumstances.



Regional Emergency Medical Services Authority

**GROUND AMBULANCE
CUSTOMER SERVICE
FOR
JUNE 2013**

GROUND AMBULANCE CUSTOMER COMMENTS JUNE 2013

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
1	Made sure patient and passenger were safe before heading to hospital.	Provide some kind of transportation from the hospital (bus tickets)	Very complete and professional.
2	The crew was very kind and gentle with mom. She was very happy to have their help. The crew was very supporting of my husband knowing of his difficulty in dealing with medical emergencies and especially in reassuring mom.		
3	Everything was very professional.		The care was excellent.
4	All services provided to me were excellent.		Above average.
5	Everything was great especially under a very stressful situation, time and time again.		
6	Ask all question, you need it.		
7	Real nice and kind.		
8	Kept patient calm since she is only 5 yrs old and was in a roll over accident. They made her feel safe.		You guys are great!
9	Kept me informed about everything like what they were doing and what would happen next.	You guys were great.	
10	Everything.		
11	Everything.		
12	Staff fed and watered my three cats before taking me to the hospital. Gave me great piece of mind.		
13	We have no idea.	My brother was taken by ambulance from the nursing facility to the hospital. We were not there. We were told however that his records were sent by nursing home hosp. in ambulance, but the hospital said they never received the records. consequently they knew nothing about him when he arrived. Very disturbing.	
14	Remsa arrived in approximately 10-15 minutes, asked questions pertaining to what I felt immediately drove to the hospital.		Care and service was very good. Immediately gave me pain meds and made me comfortable. Felt I was in good hands.
15	Pretty much everything. Courteous and on time.		
16	Everything.		
17	Calmed me and relived my pain.		Excellent, Thank you.
18	Calm skilled staff, modeled perfect feed back to newer employee, perfectly accepted, perfect match.		Insisted I get an immediate bed when they would have put me in wheel chair with fracture, that would have been terrible.
19	Excellent professional and made me feel I was truly being helped. Thank you very much.		
20	professional care in route. Excellent.	Could not have been better.	Exemplary, professional.
21	You all did a great job for my mom. Thank you!		
22	Everything was done very well.		
23	Patient management was excellent.		
24	I was treated with respect and care.	I don't think you can do any better.	
25	Gave help when needed. Arrived quickly.		
26	Staff was very good with inserting IV.	Can't think of anything.	
27	Paramedics were all kind and helpful. Thank you so much to the whole crew.		They were so kind and gentle to the patient. Thank you so much.
28	They were very nice to me.		
29			Very grateful for the help I had been vomiting over 24 hrs.
30	Arrived promptly reassured my husband.		
31	Arrived quickly and talked to me, helped me calm down.		I'm so grateful for the help. I had been vomiting over 48 hrs and felt terrible in having to ask for help again.
32	Good.	Nothing.	Good.
33	Explained situation and options. Very kind paramedics. Thank you for talking to my husband too.	Charge less.	I received card with tape after requesting from billing clerk. Thank you for extra service.
34	Pretty good experience.		
35	Protocol was followed.		
36	Got to me quickly.	Be more aware of eating disorders.	
37	Excellent		Fantastic service.
38	Your personnel made sure I was comfortable and the transport was sooth all the way through departure at the hospital.	Nothing.	Care and service was exemplary.
39	Everything.	Not a thing.	Good.
40	Excellent, caring, very professional.		
41	The paramedics were very good at their jobs.		Very well done.
42	Treated patient with respect.		
43	Kept me calm, treated me immediately when put in van. comforted me.	No improvement needed.	I was by myself and they gathered clothes, my purse and cell phone for me.
44		Nothing, they were very helpful.	
45	You were kind to my brother.	Continue to serve.	Thank you.
46	Overall response and care was outstanding and professional.		
47		I had chest pain and asked for an IV, didn't get one until I got to the hospital.	
48	Prompt and professional service.		
49	Good response time professional	Did a good job	My daughter worked for Remsa for 10 years and always had the deepest respect for the company. I trust them with my life or my family members lives.

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
50	You treated my complaint rapidly, Thank you!		
51	Courteous, calming personnel. I really appreciated them.	Can't think of a thing the could have done better or nicer.	
52	Everything, Kindness.		
53	Very fast to respond, very professional and friendly staff. Very informative with details about patient.	Service was excellent.	Service was exceptional, no negative comments.
54	Arrived very quickly.	Can't think of anything.	
55	Staff was friendly and knowledgeable and was able to answer all my questions.		
56	Got me from airport to hospital.		
57	Excellent service as you did for me a year ago, Thank you!		Keep up the wonderful caring service.
58	Professional and helpful.		
59	Everything, staff is wonderful.	Keep your staff happy and encourage them.	
60	I was in a lot of pain and angry so I don't remember much other than everyone was nice and professional.	Probably run the ads to but a family plan as I never expected I would need to call for an ambulance.	Thank you.
61	Moved me easily from between the wall and the toilet where I was laying.	Already great.	
62	Arrived promptly.	Can't say.	
63	Very prompt response.		I've used Remsa several times and the are always very professional and courteous.
64	Excellent care.		
65	Performed job in a courteous and tactful manner.		
66	One of your professionals actually got us an appt with our cardiologist after being hospitalized and released twice before. They met all our expectations, plus.		
67	Prompt, courteous, respectful.		
68	Everything. Particularly impressive was the medical professional who arrived first with the fire engine.		
69	Got me tot he hospital safely. Started IV when nursing staff couldn't.		I was semi conscious and honestly don't remember much.
70	The response was very quick. The personnel were great!		
71	Professional and exceptional trained staff.		Excellent team.
72	We would like to express our appreciation for the professional can caring service we received on 5-11-13. our son has extensive medical issues and suffered a seizure, presenting a scary situation. The crew did a great job meeting his medical needs and providing support during this time, They were highly professional in delivering medical intervention and compassionate in its administration, because of our son's medical condition we have had frequent interaction with service providers. Among our experiences your crew characterize a top notch job. Please accept our heart felt thank you.		
73	Everything.		
74	Care and concern, medical history, communication.		Both gentlemen were very professional.
75	911 was called from Macy's. They responded right away they were great. Let me know every detail.		Above and beyond great service.
76	Very gentle, kind and friendly.	None.	
77	Everything.	Nothing.	
78	You were prompt and professional. calm and not in a hurry. Pain meds were prudently provided. These guys were strong and competent.		We have for our family called your Remsa for non-emergency transport and the responders have been terrific.
79	I want whoever receives this to personally thank all the members of your crew who attended to my needs. It was a real mess, but they were very professional and went above and beyond to take care of my needs. Thanks to all!		
80	Saved my husband's life.	You ALL were amazing.	So caring and professional. If it weren't for a "talk down" I never would of made it through.
81	Everything.		
82	Comfort, professional, attentive, caring.		
83			Care was very good.
84	Staff was calm, polite and helpful. I was very frightened and they were helpful and kind.	Can't think of anything.	Thank you for asking. I appreciate that you care what my experience was in such a vulnerable moment.
85	First, outstanding performance.	Nothing.	
86	I had no family members in the ambulance. My daughter arrived later that evening. However I had used Remsa before and I felt everything would be fine. They took very good care of me. Thank you very much for everything.		
87	Prompt and professional.		
88	The crew were there in a timely fashion and very polite to me and my family.	Just keep up the good work.	
89	Everything.	Nothing, keep up the great job.	Everything was perfect, Thank you!
90	Everything.		
91	Everything.	Fill the ambulance with money before you arrive and just leave it.	You are all amazing and very professional thank you for being so prepared.
92	100%		

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
93	I was treated with respect, privacy, and felt well attended and center of attention. All questions and decisions were made by me at the scene.	I was surprised to have an IV started as a matter of fact. That I was not asked permission in the van. Then when report was given to the ER nurse the EMT wasn't sure of it's patency, I was in a lot of pain and as a nurse it's patency should have been assured. As it was the ER nurse didn't check it either and I was given Valium IV and it hurt like "hell" in the antecubital of my R arm for a day. I should have insisted it be changed but what's done is done.	
94	They were prompt and very nice. We couldn't have asked for anything better.	The service was superb!	
95			Personnel were prompt and professional. Thank you.
96	The paramedics were very knowledgeable, helpful and very very caring. They showed me courtesy and concern about my health issue.	Nothing, did an outstanding job.	Was told that if I asked kindly, I might be able to get a Remsa sweatshirt from you. I hope you will send me a XXL sweatshirt.
97	Very attentive even though my mom was a gabbermouth.		
98	Response time.		
99	Everything.	Nothing.	No complaints.
100	The men were totally professional and supportive. My pain was in the 6-8 region and they were wonderful. I would recommend them anytime.	Keep laughing with the patient if like me, the patient is a retired nurse. they teased and laughed and like to keep things lite even when in pain.	Keep up the great work. Sorry I don't remember names of the men who transported me....I was on pain meds.
101	This was my first trip in an ambulance, and the circumstances unnerving. The crew gave excellent, friendly, professional care. They were able to 1st honor my request to be taken to the VA hospital, but the procedures given in the ambulance were explained every step of the way. The crew went above and beyond to make the trip as pleasant as possible under the circumstances. They are professional and I felt like I probably ended up with the best EMT's working. Thanks guys!		I appreciate you and the work you do.
102	Everything! Smooth, gentle, polite service.	Can't think of a thing.	Everything done as well as possible, and more.
103	By caring and having a real positive attitude, the guys were great!	Have more Remsa ambulances. Oh ya.	Great service, keep up the good work.
104	Came in a very fast responsive time and delivered me to Renown ER.	Just keep doing things and answering calls as you have been doing. Thank you veRy much.	The crew communicated very well with me on our way to the ER. Thank you all and may God bless all of you Remsa crew members.
105	Everything was done perfectly. Thank you!		
106	Everything, the crew was great.		
107	IV, communicate, made me feel comfortable.		
108	Very professional staff, great bedside manners, courteous to my pain and comfort levels.	I can not think of anything.	Thank you for a job well done, Being as sick as I am I'm not always treated well, Although your staff treated me exceptional.
109	Very professional and kind.		
110	Magnificent, professional, courteous.	The same great thing you do, save lives.	Very fast in arriving and taking over the situation.
111	Everything.		
112	Everything was above expectations. Very courteous and caring staff.		
113	Good response time, friendly, advised him to go to the ER and Dr. agreed.		
114	You were very helpful and polite. Couldn't ask for better service on both trips.		
115	Compassionate to family, professional actions.		
116	Prompt, efficient.	Learn to put IV line in better. Tell family where patient is going, My husband was told Renown on mill, they took me to South Meadows Renown. We were visitors to Reno so it took a while for him to find me.	
117	Everything went fine as far as I know, I wasn't there at the time.		
118	Helpful, caring, friendly.		
119	Communicated and acting like professional persons.	Keep the heat going especially when it's cold or raining.	
120	They took very good care of my husband and answered all questions very well.		
121			Very professional staff.
122	Good response time, professional and friendly EMT's, excellent job making our mother feel comfortable		We were very satisfied with our overall experience. Well done. Impressive crew.
123			Service was good.
124	Check patient out and transported him to hospital.		Service was excellent.
125	Prompt arrival at out home. Strength of EMT's was used to remove my husband who was wedged awkwardly in lazy-boy chair.	EMT's were compassionate. Only thing better would have been to dismantle the lazy-boy chair, but that probably wasn't possible. His legs were badly scraped and gouged in removal process, but he was freed.	
126	All was perfect.	Nothing I'm aware of at this time.	
127	They were helpful and very concerned over me.		
128	The crew was caring, thoughtful, gentle, encouraging and kind thank you.	Allow me to sign up for "Silver Saver" after the fact. I am very concerned about billing.	Beyond compare, You also have taken care of my mamma, who passed away. Thank you again.

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
129	You came on time. Thank you.	We're satisfied with your good services.	Recommendable services.
130	Everything.	Keep doing what you are doing.	
131	Everything.	Nothing, everyone was great.	Perfect.
132	Very pleased with all services.		
133	Everything.		
134	Fast, professional, friendly, very efficient.		
135	I am always pleased with your service, everyone is so caring and gentle at a time I needed it.	It is hard to do better when you are the best.	
136	Went out of your way to make sure I was comfortable and kept me calm.		
137	Everything.		
138	Everything, they were top notch.		
139	Everything! I am alive because of your personnel. Thank you.		
140	Made me feel safe and comfortable.	Bouncy ride, better shock absorbers.	
141	The dispatcher was so helpful and assured me that help was on the way and never left talking with me.	Live around the corner. Your fast expertise was so calming to my anxiety and very reassuring.	You fill a much needed service especially as we grow older. Knowing that a very professional team is ready to help in emergencies.
142	Very efficient, kind, courteous, knowledgeable. The best!		I couldn't have had better help, thank you!
143	You guys took good care of my wife and did it without any problems.		
144	Everything, comforting me and helping in pain.	All was good.	They were just so kind and comforting, cared about my pain. Thank you so much.
145	Kept patient calm.		
146	Everything.		
147	Communicated what was being done and why to both the patient and myself. They were very calm and deliberate.	Nothing at this time.	
148	I was bleeding badly from a big wound on my head, they talked calmly.	Make the ambulance ride less bumpy, hurt, hurt, hurt.	
149	The inquiry of whether my husband would be able to drive to St.Mary's. Night driving is very difficult for us in an unfamiliar city.		Obtaining a taxi voucher from the Sand's was a relief. We are grateful.
150	They were there at a quick time. They were extremely helpful.		
151	All personnel were very patient and explained what was needed and what they were doing.		
152	Very kind and knowledgeable.		
153	Convinced me I should go to the hospital and be checked out BP 210		
154	Everything was done good.	Keep up the good work.	It was great service, couldn't be better.
155	Nothing was wrong, very good job.	Install transporter beams (haha)	
156	Everything was right on.	Let you know of that.	Everything was good and to the point.
157	Concern for comfort of me.	I'm okay with it.	
158	Two block transfer from VA to Renown. Crew was very courteous, professional and concerned for me.		
159	Courteous, fast, confident.	You're fine.	
160	Calmed me.		
161		My mother is on hospice and should not be transported unless hospice approves. Bonaventure Memory Care shouldn't have sent her to the hospital. I am her durable power of attorney and was not contacted to see if I wanted her sent to the hospital. Do not take her to the hospital again unless hospice insists and I approve. Thank you.	
162	You took good care of me.		
163	Very good.		
164	Everyone was wonderful.		They treated my husband very well, had him laughing.
165	Everything, I take care of my 90 yr old mother and they have come to my rescue 5 times in 2 yrs.		
166	Excellent.		
167	Your staff was so professionally helpful. I just can't thank you enough everyone.	I can't think of anything.	You people are great.
168	Calmed me down.	Nothing. Everything was great.	
169	Everything.	Nothing more I could see.	
170	Prompt, friendly, efficient.	Did a good job.	Your love for people shows, continue. Thank you very much.
171	Everything.	Stay as you are.	
172	Transport from South Meadows to main.	Provide costs/expenses up front.	Greatful for the service. Might offer patient a religious cross for comfort.
173	Great job.		
174	You got me to the emergency quickly.		I think your service is excellent.
175	Keep me clam and alert.	Nothing.	Great service.
176	Prompt, courteous.		
177	Everything.	You are the best.	
178	Crew was courteous, competent and clear. Communicated each step and move letting us know we were in good hands.		Crew also took time to come by later in the ER and check on us, above and beyond call of duty.
179	A job well done. Thank you!		
180	Friendly, smiles, encouraging.	Don't know.	Excellent.
181	Very helpful and polite.		

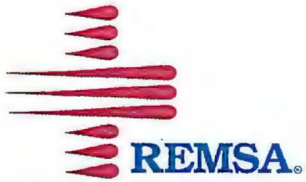
	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
182	You were efficient and caring.	Keep caring for your patients.	Thank you for making us comfortable with leaving our mother in your care.
183		The crew while moving her mom scraped her arm pretty bad on the door way when taking her out of the room. Mom is a little bruised up.	
184	Everything.	Nothing.	Great.
185	Professionalism.		
186	I want to sincerely thank all of the responders and apologize for making a mess in the ambulance.	Nothing.	I believe the responders went above and beyond to save me. Thank you, thank you, thank you!
187	Very polite and professional.	Could not ask for anything more.	Very pleased. Really went out of their way to be helpful.
188	Very pleased with everything.		
189	Very good service.		
190	Everything, made me feel safe and in good hands. Very professional.		Was everything, except they did not start an IV.
191	Immediate arrival, level of care and concern, overall service- superior.	Nothing.	Exceptional service. very careful in handling my wife, who was in significant pain with a broken wrist and leg.
192	Very careful when lifting me. A reassuring voice.		I am very satisfied with everything.
193	Concern about my child.	Lower your prices.	The crew in #20 were awesome!
194	Everything was excellent.	Nothing, everything was handled professionally =lots of care.	Thank you very much.
195	Transported me quickly to NNMC and helped me breathe.		Thank you.
196	Transported me quickly to NNMC and helped me breathe.		Thank you.
197	Very fast to show up.		Very good.
198	Your entire operation was very smooth and professional.		
199	Everything, very kind people. Thank you.	Just stay as kind and helpful as you are, to older people who are scared in the first place.	Same as above. Thank you!
200	Very efficient.	Nothing.	
201	Very quick response time.	Fire Department tended to disagree and or argue with your staff. I found it counterproductive, as your staff was doing well.	
202	Communicated with me and were very polite. They were a great group.		
203	The crew was fast to respond and acted professionally.		
204	Helped me to the hospital.		
205	Phone responder was very helpful while we were waiting for help to arrive.		Excellent.
206	I wasn't conscious but Remsa personnel have always been top of the line pros.		The employees you hire and train are top of the line.
207	Everything.	Nothing.	Very satisfied, came promptly and treated me very well.
208	Everything, very kind people. Thank you.	Just stay as kind and helpful as you are to older people who are scared in the first place,	Thank you again.
209			Excellent service.
210	Knowledgeable and efficient.		Care was great.
211	Very well.		
212	Your people are all very professional and helpful.		No complaints.
213	Communication, calmed me down. Made sure I had my purse and house was locked up.	Nothing I can think of.	I thought your care was excellent.
214	I was extremely impressed with your professional work. Excellent job.		
215	All.		
216	The crew did everything well. They were gentle, courteous and very respectful.	There is nothing that could be better.	Excellent.
217	The firemen and ambulance crews were great.		
218	Taken to Renown 2x Thursday for catheter malfunction and replacement, politely transferred patient.		
219	Made sure that my needs were meet.		
220	Very nice.		
221	Fast, efficient and friendly.		
222	Everything was outstanding.	Nothing.	Keep up the good work.
223	Thorough, respected my needs and wishes.	The attendant in charge could be more cooperative in special orders from dr in special care.	
224	Respond.		
225			I was semi conscious, I was able to be roused but not much else.
226	Very well.		
227	Everything.		Thank you so much for your care.
228	Everything.		Very good.
229	Explained what was being done and where we were going.		Everyone was caring and expressed sincere concern about my problem.
230	The whole team are gentlemen.		Great!
231	Excellent personnel, professional, knowledgeable, polite and kept me informed what was going on.		
232	Be there.	Nothing.	I got the best of care. Thank you.
233	You're all professionals.		

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
234	Everything. Very, very great staff, so super nice. Thank you.	Nothing.	When I was taken to the hospital I was not coherent, but my husband said your Remsa staff was great. When I was transferred from the hospital to another they were great. Thank you again.
235	Have very considerate personnel.		
236	All your people were exceptional, kind and caring.		
237	Everything.	Keep up the good work.	911 call.
238	Everything that could be done. Very professional. Would use again if needed.		Excellent.
239	Very prompt and professional. Thank you for your care.		
240	Everything.	Don't change a thing.	Entire staff and hospital were so helpful, comforting, nice and friendly.
241	All was handled very well.	No improvements.	
242	Checked on my condition and got me to the hospital.	Everything was handled well.	
243	Everything.	Keep up the excellent service you provided to/for me.	
244	Reassure me the patient.	Keep up the great response.	
245	Dispatcher was very calm and kind.		
246	Good care, very kind and professional.		
247	Excellent care.		Excellent care and service. Thank you so very much.
248	You were prompt and I was in a lot of pain.	Stay as you are.	Your just the best.
249	Fast and efficient. Very nice. Kept us informed. Treated patient with respect.		
250	Everything.		The crew were really helpful. took care of me good.
251	Very professional, dispatcher stayed with me to check patient's breaths.		
252	Everything.	Your guys and girls are the best.	
253	They did a great job in keeping me calm. Very helpful.		
254	Very, very nice and made me and family feel like we were part of their family. We did not feel like a stranger.	To be honest, I or we don't want you to change this behavior. It was like being around people who truly care.	Service and care was extremely "EXCELLENT". In my heart, I truly want to go back to the hospital to hug and kiss everyone there. That's how I feel toward the services I received! Thank you very much for having people like them.
255	Everything was 1st class.		
256	All were very caring.		
257	Prompt, polite, consulting each other.		
258	Show my mother much kindness.		
259			Care and service was very good.
260	Paid attention the patient.	Correct my bill. My service with the ambulance ride couldn't have amount to the total you sent me and all you gave me were an over the drug.	Great, polite.
261	To tell you the truth I can't remember the ambulance ride.		
262	Everything well done.		
263	Just good service.		
264	Ambulance personnel were very kind and caring, so gentle in transporting my husband.		Only complaint I have is that they were about an hour later than the set pick-up time.
265	Everything.		
266	Staff was very polite, knowledgeable and professional.	Keep doing what you're doing.	
267	All.	Nothing.	
268	All.	None.	
269	I appreciate the fast response to my mother's fall. She was in Renown hospital for a week and three weeks at Renown rehab. Thank you so much.		
270	Everything, Include chest/long tube insertion.		
271	The paramedics were kind and professional, very calming, reassuring and patient.	Keep on doing good work, the smiles and kindness is a big plus.	Excellent would be my opinion, very good. Thank you!
272	Everything.	Nothing.	
273	Everything was great.	I can't think of a thing.	
274	Everything.	Not one thing.	
275	Pleasant and knowledgeable.	Nothing, great job.	Keep up the great work.
276	Arrived in short time. So nice to me.	Nothing.	Immediately addressed problem and assessed correctly. Advised hospital correctly as I was having a heart attack.
277	Made me feel at ease like I was a family member.		Just keep up the good work and thank you.
278	Everything.		
279	Very caring and professional	Nothing.	Can't get any better. Thank you.
280	The paramedics were very friendly and polite, which made me feel better.		
281	Everything! Fast, professional, smart, understanding, and patient.	Could not be better.	Very thankful for their help.
282	Very good service. Thank you.		
283	Prompt response and pleasant demeanor in helping get transferred.		I find your service excellent.
284	Everything.	Nothing.	You might call me a "frequent flyer", I have Addison's disease and never know when or where I will drop...as in pass out, need Remsa, need sodium chloride, mag, and sometimes zinc. I was a patient at St Mary's or Renown every day this month, but 2. Please send me a print out of Remsa trips since 1/1/13. I need this to convince my landlord to let me move to the first floor(easier on me and Remsa) no stairs. Thank all Remsa for helping me and always getting me to the hospital safely.

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
285	The service was great, professional, courteous.	Perhaps a bit less expensive.	
286	Ambulance personnel service was done very well.	Nothing at this point.	Service was very good by all personnel.
287	Entire trip.		
288	The quick response with ambulance, the care/treatment.		
289	All, I appreciated all they did. Thank you!		
290	Very professional, dispatcher stayed with us during ordeal.		
291	Very calm and friendly. Responded quickly.		
292	Very calm and friendly. Responded quickly. Thank you.		
293	Crew professional and reassuring. I felt in good hands.		
294	Everything.	Nothing.	
295	Very professional.	Nothing.	
296	The personnel explained procedure, introduced themselves and told me what to expect.		Very friendly and professional.
297	All of it.		
298	Transport only, no problems.		Professional and friendly staff.
299	Very informative and attentive to me. Explained what we were going to do.		
300	Very much so.		professional.
301	Very helpful and nice.	Just keep doing all the nice things you do.	You are all very good.
302	Your personnel helped calm me and informed me of what was going to happen next. Had very good experience. Thank you.		
303	Everyone was caring and very professional.	Just keep doing what you are doing. No complaints.	
304	Fast response, thank you.		
305	Responded quickly and were extra careful with me.		
306	They were very calm and made sure I was OK. then spoke to me to assure me all the way to the hospital.		I was very impressed with the Remsa team that came. They were calm, concerned and well trained. Thank you.
307	Excellent team and service.		
308	Courteous and prompt.	Outstanding as you currently are.	
309		was it very good.	Very good.
310	Arrived quickly and transported/removed me from scene quickly.		
311	You were prompt and took me to the hospital as soon as possible.	I'm not sure I don't know of anything.	
312	Everything I was interested in.		
313	Professional, Kind, Conscientious.		
314	Everything.	Nothing, can't tell about the future.	Care, service, interaction was of the highest level. Excellent and professional team. Thank you very much.
315	Response and transport to the ER.	None you have the best team.	
316	Got me to the hospital in comfort.	Remember that I am and will be a Silver Saver the rest of my life.	Thanks for everything.
317	Everything, the best.		The past five years I've used Remsa many times conscious, unconscious or otherwise, they always got me there safe.
318	Saved my life.		Thank you.
319			Thank you for helping my brother.
320	Everything.		
321	Caring people, good communication skills.	I called for a non emergency transport, fire dept was still dispatched.	
322	Everything.		
323	Response was very prompt, thank you.	Knowing you are there is a comfort.	
324	Quick service, all carrier was OK.		Transport. Handling done carefully and right away.
325	The man who thinks he gives good IV's doesn't. He didn't seem to care and he bruised me bad and didn't seem to care. The other man was very nice and was very reassuring and kind. It was not a life or death but the main guy was pushy.		
326	Out of two hospitals, you got her to one.	Check orders before moving-both hospitals could have confused everyone.	You took her to the wrong hospital, but everything worked out, confusion at Cascades and Remsa.
327	Everything was good.	Maybe have medics who can speak Spanish so I can understand better.	
328	Being helpful and friendly. Helping patient to be calm.	Remsa is already being helpful and professional.	From 1-10 Remsa is a ten being the best. Thank you for your fast service.
329	Everything was professional.	Nothing.	Your care was very professional.
330			We have used your service 12/12, 1/1, 6/4, and staff has always been professional and caring to the patient and his family.
331	Excellent.		
332	Everything.	Nothing I can think of.	
333	Got there fast and made sure I was comfortable.		
334	Everything.	I don't think Remsa can get any better, Remsa is already the best.	They are fast, professional, kind, friendly and they help you stay calm.
335	Everything was very satisfactory.	Keep being as prompt as you can.	Good bunch, very helpful. First time I fainted in 85 yrs.
336	Everything.		Remsa and all the crew did great. Thank you.
337			Thank you.
338	Very professional and informative. Was my first experience with Remsa, staff did a good job of relieving the stress.		

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
339	You got me from point A to point B. That's about all I can remember.	The URL is no good. I haven't dealt with billing or insurance on this matter yet, so I don't know if there will be problems or not.	I can't comment, sorry. I was still coming out of the anesthesia, so I wasn't completely aware of my surroundings.
340	No complaints.	Can't think of anything.	Since 2005 my husband and I have called Remsa several times and have never had a bad experience.
341	Everything you are great!	Nothing.	Dispatch was very patient with me do to the fact I live alone. Thanks for everything. God bless all of you.
342	Very professional.		
343	Transported me from Renown South to Renown Main for surgery. Made me very comfortable.	Nothing.	Very good, thank you.
344	The guys were gentle and kind. They did their best to keep me comfortable. Please express my gratitude to them.		
345	everything.		
346	Everything.	Nothing.	
347	Very polite and helpful team arrived.		
348	They came right away and they take me to the emergency room.	Keep and going, good job and politeness.	Went they take me and we get to the emergency. put me right in there thanks to them. My pleasure to ride with you guys is excellent.
349	All aspects of service very good.		
350	Very attentive.		Very good care.
351	Crew was prompt, professional and business like. I have no complaints.		
352	Medicated immediately and properly.		
353	Relaxed ans calmed me.		It was very professional.
354	Yes, as always. Six times before.		
355	Everything.		
356	Very professional.		
357	Everything they were able to do.	What ever wish to do.	Very good.
358	The paramedics were prompt and helpful. They were very nice.		
359	I can not pay this bill, I'm sorry but I can barely pay my rent. I claim hardship, please help.		
360	I felt "well taken care of". The people were polite and kind. They ever got necessary info from the other room, as needed.	I think a little more info on "what's happening to me" and "why are you doing that?" would have been nice.	
361	Provided comfort and knowledge to the patient.		
362	Kept me on an even keel, used to build on my specific memories and you did everything right. My psychiatric nurse and my family doctor.		Excellent.
363	Everything. I had food poisoning and I was quite a mess. They were all very kind and respectful.		
364	Made sure of my comfort. Acted safely and mannerly.	All good.	I think any patient can trust their movement by Remsa.
365	You were professional and polite.	I have no idea.	
366			I so appreciate your help.
367	Response was surprisingly quick. The crew was very pleasant, explained the few simple tests and why wise to go to hospital.		This was my first ever emergency and though not a serious matter I'm happy they encouraged the hospital. I am now very relieved to know I'm fine. Thank you.
368	There were no billing staff.	Not bill me I was just fired from one of my jobs, so I claim hardship.	
369	Professional and polite.		Excellent.
370	Quick response and professional.		
371	Yes, my almost 90 yr young mother was very impressed with all the kindness they showed her.		Wouldn't want any change. It was all good and very nice experience for her as well. Thank you.
372	Quick response and professional.		
373	No complaints. EMT's very professional and efficient.		
374	I want to thank the Remsa team for doing an excellent job during this most difficult of times for me. The dispatcher was so professional and calm while telling me what to do to help my husband until the EMT's arrived. I can not thank all of you enough for all you did.		
375	Very helpful, considerate and kind.		Great group of people. Thank you.
376	Informed me about everything about my care and equipment used.	Keep up the good work and professionalism.	Excellent . No complaints what so ever.
377	I am 91. They checked all medications in apartment. They took charge. Polite but firm. Took the practical approach.		
378	Helping find family members. Taking very good care of me and making me feel safe.		You were wonderful.
379	Everything.	They did great.	
380	The crew were most kind and helpful and encouraging. They explained what to expect when arriving at the hospital. It was scary, but they made it less frightening.		You are terrific. Thank you for keeping me alive.
381	Everything was done with the utmost politeness, I found the return driver to be ever so courteous.		Excellent care and concern in and out of Renown.
382	Everything! You arrived right away, it was so appreciated! Everyone was so professional and nice. I couldn't have been better.		Thank you very much!
383	Got there very quickly.		
384	The two gentlemen who transported me from Renown South Meadows to Renown Main were very professional and I an very thankful to them for helping me.	Nothing.	Service was fantastic. Thank you very much.

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
385			Pts daughter called yesterday with a concern regarding her mothers treatment and the patient called back today. She states that the crew abused her by pinching her arm and pushing on her chest. She states that they should have given her medication for her seizure and that they were making fun of her. She believes that they are racist because she has black hair.
386		The ride was rough.	
387	Everything.	Nothing.	
388	Helped me relax and calm.	Great as is.	
389	Everything.	Nothing.	So caring for my husband and so gentle to me. Thank you.
390	The EMT responders were personable, competent and comforting. The professionalism of the crew was especially helpful to me.		
391	Your staff was helpful, sympathetic and professional to me and the patient.	The staff that came to my home were the most helpful and professional first responders on the planet. No improvement is needed. When one of them saw me in the hospital hall later they asked after my husband, that meant a lot.	
392	Fast, knowledgeable, compassionate.	Nothing.	
393	Everything.	They know what they are doing.	
394	Caught at the right moment, when my blood pressure turned real low.	You do a great job Remsa.	I was feeling well cared about and thank you very much, personnel.
395	Everything was done professionally.		
396	Everything.		
397	Everything. They were very careful, gentle and polite.	I don't know, I was in good hands.	The care and service could not have been better.
398	They were very patient and took time to explain what they were doing and ask questions necessary for my treatment.		
399	Everything.	Keep what you're doing, you're OK.	Keep good EMT's.
400	Extremely courteous and friendly.		
401	Everything.		
402	Talk to calm me.	You do very well.	Great.
403	Your alertness and ability.	Maybe when entering or leaving the home with the stretcher that it doesn't leave a scrape mark on the floor.	I think your service is excellent. Thank you.



Regional Emergency Medical Services Authority

**CARE FLIGHT
CUSTOMER SERVICE
FOR
JUNE 2013**



CARE FLIGHT CUSTOMER COMMENTS JUNE 2013

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
1	I was unconscious so no recollection of trip, but I am still alive so they obviously did a great job.		
2	Very helpful and caring.		
3	The staff was prompt, knowledgeable and helpful.		
4	Very helpful to patient.	Took too long on helipad (1 hour)	
5	It was a perfect flight. I have waited 79 years to ride in a helicopter. It was wonderful.	I could not be better.	Everybody was so helpful and so kind. Thanks you for the service.
6	Your utmost concern to me as a patient that I was safe and comfortable. The nurse even used her hands to keep the sun from my eyes. Thank you.		
7	Rapid transport to Reno Renown Hospital. Helped to save my life, after suffering a massive MI.		All personnel were professional and appropriate. Thank you very much for being there and treating me on the way, as well.
8	Everything! Your the best, no need.		
9			
10	Kept me clam and the atmosphere light-hearted while still maintaining a professionalism.		
11	Everything!		
12	Made sure I knew each step and checked on my comfort and vital signs.	I was totally satisfied.	Had no personal contact with dispatcher or billing personnel.
13	Everything		
14	They were quiet but nice.		
15	Your pilot was amazing, she landed in less that ideal circumstances and was calm and focused.		The only thing that was a bit of a shock was the insurance infor request. When it stated "If you do not have insurance to cover this service, please remit payment in full upon receipt." Frankly, I do not know anyone who could pay upon receipt. Surely you offer the opportunity for a payment plan? If so, what about adding some verbiage to that effect? Otherwise, your service is amazing. Keep up the good work!
16	This was my 1st flight (WOW) I can't begin to say how professional your crew is!	Nothing	I can't say anything except they were excellent. Thank you and stay safe and God Bless.
17	If it hadn't been for your staff I would not be here today.	Your already the best.	I just want to say Thank You.
18	Arrived safely.		
19	Smooth operation	Nothing it was great	



JMHW-CO

DEPARTMENT OF THE ARMY
HAWTHORNE ARMY DEPOT
1 SOUTH MAINE AVENUE
HAWTHORNE NV 89415-9404

JUL 10 2013

Regional Emergency Medical Services Authority
400 Edison Way
Reno, Nevada 89502

Dear Sirs and Ma ams:

I would like to take this opportunity to thank the Regional Emergency Medical Services Authority for your exceptional service during the March 18, 2013 Marine Corps mortar live-fire training accident at the Hawthorne Army Depot. Your professionalism and steadfast dedication to saving lives was nothing short of exemplary and reflects great credit to first responders everywhere.

Sincerely,

A handwritten signature in black ink, appearing to read "Craig M. Short". The signature is stylized and cursive.

Craig M. Short
Lieutenant Colonel, U.S. Army
Commanding



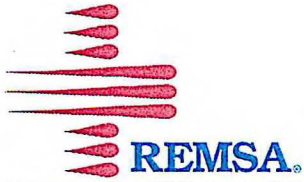
Certificate of Appreciation

is awarded to

Regional Emergency Medical Services Authority

In recognition of exceptional service in responding to the March 18, 2013, Marine Corps mortar live-fire training accident at Hawthorne Army Depot. Your exceptional performance in providing expeditious emergency response that night is in the highest traditions of your profession and reflects great credit on the members of your organization.

Kevin G. O'Connell
 Brigadier General, U.S. Army
 Commanding



Regional Emergency Medical Services Authority

**REMSA
PUBLIC RELATIONS REPORT
FOR
JUNE 2013**

PUBLIC RELATIONS

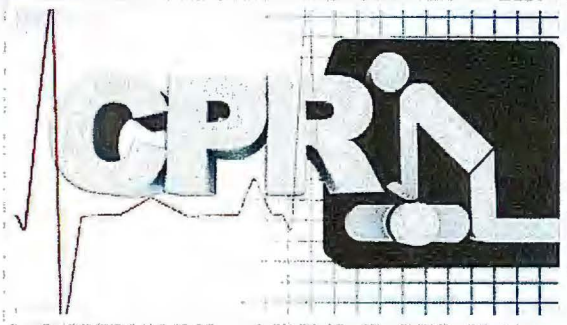
June 2013

ACTIVITY	RESULTS
Wrote and distributed Safe Sleep press releases to rural communities.	Pahrump newspaper carried the press release as is.
Wrote and distributed press release on heat safety and children and cars.	KKOH ran the story on their radio, as well as the three Reno TV stations who ran the information on their website.
Send out media advisory on hands only CPR sidewalk event.	The RGJ and Channel 2 ran the story to promote the event.
Wrote and distributed press release regarding Klark Staffan's new position.	The Northern Nevada Business Weekly ran the story on July 1, as did the Reno Gazette Journal on July 7.



REMSA to teach bystanders CPR

Images



Print Story

Share



Published: 5/29 4:31 pm

Updated: 5/29 4:32 pm



Network Security Appliance

RENO, Nev. (KRNV & MyNews4.com) — As part of National CPR and AED Awareness Week (June 1-7), the Regional Emergency Medical Services Authority (REMSA) will be asking bystanders if they know what to do in an emergency.

Community members visiting one of the high traffic locations during the week will be taught how to respond to sudden cardiac arrest as well as how to do effective "hands-only" CPR.

REMSA has partnered with local businesses during the week where they will conduct the "Sidewalk CPR" trainings. The week's training calendar is as follows:

- Saturday, June 1, 9 a.m. to 2 p.m. — Summit Sierra Mall Farmers' Market (13925 South Virginia St., Reno)
- Sunday, June 2, 9 a.m. to 1 p.m. — Squeeze In (25 Foothill Blvd., Reno)
- Monday, June 3, 9 a.m. to 12 p.m. — Renown Medical Center, Starbucks Lobby (1155 Mill St. Reno)
- Tuesday, June 4, 6 a.m. to 9 a.m. — Saint Mary's Center for Fitness (645 N. Arlington Ave., Reno)
- Wednesday, June 5, 11 a.m. to 3 p.m. — Whole Foods (6139 South Virginia St., Reno)
- Thursday, June 6, 3 p.m. to 8 p.m. — Sparks Farmers Market (Victorian Square Plaza, Sparks)
- Friday, June 7, 7 p.m. to 9 p.m. — Reno Aces and Saint Mary's (Reno Aces Ballpark, 250 Evans St., Reno)

REMSA will have manikins and educators to teach participants how to properly conduct cardiopulmonary resuscitation (CPR) with only using their hands in case of an emergency. The CPR training is not an official certification course, but is instead an awareness course that will lead to saving more lives in Washoe County.



REMSA holds free CPR awareness courses

Video



Hands Only CPR Awareness Courses
Jun. 02, 2013. 09:03 PM EDT [2:08]

Hands Only CPR Awareness Courses

Reported by: Madison Corney
Email: mcorney@mynews4.com

Print Story

Print Story

Published: 6/02 6:59 pm

Share

Updated: 6/02 7:13 pm



Reno, NV (KRNV & MyNews4.com) – REMSA will be offering free CPR awareness courses all this week, June 1-7, around the Truckee Meadows.

According to first responders, more than 300,000 people will die from coronary heart disease this year before they can make it to the hospital. Sudden cardiac arrest is a leading cause of death in the United States, and many people don't realize the benefits of CPR.

Immediate and effective CPR on a cardiac arrest victim can more than double their chance of survival. Less than 8 percent of victims survive, because CPR isn't performed until after they get to a hospital.

To make sure Northern Nevadans are prepared, local businesses across the Truckee Meadows have partnered with REMSA to put you right in the middle of a simulated emergency situation.

Monday, June 3, 2013: Renown Regional Medical Center, Starbucks Lobby, 1155 Mill St 9:00a.m. -12:00p.m.

Tuesday, June 4, 2013: Saint Mary's Center for Fitness, 645 N. Arlington Ave. 6:00a.m. - 9:00 a.m.

Wednesday, June 5, 2013: Whole Foods, 6139 S. Virginia St 11:00a.m. - 3:00p.m.

Thursday, June 6, 2013: Sparks Farmers Market, Victorian Square Plaza 3:00p.m. - 8:00p.m.

Friday, June 7, 2013: Reno Aces and Saint Mary's, Reno Aces Ballpark, 250 Evans St 7:00p.m. - 9:00p.m.

HEALTH

LOCAL HEALTH NEWS

REMSA offers 'Sidewalk CPR' training

As part of National CPR and AED Awareness Week this week, the Regional Emergency Medical Services Authority is teaching community members how to respond to sudden cardiac arrest as well as how to do effective "hands-only" CPR.

REMSA has partnered with local businesses during the week to conduct the "Sidewalk CPR" trainings. The week's training calendar includes:

- » Saint Mary's Center for Fitness, 645 N. Arlington Ave.: 6 to 9 a.m. today.
- » Whole Foods, 6139 S. Virginia St.: 11 a.m. to 3 p.m. Wednesday.
- » Sparks Farmers Market, Victorian Square Plaza, Sparks: 3 to 8 p.m. Thursday.
- » Reno Aces and Saint Mary's, Reno Aces Ballpark, 250 Evans St.: 7 to 9 p.m. Friday.

REMSA will have manikins and educators to teach participants how to properly conduct CPR using only their hands in case of an emergency. The CPR training is not an official certification course, but is instead an awareness course that will lead to saving more lives in Washoe County.

Details: REMSA at 775-858-5700 or remsaeducation.com

VOICES

STEVE FALCONE

Opinion editor

775-788-6383 » SFALCONE@RGJ.COM

WINNERS: THE EFFORTS OF THE FOLLOWING INDIVIDUALS AND ORGANIZATIONS HAVE EARNED MENTION AS WINNERS THIS WEEK.

AAA donates \$10,000 for REMSA safety programs

AAA Reno, for presenting REMSA with a \$10,000 donation to support its Point of Impact and Community education programs. The presentation was part of the "Champion Rescuer Event," hosted by AAA to celebrate local rescuers.

Safe Kids Washoe County Warns of Heat Stroke In Children

Posted: Jun 04, 2013 10:18 AM PDT

Updated: Jun 04, 2013 3:35 PM PDT

From KPS3:

As temperatures rise, Safe Kids Washoe County is working to increase awareness and urge caregivers to never leave children alone in a vehicle with its "Not Even For A Minute" campaign that points out that even one minute is too long to leave a child unattended in an automobile.

Although summer hasn't officially arrived, seven children across the county have died of heat stroke after being left in vehicles already this year. Six of them died in a 16-day period in May.

Since 1998, more than 550 children have died in the U.S. from heat stroke after being left in or becoming trapped in a vehicle. In half of the cases, these children are simply "forgotten" by a distracted driver when they arrive at their destination. Other heat stroke fatalities occurred when a child was playing in an unattended vehicle and became trapped, or when a child was intentionally left unattended by an adult "for just a few minutes." Here is a breakdown of these deaths:

- 52% - child "forgotten" by caregiver
- 29% - child playing in unattended vehicle
- 18% - child intentionally left in vehicle by adult

A child is susceptible to heat stroke and even death on a 72-degree day with the temperature inside a car rising 20 degrees in just 10 minutes. Heat stroke happens when the body cannot cool itself fast enough and the core temperature rises to dangerous levels.

"A child's body heats up three to five times faster than an adult's, and unattended children have no way of protecting themselves in a hot vehicle," says Melissa Krall, Safe Kids Washoe County coordinator. "The overall goal of our 'Not Even For A Minute' campaign is to make sure people are aware of the dangers in and around vehicles. We want parents and caregivers to take precautions so that this tragedy does not happen to them. Heatstroke can happen anytime, anywhere."

Although most would assume this would never happen to them, there is no common description of the caregiver that has experienced this tragedy. It has happened to the rich and poor, educated and less educated, women and men, city dwellers and suburbanites, and in all but one state.

What is heatstroke:

- Heatstroke, also known as hyperthermia, is the leading cause of non-crash, vehicle-related deaths for children.
- It occurs when the body isn't able to cool itself quickly enough and the body temperature rises to dangerous levels.
- Young children are particularly at risk as their body heats up three to five times faster than an adult's.
- When a child's internal temperature gets to 104 degrees, major organs begin to shut down. And when that child's temperature reaches 107 degrees, the child can die.
- Because of this, and because cars heat up so quickly – 19 degrees in 10 minutes – tragedies can happen faster than you think.
- Symptoms can quickly progress from flushed, dry skin and vomiting to seizures, organ failure and death.

Safe Kids Washoe County urges all adults who transport children to take the following steps:

- Call 911 if you see a child unattended in a vehicle.
- Never leave children alone in a car - even for one minute.
- Set your cell phone or Blackberry reminder to be sure you drop your child off at daycare.
- Set your computer calendar program to ask you, "Did you drop off at daycare today?"
- Place a cell phone, PDA, purse, briefcase, gym bag or whatever is to be carried from the car on the floor in front of the child in a back seat. This forces the adult to open the back door and observe the child.
- Have a plan with your child care provider to call you if your child does not arrive when expected.
- Keep keys and remote entry key fobs out of children's reach.
- Lock all vehicles at all times.
- Check cars and trunks first if a child goes missing.

For more information on preventing heat stroke deaths, please call Safe Kids Washoe County at 858-5700 or visit www.safekidswc.com or www.safekids.org/nlyca.

VOICES

WINNERS: THE EFFORTS OF THE FOLLOWING INDIVIDUALS AND ORGANIZATIONS HAVE EARNED MENTION AS WINNERS THIS WEEK.

Walk for Animals raises money for homeless pets

All of the more than 1,000 animal lovers — many with their dogs — who participated in the Walk for Animals at Sparks Marina, which raised more than \$76,000 to provide care for homeless dogs and cats in the community. The event, which included a 2-mile fun walk, music, vendors, refreshments and a variety of pet-related fun, was sponsored by Petco and the Petco Foundation, Intuit, Wells Fargo and MARS Petcare. Sparks Mayor Geno Martini and Reno Mayor Bob Cashell welcomed people and cut the ribbon to kick off the Walk for Animals, which was led by both the Sparks and Reno police department K-9 Units, along with several adoptable dogs from the Nevada Humane Society. Other guests include NHP Trooper Chuck Allen, Washoe County Regional Animal Services Manager Barry Brode and John Murphy of the Reno News & Review.

AGC members host students for career day

Members of the Nevada Chapter Associated General Contractors of America, for teaching students various aspects of the construction business through demonstrations and lectures at the 19th annual Construction Career Day at Mount Rose Elementary School. Heavy equipment on display with demonstrations was provided by Papé Machinery, Q&D Construction and Cashman Equipment Co. Representatives from REMSA and the Bureau of Land Management (along with Smokey Bear) discussed fire safety Ace Charter High School



* Representatives of REMSA and the Bureau of Land Management, with Smokey Bear, discussed fire safety with students at Mount Rose Elementary School during Construction Career Day. SUBMITTED TO THE RGJ

Space and Verizon Wireless.

Swimming for Solace concert raises \$1,000

Robby Schlesinger and everyone who supported his Swimming for Solace concert at the Knitting Factory, which raised nearly \$1,000 for the Solace Tree. Participating bands were Small Drawings, Never Nudes, Weapons of Mass Creation, Bazooka Tree, New Car Smell, Boggan and SubDocta. Artists and photographers Andrew Legarza, Jayem de Ocampo, Iain Harrison, Thomas Crawford, Devin Fitzee and Josh Turner sold their works, with a percentage of the proceeds going to the cause.

adjacent Garden Pavilion. For 50 years, the mansion has been painted white. In viewing historic photos and taking paint samples from the building, evidence was found that the mansion once was green. Built in 1877 and listed on the state and national registers of historic places, owned and operated by VSA arts of Nevada, the house is now painted bright white with a green trim.

AAA Insurance funds shields for patrol cars

Employees from the Sparks Galleria Branch of AAA Insurance Nevada, for presenting a \$5,000 check to the Washoe County Sheriff's Office to pay for ballistic shields for patrol

UNR: Community support builds winning HR teams

Jun. 18, 2013

Written by

Linda Barrencea

University of Nevada, Reno

When you hear people talking about Wolf Pack pride, you often think of the University of Nevada's outstanding sports teams. But there is more to our competitive spirit, and it extends into the classroom.

Each spring, the Society for Human Resource Management holds regional student conferences and competitions. Our region includes universities in Alaska, Hawaii, Oregon, Washington, Idaho, California, Wyoming and Nevada.

For the past 15 years, the university has participated in these competitions, hosting the conference on two occasions and winning the Pacific West Regional Case Competition the past two years.

In preparation for the competition, our students take an independent study class, which encompasses textbook material, exams, quizzes, case studies, presentations and classroom lectures.

They invest many hours inside the classroom and on their own working individually and as a team.

Because Yvonne Stedham and I teach the class, we see the students' dedication and hard work that supports their success year after year.

The competition challenges the team with a case in a particular industry. The team is given four hours to read, analyze, write a two-page executive summary identifying the problems and creating recommended solutions, prepare and practice a presentation, and, finally, present in front of a panel of experienced human resource management professionals. The top two teams move on to present in front of a new panel of judges and the conference attendees.

The university doesn't have a specific business degree in human resource management, so how have our teams been able to compete so effectively all these years and take top honors these past two years?

Our faculty group, our management curriculum and our business partners have worked together to contribute expertise and coaching for the students. We start with a first-rate group of students. Then, we put them through a challenging, broad-based management curriculum with extraordinary faculty, adding coaching and sage advice from our business partners in the community. It's a winning formula.

So, while we congratulate the 2013 winning team, we also have to be grateful for our College of Business faculty and express thanks to the business community.

Organizations and individuals providing coaching and feedback this year included Matt Krystofiak with Caesars Entertainment, Sue Henderson with John Ascuaga's Nugget, Teresa Finn with the Atlantis Casino Resort Spa, **Megan Wiley with REMSA** and Steve Blackhall with EP Minerals.

Our first-place team from last year's competition also helped coach the students. The 2012 team members included Megan Barrencea, Heather Maye, Sarah Pattee and Vanessa Wehrkamp, who shared tips from their own competition experience.

Others making financial contributions and supporting the success of our student team included the Northern Nevada Human Resources Association, University of Nevada, Reno College of Business alumni group, the Nevada State Council for the Society for Human Resource Management and the Associated Students of the University of Nevada. It takes a community to build a winning team, and we have that winning community in Reno.

Congratulations to our 2013 human resource management team winners: Tessa Duckett, Eduardo Iniguez, Kevin Kirkeby and Courtney Smith.

Linda Barrencea is a lecturer and adviser in the Managerial Sciences Department in the College of Business at the University of Nevada, Reno.



Washoe County Health District



Public Health
Prevent. Promote. Protect.

TO: District Board of Health Members

FROM: Randall Todd, DrPH
Director, Epidemiology and Public Health Preparedness

DATE: July 25, 2013

SUBJECT: Emergency Medical Services Working Group Update


The EMS Working Group met on July 12, 2013. Issues discussed at the meeting included:

- Resupply – REMSA will discontinue the practice of resupplying Fire First Response in the field. It was noted that this method does not allow adequate accountability nor does it afford REMSA an opportunity to accurately forecast their costs. It was agreed that Fire agencies will keep track of supplies used and provide this information to REMSA for a supply exchange every two weeks. This will be done on a 3-month trial basis.
- Emergency Medical Dispatch – The Sheriff made a presentation outlining from his perspective the benefits of combining dispatch for fire and police with medical. REMSA responded with reasons for keeping medical dispatch with REMSA and addressing the concerns raised by the Sheriff through technology solutions such as linking Computer Aided Dispatch (CAD) systems. It should be noted that the technological solution was advanced as an acceptable alternative in the TriData recommendations. At present, this topic represents an area of disagreement.

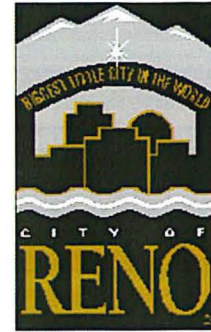
As this report was being prepared, a letter addressed to REMSA and signed by the County and City Managers was copied to the Health District. This letter appears to take a very hard position relative to removing responsibility for Emergency Medical Dispatch from REMSA and requires use of the Tiburon records management system including CAD for dispatchers as the default standard for the region. Neither Health District staff nor the District Health Officer were consulted prior to this letter being sent. A copy is attached to this report.

- Operations – Kevin Dick reported on the meeting that was held and reported at the last District Board of Health meeting. It was observed that questions still remain on the most appropriate structure for accountability and oversight. It was agreed that the Sparks City Manager will coordinate the scheduling of a meeting among the County and City Managers along with the Interim District Health Officer to discuss this issue further.

- Medical Contracts and Oversight – Sparks Fire Chief Andy Flock presented information from sample contracts in other jurisdictions. It was agreed that the documents should be made available to the group electronically and that a draft agreement should be prepared that addresses issues in the current franchise as well as new issues present in some of the sample contracts.
- Data – Initial preliminary analysis from the data matching project between Fire Agencies and REMSA was presented by Health District Staff. See attached PowerPoint slides.



Randall L. Todd, DrPH
Director, Epidemiology and Public Health Preparedness



July 17, 2013

Emailed and Hand Delivered

Jim Gubbels, RN
 President / Chief Executive Officer
 Regional Emergency Medical Services Administration
 450 Edison Way
 Reno, NV 89502-4117

SUBJECT: Emergency Medical Dispatch Issues and Concerns

Dear Mr. Gubbels,

The Emergency Medical Services Working Group (EMS WG) has been discussing numerous topics related to the implementation of the TriData study recommendations and the additional topic of Emergency Medical Dispatch (EMD).

The EMS WG has the following issues and/or concerns related to the negotiations discussion to date. While the following list is not all inclusive, it does include:

TriData Study

- Local government entities in the State of Nevada—the City of Reno, the City of Sparks, and Washoe County--are created by law under the Nevada Constitution and are regulated by the Nevada Legislature. The authorities and responsibilities are numerous and clearly stated with public safety being of the highest priority.

Public safety, including emergency medical services, consumes a major portion of each entities annual budget and resources and is critical to the care of our citizens.

Therefore, the legal responsibility for Emergency Medical Services falls under the governance responsibility of the local elected officials and all other relationships proved by agreements place service providers in a contractor role and not in the role of ultimate authority.

- Local government entities can enter into exclusive business agreements with private enterprises to the benefit of its citizenry. The normal legal tools used to create these public/private relationships is either through contracts or franchise agreements. The Truckee Meadows region has chosen to utilize a franchise agreement between REMSA and the local regional government entities for certain emergency medical services.
- Washoe County contracted the TriData Division of Systems Planning Corporation to study and suggest operational efficiencies for the region's Emergency Medical Services. The regional local government elected officials accepted the results of this study and authorized the creation of the EMS WG for the purpose of engaging the respective entity Managers and their staff to fully implement the operations recommendations of the study.

It is recognized other studies on this topic have been commissioned and are available, but the TriData study is the document being acted upon by the regional governmental entities.

Emergency Medical Dispatch

The Washoe County Sheriff, Michael Haley, gave a presentation to the Concurrent Meeting of the local government elected officials on June 10, 2013, on recent activities of the regional dispatch working group. Upon the conclusion of the presentation the minutes of the meeting reflect the following:

"A motion was made by Council Member Ratti, seconded by Council Member Lawson to accept the report on seamless and integrated dispatch and record keeping presented by Sheriff Haley, Chair of the Regional Dispatch Committee. Council Members Ratti, Lawson, Schmitt, YES. Council Members Smith, Carrigan, ABSENT. Passed unanimously with those present."

This motion was subsequently passed by the Cities of Reno, Washoe County and the District Board of Health.

This motion provided the individual entity Managers the direction and authority to operationally provide for a singular system for EMD and record keeping. The default standard for the region will include use of the 800 MHz radio system and the Tiburon records management system including CAD for the dispatchers.

The regional legal responsibility is specific to the local governmental entities and supported by the following opinion by the Department of Health and Human Services Office of the Inspector General as stated in their OIG Advisory Opinion No. 13-05 (page 4) posted on June 21, 2013:

“The organization of a local emergency medical transport system is within the police powers traditionally delegated to local government. As with the exercise of any police power, the local government is ultimately responsible for the quality of the services delivered and is accountable to the public through the political process. Municipalities should have sufficient flexibility to organize local EMS transportation systems efficiently and economically.”

Current Emergency Medical Dispatch Goal

The regional elected bodies of the local governmental entities have directed their Managers and staff to fully implement the recommendations of the TriData study.

From the local entities prior correspondence to REMSA, the May 29, 2013, TriData Report Clarification letter stated:

Recommendation 1: Combine 9-1-1/dispatch centers into one central county-wide resource so that all data is collected in one central location with singular methodology. Alternatively, develop a virtual consolidation between dispatch centers using a universal CAD or type of CAD for the county.

“The recommendation clearly provides for two alternatives, either of which is acceptable. Both the Washko Report¹ and the Fitch Report² agree that a CAD to CAD interface would be an acceptable alternative. In order to make this alternative functional, the Washoe County Sheriff’s 911 Center must be able to function as a centralized data storage system. All system PSAPs and PDAPs (including REMSA/RASI) must have access to the necessary data for real-time dispatch and evaluation purposes. This would include any real-time visual monitoring of fire and EMS system status.”

¹ Washko and Associates, LLC. (2012, December). *Analysis of Washoe County EMS system report*. Unpublished response to REMSA, December 21, 2012.

² Fitch & Associates, LLC. (2012, December). *Report on Dispatch in Reno/Washoe County*. Platte, MO: Fitch & Associates, LLC. *report*. Unpublished response to REMSA, December 21, 2012.

Additional discussion by the EMS WG is centering around EMD and specific technologies such the 800 MHz radio system; CAD-to-CAD linkage via the use of the Tiburon system; and Pro-QA life support protocols.

As part of the discussion points above, a July 3, 2013 letter from the regional fire chiefs was sent to the Sheriff outlining the need for EMD. The major points were:

1. EMD eliminates delays in response and call processing
2. EMD at the PSAP is efficient and increases safety
3. EMD improve[s] quality assurance and improves data collection.

REMSA, also, responded to the Sheriff via a letter on July 3, 2013, outlining several review points, standards, and best practice comparisons.

The discussion and the letters beg the question – Who should provide EMD services for the region?

- Should EMD reside wholly in the regional governments as they have the ultimate legal responsibility? Or,
- Should REMSA provide the service as defined by the governance authorities of the local entities?


As related to the EMD points above, the discussions at the negotiations to date have revealed the following:

- REMSA has agreed to:
 - Operating inside a "Virtual CAD" system
 - A need for an Automatic Vehicle Locator (AVL) system
 - The REMSA Board has agreed to the installation and use of an 800 MHz radio system provided outside funding is provided.
- REMSA does not agree to:
 - EMD being provided by anyone other than REMSA as they are currently the only accredited local dispatch center.
 - A centrally located repository for all data.

In conclusion, the regional local government entities of the City of Reno, the City of Sparks, and Washoe County are moving forward with the implementation of the recommendations of the TriData study. The Emergency Medical Services Working Group must negotiate a resolution to the Emergency Medical Dispatch issues related to dispatch responsibilities; single radio system; and shared records management.

The regional entities continue to be concerned the REMSA Board may not understand the expectations for resolution. A review of the TriData study to fully communicate the intentions of the local entities remains a goal of the regional elected officials. We request an opportunity to meet and confer the issues and concerns in this letter directly with the REMSA Board.

Sincerely,


Shaun D. Carey
Sparks City Manager


John Berkich
Washoe County Manager
(Acting)


Andrew Clinger
Reno City Manager

C: City of Reno, City of Sparks, Washoe County, Washoe County Health District, Truckee Meadows Fire Protection District, North Lake Tahoe Fire Protection District and Regional Emergency Medical Services Administration

Emergency Response Data

April 2013 data



WASHOE COUNTY HEALTH DISTRICT

These data are preliminary and subject to changes.

These data include only transported cases.

REMSA and Reno Fire - All Priorities

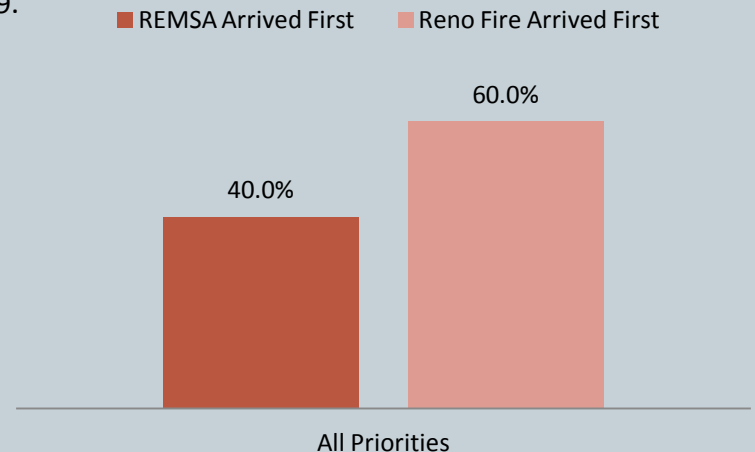


1,147 (48.4%) Reno Fire records matched with REMSA.

Reno Fire arrived at the scene first on 59.90% of all calls and REMSA arrived at the scene first on 40.10% of all calls (p-value: <.0001)*.

Of those calls which fire arrived first, REMSA's median time difference was 2:10.
Of those calls which REMSA arrived first, fire's median time difference was 1:17.
(p-value: <.0001) *

Of those calls which fire arrived first, REMSA's average time difference was 3:15.
Of those calls which REMSA arrived first, fire's average time difference was 2:09.
(p-value: <.0001) *



REMSA and Reno Fire - By Priority



538 Reno Fire records matched with REMSA and were priority 1 (REMSA).

Reno Fire arrived at the scene first on 55.95% of priority 1 calls and REMSA arrived at the scene first on 44.05% of priority 1 calls (p-value: 0.0057).*

- The difference between the median time differences, based on which entity arrived first/second was significant (p-value: 0.0072)*.
- The difference between the average time differences, based on which entity arrived first/second was not significant (p-value: 0.0646).

346 Reno Fire records matched with REMSA and were priority 2 (REMSA)

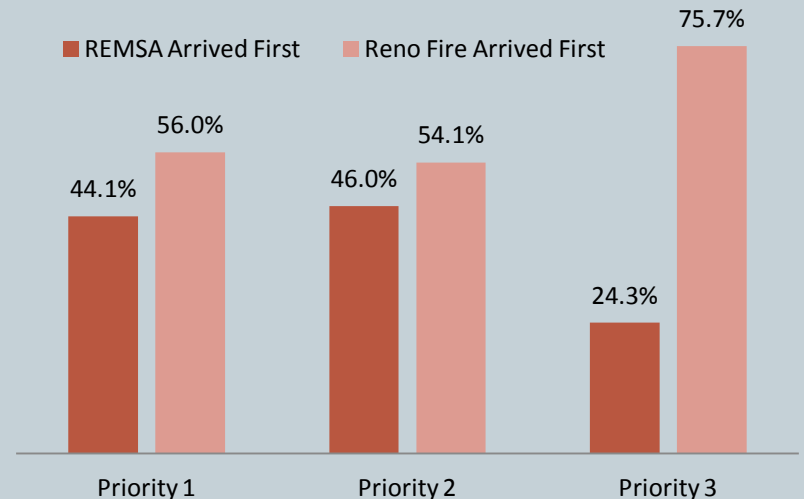
Reno Fire arrived at the scene first on 54.05% of priority 2 calls and REMSA arrived at the scene first on 45.95% of priority 2 calls (p-value: 0.1319).

- The difference between the median time differences, based on which entity arrived first/second was significant (p-value: 0.0003)*.
- The difference between the average time differences, based on which entity arrived first/second was significant (p-value: 0.0032)*.

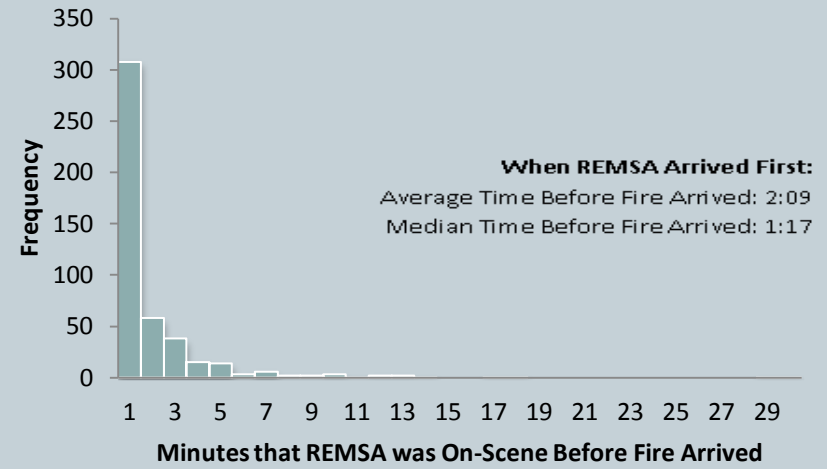
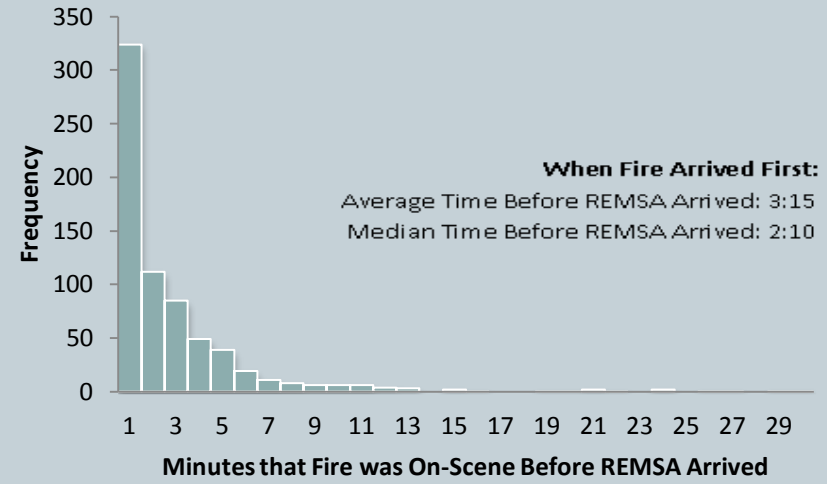
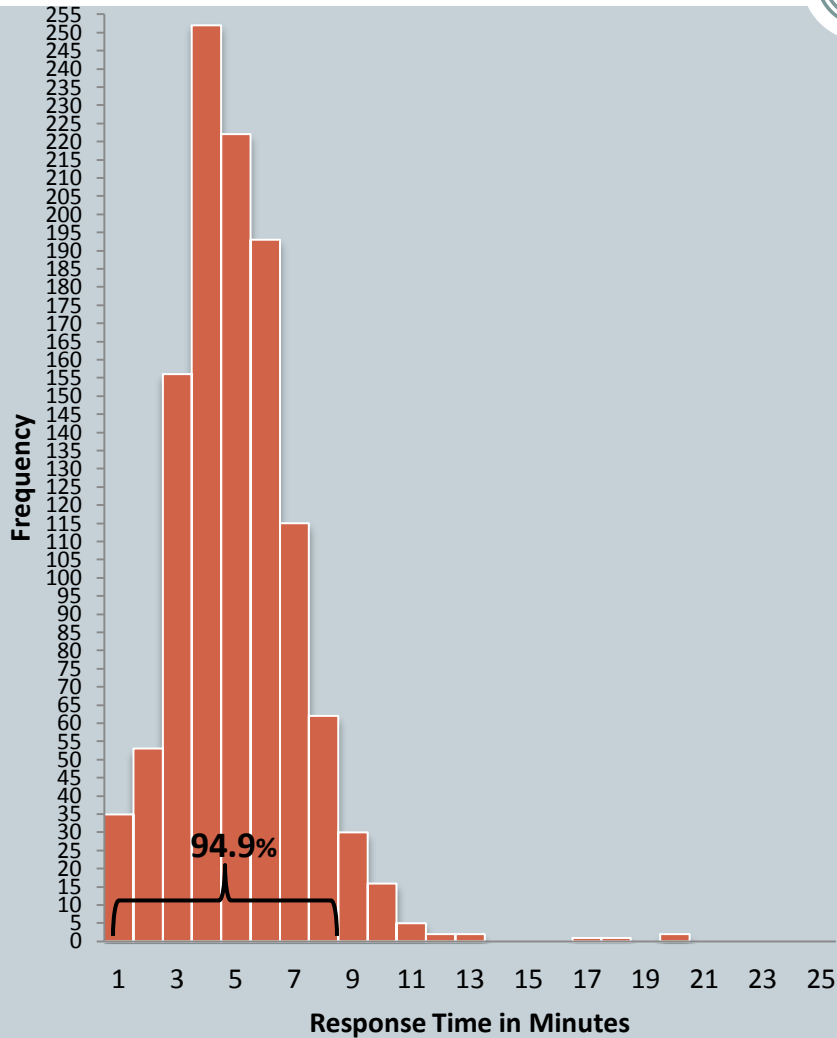
263 Reno Fire records matched with REMSA and were priority 3 (REMSA).

Reno Fire arrived at the scene first on 75.67% of priority 3 calls and REMSA arrived at the scene first on 24.33% of priority 3 calls (p-value: <.0001).*

- The difference between the median time differences, based on which entity arrived first/second was significant (p-value: <.0001)*.
- The difference between the average time differences, based on which entity arrived first/second was significant (p-value: 0.03)*.

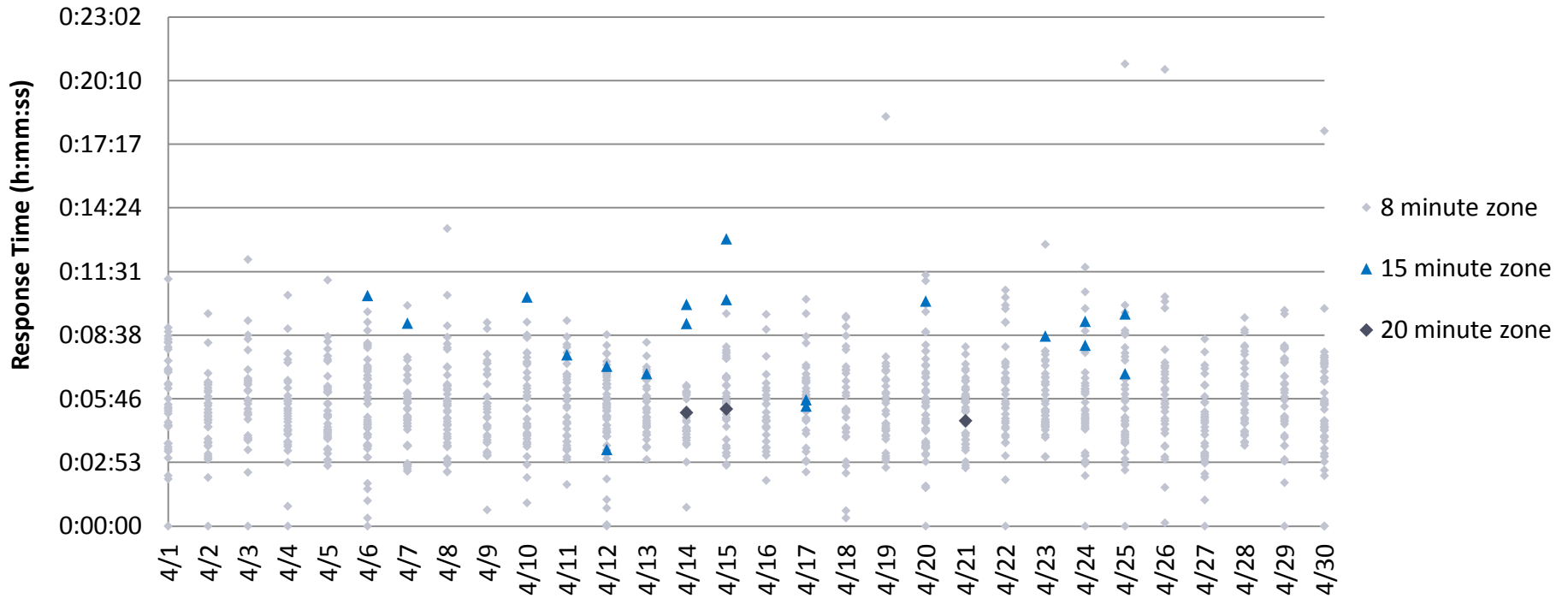


REMSA and Reno Fire - All Priorities



Response times were calculated as the difference between alarm time (fire) and the minimum of clock stop time (REMSA) and arrival time (fire).

April 2013 Response Times for Records that Linked Between REMSA and Reno Fire

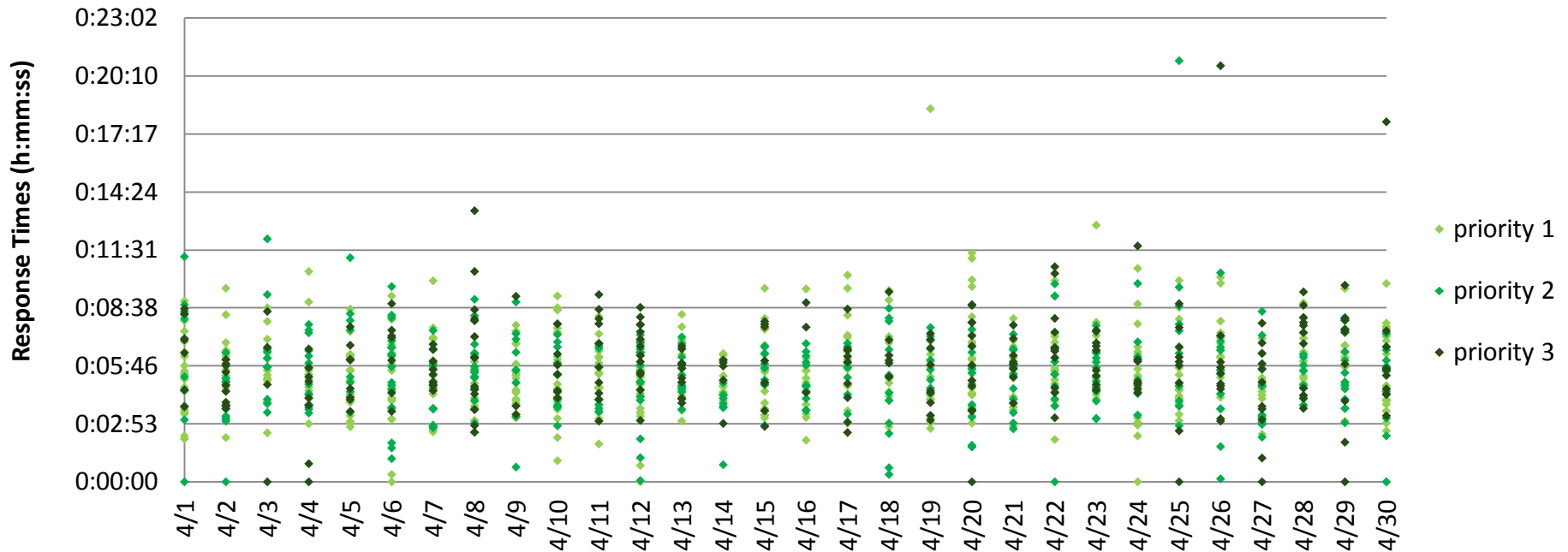


1,147 records linked between REMSA and Reno fire and had arrival/clock stop times for both entities. 1,125 were in the 8 minute REMSA response zone, 19 were in the 15 minute REMSA response zone, and 3 were in the 20 minute REMSA response zone.

Response times were calculated as the difference between alarm time (fire dept. data) and the minimum of clock stop time (REMSA) and arrival time (fire).

8 Minute Zone: Average Response Time - 0:05:29, Median Response Time - 0:05:19, 95.65% in 8 minutes
15 Minute Zone: Average Response Time - 0:08:31, Median Response Time - 0:09:10, 100% in 15 minutes
20 Minute Zone: Average Response Time - 0:05:04, Median Response Time - 0:05:08, 100% in 20 minutes

April 2013 Response Times for Records in the REMSA 8 Minute Zone that Linked Between REMSA and Reno Fire



1,125 of the records linked between REMSA and Reno fire were in the 8 minute REMSA response zone. 526 of these were priority 1, 338 of these were priority 2, and 261 of these were priority 3.

Response times were calculated as the difference between alarm time (fire dept. data) and the minimum of clock stop time (REMSA) and arrival time (fire).

8 Minute Zone, Priority 1: Average Response Time - 0:05:25, Median Response Time - 0:05:13
8 Minute Zone, Priority 2: Average Response Time - 0:05:19, Median Response Time - 0:05:17
8 Minute Zone, Priority 3: Average Response Time - 0:05:50, Median Response Time - 0:05:49

REMSA and Sparks Fire - All Priorities

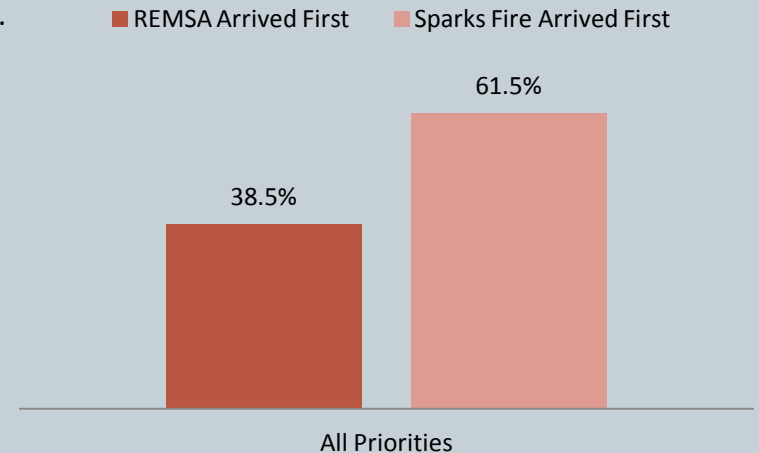


312 (51.4%) Sparks Fire records matched with REMSA.

Sparks Fire arrived at the scene first on 61.54% of all calls and REMSA arrived at the scene first on 38.46% of all calls (p-value: <0.0001)*.

Of those calls which fire arrived first, REMSA's median time difference was 1:47.
Of those calls which REMSA arrived first, fire's median time difference was 1:27.
(p-value: 0.1633)

Of those calls which fire arrived first, REMSA's average time difference was 2:58.
Of those calls which REMSA arrived first, fire's average time difference was 1:56.
(p-value: 0.005) *



REMSA and Sparks Fire - By Priority



134 Sparks Fire records matched with REMSA and were priority 1 (REMSA).

Sparks Fire arrived at the scene first on 51.49% of priority 1 calls and REMSA arrived at the scene first on 48.51% of priority 1 calls (p-value: 0.7301).

- The difference between the median time differences, based on which entity arrived first/second was not significant (p-value: 0.7286).
- The difference between the average time differences, based on which entity arrived first/second was not significant (p-value: 0.6363).

107 Sparks Fire records matched with REMSA and were priority 2 (REMSA)

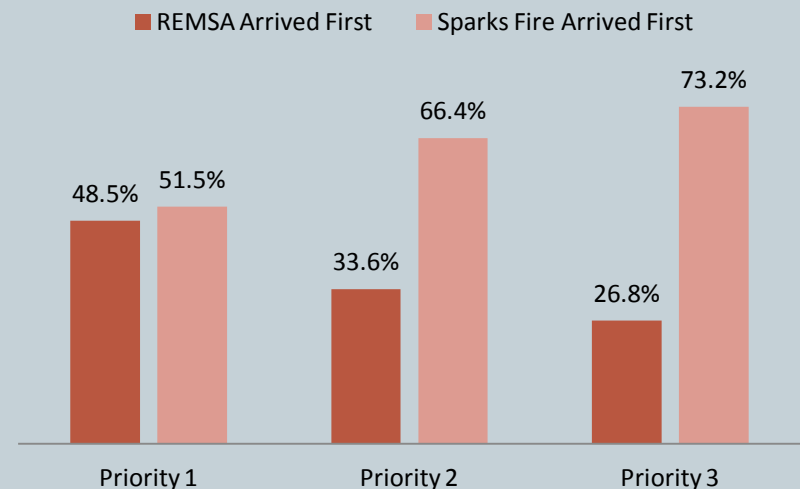
Sparks Fire arrived at the scene first on 66.36% of priority 2 calls and REMSA arrived at the scene first on 33.64% of priority 2 calls (p-value: 0.0007).*

- The difference between the median time differences, based on which entity arrived first/second was not significant (p-value: 0.3772).
- The difference between the average time differences, based on which entity arrived first/second was not significant (p-value: 0.3767).

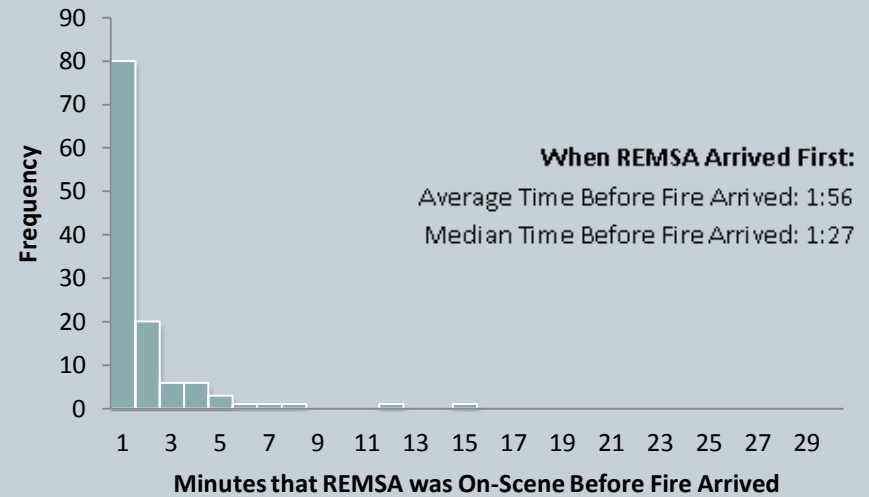
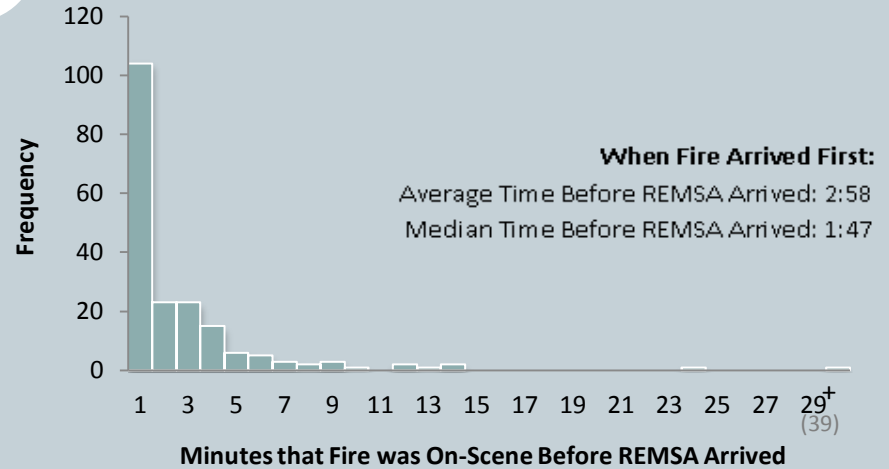
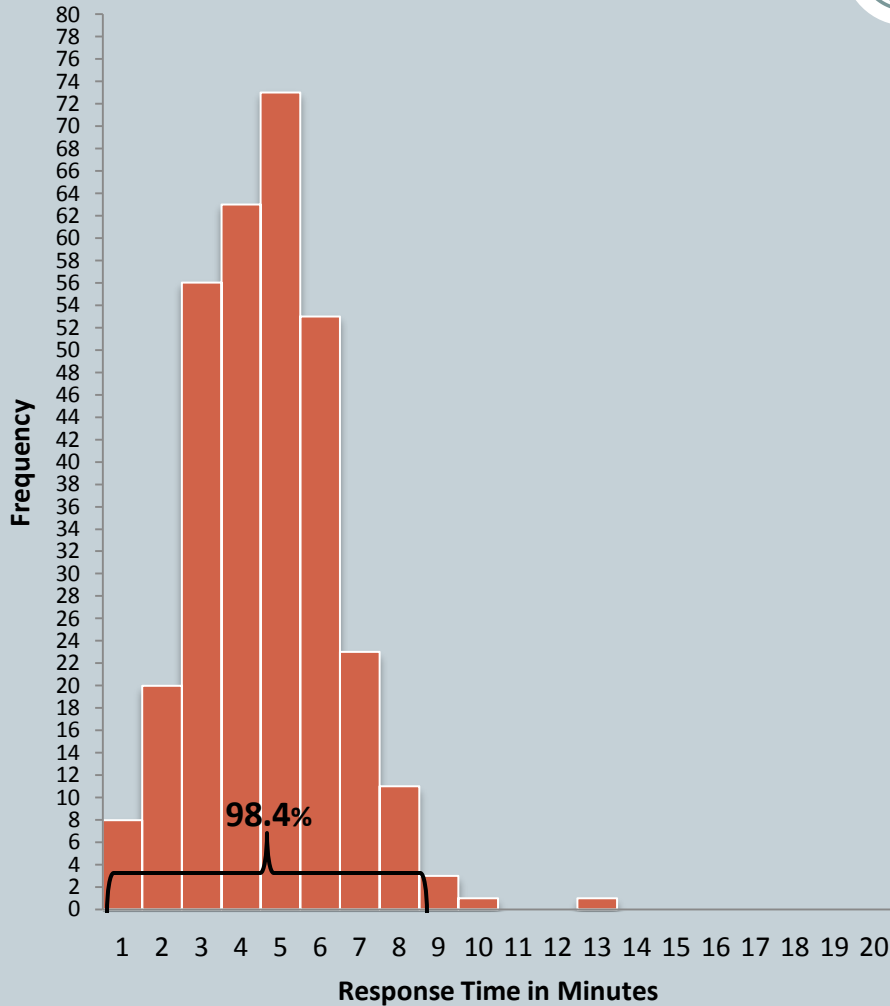
71 Sparks Fire records matched with REMSA and were priority 3 (REMSA).

Sparks Fire arrived at the scene first on 73.24% of priority 3 calls and REMSA arrived at the scene first on 26.76% of priority 3 calls (p-value: <.0001).*

- The difference between the median time differences, based on which entity arrived first/second was significant (p-value: 0.0108)*.
- The difference between the average time differences, based on which entity arrived first/second was significant (p-value: 0.0047)*.

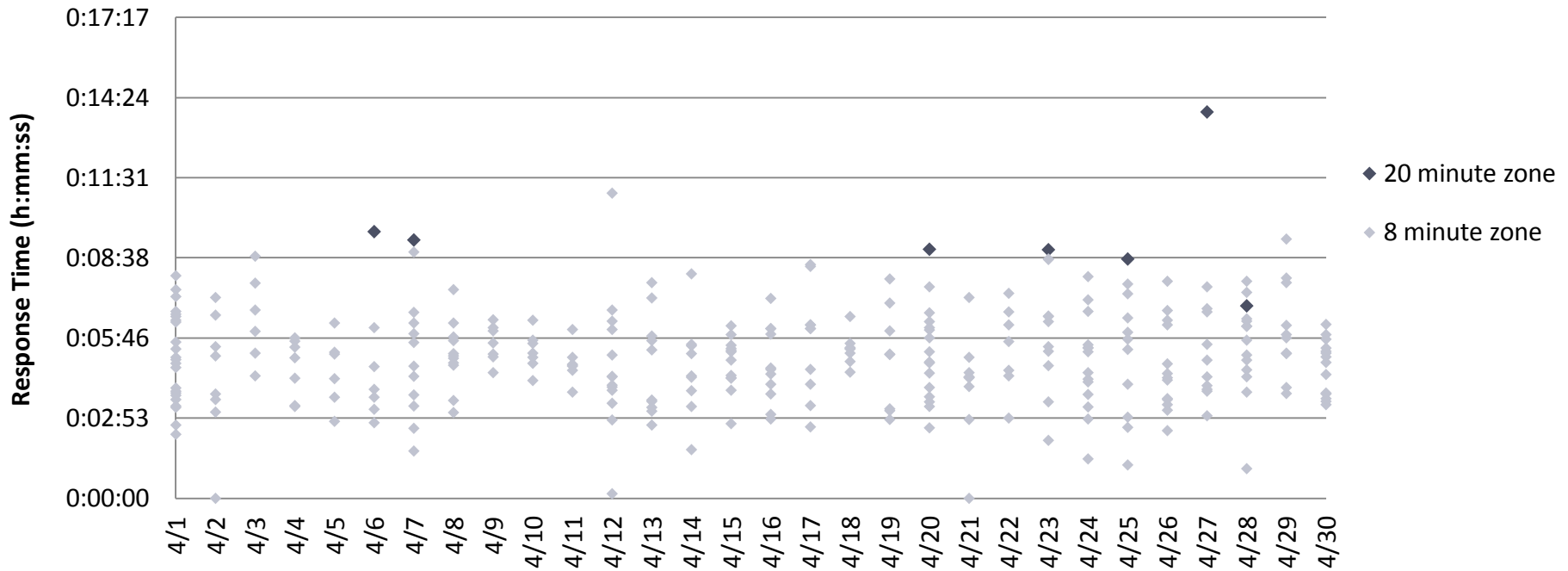


REMSA and Sparks Fire - All Priorities



Response times were calculated as the difference between alarm time (fire) and the minimum of clock stop time (REMSA) and arrival time (fire).

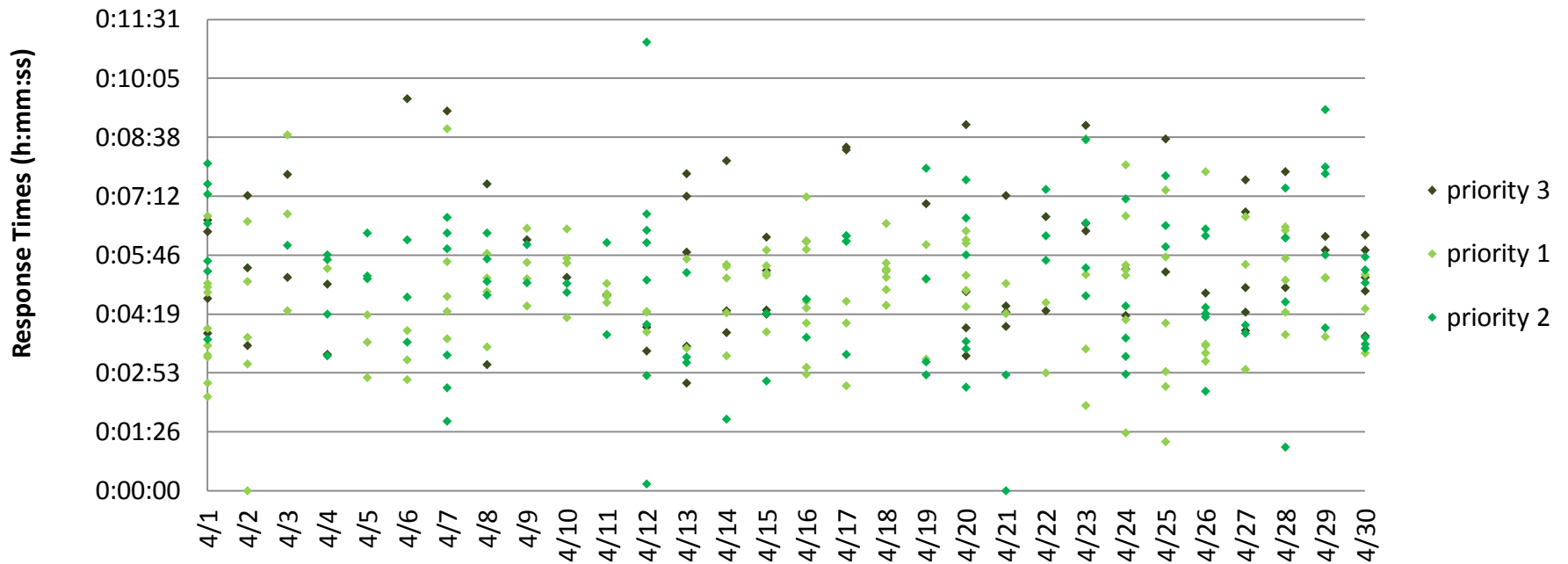
April 2013 Response Times for Records that Linked Between REMSA and SparksFire



312 records linked between REMSA and Sparks fire and had arrival/clock stop times for both entities. 305 were in the 8 minute REMSA response zone and 7 were in the 20 minute REMSA response zone. Response times were calculated as the difference between alarm time (fire dept. data) and the minimum of clock stop time (REMSA) and arrival time (fire).

8 Minute Zone: Average Response Time - 0:05:05, Median Response Time - 0:05:07, 98.69% in 8 minutes
20 Minute Zone: Average Response Time - 0:06:49, Median Response Time - 0:06:24, 100% in 20 minutes

April 2013 Response Times for Records in the REMSA 8 Minute Zone that Linked Between REMSA and Sparks Fire



305 of the records linked between REMSA and Reno fire were in the 8 minute REMSA response zone. 134 of these were priority 1, 107 of these were priority 2, and 71 of these were priority 3.

Response times were calculated as the difference between alarm time (fire dept. data) and the minimum of clock stop time (REMSA) and arrival time (fire).

8 Minute Zone, Priority 1: Average Response Time - 0:04:46, Median Response Time - 0:04:52

8 Minute Zone, Priority 2: Average Response Time - 0:05:05, Median Response Time - 0:05:11

8 Minute Zone, Priority 3: Average Response Time - 0:05:40, Median Response Time - 0:05:21

REMSA and Truckee Meadows Fire - All Priorities

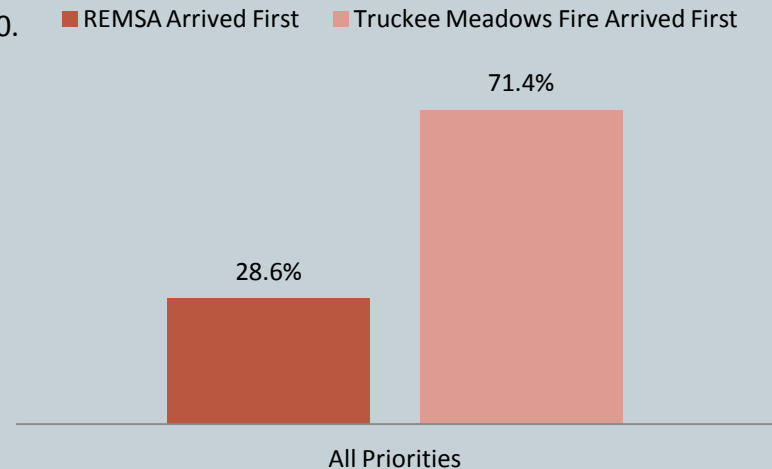


203 (51.9%) Truckee Meadows Fire records matched with REMSA.

Truckee Meadows Fire arrived at the scene first on 71.43% of all calls and REMSA arrived at the scene first on 28.57% of all calls (p-value: <.0001)*.

Of those calls which fire arrived first, REMSA's median time difference was 4:24.
Of those calls which REMSA arrived first, fire's median time difference was 1:55.
(p-value: <.0001) *

Of those calls which fire arrived first, REMSA's average time difference was 5:24.
Of those calls which REMSA arrived first, fire's average time difference was 2:30.
(p-value: <.0001) *



REMSA and Truckee Meadows Fire - By Priority



99 Truckee Meadows Fire records matched with REMSA and were priority 1 (REMSA).

Truckee Meadows arrived at the scene first on 65.66% of priority 1 calls and REMSA arrived at the scene first on 34.34% of priority 1 calls (p-value: 0.0018).*

- The difference between the median time differences, based on which entity arrived first/second was significant (p-value: <.0001).*
- The difference between the average time differences, based on which entity arrived first/second was significant (p-value: <.0001).*

61 Truckee Meadows Fire records matched with REMSA and were priority 2 (REMSA)

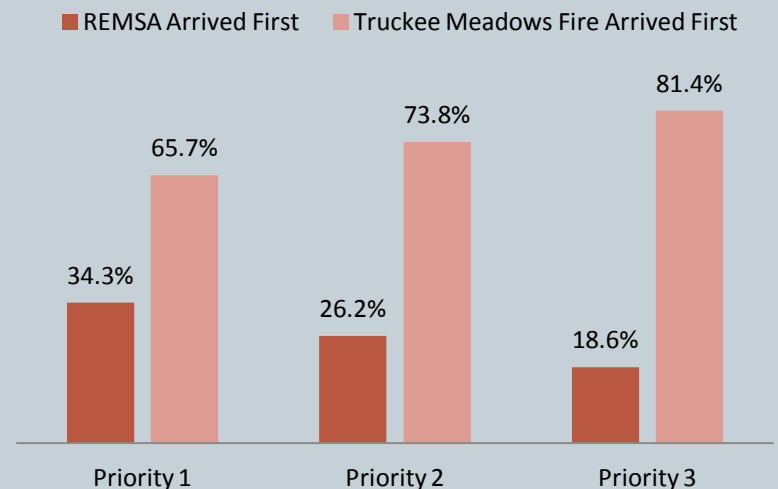
Truckee Meadows Fire arrived at the scene first on 73.77% of priority 2 calls and REMSA arrived at the scene first on 26.23% of priority 2 calls (p-value: 0.0002).*

- The difference between the median time differences, based on which entity arrived first/second was not significant (p-value: 0.2805).
- The difference between the average time differences, based on which entity arrived first/second was significant (p-value: 0.0459)*.

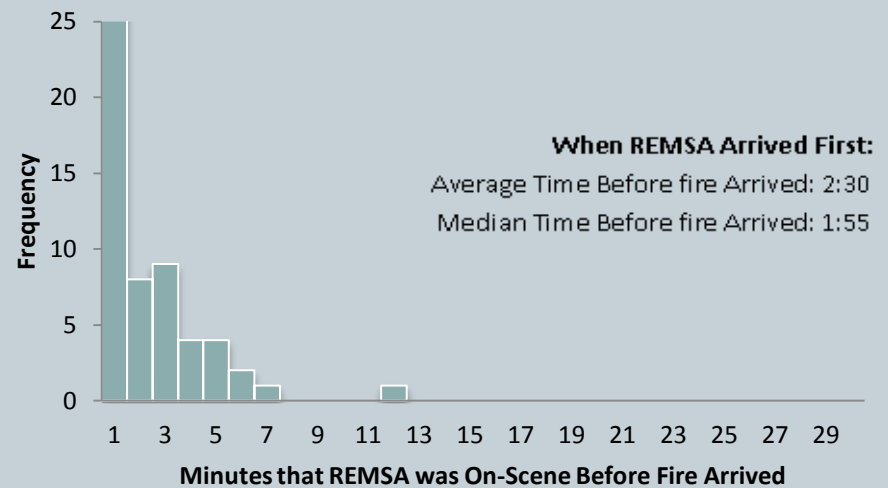
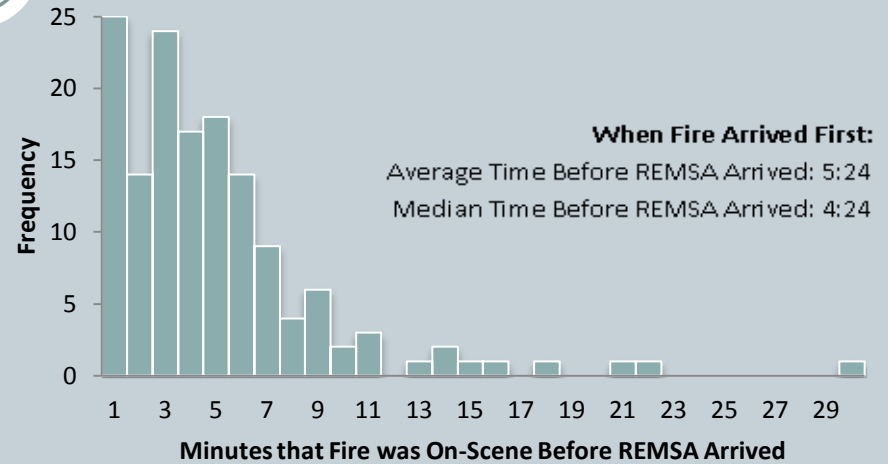
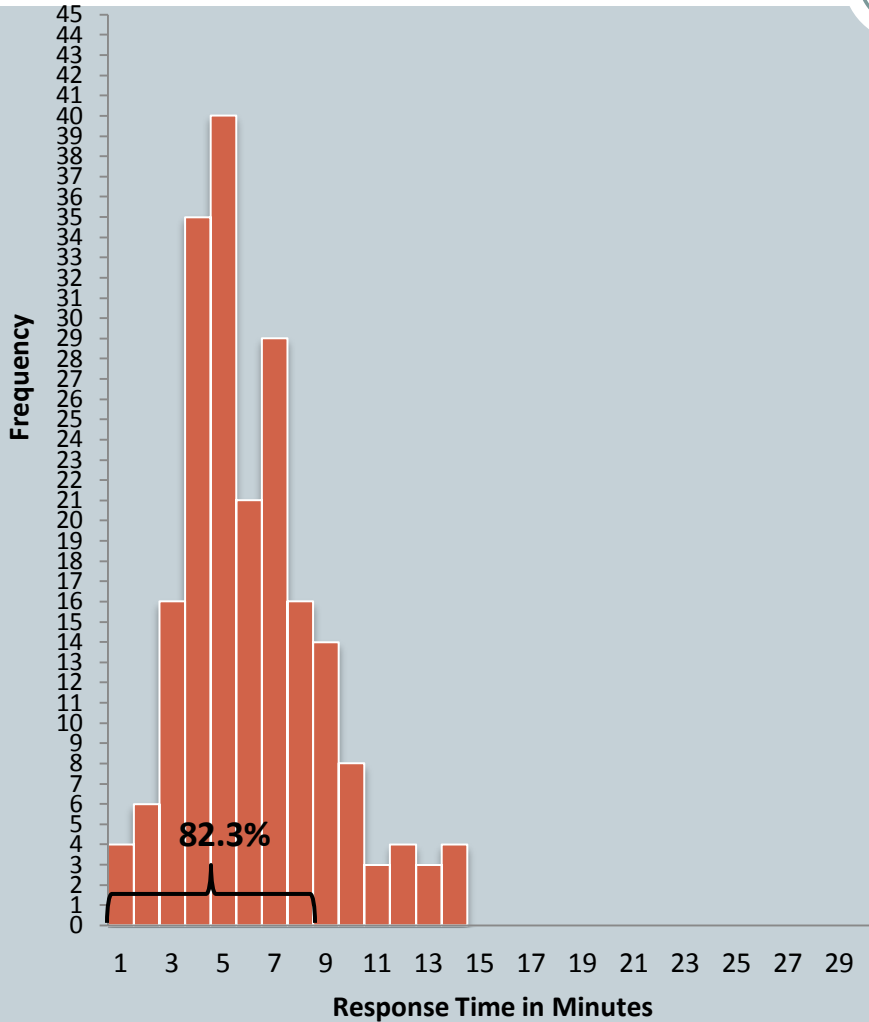
43 Truckee Meadows Fire records matched with REMSA and were priority 3 (REMSA).

Truckee Meadows Fire arrived at the scene first on 81.40% of priority 3 calls and REMSA arrived at the scene first on 18.60% of priority 3 calls (p-value: <.0001).

- The difference between the median time differences, based on which entity arrived first/second was significant (p-value: 0.0243)*.
- The difference between the average time differences, based on which entity arrived first/second was significant (p-value: 0.0122)*.

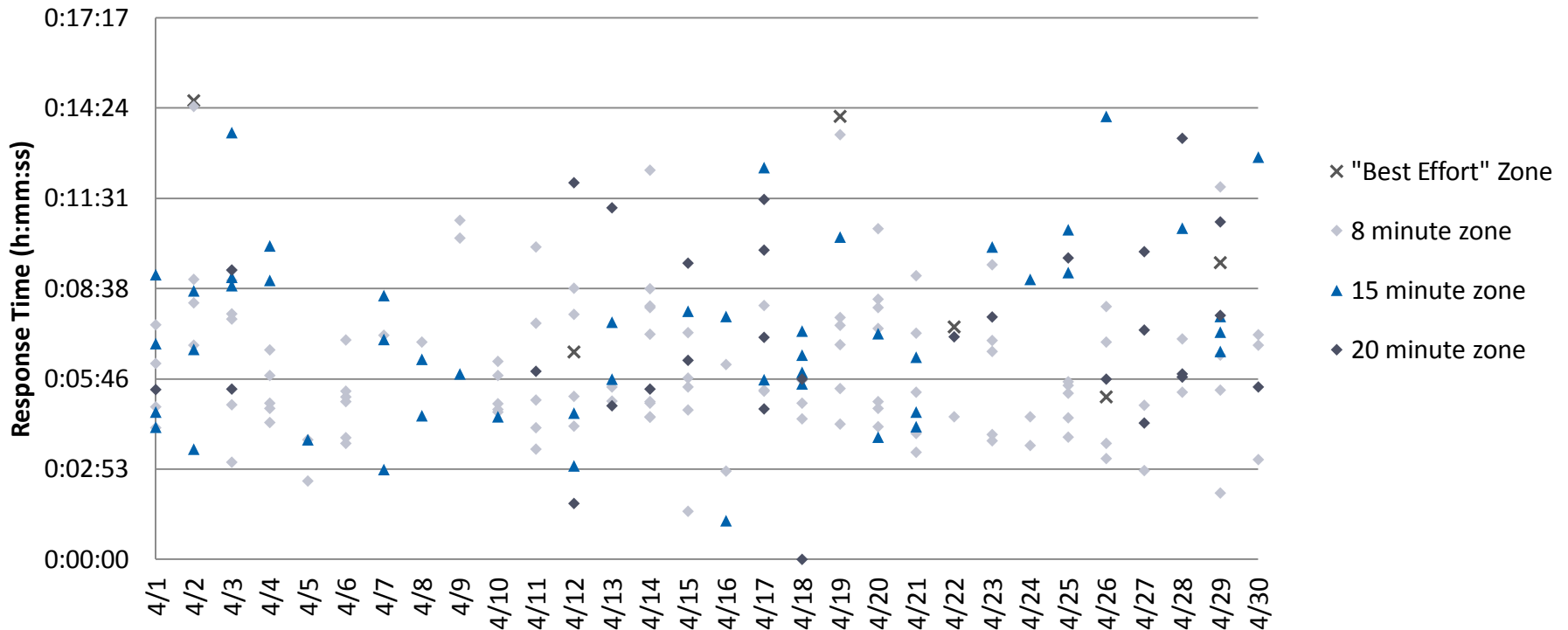


REMSA and Truckee Meadows Fire - All Priorities



Response times were calculated as the difference between alarm time (fire) and the minimum of clock stop time (REMSA) and arrival time (fire).

April 2013 Response Times for Records that Linked Between REMSA and Truckee Meadows Fire

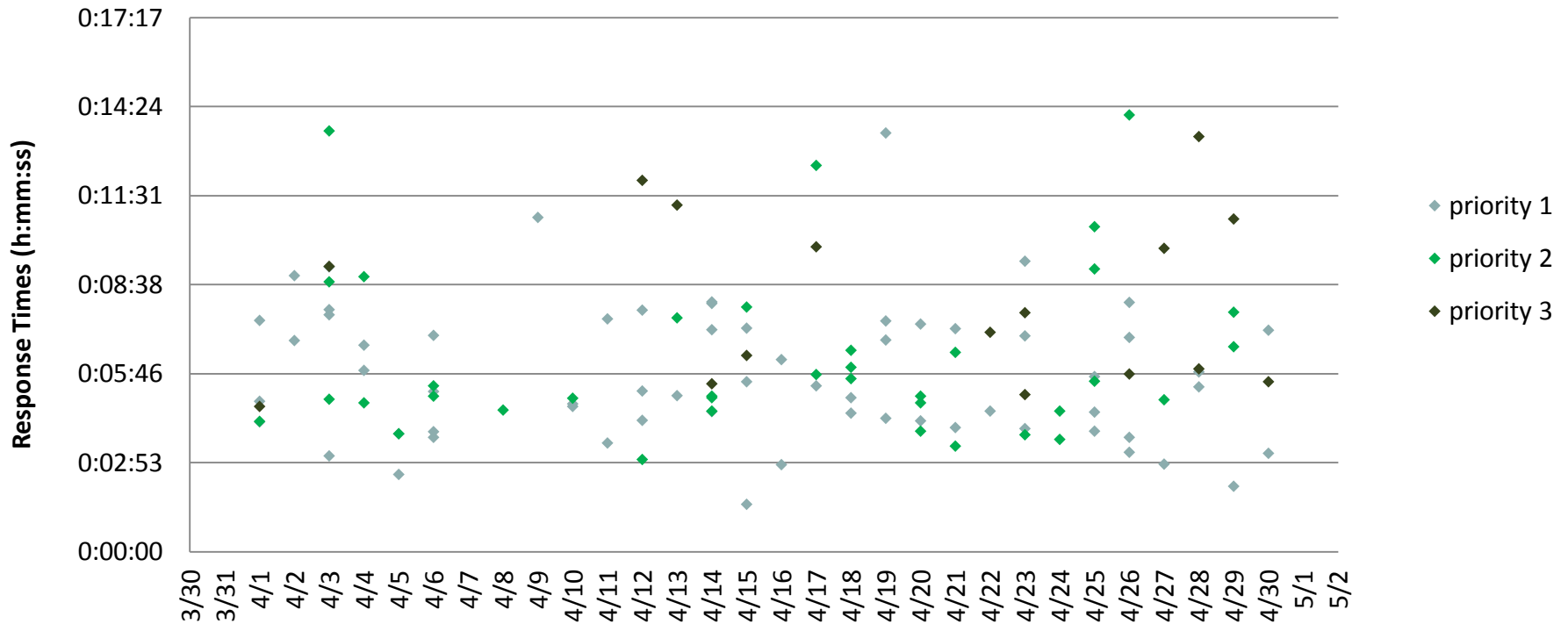


203 records linked between REMSA and Truckee Meadows fire and had arrival/clock stop times for both entities. 116 were in the 8 minute REMSA response zone, 49 were in the 15 minute REMSA response zone, and 32 were in the 20 minute REMSA response zone.

Response times were calculated as the difference between alarm time (fire dept. data) and the minimum of clock stop time (REMSA) and arrival time (fire).

8 Minute Zone: Average Response Time - 0:06:14, Median Response Time - 0:05:31, 86.21% in 8 minutes
15 Minute Zone: Average Response Time - 0:06:45, Median Response Time - 0:06:15, 100% in 15 minutes
20 Minute Zone: Average Response Time - 0:07:48, Median Response Time - 0:07:08, 100% in 20 minutes

April 2013 Response Times in the REMSA 8 Minute Zone that Linked Between REMSA and Truckee Meadows Fire



116 of the records linked between REMSA and Truckee Meadows fire were in the 8 minute REMSA response zone. 61 of these were priority 1, 34 of these were priority 2, and 21 of these were priority 3.

Response times were calculated as the difference between alarm time (fire dept. data) and the minimum of clock stop time (REMSA) and arrival time (fire).

8 Minute Zone, Priority 1: Average Response Time - 0:05:51, Median Response Time - 0:05:22

8 Minute Zone, Priority 2: Average Response Time - 0:06:24, Median Response Time - 0:05:26

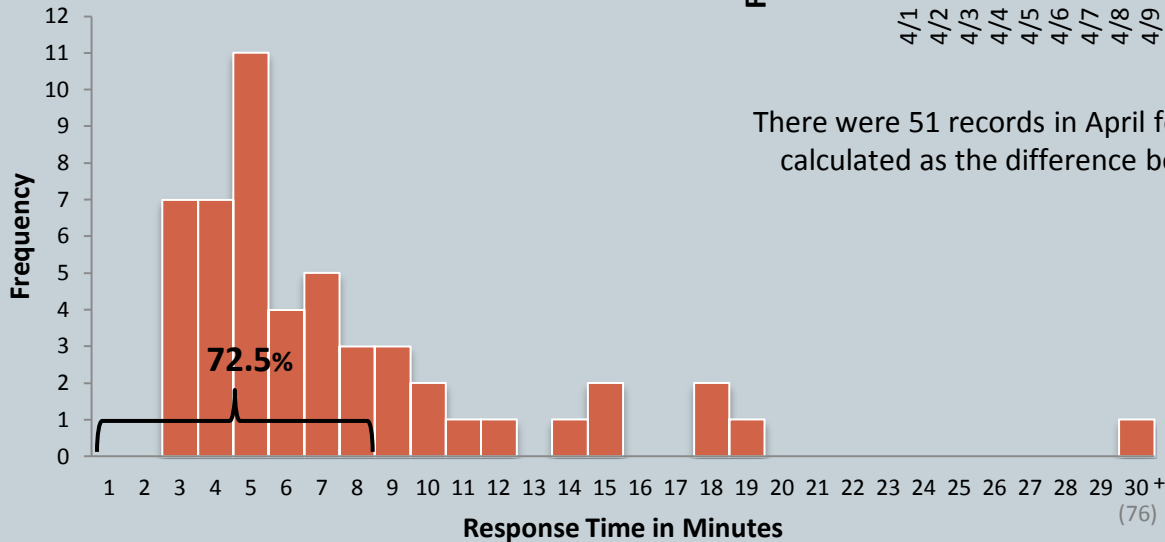
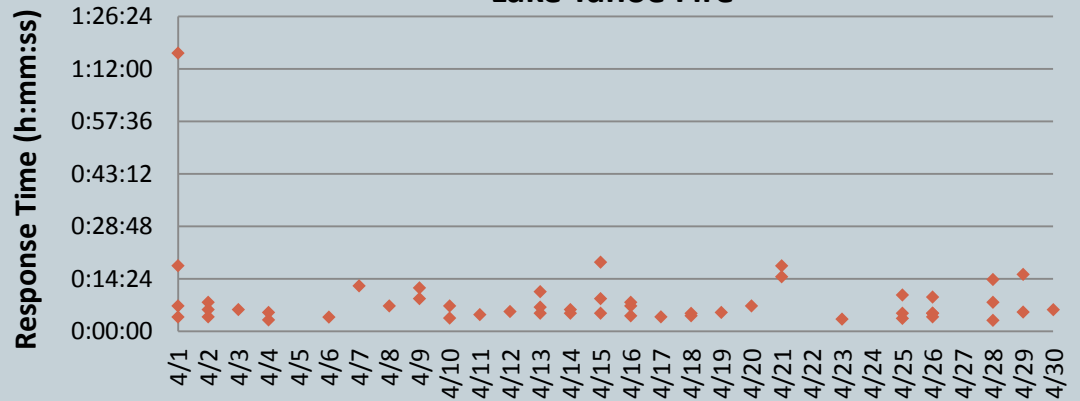
8 Minute Zone, Priority 3: Average Response Time - 0:07:07, Median Response Time - 0:05:55

North Lake Tahoe Fire



- Minimum response time: 0:03:00
- Maximum response time: 1:16:21
- Average response time: 0:08:43
- Median response time: 0:06:00
- 37/51 = 72.6% of the response times were within 8 minutes.

April 2013 Response Times for Records from North Lake Tahoe Fire



There were 51 records in April for North Lake Tahoe Fire. Response times were calculated as the difference between time call received and time on scene.

Response times were calculated as the difference between the time the call was received (Time Call Received) and the on scene time (On Scene).



Washoe County Health District



Public Health
Prevent. Promote. Protect.

ENVIRONMENTAL HEALTH SERVICES DIVISION

STAFF REPORT

BOARD MEETING DATE: 06/27/13

DATE: July 15, 2013

TO: Washoe County District Board of Health Members

FROM: Bob Sack, Director, Environmental Health Services Division
328-2489, bsack@washoecounty.us

SUBJECT: Presentation of Environmental Health Services Division Programs - Activities and Mandates for the Waste Management Program

RECOMMENDATION

Environmental Health Services (EHS) recommends that the District Board of Health (Board) accept the Waste Management Program (Program) presentation.

BACKGROUND

The Waste Management Program has evolved dramatically over the years and continues to change. Attached is a copy of the PowerPoint presentation being presented to the Board and the Nevada Revised Statutes (NRS) Chapter 444 and 444A – Waste Management and Recycling. The program in its beginning was focused on the storage and handling of residential garbage. It has evolved into a program that is responsible for overseeing all aspects of waste management from waste generation, storage and hauling to recycling and disposal. This includes both residential and commercial waste streams.

There is no duplication with other agencies in this program as EHS is the only agency authorized to perform these activities in Washoe County.

FISCAL IMPACT

No fiscal impact.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to accept the Waste Management Program presentation."

BS:pv
Attachments

COLLECTION AND DISPOSAL OF SOLID WASTE

NRS 444.440 Declaration of state policy. It is hereby declared to be the policy of this State to regulate the collection and disposal of solid waste in a manner that will:

1. Protect public health and welfare.
2. Prevent water or air pollution.
3. Prevent the spread of disease and the creation of nuisances.
4. Conserve natural resources.
5. Enhance the beauty and quality of the environment.

(Added to NRS by 1971, 1178)

NRS 444.450 Definitions. As used in [NRS 444.440](#) to [444.620](#), inclusive, unless the context otherwise requires, the words and terms defined in [NRS 444.460](#) to [444.501](#), inclusive, have the meanings ascribed to them in those sections.

(Added to NRS by 1971, 1178; A 1987, 1491; [1991, 1672, 2191](#); [1993, 14](#); [2009, 1080](#))

NRS 444.460 “Disposal site” defined. “Disposal site” means any place at which solid waste is dumped, abandoned or accepted or disposed of by incineration, land filling, composting or any other method. The term includes a municipal solid waste landfill.

(Added to NRS by 1971, 1178; A [1993, 14](#))

NRS 444.463 “Facility for the management of waste tires” defined. “Facility for the management of waste tires” means a site at which waste tires are deposited for processing, recycling or use as a fuel and which has been issued a permit for that purpose pursuant to the regulations adopted pursuant to [NRS 444.505](#).

(Added to NRS by [2009, 1078](#))

NRS 444.465 “Municipal solid waste landfill” defined. “Municipal solid waste landfill” has the meaning ascribed to it in the Resource Conservation and Recovery Act of 1976, Subtitle D, 42 U.S.C. §§ 6941 et seq., and the regulations adopted pursuant thereto.

(Added to NRS by [1993, 10](#))

NRS 444.470 “Municipality” defined. “Municipality” means any county and any city or town, whether incorporated or unincorporated, and Carson City.

(Added to NRS by 1971, 1178)

NRS 444.475 “Passenger car” defined. “Passenger car” has the meaning ascribed to it in [NRS 482.087](#).

(Added to NRS by [2009, 1078](#))

NRS 444.480 “Person” defined. “Person” includes any state or federal agency.

(Added to NRS by 1971, 1178; A 1985, 516)

NRS 444.490 “Solid waste” defined. “Solid waste” means all putrescible and nonputrescible refuse in solid or semisolid form, including, but not limited to, garbage, rubbish, junk vehicles, ashes or incinerator residue, street refuse, dead animals, demolition waste, construction waste, solid or semisolid commercial and industrial waste. The term does not include hazardous waste managed pursuant to [NRS 459.400](#) to [459.600](#), inclusive.

(Added to NRS by 1971, 1178; A 1981, 888)

NRS 444.495 “Solid waste management authority” defined. “Solid waste management authority” means:

1. The district board of health in any area in which a health district has been created pursuant to [NRS 439.362](#) or [439.370](#) and in any area over which the board has authority pursuant to an interlocal agreement, if the board has adopted all regulations that are necessary to carry out the provisions of [NRS 444.440](#) to [444.620](#), inclusive.

2. In all other areas of the State, the Division of Environmental Protection of the State Department of Conservation and Natural Resources.

(Added to NRS by [1993, 10](#); A [2005, 2468](#); [2009, 1080](#))

NRS 444.500 “Solid waste management system” defined. “Solid waste management system” means the entire process of storage, collection, transportation, processing, recycling and disposal of solid waste. The term includes plans and programs for the reduction of waste and public education.

(Added to NRS by 1971, 1178; A 1981, 858; [1993, 14](#))

NRS 444.501 “Waste tire” defined. “Waste tire” means a passenger car tire that is not suitable for its intended purpose because of wear, damage or defect.

(Added to NRS by [2009, 1078](#))

NRS 444.505 Management and disposal of waste tires: Regulations for issuance of permits to operate facility and for program of recycling and reuse.

1. The district board of health of a health district created pursuant to [NRS 439.362](#) or [439.370](#) shall, in a timely manner, adopt regulations:

(a) For the issuance of a permit to operate a facility for the management of waste tires in the health district and in any area

over which the board has authority pursuant to an interlocal agreement;

(b) If the district board of health issues a permit to operate a facility for the management of waste tires, prohibiting the disposal of waste tires in any municipal solid waste landfill in the health district and in any area over which the board has authority pursuant to an interlocal agreement by a retail seller of new motor vehicles tires or a wholesale seller of new motor vehicle tires; and

(c) To establish and carry out a program for the recycling and reuse of waste tires in the health district and in any area over which the board has authority pursuant to an interlocal agreement.

2. The regulations adopted pursuant to subsection 1 must:

(a) Provide for acceptable alternatives to the disposal of a waste tire in a municipal solid waste landfill;

(b) Provide for the inspection of a facility for the management of waste tires to ensure that the operator of the facility complies with those regulations;

(c) Prohibit a facility for the management of waste tires from refusing to accept a waste tire offered for disposal, except in accordance with the provisions of the permit issued to the operator of the facility;

(d) Establish requirements concerning the transportation and storage of waste tires prior to disposal;

(e) Establish a procedure for applications for exemptions or waivers from any of those regulations;

(f) Provide for an exemption from any penalty imposed pursuant to those regulations for any person who inadvertently or unintentionally disposes of a waste tire in a municipal solid waste landfill in violation of those regulations;

(g) Not prohibit the lawful disposal of a waste tire outside of the health district; and

(h) In addition to the penalties described in [NRS 444.507](#) and [444.509](#), provide for a penalty for a violation of any of those regulations.

3. In a county in which a health district has not been created pursuant to [NRS 439.362](#) or [439.370](#), the State Environmental Commission may adopt regulations:

(a) Authorizing the Division of Environmental Protection of the State Department of Conservation and Natural Resources to issue a permit for the operation of a facility for the management of waste tires in the county;

(b) If a facility for the management of waste tires has been issued a permit in the county, prohibiting the disposal of waste tires in a municipal solid waste landfill in the county; and

(c) To establish and carry out a program for the recycling and reuse of waste tires in the county.

4. Any regulation adopted pursuant to this section which prohibits the disposal of a waste tire in a municipal solid waste landfill does not apply to the disposal of a waste tire if the unavailability of a facility for the management of waste tires makes disposal at such a facility impracticable. The provisions of this subsection do not exempt a person from any other regulation adopted pursuant to this section.

5. The regulations adopted by a district board of health pursuant to this section must not conflict with regulations adopted by the State Environmental Commission.

(Added to NRS by [2009, 1078](#))

NRS 444.507 Management and disposal of waste tires: Permit required to operate facility; penalties for violation.

1. A person shall not operate a facility for the management of waste tires unless the operator:

(a) Holds a permit to operate the facility for the management of waste tires issued by the district board of health or the Division of Environmental Protection of the State Department of Conservation and Natural Resources in accordance with the regulations adopted pursuant to [NRS 444.505](#); and

(b) Complies with the terms and conditions of the permit.

2. A person who violates the provisions of subsection 1 is guilty of a misdemeanor.

3. Each day or part of a day during which the violation is continued or repeated constitutes a separate offense.

4. Except as otherwise provided in [NRS 445C.010](#) to [445C.120](#), inclusive:

(a) A person convicted of violating subsection 1 is, in addition to any criminal penalty imposed, liable for a civil penalty upon each such conviction; and

(b) A court before whom a defendant is convicted of a violation of subsection 1 shall, for each violation, order the defendant to pay a civil penalty of at least \$500 but not more than \$5,000.

(Added to NRS by [2009, 1079](#))

NRS 444.509 Management and disposal of waste tires: Unlawful to dispose of waste tire in solid waste landfill if permit issued for operation of facility in health district or county; exceptions.

1. Except as otherwise provided in subsection 2, in any health district created pursuant to [NRS 439.362](#) or [439.370](#) and any area over which the district board of health has authority pursuant to an interlocal agreement or any county in which a permit for the operation of a facility for the management of waste tires has been issued pursuant to [NRS 444.505](#), a person who willfully disposes of a waste tire generated in that health district or county in any municipal solid waste landfill in this State is guilty of a misdemeanor and, except as otherwise provided in [NRS 445C.010](#) to [445C.120](#), inclusive, shall be punished by a fine of not less than \$100 per violation. Each waste tire disposed of in violation of the provisions of this section constitutes a separate violation.

2. The provisions of subsection 1 do not apply:

(a) To a person who inadvertently or unintentionally disposes of a waste tire in a municipal solid waste landfill in violation of the provisions of subsection 1; or

(b) If the unavailability of a facility for the management of waste tires makes disposal of a waste tire at a site other than a municipal solid waste landfill impracticable.

(Added to NRS by [2009, 1080](#))

NRS 444.510 Municipal solid waste management systems: Development, revision and approval of plans; cooperative agreements.

1. The governing body of every municipality or district board of health created pursuant to [NRS 439.362](#) or [439.370](#)

shall develop a plan to provide for a solid waste management system which adequately provides for the management and disposal of solid waste within the boundaries of the municipality or within the area to be served by the system, whether generated within or outside of the boundaries of the area.

2. The plan may include ordinances adopted pursuant to [NRS 444.520](#) and [444.530](#).

3. Such a governing body may enter into agreements with governing bodies of other municipalities, or with any person, or with a combination thereof, to carry out or develop portions of the plan provided for in subsection 1, or both, and to provide a solid waste management system, or any part thereof.

4. Any plan developed by the governing body of a municipality or district board of health created pursuant to [NRS 439.362](#) or [439.370](#) must be submitted to the State Department of Conservation and Natural Resources for approval according to a schedule established by the State Environmental Commission. No action may be taken by that governing body or district board of health until the plan has been approved. The Department shall determine the adequacy of the plan within 90 days after receiving the plan. If the Department does not respond to the plan within 90 days, the plan shall be deemed approved and becomes effective immediately.

5. An approved plan remains in effect until the plan is revised and the revised plan is approved. A plan must not conflict with the statewide plan adopted by the State Environmental Commission pursuant to [NRS 444.570](#). Plans must be revised to reflect proposed changes in the solid waste management system, and changes in applicable regulations.

(Added to NRS by 1971, 1178; A 1975, 1401; 1977, 1138; 1983, 1261; [1991, 2191](#); [1993, 14](#); [2005, 2468](#))

NRS 444.520 Municipal solid waste management systems: Additional fees and charges; unpaid fees and charges constitute lien against property; lien not effective until notice given.

1. The governing body of any municipality which has an approved plan for the management of solid waste may, by ordinance, provide for the levy and collection of other or additional fees and charges and require such licenses as may be appropriate and necessary to meet the requirements of [NRS 444.460](#) to [444.610](#), inclusive.

2. The fees authorized by this section are not subject to the limit on the maximum allowable revenue from fees established pursuant to [NRS 354.5989](#).

3. Until paid, any fee or charge levied pursuant to subsection 1 constitutes a perpetual lien against the property served, superior to all liens, claims and titles other than liens for general taxes and special assessments. The lien is not extinguished by the sale of any property on account of nonpayment of any other lien, claim or title, except liens for general taxes and special assessments. The lien may be foreclosed in the same manner as provided for the foreclosure of mechanics' liens.

4. A lien against the property served is not effective until a notice of the lien, separately prepared for each lot affected, is:

(a) Mailed to the last known owner at the owner's last known address according to the records of the county in which the property is located;

(b) Delivered to the office of the county recorder of the county in which the property is located;

(c) Recorded by the county recorder in a book kept for the purpose of recording instruments encumbering land; and

(d) Indexed in the real estate index as deeds and other conveyances are required by law to be indexed.

(Added to NRS by 1971, 1179; A [1991, 1672](#); [2005, 809](#))

NRS 444.530 Municipal solid waste management systems: Regulations for operation. The governing body of a municipality having a solid waste management system within its boundaries shall, by ordinance, establish regulations for the operation of such system. No such ordinance shall be in conflict with any regulation adopted by the State Environmental Commission.

(Added to NRS by 1971, 1179; A 1975, 1401)

NRS 444.540 Municipal solid waste management systems: Acceptance and use of grants or appropriations. The governing body of a municipality may accept and disburse funds derived from grants from any person or appropriation from the general fund in the State Treasury for the installation and operation of a solid waste management system, or any part thereof.

(Added to NRS by 1971, 1179)

NRS 444.550 Municipal solid waste management systems: Authority to acquire land, machinery, equipment or facilities.

1. The governing body of any municipality may contract for the lease or purchase of land, facilities, vehicles, machinery or any other thing necessary to the installation or operation of a solid waste management system.

2. The authority provided for in subsection 1 may also be exercised in combination with another person or governing body of a municipality.

(Added to NRS by 1971, 1179)

NRS 444.553 Permits to operate disposal sites: Issuance; requirements.

1. The solid waste management authority shall, in accordance with the regulations of the State Environmental Commission adopted pursuant to [NRS 444.560](#), issue permits to operate disposal sites.

2. A person shall not operate or authorize the operation of a disposal site unless the operator:

(a) Holds a permit to operate the disposal site issued by the solid waste management authority; and

(b) Complies with the terms and conditions of the permit.

(Added to NRS by [1993, 12](#))

NRS 444.555 Use of certain disposal sites established by municipality restricted; penalty. A disposal site established by a municipality for which no person is employed to control access to and use of the site may be used only for the disposal of solid waste by:

1. The residents of the municipality; or

2. Tourists in the area for noncommercial reasons.
- Any person violating the provisions of this section is guilty of a misdemeanor.
(Added to NRS by 1987, 1491)

NRS 444.556 Municipal solid waste landfills: Permit required; conditions of permit; disclosure of records regarding application for permit; powers of solid waste management authority.

1. Before constructing or operating a municipal solid waste landfill, the owner or operator of the landfill shall obtain a permit issued by the solid waste management authority.
2. A permit for the construction or operation of a municipal solid waste landfill is subject to the general conditions of the Resource Conservation and Recovery Act of 1976, Subtitle D, 42 U.S.C. §§ 6941 et seq., and the regulations adopted pursuant thereto.
3. Any documents submitted in connection with an application for a permit, including any modifications requested by the solid waste management authority that require corrective action to the proposed construction or operation, are public records and must be made available for public comment. The final determinations made by the solid waste management authority on an application for a permit are public records.
4. A permit issued by a solid waste management authority must be conditioned upon all requirements that are necessary to ensure continuing compliance with:
 - (a) The requirements of the Resource Conservation and Recovery Act of 1976, Subtitle D, 42 U.S.C. §§ 6941 et seq., and the regulations adopted pursuant thereto, which describe:
 - (1) General standards for a municipal solid waste landfill;
 - (2) Restrictions on the location of such a landfill;
 - (3) Criteria for the operation of such a landfill;
 - (4) Criteria for the design of such a landfill;
 - (5) Requirements for monitoring groundwater and standards for corrective actions related thereto;
 - (6) Standards of care related to the closure of such a landfill; and
 - (7) Financial requirements for the owners or operators of such landfills;
 - (b) The applicable regulations of the State Environmental Commission; and
 - (c) The applicable laws of this State.
5. A solid waste management authority may:
 - (a) Obtain, and the owner or operator of a municipal waste landfill shall deliver upon request, any information necessary to determine whether the owner or operator is or has been in compliance with the terms and conditions of the permit, the regulations of the State Environmental Commission, the applicable laws of this State and the provisions of the Resource Conservation and Recovery Act of 1976, Subtitle D, 42 U.S.C. §§ 6941 et seq., and the regulations adopted pursuant thereto;
 - (b) Conduct monitoring or testing to ensure that the owner or operator is or has been in compliance with the terms and conditions of the permit; and
 - (c) Enter any site or premises subject to the permit, during normal business hours, on which records relevant to the municipal solid waste landfill are kept in order to inspect those records.
 (Added to NRS by [1993, 11](#))

NRS 444.557 Municipal solid waste landfills: Program to monitor compliance with permits, laws and regulations; allowance of intervention.

1. A solid waste management authority shall establish a program to monitor the compliance of a municipal solid waste landfill with the terms and conditions of the permit issued for that landfill, the regulations of the State Environmental Commission, the applicable laws of this state and the provisions of the Resource Conservation and Recovery Act of 1976, Subtitle D, 42 U.S.C. §§ 6941 et seq., and the regulations adopted pursuant thereto. The program must include procedures to:
 - (a) Verify the accuracy of any information submitted by the owner or operator of the landfill to the authority;
 - (b) Verify the adequacy of sampling procedures and analytical methods used by the owner or operator of the landfill; and
 - (c) Require the owner or operator to produce all evidence which would be admissible in a proceeding to enforce compliance.
2. The solid waste management authority shall receive and give appropriate consideration to any information submitted by members of the public regarding the continuing compliance of an owner or operator with the permit issued by the authority.
3. In the administration of any permit issued by a solid waste management authority, the authority shall establish procedures that permit intervention pursuant to [Rule 24](#) of the Nevada Rules of Civil Procedure. The authority shall not oppose intervention on the ground that the applicant's interest is adequately represented by the authority.
(Added to NRS by [1993, 12](#))

NRS 444.558 Municipal solid waste landfills: Regulations for program of issuing permits.

1. The State Environmental Commission and the district board of health of a health district created pursuant to [NRS 439.362](#) or [439.370](#) shall, in a timely manner, adopt all regulations that are necessary to establish and carry out a program of issuing permits for municipal solid waste landfills. The program must ensure compliance with the Resource Conservation and Recovery Act of 1976, Subtitle D, 42 U.S.C. §§ 6941 et seq., and the regulations adopted pursuant thereto, and carry out the purpose and intent of this section.
2. The regulations adopted by a district board of health pursuant to this section must not conflict with regulations adopted by the State Environmental Commission.
(Added to NRS by [1993, 11](#); A [2005, 2468](#))

NRS 444.560 Regulations of State Environmental Commission: Adoption; fees; violation prohibited after reasonable time.

1. The State Environmental Commission shall adopt regulations concerning solid waste management systems, or any part

thereof, including regulations establishing standards for the issuance, renewal, modification, suspension, revocation and denial of, and for the imposition of terms and conditions for, a permit to construct or operate a disposal site.

2. The State Environmental Commission may establish a schedule of fees for the disposal of solid waste in areas subject to the jurisdiction of the State Department of Conservation and Natural Resources in accordance with [NRS 444.495](#) or for the issuance of permits or other approvals by the Department for the operation of solid waste management facilities. The Department may use the money collected under the schedule to defray the cost of managing and regulating solid waste.

3. Notice of the intention to adopt and the adoption of any regulation or schedule of fees must be given to the clerk of the governing board of all municipalities in this State.

4. Within a reasonable time, as fixed by the State Environmental Commission, after the adoption of any regulation, no governing board of a municipality or person may operate or permit an operation in violation of the regulation.

(Added to NRS by 1971, 1179; A 1975, 1401; 1977, 68; 1983, 1261; [1993, 15](#); [2005, 1498](#))

NRS 444.570 Duties of State Department of Conservation and Natural Resources and State Environmental Commission; inspections.

1. The State Department of Conservation and Natural Resources shall:

(a) Advise, consult and cooperate with other agencies and commissions of the State, other states, the Federal Government, municipalities and persons in the formulation of plans for and the establishment of any solid waste management system.

(b) Accept and administer loans and grants from any person that may be available for the planning, construction and operation of solid waste management systems.

(c) Enforce the provisions of [NRS 444.440](#) to [444.560](#), inclusive, and any regulation adopted by the State Environmental Commission pursuant thereto.

(d) Periodically review the programs of other solid waste management authorities in the State for issuing permits pursuant to [NRS 444.505](#), [444.553](#) and [444.556](#) and ensuring compliance with the terms and conditions of such permits, the regulations of the State Environmental Commission, the laws of this State and the provisions of the Resource Conservation and Recovery Act of 1976, 42 U.S.C. §§ 6941 et seq., and the regulations adopted pursuant thereto. The Director of the State Department of Conservation and Natural Resources shall review the adequacy of such programs in accordance with the standards adopted by the United States Environmental Protection Agency to review the adequacy of the state program. If the Director determines that a program is inadequate, the Department shall act as the solid waste management authority until the deficiency is corrected. A finding by the Director that a program is inadequate is not final until reviewed by the State Environmental Commission. This paragraph does not limit the authority or responsibility of a district board of health to issue permits for disposal sites and enforce the laws of this State regarding solid waste management systems.

(e) Make such investigations and inspections and conduct such monitoring and testing as may be necessary to require compliance with [NRS 444.450](#) to [444.560](#), inclusive, and any regulation adopted by the State Environmental Commission.

2. The State Environmental Commission shall:

(a) In cooperation with governing bodies of municipalities, develop a statewide solid waste management system plan, and review and revise the plan every 5 years.

(b) Examine and approve or disapprove plans for solid waste management systems.

(c) Review any determination by the Director of the State Department of Conservation and Natural Resources that a program for issuing permits administered by a solid waste management authority is inadequate. The Commission may affirm, modify or reverse the findings of the Director.

3. Employees of the State Department of Conservation and Natural Resources or its authorized representatives may, during the normal hours of operation of a facility subject to the provisions of [NRS 444.440](#) to [444.620](#), inclusive, enter and inspect areas of the facility where:

(a) Solid waste may have been generated, stored, transported, treated or disposed; or

(b) Records are kept, and may inspect and copy any records, reports, information or test results relating to the management of the solid waste.

(Added to NRS by 1971, 1179; A 1973, 1406; 1975, 1402; 1977, 1139; [1993, 15](#); [2005, 1499](#); [2009, 1080](#))

NRS 444.580 Authority of district board of health or municipality to adopt regulations and issue permits.

1. Any district board of health created pursuant to [NRS 439.362](#) or [439.370](#) and any governing body of a municipality may adopt standards and regulations for the location, design, construction, operation and maintenance of solid waste disposal sites and solid waste management systems or any part thereof more restrictive than those adopted by the State Environmental Commission, and any district board of health may issue permits thereunder.

2. Any district board of health created pursuant to [NRS 439.362](#) or [439.370](#) may adopt such other regulations as are necessary to carry out the provisions of [NRS 444.440](#) to [444.620](#), inclusive. Such regulations must not conflict with regulations adopted by the State Environmental Commission.

(Added to NRS by 1971, 1180; A 1975, 1402; [1993, 16](#); [2005, 2469](#); [2009, 1081](#))

NRS 444.583 Unlawful disposal of motor vehicle battery, motor vehicle tire or motor oil; penalty; plan for appropriate disposal; exemption.

1. Except as otherwise provided in subsection 5 and [NRS 444.509](#), it is unlawful willfully to:

(a) Dispose of, abandon or dump a motor vehicle battery, motor vehicle tire or motor oil at any site which has not been issued a permit for that purpose by the solid waste management authority;

(b) Dispose of, abandon or dump a motor vehicle battery, motor vehicle tire or motor oil at a sanitary landfill or other disposal site established by a municipality which has not been issued a permit for that purpose by the solid waste management authority; or

(c) Incinerate a motor vehicle battery or motor vehicle tire as a means of ultimate disposal, unless the incineration is approved by the solid waste management authority for the recovery of energy or other appropriate use.

2. A person who violates the provisions of subsection 1 is guilty of a misdemeanor and except as otherwise provided in

[NRS 445C.010](#) to [445C.120](#), inclusive, shall be punished by a fine of not less than \$100 per violation.

3. The State Department of Conservation and Natural Resources shall establish a plan for the appropriate disposal of used or waste motor vehicle batteries, motor vehicle tires and motor oil. The plan must include the issuance of permits to approved sites or facilities for the disposal of those items by the public. The plan may include education of the public regarding the necessity of disposing of these items properly and recycling them.

4. The State Department of Conservation and Natural Resources shall encourage the voluntary establishment of authorized sites which are open to the public for the deposit of used or waste motor vehicle batteries, motor vehicle tires and motor oil.

5. The provisions of subsections 1 and 2 do not apply to the disposal of used or waste motor vehicle batteries or motor vehicle tires if the unavailability of a site that has been issued a permit by the solid waste management authority makes disposal at such a site impracticable. The provisions of this subsection do not exempt a person from any other regulation of the solid waste management authority concerning the disposal of used or waste motor vehicle batteries or motor vehicle tires.

(Added to NRS by [1991, 1671](#); A [1997, 1078](#); [2005, 1500](#); [2009, 1082](#))

NRS 444.585 Ownership of recyclable materials; unauthorized collection of recyclable materials prohibited; penalty; civil remedy.

1. From the time recyclable materials are placed in a container provided by a private recycling business or the person designated by the county or other municipality to collect recyclable materials:

- (a) At curbside for collection; or
- (b) At any other appropriate site designated for collection,

↳ the recyclable materials are the property of the private recycling business or person designated by the county or other municipality to collect them, as appropriate.

2. Any person engaged in the unauthorized collection of recyclable materials is guilty of a misdemeanor. Each such unauthorized collection constitutes a separate and distinct offense.

3. As an alternative to the criminal penalty set forth in subsection 2, the county or other municipality, the private recycling business and the person designated to collect the recyclable materials may independently enforce the provisions of this section in a civil action. Except as otherwise provided in [NRS 445C.010](#) to [445C.120](#), inclusive, a person who engages in the unauthorized collection of recyclable materials is liable to the private recycling business or the person designated to make such collections, as appropriate, for three times the damages caused by the unauthorized collection.

(Added to NRS by [1991, 1671](#); A [1997, 1079](#))

NRS 444.590 Designation of State Department of Conservation and Natural Resources as state agency for participation in federal program; extent of authority.

1. The State Department of Conservation and Natural Resources is hereby designated the state agency for such purposes as are required by the Resource Conservation and Recovery Act of 1976, 42 U.S.C. §§ 6941 et seq., except that:

(a) The State Environmental Commission has the exclusive authority to adopt regulations pursuant to [NRS 444.440](#) to [444.620](#), inclusive; and

(b) The district boards of health of health districts created pursuant to [NRS 439.362](#) or [439.370](#) retain the authority to issue permits and adopt regulations pursuant to [NRS 444.580](#).

2. The State Department of Conservation and Natural Resources may take any action necessary and appropriate to secure the benefits of any federal law relating to solid waste.

(Added to NRS by 1971, 1180; A 1975, 1402; 1977, 1139; [1993, 17](#); [2005, 2469](#))

NRS 444.592 Solid waste management authority: Powers of protection and enforcement. If the solid waste management authority receives information that the handling, storage, recycling, transportation, treatment or disposal of any solid waste presents or may present a threat to human health, public safety or the environment, or is in violation of a term or condition of a permit issued pursuant to [NRS 444.505](#), [444.553](#) or [444.556](#), a statute, a regulation or an order issued pursuant to [NRS 444.594](#), the authority may, in addition to any other remedy provided in [NRS 444.440](#) to [444.620](#), inclusive:

1. Issue an order directing the owner or operator of the disposal site or any other site where the handling, storage, recycling, transportation, treatment or disposal has occurred or may occur, or any other person who has custody of the solid waste, to take such steps as are necessary to prevent the act or eliminate the practice which constitutes the threat or violation.

2. Commence an action in a court of competent jurisdiction to enjoin the act or practice which constitutes the threat or violation in accordance with the provisions of [NRS 444.600](#).

3. Take any other action designed to reduce or eliminate the threat or violation.

(Added to NRS by [1993, 12](#); A [2005, 1500](#); [2009, 1082](#))

NRS 444.594 Solid waste management authority: Contents of orders for protection or enforcement.

1. An order issued by a solid waste management authority must:

(a) Specify the term or condition of a permit issued pursuant to [NRS 444.505](#), [444.553](#) or [444.556](#), or the statute or regulation, which is alleged to have been violated or which is about to be violated, or the threat to human health, public safety or the environment;

(b) Set forth the facts alleged to constitute the violation or threat; and

(c) Prescribe any corrective action which must be taken and a reasonable time within which it must be taken.

2. The order may require the person to whom the order is directed to appear before the solid waste management authority, its authorized representative or a hearing officer appointed by the authority, to show cause why an action should not be commenced against the person in a court of competent jurisdiction requesting appropriate relief.

(Added to NRS by [1993, 13](#); A [2009, 1083](#))

NRS 444.596 Solid waste management authority: Recovery of civil penalties for violations. The solid waste

management authority may bring an action in a court of competent jurisdiction to recover from a person or municipality which violates any statute or regulation, any term or condition of a permit issued pursuant to [NRS 444.505](#), [444.553](#) or [444.556](#), or any order issued pursuant to [NRS 444.592](#), a civil penalty of not more than \$5,000 for each day on which the violation occurs. This penalty is in addition to any other penalty provided in [NRS 444.440](#) to [444.620](#), inclusive.

(Added to NRS by [1993, 13](#); A [1993, 1421](#); [2009, 1083](#))

NRS 444.598 Solid waste management authority: Recovery of damages resulting from violations. The solid waste management authority may bring an action in a court of competent jurisdiction to recover actual damages which result from a violation of a statute or regulation, any term or condition of a permit issued pursuant to [NRS 444.505](#), [444.553](#) or [444.556](#), or any order issued pursuant to [NRS 444.592](#). The damages may include expenses incurred by the authority in testing for and removing, correcting or terminating any adverse effects which resulted from the violation and costs and attorney's fees, including those incurred in administrative proceedings. This remedy is in addition to any other remedy provided in [NRS 444.440](#) to [444.620](#), inclusive.

(Added to NRS by [1993, 13](#); A [1993, 1421](#); [2009, 1083](#))

NRS 444.600 Injunctive relief. In addition to any other remedies provided in [NRS 444.450](#) to [444.590](#), inclusive, the State Department of Conservation and Natural Resources or a solid waste management authority may bring an action in a court of competent jurisdiction to enjoin a violation of [NRS 444.450](#) to [444.560](#), inclusive, any term or condition of a permit issued pursuant to [NRS 444.505](#), [444.553](#) or [444.556](#), any order issued pursuant to [NRS 444.592](#), or any regulation adopted by the State Environmental Commission or solid waste management authority.

(Added to NRS by 1971, 1180; A 1975, 1402; 1977, 1139; [1993, 17](#); [2009, 1083](#))

NRS 444.605 Issuance and enforcement of subpoenas.

1. In carrying out the provisions of [NRS 444.440](#) to [444.620](#), inclusive, the State Environmental Commission, a district board of health of a health district created pursuant to [NRS 439.362](#) or [439.370](#), and a solid waste management authority may by subpoena require the attendance and testimony of witnesses and the production of reports, papers, documents and other evidence which they deem necessary.

2. If any person to whom a subpoena has been directed pursuant to subsection 1 refuses to attend, testify or produce any evidence specified in the subpoena, the person who issued the subpoena may present a petition, to a court of competent jurisdiction where the person to whom the subpoena was directed is subject to service of process, setting forth that:

(a) Notice has been given of the time and place at which the person was required to attend, testify or produce evidence;

(b) A subpoena has been mailed to or personally served on the witness or custodian of the evidence in sufficient time to enable the person to comply with its provisions; and

(c) The person has failed or refused to attend, answer questions or produce evidence specified in the subpoena,

➤ and asking that the court issue an order compelling the person to attend and to testify or produce the evidence specified in the subpoena.

3. When a court receives a petition pursuant to subsection 2, it shall order the person to whom the subpoena was directed to appear at a time and place fixed by the court in its order, which must be not more than 10 days after the date of the order, and show cause why the person should not be held in contempt. A certified copy of the order must be mailed to or personally served on the person to whom the subpoena was directed.

4. If it appears to the court that the subpoena was properly issued and that the person's failure or refusal to appear, answer questions or produce evidence was without sufficient reason, the court shall order the person to appear at a time and place fixed by the court and to testify or produce the specified evidence. If the person fails to comply with the order of the court, the person may be punished as for a contempt of court.

(Added to NRS by [1993, 13](#); A [2005, 2469](#); [2009, 1083](#))

NRS 444.610 Unlawful acts; penalties.

1. Any person who violates any regulation adopted by the State Environmental Commission or any ordinance or resolution adopted by the governing body of a municipality or district board of health is guilty of a misdemeanor.

2. Each day or part of a day during which such violation is continued or repeated constitutes a separate offense.

3. Except as otherwise provided in [NRS 445C.010](#) to [445C.120](#), inclusive:

(a) A person convicted of violating subsection 1 is, in addition to any criminal penalty imposed, liable for a civil penalty upon each such conviction; and

(b) A court, before whom a defendant is convicted of a violation of subsection 1, shall for each violation order the defendant to pay a civil penalty which is at least \$500 but not more than \$5,000.

(Added to NRS by 1971, 1180; A 1975, 1402; [2001, 1234](#))

NRS 444.615 Solid Waste Management Account: Creation; deposits. Any money received by the solid waste management authority pursuant to [NRS 444.596](#) or [444.598](#) must be deposited with the State Treasurer for credit to the Solid Waste Management Account, which is hereby created in the State General Fund.

(Added to NRS by [1993, 13](#))

NRS 444.616 Solid Waste Management Account: Distribution and use.

1. The State Controller shall allocate and remit, on a quarterly basis, the money in the Solid Waste Management Account as follows:

(a) To the Department of Taxation, 0.5 percent.

(b) To the State Department of Conservation and Natural Resources, 44.5 percent.

(c) To the district board of health of the health district which has the largest population in this State, 30 percent.

(d) To the district board of health of the health district which has the second largest population in this State, 25 percent.

↪ If more than two health districts are created within this State, the State Department of Conservation and Natural Resources shall transfer to the district boards of health of those additional districts an amount determined by the Department to be necessary to carry out the health district's duties pursuant to [NRS 444.440](#) to [444.620](#), inclusive. If less than two health districts are created within this State, the amount otherwise allocated to a health district must be allocated to the State Department of Conservation and Natural Resources.

2. The money allocated pursuant to subsection 1 to the State Department of Conservation and Natural Resources and the district boards of health must be used for solid waste management in accordance with [NRS 444.440](#) to [444.620](#), inclusive.

3. The State Department of Conservation and Natural Resources shall transfer to the Division of Environmental Protection of that Department a portion of the money it receives pursuant to this section it deems necessary for use in educating the public concerning the objectives and functioning of the State's plan for solid waste management and the purposes set forth in [NRS 444A.110](#).

(Added to NRS by [1993, 10](#); A [1995, 649](#); [2007, 3013](#))

NRS 444.620 Applicability of plans and provisions.

1. No plan for a solid waste management system adopted pursuant to [NRS 444.440](#) to [444.620](#), inclusive, applies to any agricultural activity or agricultural waste.

2. No provision of [NRS 444.440](#) to [444.620](#), inclusive, prevents a mining operation from dumping waste from its operation on its own lands.

(Added to NRS by 1971, 1180; A 1981, 858; [1993, 17](#))

UNLAWFUL DISPOSAL OF SOLID WASTE OR SEWAGE

NRS 444.621 Definitions. As used in [NRS 444.621](#) to [444.645](#), inclusive, unless the context otherwise requires, the words and terms defined in [NRS 444.623](#), [444.625](#) and [444.627](#) have the meanings ascribed to them in those sections.

(Added to NRS by [2001, 1233](#))

NRS 444.623 "Dump site" defined. "Dump site" means a location at which solid waste is disposed of unlawfully.

(Added to NRS by [2001, 1233](#))

NRS 444.625 "Solid waste" defined. "Solid waste" has the meaning ascribed to it in [NRS 444.490](#).

(Added to NRS by [2001, 1233](#))

NRS 444.627 "Solid waste management authority" defined. "Solid waste management authority" has the meaning ascribed to it in [NRS 444.495](#).

(Added to NRS by [2001, 1233](#))

NRS 444.629 Program for control of unlawful dumping: Establishment; administration; required elements; delegation of certain powers from solid waste management authority to hearing officer or board.

1. The solid waste management authority in each county may establish a program for the control of unlawful dumping and administer the program within its jurisdiction unless superseded.

2. The program established pursuant to subsection 1 must:

(a) Include standards and procedures for the control of unlawful dumping which are equivalent to or stricter than those established by statute or state regulation; and

(b) Provide for adequate administration and enforcement.

3. The solid waste management authority may delegate to an independent hearing officer or hearing board the authority to determine violations and levy administrative penalties for violations of the provisions of [NRS 444.440](#) to [444.645](#), inclusive, or any regulation adopted pursuant to those sections.

(Added to NRS by [2001, 1233](#); A [2009, 408, 1084](#))

NRS 444.630 Prohibited acts; criminal penalty; clean up of dump site; community service; timing of commencement of clean up; proof of lawful disposal; revocation of business license; identification of violator; persons required to enforce provisions; issuance of citation; request for and provision of information.

1. A person who places, deposits or dumps, or who causes to be placed, deposited or dumped, or who causes or allows to overflow, any sewage, sludge, cesspool or septic tank effluent, or accumulation of human excreta, or any solid waste, in or upon any street, alley, public highway or road in common use, or upon any public park or other public property other than property designated or set aside for such a purpose by the governing body having charge thereof, or upon any private property, is guilty of:

(a) For a first offense within the immediately preceding 2 years, a misdemeanor.

(b) For a second offense within the immediately preceding 2 years, a gross misdemeanor and shall be punished by imprisonment in the county jail for not less than 14 days but not more than 1 year.

(c) For a third or subsequent offense within the immediately preceding 2 years, a gross misdemeanor and shall be punished by imprisonment in the county jail for 1 year.

2. In addition to any criminal penalty imposed pursuant to subsection 1, any civil penalty imposed pursuant to [NRS 444.635](#) and any administrative penalty imposed pursuant to [NRS 444.629](#), a court shall sentence a person convicted of violating subsection 1:

(a) If the person is a natural person, to clean up the dump site and perform 10 hours of community service under the conditions prescribed in [NRS 176.087](#).

(b) If the person is a business entity:

(1) For a first or second offense within the immediately preceding 2 years, to:

(I) Clean up the dump site; and
 (II) Perform 40 hours of community service cleaning up other dump sites identified by the solid waste management authority.

(2) For a third or subsequent offense within the immediately preceding 2 years, to:

(I) Clean up the dump site; and
 (II) Perform 200 hours of community service cleaning up other dump sites identified by the solid waste management authority.

3. If a person is sentenced to clean up a dump site pursuant to subsection 2, the person shall:

(a) Within 3 calendar days after sentencing, commence cleaning up the dump site; and

(b) Within 5 business days after cleaning up the dump site, provide to the solid waste management authority proof of the lawful disposal of the sewage, solid waste or other matter that the person was convicted of disposing of unlawfully.

↳ The solid waste management authority shall prescribe the forms of proof which may be provided to satisfy the provisions of paragraph (b).

4. In addition to any other penalty prescribed by law, if a business entity is convicted of violating subsection 1:

(a) Such violation constitutes reasonable grounds for the revocation of any license to engage in business that has been issued to the business entity by any governmental entity of this State; and

(b) The solid waste management authority may seek the revocation of such a license by way of any applicable procedures established by the governmental entity that issued the license.

5. Except as otherwise provided in [NRS 444.585](#), ownership of solid waste does not transfer from the person who originally possessed it until it is received for transport by a person authorized to dispose of solid waste pursuant to this chapter or until it is disposed of at a municipal disposal site. Identification of the owner of any solid waste which is disposed of in violation of subsection 1 creates a reasonable inference that the owner is the person who disposed of the solid waste. The fact that the disposal of the solid waste was not witnessed does not, in and of itself, preclude the identification of its owner.

6. All:

(a) Health officers and their deputies;

(b) Game wardens;

(c) Police officers of cities and towns;

(d) Sheriffs and their deputies;

(e) Other peace officers of the State of Nevada; and

(f) Other persons who are specifically designated by the local government to do so,

↳ shall, within their respective jurisdictions, enforce the provisions of this section.

7. A district health officer or a deputy of the district health officer or other person specifically designated by the local government to do so may issue a citation for any violation of this section which occurs within the jurisdiction of the district health officer.

8. To effectuate the purposes of this section, the persons charged with enforcing this section may request information from any:

(a) Agency of the State or its political subdivisions.

(b) Employer, public or private.

(c) Employee organization or trust of any kind.

(d) Financial institution or other entity which is in the business of providing credit reports.

(e) Public utility.

↳ Each of these persons and entities, their officers and employees, shall cooperate by providing any information in their possession which may aid in the location and identification of a person believed to be in violation of subsection 1. A disclosure made in good faith pursuant to this subsection does not give rise to any action for damages for the disclosure.

[1:83:1953] + [2:83:1953]—(NRS A 1957, 262; 1967, 580; 1969, 126; 1981, 858; 1983, 856; 1989, 484; [1991, 1672](#); [1993, 814](#); [2001, 1235](#), [1920](#); [2001 Special Session, 141](#); [2003, 111](#), [113](#))

NRS 444.635 Civil penalties: Liability upon each conviction; increase of penalty for subsequent conviction; payment in installments; collection; disposition and use of money collected.

1. Except as otherwise provided in [NRS 445C.010](#) to [445C.120](#), inclusive, a person convicted of violating [NRS 444.555](#) and, in addition to the penalty imposed pursuant to [NRS 444.509](#), [444.583](#) or [444.630](#), any person convicted of violating [NRS 444.509](#), [444.583](#) or [444.630](#) is liable for a civil penalty upon each such conviction.

2. Except as otherwise provided in [NRS 445C.010](#) to [445C.120](#), inclusive, a court before whom a defendant is convicted of a violation of the provisions of [NRS 444.509](#), [444.555](#), [444.583](#) or [444.630](#), shall order the defendant:

(a) For a first offense, to pay a civil penalty which is at least \$500 but not more than \$5,000.

(b) For a second offense, to pay a civil penalty which is at least \$1,000 but not more than \$5,500.

(c) For a third offense, to pay a civil penalty which is at least \$1,500 but not more than \$6,000.

(d) For any subsequent offense, to pay a civil penalty which is at least \$500 more than the most recent previous civil penalty that the defendant was ordered to pay pursuant to this subsection.

3. If so provided by the court, a penalty imposed pursuant to this section may be paid in installments.

4. The solid waste management authority may attempt to collect all such penalties and installments which are in default in any manner provided by law for the enforcement of a judgment.

5. Except as otherwise provided in this subsection, each court which receives money pursuant to the provisions of this section shall forthwith remit the money to the Division of Environmental Protection of the State Department of Conservation and Natural Resources, which shall deposit the money with the State Treasurer for credit in a separate account in the State General Fund. If the health authority initiated the action or, if any other person authorized to enforce [NRS 444.630](#) initiated the action and the money collected was for a violation of [NRS 444.630](#), the court shall remit the money to the district health department which shall deposit the money with the county treasurer for deposit in an account for the district health department. Money deposited pursuant to this subsection must be:

- (a) Used only to pay:
 - (1) Rewards pursuant to [NRS 444.640](#);
 - (2) For education regarding the unlawful disposal of solid waste;
 - (3) For the cleaning up of dump sites; and
 - (4) For the management of solid waste; and
- (b) Paid as other claims against the state or local governments are paid.
(Added to NRS by 1987, 1490; A [1991, 1673](#); [1997, 1079](#); [2001, 1237](#); [2001 Special Session, 162](#); [2009, 408, 1084](#))

NRS 444.637 Performance of certain functions by nonprofit organization. A solid waste management authority may authorize a nonprofit organization to:

- 1. Organize the cleaning up of dump sites;
- 2. Provide educational materials and programs regarding unlawful dumping; and
- 3. Operate and pay the costs of programs of community service relating to the cleaning up of dump sites.
(Added to NRS by [2001, 1234](#))

NRS 444.639 Issuance and enforcement of subpoenas.

1. In carrying out the provisions of [NRS 444.621](#) to [444.645](#), inclusive, a district health officer may by subpoena require the attendance and testimony of witnesses and the production of reports, papers, documents and other evidence which they deem necessary.

2. If any person to whom a subpoena has been directed pursuant to subsection 1 refuses to attend, testify or produce any evidence specified in the subpoena, the person who issued the subpoena may present a petition, to a court of competent jurisdiction where the person to whom the subpoena was directed is subject to service of process, setting forth that:

- (a) Notice has been given of the time and place at which the person was required to attend, testify or produce evidence;
- (b) A subpoena has been mailed to or personally served on the witness or custodian of the evidence in sufficient time to enable him or her to comply with its provisions; and
- (c) The person has failed or refused to attend, answer questions or produce evidence specified in the subpoena,
→ and asking that the court issue an order compelling the person to attend and to testify or produce the evidence specified in the subpoena.

3. When a court receives a petition pursuant to subsection 2, it shall order the person to whom the subpoena was directed to appear at a time and place fixed by the court in its order, which must be not more than 10 days after the date of the order, and show cause why the person should not be held in contempt. A certified copy of the order must be mailed to or personally served on the person to whom the subpoena was directed.

4. If it appears to the court that the subpoena was properly issued and that the person's failure or refusal to appear, answer questions or produce evidence was without sufficient reason, the court shall order the person to appear at a time and place fixed by the court and to testify or produce the specified evidence. If the person fails to comply with the order of the court, the person may be punished as for a contempt of court.

(Added to NRS by [2001, 1234](#))

NRS 444.640 Reward for information leading to arrest and conviction of violator; regulations.

1. The solid waste management authority shall offer a reward of \$100 for information leading to the arrest and conviction of any person violating [NRS 444.555](#) or [444.630](#). The reward must be paid upon the conviction of the person and the payment in full of the penalty. The reward must be distributed equally among the persons who supplied the information which led to the arrest and conviction.

2. The State Environmental Commission or district board of health may adopt regulations necessary to carry out the provisions of this section.

(Added to NRS by 1987, 1491; A [2001, 1237](#))

NRS 444.645 Notice of provision of [NRS 444.555](#) or [444.630](#) to be posted; offer of reward.

1. The Division of Environmental Protection of the State Department of Conservation and Natural Resources, and the district health officer in his or her district or the board of county commissioners in a county without a district health officer shall post notices of the provisions of [NRS 444.555](#) or [444.630](#), whichever is appropriate.

2. The notice must also contain an offer of a reward for information leading to the arrest and conviction of any person violating [NRS 444.555](#) or [444.630](#).

(Added to NRS by 1987, 1491)

DISPOSAL OF SEWAGE

NRS 444.650 Regulations to control use of residential individual system.

1. The State Board of Health shall adopt regulations to control the use of a residential individual system for disposal of sewage in this State. Those regulations are effective except in health districts in which a district board of health has adopted regulations to control the use of a residential individual system for disposal of sewage in that district.

2. A board which adopts such regulations shall consider and take into account the geological, hydrological and topographical characteristics of the area within its jurisdiction.

3. The regulations adopted pursuant to this section must not conflict with the provisions of [NRS 445A.300](#) to [445A.730](#), inclusive, and any regulations adopted pursuant to those provisions.

4. As used in this section, "residential individual system for disposal of sewage" means an individual system for disposal of sewage from a parcel of land, including all structures thereon, that is zoned for single-family residential use.

(Added to NRS by 1981, 1183; A 1983, 328; [2005, 550](#))

CHAPTER 444A - PROGRAMS FOR RECYCLING

RECYCLING OR DISPOSAL OF SOLID WASTE AND OTHER WASTE

NRS 444A.010	Definitions.
NRS 444A.0103	“Apartment complex” defined.
NRS 444A.0107	“Condominium” defined.
NRS 444A.011	“Department” defined.
NRS 444A.012	“Municipality” defined.
NRS 444A.013	“Recyclable material” defined.
NRS 444A.014	“Recycling center” defined.
NRS 444A.015	“Solid waste” defined.
NRS 444A.016	“Tire for a vehicle” defined.
NRS 444A.017	“Vehicle” defined.
NRS 444A.020	Adoption of regulations establishing standards for recycling or disposal of solid waste; goal of standards; methods for disposal of used or waste tires.
NRS 444A.030	Adoption of model plan for recycling or disposal of solid waste or other waste; compliance with standards adopted by State Environmental Commission.
NRS 444A.040	Availability of programs for recycling or disposal of solid waste in certain counties and municipalities; approval of programs required; availability to residents of Indian reservation or colony.
NRS 444A.050	Report of effectiveness of program; notice of recycling opportunities; enforcement, review and proposed revisions of program by municipality.
NRS 444A.060	Unlawful to refuse to accept used or waste tires in exchange on purchase of new tire; notice of requirement; penalty.
NRS 444A.070	Report to Legislature on status of programs for recycling and reuse of materials.
NRS 444A.080	Adoption of regulations.

FEE FOR PURCHASE OF NEW TIRE

NRS 444A.090	Imposition and rate of fee; accounting for and disposition of money collected; powers and duties of Department of Taxation.
------------------------------	---

PROGRAM OF PUBLIC EDUCATION

NRS 444A.110	Program of public education concerning disposal of solid waste, recycling, reuse and waste reduction; reduction of waste and litter; technical assistance; grants for projects concerning solid waste management systems and efficient use of resources; regulations governing administration of grants.
------------------------------	--

PROGRAM FOR COLLECTION AND SEPARATION OF RECYCLABLE MATERIAL WHICH MAY BE USED AS SOURCE OF RENEWABLE ENERGY

NRS 444A.120	Establishment in larger counties; activities to be included in program; program must not conflict with certain standards adopted by State Environmental Commission.
------------------------------	---

RECYCLING OR DISPOSAL OF SOLID WASTE AND OTHER WASTE

NRS 444A.010 Definitions. As used in [NRS 444A.010](#) to [444A.080](#), inclusive, unless the context otherwise requires, the words and terms defined in [NRS 444A.0103](#) to [444A.017](#), inclusive, have the meanings ascribed to them in those sections. (Added to NRS by 1991, 1668; A 1993, 17, 1441; [2009, 832](#))

NRS 444A.0103 “Apartment complex” defined. “Apartment complex” means a building or group of buildings, each building of which consists of at least five units of connecting rooms, with each unit designed for independent housekeeping. (Added to NRS by [2009, 831](#))

NRS 444A.0107 “Condominium” defined. “Condominium” has the meaning ascribed to it in [NRS 117.010](#). (Added to NRS by [2009, 832](#))

NRS 444A.011 “Department” defined. “Department” means the State Department of Conservation and Natural

Resources.

(Added to NRS by 1993, 1441)

NRS 444A.012 “Municipality” defined. “Municipality” means a county, city, town, general improvement district or health district created pursuant to [NRS 439.362](#) or [439.370](#) or other political subdivision of this State which has jurisdiction over the management of solid waste.

(Added to NRS by 1993, 1441; A [2005, 2470](#))

NRS 444A.013 “Recyclable material” defined. “Recyclable material” means solid waste that can be processed and returned to the economic mainstream in the form of raw materials or products, as determined by the State Environmental Commission.

(Added to NRS by 1993, 1441)

NRS 444A.014 “Recycling center” defined. “Recycling center” means a facility designed and operated to receive, store, process or transfer recyclable material which has been separated at the source from other solid waste.

(Added to NRS by 1993, 1441)

NRS 444A.015 “Solid waste” defined. “Solid waste” has the meaning ascribed to it in [NRS 444.490](#).

(Added to NRS by 1993, 1441)

NRS 444A.016 “Tire for a vehicle” defined. “Tire for a vehicle” includes a tire for a motorized vehicle that is 12 inches or larger in diameter, but does not include a recapped tire or used tire which is sold again.

(Added to NRS by 1993, 1441)

NRS 444A.017 “Vehicle” defined. “Vehicle” means any device in, upon or by which any person or property is or may be transported or drawn upon land. The term does not include:

1. Devices moved by human or electrical power;
2. Commercial coaches as defined in [NRS 489.062](#);
3. Electric personal assistive mobility devices as defined in [NRS 482.029](#); and
4. Mobile homes as defined in [NRS 489.120](#).

(Added to NRS by 1993, 1441; A [2003, 1207](#))

NRS 444A.020 Adoption of regulations establishing standards for recycling or disposal of solid waste; goal of standards; methods for disposal of used or waste tires.

1. The State Environmental Commission shall adopt regulations establishing minimum standards for:

(a) Separating at the source recyclable material from other solid waste originating from residential premises and public buildings where services for the collection of solid waste are provided, including, without limitation, the placement of recycling containers on the premises of apartment complexes and condominiums where those services are provided.

(b) Establishing recycling centers for the collection and disposal of recyclable material.

(c) The disposal of hazardous household products which are capable of causing harmful physical effects if inhaled, absorbed or ingested.

2. The regulations adopted pursuant to subsection 1 must be adopted with the goal of recycling at least 25 percent of the total solid waste generated within a municipality after the second full year following the adoption of such standards.

3. The State Environmental Commission shall, by regulation, establish acceptable methods for disposing of used or waste tires consistent with the provisions of [NRS 444.505](#), [444.507](#) and [444.509](#).

(Added to NRS by 1991, 1668; A [1999, 3178](#); [2009, 1085](#); [2011, 1319](#))

NRS 444A.030 Adoption of model plan for recycling or disposal of solid waste or other waste; compliance with standards adopted by State Environmental Commission.

1. The Division of Environmental Protection of the Department shall, by regulation, adopt a model plan for:

(a) Separating at the source recyclable material from other solid waste originating from residential premises and public buildings where services for the collection of solid waste are provided, including, without limitation, the placement of recycling containers on the premises of apartment complexes and condominiums where those services are provided.

(b) Establishing recycling centers for the collection and disposal of recyclable material in areas where there are no centers.

(c) The disposal of hazardous household products which are capable of causing harmful physical effects if inhaled, absorbed or ingested.

(d) The disposal of infectious waste, hazardous waste which is not regulated pursuant to [NRS 459.485](#) and liquid waste which is not regulated pursuant to [NRS 445A.300](#) to [445A.730](#), inclusive.

2. The model plans adopted pursuant to subsection 1 must not conflict with the standards adopted by the State Environmental Commission pursuant to [NRS 444A.020](#).

(Added to NRS by 1991, 1669; A [1999, 3178](#); [2011, 1320](#))

NRS 444A.040 Availability of programs for recycling or disposal of solid waste in certain counties and municipalities; approval of programs required; availability to residents of Indian reservation or colony.

1. The board of county commissioners in a county whose population is 100,000 or more, or its designee, shall make available for use in that county a program for:

(a) The separation at the source of recyclable material from other solid waste originating from residential premises and public buildings where services for the collection of solid waste are provided, including, without limitation, the placement of

recycling containers on the premises of apartment complexes and condominiums where those services are provided.

(b) The establishment of recycling centers for the collection and disposal of recyclable material where existing recycling centers do not carry out the purposes of the program.

(c) The disposal of hazardous household products which are capable of causing harmful physical effects if inhaled, absorbed or ingested. This program may be included as a part of any other program made available pursuant to this subsection.

(d) The encouragement of businesses to reduce solid waste and to separate at the source recyclable material from other solid waste. This program must, without limitation, make information regarding solid waste reduction and recycling opportunities available to a business at the time the business applies for or renews a business license.

2. The board of county commissioners of a county whose population is 45,000 or more but less than 100,000, or its designee:

(a) May make available for use in that county a program for the separation at the source of recyclable material from other solid waste originating from residential premises and public buildings where services for the collection of solid waste are provided, including, without limitation, the placement of recycling containers on the premises of apartment complexes and condominiums where those services are provided.

(b) Shall make available for use in that county a program for:

(1) The establishment of recycling centers for the collection and disposal of recyclable material where existing recycling centers do not carry out the purposes of the program established pursuant to paragraph (a).

(2) The disposal of hazardous household products which are capable of causing harmful physical effects if inhaled, absorbed or ingested. This program may be included as a part of any other program made available pursuant to this subsection.

3. The board of county commissioners of a county whose population is less than 45,000, or its designee, may make available for use in that county a program for:

(a) The separation at the source of recyclable material from other solid waste originating from residential premises and public buildings where services for the collection of solid waste are provided, including, without limitation, the placement of recycling containers on the premises of apartment complexes and condominiums where those services are provided.

(b) The establishment of recycling centers for the collection and disposal of recyclable material where existing recycling centers do not carry out the purposes of the program.

(c) The disposal of hazardous household products which are capable of causing harmful physical effects if inhaled, absorbed or ingested. This program may be included as a part of any other program made available pursuant to this subsection.

4. Any program made available pursuant to this section:

(a) Must not:

(1) Conflict with the standards adopted by the State Environmental Commission pursuant to [NRS 444A.020](#); and

(2) Become effective until approved by the Department.

(b) May be based on the model plans adopted pursuant to [NRS 444A.030](#).

5. The governing body of a municipality may adopt and carry out within the municipality such programs made available pursuant to this section as are deemed necessary and appropriate for that municipality.

6. Any municipality may, with the approval of the governing body of an adjoining municipality, participate in any program adopted by the adjoining municipality pursuant to subsection 5.

7. Persons residing on an Indian reservation or Indian colony may participate in any program adopted pursuant to subsection 5 by a municipality in which the reservation or colony is located if the governing body of the reservation or colony adopts an ordinance requesting such participation. Upon receipt of such a request, the governing body of the municipality shall make available to the residents of the reservation or colony those programs requested.

(Added to NRS by 1991, 1669; A 1995, 506; [1999, 3179](#); [2001, 1990](#); [2005, 1501](#); [2009, 832](#); [2011, 1258](#))

NRS 444A.050 Report of effectiveness of program; notice of recycling opportunities; enforcement, review and proposed revisions of program by municipality.

1. A county or health district that adopts a program pursuant to [NRS 444A.040](#) shall:

(a) On or before July 1 of each year, submit a report to the Department of the number of tons of material disposed of in the area covered by the program.

(b) Within 6 months after adopting the program, and at least once every 6 months thereafter, notify all persons occupying residential, commercial, governmental and institutional premises within the area covered by the program of the local recycling opportunities and the need to reduce the amount of waste generated.

2. The governing body of a municipality that adopts a program pursuant to [NRS 444A.040](#) shall:

(a) Adopt such ordinances as are necessary for the enforcement of the program.

(b) At least once every 24 months, conduct a review of the program and propose such revisions to the program and any ordinances adopted pursuant thereto as the governing body determines are necessary and appropriate. The findings of the review and any proposed revisions must be submitted to the Department for approval on or before July 30 of each even-numbered year.

(Added to NRS by 1991, 1670; A [1999, 3180](#); [2005, 1502](#))

NRS 444A.060 Unlawful to refuse to accept used or waste tires in exchange on purchase of new tire; notice of requirement; penalty.

1. A person who offers a tire for a vehicle for sale at retail shall post at the point of purchase a written notice which is at least 8 1/2 inches by 11 inches in size and contains the following information:

NOTICE

State law requires us to accept used tires for disposal or recycling when new tires are purchased from us.

2. It is unlawful for a person who offers a tire for a vehicle for retail sale to refuse to accept used or waste tires in exchange on the purchase of a new tire. This section does not require the purchaser of a tire to provide a used or waste tire as a condition of his or her purchase of a new tire. The seller shall comply with the regulations of the State Environmental Commission regarding the proper disposal of the used or waste tires so collected. In addition to any other applicable penalty, any person who violates the provisions of this subsection is guilty of a misdemeanor and shall be fined not less than \$100 for each day of violation.

(Added to NRS by 1991, 1668; A [2005, 1502](#))

NRS 444A.070 Report to Legislature on status of programs for recycling and reuse of materials. The Director of the Department shall deliver to the Director of the Legislative Counsel Bureau a biennial report on or before January 31 of each odd-numbered year for submission to the Legislature on the status of current and proposed programs for recycling and reuse of materials and on any other matter relating to recycling and reuse which he or she deems appropriate.

(Added to NRS by 1991, 1668)

NRS 444A.080 Adoption of regulations.

1. The State Environmental Commission shall adopt regulations necessary to enforce the provisions of [NRS 444A.010](#) to [444A.070](#), inclusive.

2. The State Environmental Commission may adopt any other regulations necessary to carry out the provisions of [NRS 444A.010](#) to [444A.070](#), inclusive.

(Added to NRS by 1991, 1670)

FEE FOR PURCHASE OF NEW TIRE

NRS 444A.090 Imposition and rate of fee; accounting for and disposition of money collected; powers and duties of Department of Taxation.

1. A person who sells a new tire for a vehicle to a customer for any purpose other than for resale by the customer in the ordinary course of business shall collect from the purchaser at the time the person collects the applicable sales taxes for the sale a fee of \$1 per tire. A person who did not pay the fee imposed by this section at the time of purchase because he or she purchased the new tire for resale and who then makes any use of that tire other than to resell it in the ordinary course of business, shall pay the fee imposed by this section to the Department of Taxation at the time of the first use of that tire for a purpose other than holding it for resale.

2. The seller shall account separately for all money received pursuant to subsection 1 as a deposit to be held in trust for the State. In accordance with the regulations adopted pursuant to subsection 3, the seller shall transmit 95 percent of the money held in trust pursuant to this section to the Department of Taxation for deposit with the State Treasurer for credit to the Solid Waste Management Account in the State General Fund. The remaining 5 percent and all interest and income which accrued on the money while in trust with the seller become the property of the seller on the day the balance for the month is transmitted to the Department of Taxation and may be retained by the seller to cover his or her related administrative costs.

3. The Director of the Department of Taxation shall adopt regulations establishing acceptable methods for accounting for and transmitting to the Department money collected or required to be paid by retailers pursuant to subsection 1. The regulations must include a designation of the persons responsible for payment. The regulations must, in appropriate situations, allow for the transmission of that money together with the payment of the applicable sales and use taxes.

4. In collecting the fee, the Department of Taxation may employ any administrative and legal powers conferred upon it for the collection of the sales and use taxes by [chapters 360](#) and [372](#) of NRS.

5. The fee imposed pursuant to subsection 1 does not apply to any tire included in the sale of a new or used vehicle unless the tire is sold in a separate transaction.

(Added to NRS by 1991, 1667, 1677; A 1993, 18, 19, 1420)

PROGRAM OF PUBLIC EDUCATION

NRS 444A.110 Program of public education concerning disposal of solid waste, recycling, reuse and waste reduction; reduction of waste and litter; technical assistance; grants for projects concerning solid waste management systems and efficient use of resources; regulations governing administration of grants.

1. The Division shall develop a program of public education to provide information, increase public awareness of the individual responsibility of properly disposing of solid waste and encouraging public participation in recycling, reuse and waste reduction. The program must be designed in accordance with the plans to provide for a solid waste management system approved pursuant to [NRS 444.510](#) to communicate the importance of conserving natural resources, in addition to the importance of protecting public health and the environment. The program must include promotion of the private and public efforts to accomplish conservation, recovery and reuse.

2. The Division shall encourage the reduction of waste and litter by:

- (a) Providing, upon request, advice to persons regarding techniques to reduce waste and general information on recycling.
- (b) Establishing a computer database to process related information.
- (c) Establishing a toll-free telephone line to assist in the dissemination of information.
- (d) Sponsoring or cosponsoring technical workshops and seminars on waste reduction.
- (e) Assisting local programs for the research and development of plans to reduce waste.
- (f) Coordinating the dissemination of publications on waste reduction, regardless of the source of those publications.

- (g) Assisting in the development and promotion of programs of continuing education for educators and administrators to enable them to teach and encourage methods of waste reduction.
 - (h) Developing an emblem to signify and advertise the efforts in Nevada to encourage recycling.
 - (i) Recommending to educational institutions courses and curricula relating to recycling and the reduction of waste.
 - (j) Assisting state agencies, upon request, to develop and carry out programs for recycling within state buildings.
 - (k) Encouraging the Nevada System of Higher Education to research and develop methods for the reduction, reclamation and conversion of solid waste, including, without limitation, encouraging the Nevada System of Higher Education to seek money from public and private sources for that purpose.
3. The Division shall coordinate the technical assistance available from the various state agencies. The Administrator of the Division shall prepare and deliver biennial reports to the Governor regarding the progress of the program.
 4. The Division may award grants to municipalities, educational institutions and nonprofit organizations for projects that enhance solid waste management systems and promote the efficient use of resources. The Division shall consult a solid waste management authority before awarding a grant for a project within the jurisdiction of that solid waste management authority.
 5. The State Environmental Commission shall adopt regulations governing the administration of grants awarded pursuant to subsection 4.
 6. As used in this section, unless the context otherwise requires, "Division" means the Division of Environmental Protection of the State Department of Conservation and Natural Resources.
(Added to NRS by 1991, 1676; A 1995, 646; [1999, 3180](#); [2005, 1503](#); [2007, 3014](#))

PROGRAM FOR COLLECTION AND SEPARATION OF RECYCLABLE MATERIAL WHICH MAY BE USED AS SOURCE OF RENEWABLE ENERGY

NRS 444A.120 Establishment in larger counties; activities to be included in program; program must not conflict with certain standards adopted by State Environmental Commission.

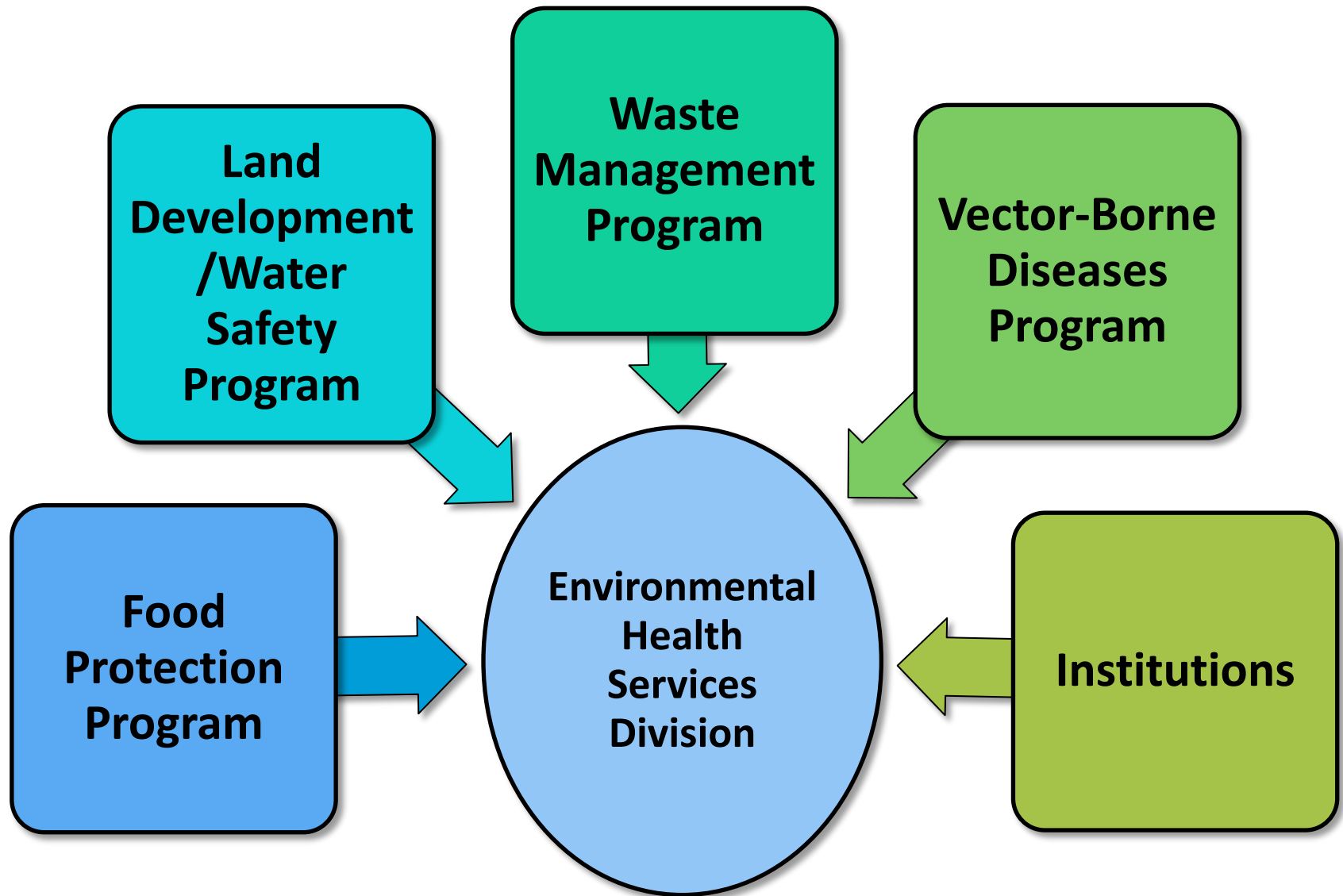
1. The board of county commissioners in a county whose population is 700,000 or more shall, in conjunction with each licensed hauler of garbage and refuse operating in the county, establish a pilot program for collecting and separating recyclable material that has the potential to be used as a source of renewable energy or converted into renewable fuel.
2. The pilot program must include, without limitation:
 - (a) An exploration of technologies and processes that are able to use recyclable material as a source of renewable energy or convert recyclable material into renewable fuel.
 - (b) The creation and maintenance of adequate records to allow an assessment of the feasibility of establishing a statewide recycling standard.
3. The pilot program must not conflict with the standards relating to recyclable material adopted by the State Environmental Commission pursuant to [NRS 444A.020](#).
4. As used in this section:
 - (a) "Licensed hauler of garbage and refuse" means a person who holds the licenses and permits required to operate a business of collecting and disposing of garbage and refuse. The term includes a person who is licensed to operate a business of collecting recyclable material.
 - (b) "Recyclable material" has the meaning ascribed to it in [NRS 444A.013](#).
(Added to NRS by [2007, 3007](#); A [2011, 1259](#))

Environmental Health (EHS) Waste Management Program Overview

Protecting Public Health and the Environment

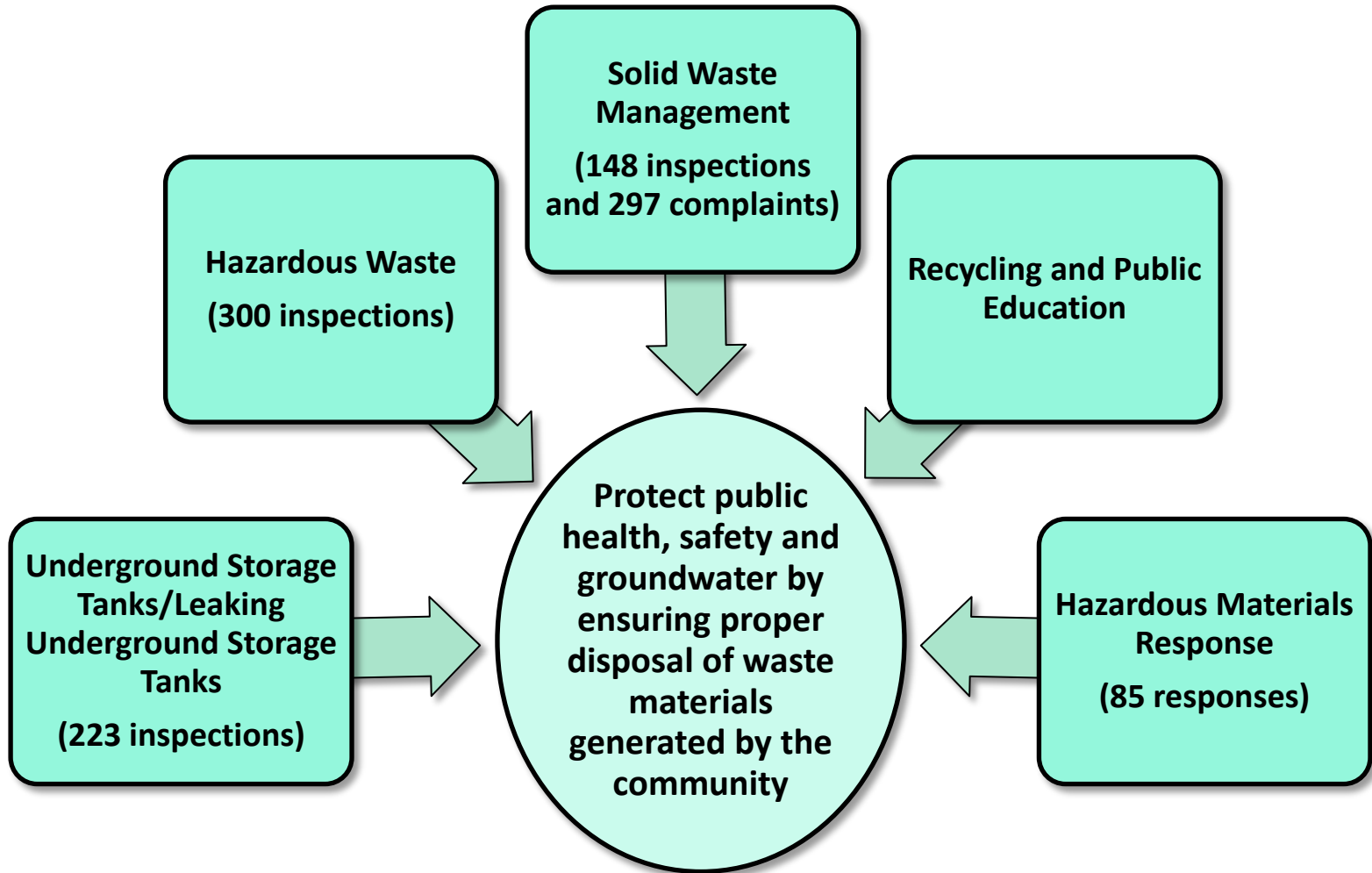
Washoe County District Board of Health
July 25, 2013

Environmental Health



Environmental Health Waste Management

(NRS 444, 459, 459.740; NAC 444, 459.99133; US Code Title 42, Section 11001c; NDEP Interlocal)



Environmental Health

Illegal Bio-Hazardous Waste Disposal



HIV Positive medical waste and sharps containers dumped in Washoe County

Environmental Health

Hazardous Material Response

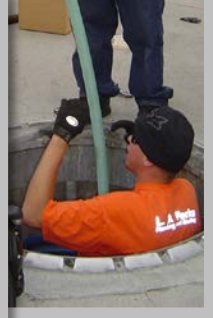
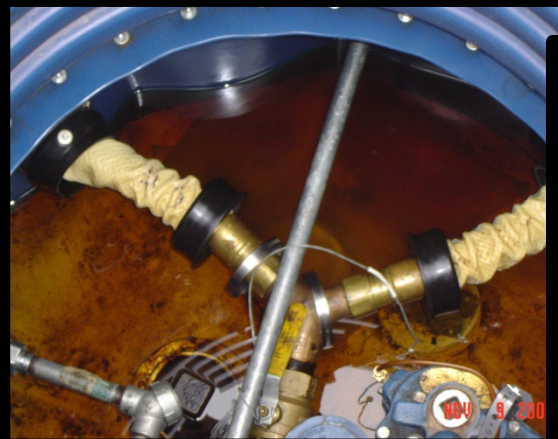


Leaking drums contaminating the soil and nearby environment



Containers of urine –
Tested positive for Methamphetamine

Environmental Health Underground Storage Tanks



Replacement of leaking
gas tanks and lines

Environmental Health Underground Storage Tanks

Keeping the
Environment Safe



Cleaning the
Environment



Environmental Health - Environmental Impacts

EHS staff efforts turned this popular hiking and outdoor activity area...



Into this...



Environmental Health

Waste Management

Efficiencies Due to Funding	Benefits to Staff and Public
1. Anonymous complaints are no longer taken.	1. Reduced complaints by not taking unsubstantiated complaints.
2. Eliminated one 'Hazardous Materials Specialist' position and re-classified second position to a 'Registered Environmental Health Specialist' (REHS).	2. Better utilization of staff time throughout Environmental Health.
3. Utilizing electronic data capture for all permits.	3. Efficient data capture and analysis. Allowed elimination of a clerical position.
4. Streamline response activities between state and local agencies involved in incidents.	4. Eliminates duplicative work between agencies.



Potential Economic Impact

EHS staff keep this...



- **429,000 residents**
- **Annual Tourism:
5 million visitors**

...from becoming this.





Washoe County Health District



Public Health
Prevent. Promote. Protect.

July 15, 2013

To: Members District Board of Health

From: Eileen Stickney

Subject: Health Fund Revenue and Expenditure Report for June 2013
Agenda Item No. -

Recommendation

Staff recommends that the District Board of Health accept the attached report of revenues and expenditures for the Health Fund for June 2013 of fiscal year 13.

Background

The attached reports are for the accounting period 12/13 and the percentages should approximate 100% of the year. **This is a preliminary report for FY13 which will be finalized upon completion of the year-end closeout.** The total revenues and expenditures for the current year (FY13) compared to last year (FY12) are as follows:

June 2013	FY13 – REV	FY12 – REV	FY13 – EXP	FY12 – EXP
GF Transfer	\$8,623,891.00	\$7,250,850.00	\$2,553,372.00	-0-
Overhead	100%	100%	100%	
AHS	\$1,047,612.16 86%	\$1,155,446.59 97%	\$2,552,536.00 99%	\$2,458,958.44 84%
AQM	\$2,133,443.31 95%	\$1,966,492.05 93%	\$2,193,064.42 76%	\$1,955,798.20 74%
CCHS	\$1,757,374.77 72%	\$2,551,038.91 89%	\$4,468,685.69 90%	\$4,830,238.13 91%
EHS	\$1,811,027.84 103%	\$1,755,041.85 106%	\$4,707,479.41 81%	\$4,848,374.64 86%
EPHP	\$1,571,698.57 98%	\$1,670,338.20 89%	\$2,090,275.18 98%	\$2,084,830.21 82%
Adjustments			\$3.81	
TOTAL	\$16,945,047.65 90%	\$16,349,207.60 87%	\$18,565,412.70 89%	\$16,178,199.62 81%

The Environmental Oversight Account for June is \$108,310.45.

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
Prd 1-12, FY13

Accounts	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
422503 Environmental Permits	51,500.00-	64,824.00-	13,324.00	126	46,900.00-	52,304.00-	5,404.00	112
422504 Pool Permits	68,000.00-	66,728.00-	1,272.00-	98	63,000.00-	62,467.85-	532.15-	99
422505 RV Permits	10,500.00-	10,432.00-	68.00-	99	9,700.00-	9,672.00-	28.00-	100
422507 Food Service Permits	369,000.00-	391,546.00-	22,546.00	106	342,000.00-	347,382.00-	5,382.00	102
422508 Wat Well Const Perm	20,000.00-	24,638.00-	4,638.00	123	27,000.00-	10,627.00-	16,373.00-	39
422509 Water Company Permits	2,500.00-	5,336.00-	2,836.00	213	3,500.00-	4,122.00-	622.00	118
422510 Air Pollution Permits	448,037.00-	456,429.75-	8,392.75	102	370,485.00-	336,461.75-	34,023.25-	91
422511 ISDS Permits	49,000.00-	57,547.00-	8,547.00	117	47,000.00-	56,688.00-	9,688.00	121
422513 Special Event Permits	79,000.00-	72,881.00-	6,119.00-	92	74,000.00-	79,499.00-	5,499.00	107
422514 Initial Applic Fee	27,000.00-	29,428.00-	2,428.00	109	25,000.00-	25,043.00-	43.00	100
* Licenses and Permits	1,124,537.00-	1,179,789.75-	55,252.75	105	1,008,585.00-	984,266.60-	24,318.40-	98
431100 Federal Grants	5,663,100.51-	4,581,856.75-	1,081,243.76-	81	6,249,019.10-	5,532,020.82-	716,998.28-	89
431105 Federal Grants - Indirect	76,068.00-	118,818.17-	42,750.17	156	38,708.00-	106,216.70-	67,508.70	274
432100 State Grants	281,857.00-	380,722.96-	98,865.96	135	458,327.00-	329,907.29-	128,419.71-	72
432310 Tire Fee NRS 444A.090	418,766.00-	331,900.49-	86,865.51-	79	452,000.00-	513,799.69-	61,799.69	114
432311 Pol Ctrl 455B.830	300,000.00-	314,903.00-	14,903.00	105	297,006.07-	313,965.00-	16,958.93	106
* Intergovernmental	6,739,791.51-	5,728,201.37-	1,011,590.14-	85	7,495,060.17-	6,795,909.50-	699,150.67-	91
460500 Other Immunizations	89,000.00-	62,763.50-	26,236.50-	71	89,000.00-	88,100.47-	899.53-	99
460501 Medicaid Clinical Services	36,200.00-	1,429.74-	34,770.26-	4	40,300.00-	12,900.15-	27,391.85-	32
460503 Childhood Immunizations	30,000.00-	18,251.50-	11,748.50-	61	59,000.00-	26,455.54-	32,544.46-	45
460508 Tuberculosis	4,100.00-	4,624.49-	524.49	113	6,250.00-	3,961.65-	2,288.35-	63
460509 Water Quality						378.00-	378.00	
460510 IT Overlay	113,400.00-	121,698.00-	8,298.00	107	96,800.00-	96,997.00-	197.00	100
460511 Birth and Death Certificates	400,000.00-	476,453.00-	76,453.00	119	280,000.00-	439,910.00-	159,910.00	157
460512 Duplication Service Fees		396.93-	396.93			267.31-	267.31	
460513 Other Healt Service Charges	2,700.00-	2,337.75-	362.25-	87	2,700.00-	3,817.00-	1,117.00	141
460514 Food Service Certification	13,900.00-	17,910.00-	4,010.00	129	9,000.00-	20,390.00-	11,390.00	227
460515 Medicare Reimbursement					300.00-		300.00-	
460516 Pgm Inc-3rd Prty Rec	2,250.00-	5,680.06-	3,430.06	252	4,750.00-	15,984.83-	11,234.83	337
460517 Influenza Immunization	7,000.00-	9,317.50-	2,317.50	133	7,000.00-	5,850.99-	1,149.01-	84
460518 STD Fees	23,000.00-	20,879.67-	2,120.33-	91	28,000.00-	20,953.39-	7,046.61-	75
460520 Eng Serv Health	44,000.00-	54,725.00-	10,725.00	124	42,000.00-	33,996.00-	8,004.00-	81
460521 Plan Review - Pools & Spas	2,500.00-	3,600.00-	1,100.00	144	2,500.00-	6,508.00-	4,008.00	260
460523 Plan Review - Food Services	17,000.00-	29,539.00-	12,539.00	174	17,000.00-	19,765.00-	2,765.00	116
460524 Family Planning	44,000.00-	27,454.45-	16,545.55-	62	44,000.00-	30,815.06-	13,184.94-	70
460525 Plan Review - Vector	30,000.00-	46,672.00-	16,672.00	156	24,000.00-	31,743.00-	7,743.00	132
460526 Plan Review-Air Quality	40,000.00-	36,127.00-	3,873.00-	90	25,000.00-	26,700.00-	1,700.00	107
460527 NOE-AQM	100,000.00-	96,422.00-	3,578.00-	96	76,000.00-	92,861.00-	16,861.00	122
460528 NESHAP-AQM	84,000.00-	71,259.00-	12,741.00-	85	66,000.00-	80,774.00-	14,774.00	122
460529 Assessments-AQM	41,000.00-	47,029.00-	6,029.00	115	28,000.00-	33,348.00-	5,348.00	119
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-	123,364.00-	28,364.00	130	165,000.00-	141,672.00-	23,328.00-	86
460532 Plan Rvw Hotel/Motel		322.00-	322.00			189.00-	189.00	
460533 Quick Start		87.00-	87.00			87.00-	87.00	
460534 Child Care Inspection	8,500.00-	7,707.00-	793.00-	91	8,000.00-	7,225.00-	775.00-	90

**Washoe County Health District
REVENUE
Prd 1-12, FY13**

Accounts	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
460535 Pub Accomod Inspectn	17,300.00-	17,362.00-	62.00	100	16,000.00-	16,166.00-	166.00	101
460570 Education Revenue	5,700.00-	1,731.00-	3,969.00-	30	13,400.00-	5,256.00-	8,144.00-	39
* Charges for Services	1,253,150.00-	1,307,980.59-	54,830.59	104	1,153,115.00-	1,265,749.39-	112,634.39	110
484050 Donations Federal Pgm Income	41,934.00-	37,837.70-	4,096.30-	90	41,450.00-	44,458.31-	3,008.31	107
484195 Non-Govt'l Grants	114,750.00-	60,013.00-	54,737.00-	52	5,000.00-	3,750.00-	1,250.00-	75
485100 Reimbursements		119.34-	119.34			150.00-	150.00	
485121 Jury Reimbursements		315.00-	315.00			320.00-	320.00	
485300 Other Misc Govt Rev		6,899.90-	6,899.90		805,650.00-	3,753.80-	801,896.20-	0
* Miscellaneous	156,684.00-	105,184.94-	51,499.06-	67	852,100.00-	52,432.11-	799,667.89-	6
** Revenue	9,274,162.51-	8,321,156.65-	953,005.86-	90	10,508,860.17-	9,098,357.60-	1,410,502.57-	87

**Washoe County Health District
EXPENSE
Prd 1-12, FY13**

Accounts	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
701110 Base Salaries	9,479,447.37	8,559,838.48	919,608.89	90	9,478,553.73	8,615,437.26	863,116.47	91
701120 Part Time	529,904.89	516,756.90	13,147.99	98	542,290.09	543,728.54	1,438.45-	100
701125 Seasonal Temporary						360.29	360.29-	
701130 Pooled Positions	511,468.86	345,780.09	165,688.77	68	425,879.50	335,390.48	90,489.02	79
701140 Holiday Work	1,450.00	1,879.14	429.14-	130	1,200.00	3,662.40	2,462.40-	305
701200 Incentive Longevity	161,762.00	167,624.97	5,862.97-	104	162,380.00	165,372.44	2,992.44-	102
701300 Overtime	50,825.11	32,578.92	18,246.19	64	57,406.25	33,991.81	23,414.44	59
701406 Standby Pay		260.00	260.00-			5,427.32	5,427.32-	
701408 Call Back	1,000.00	182.10	817.90	18	3,000.00	535.00	2,465.00	18
701412 Salary Adjustment	52,986.54		52,986.54		101,818.78		101,818.78	
701413 Vac Payoff/Sick Pay-Term		83,802.68	83,802.68-			143,110.39	143,110.39-	
701417 Comp Time		37,010.33	37,010.33-			14,071.98	14,071.98-	
701419 Comp Time - Transfer		9,723.83	9,723.83-					
701500 Merit Awards					92,818.62-		92,818.62-	
* Salaries and Wages	10,788,844.77	9,755,437.44	1,033,407.33	90	10,679,709.73	9,861,087.91	818,621.82	92
705110 Group Insurance	1,443,538.10	1,335,755.18	107,782.92	93	1,489,390.16	1,340,381.16	149,009.00	90
705199 Lab Cost Sav-Benef						5,675.00-	5,675.00	
705210 Retirement	2,397,274.05	2,188,141.99	209,132.06	91	2,366,170.12	2,200,005.93	166,164.19	93
705215 Retirement Calculation					355,282.00	5,435.96	349,846.04	2
705230 Medicare April 1986	139,281.64	132,458.60	6,823.04	95	137,288.33	130,756.32	6,532.01	95
705320 Workmens Comp	63,932.41	63,932.64	0.23-	100	63,088.76	59,487.60	3,601.16	94
705330 Unemploy Comp	15,533.45	15,533.45		100	14,892.40	14,892.90	0.50-	100
705360 Benefit Adjustment	10,656.00		10,656.00		11,708.00		11,708.00	
705510 Severance Pay		55,535.73	55,535.73-					
* Employee Benefits	4,070,215.65	3,791,357.59	278,858.06	93	4,437,819.77	3,745,284.87	692,534.90	84
710100 Professional Services	950,670.38	536,365.69	414,304.69	56	1,126,661.42	336,652.64	790,008.78	30
710105 Medical Services	9,264.00	4,029.00	5,235.00	43	8,914.00	7,222.00	1,692.00	81
710108 MD Consultants	46,900.00	46,262.50	637.50	99	60,900.00	60,875.00	25.00	100
710110 Contracted/Temp Services	68,500.00	70,885.53	2,385.53-	103	89,365.00	51,247.86	38,117.14	57
710119 Subrecipient Payments					186,242.00	101,612.64	84,629.36	55
710200 Service Contract	105,243.00	55,607.12	49,635.88	53	69,433.00	75,545.76	6,112.76-	109
710205 Repairs and Maintenance	20,541.91	9,172.69	11,369.22	45	19,940.00	14,187.75	5,752.25	71
710210 Software Maintenance	16,200.00	19,344.00	3,144.00-	119	12,000.00	10,550.00	1,450.00	88
710300 Operating Supplies	133,937.55	137,874.54	3,936.99-	103	158,652.00	129,629.85	29,022.15	82
710302 Small Tools & Allow	3,685.00	1,398.09	2,286.91	38	1,685.00		1,685.00	
710308 Animal Supplies	2,000.00	1,295.15	704.85	65	2,000.00	1,308.95	691.05	65
710312 Special Dept Expense		100.00	100.00-					
710319 Chemical Supplies	231,950.00	232,169.12	219.12-	100	281,950.00	265,704.88	16,245.12	94
710325 Signs and Markers						1,336.50	1,336.50-	
710334 Copy Machine Expense	28,166.89	23,304.68	4,862.21	83	29,324.89	23,852.59	5,472.30	81
710350 Office Supplies	41,463.01	38,548.74	2,914.27	93	44,277.01	38,796.55	5,480.46	88
710355 Books and Subscriptions	7,959.00	7,124.32	834.68	90	7,684.00	8,159.25	475.25-	106
710360 Postage	21,860.00	24,857.99	2,997.99-	114	21,085.00	17,134.60	3,950.40	81
710361 Express and Courier	610.75	824.68	213.93-	135	780.00	405.39	374.61	52
710391 Fuel & Lube	100.00		100.00		100.00	53.67	46.33	54

**Washoe County Health District
EXPENSE
Prd 1-12, FY13**

Accounts	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
710500 Other Expense	42,473.51	33,168.46	9,305.05	78	28,331.31	32,718.30	4,386.99-	115
710502 Printing	30,885.00	17,807.47	13,077.53	58	17,557.00	13,310.59	4,246.41	76
710503 Licenses & Permits	8,870.00	8,383.39	486.61	95	8,540.00	6,060.25	2,479.75	71
710505 Rental Equipment	3,324.00	3,354.00	30.00-	101	2,300.00	3,339.00	1,039.00-	145
710506 Dept Insurance Deductible		452.58	452.58-			150.00	150.00-	
710507 Network and Data Lines	6,240.00	11,128.10	4,888.10-	178	5,960.00	11,611.25	5,651.25-	195
710508 Telephone Land Lines	45,215.00	38,536.29	6,678.71	85	46,189.00	38,412.92	7,776.08	83
710509 Seminars and Meetings	32,070.00	36,768.60	4,698.60-	115	33,040.00	27,763.00	5,277.00	84
710512 Auto Expense	19,804.00	13,201.24	6,602.76	67	23,268.00	12,856.68	10,411.32	55
710514 Regulatory Assessments	11,920.00	11,920.00		100		11,920.00	11,920.00-	
710519 Cellular Phone	18,290.00	13,301.58	4,988.42	73	17,240.00	15,204.52	2,035.48	88
710529 Dues	11,576.00	12,114.00	538.00-	105	6,886.00	9,778.00	2,892.00-	142
710535 Credit Card Fees	11,455.00	11,502.49	47.49-	100	10,495.00	9,800.75	694.25	93
710546 Advertising	44,728.86	58,740.71	14,011.85-	131	42,465.52	64,562.09	22,096.57-	152
710551 Cash Discounts Lost		117.26	117.26-			308.64	308.64-	
710552 Moving Costs						1,046.14	1,046.14-	
710577 Uniforms & Special Clothing	3,000.00	2,594.76	405.24	86	3,150.00	2,525.59	624.41	80
710585 Undesignated Budget	21,769.00		21,769.00		923,058.00		923,058.00	
710600 LT Lease-Office Space	113,439.00	98,172.57	15,266.43	87	113,439.00	111,821.74	1,617.26	99
710703 Biologicals	249,583.98	223,749.19	25,834.79	90	242,794.79	180,620.30	62,174.49	74
710714 Referral Services	9,040.00	4,520.00	4,520.00	50	9,040.00	10,342.00	1,302.00-	114
710721 Outpatient	110,399.15	67,986.68	42,412.47	62	97,399.00	90,911.27	6,487.73	93
710872 Food Purchases	11,675.00	4,608.56	7,066.44	39	3,726.00	2,046.12	1,679.88	55
711010 Utilities	2,880.00		2,880.00		3,483.00		3,483.00	
711100 ESD Asset Management	17,040.00	17,016.00	24.00	100	17,160.00	17,186.00	26.00-	100
711113 Equip Srv Replace	25,938.64	27,345.76	1,407.12-	105	44,139.00	45,625.29	1,486.29-	103
711114 Equip Srv O & M	42,163.13	39,019.38	3,143.75	93	57,849.02	42,660.80	15,188.22	74
711115 Equip Srv Motor Pool	16,741.00		16,741.00			17,802.88	17,802.88-	
711117 ESD Fuel Charge	51,253.35	50,602.22	651.13	99	48,768.76	53,267.67	4,498.91-	109
711119 Prop & Liab Billings	80,283.41	80,283.36	0.05	100	77,036.32	77,036.28	0.04	100
711210 Travel	245,985.25	68,542.61	177,442.64	28	163,845.00	67,631.71	96,213.29	41
711300 Cash Over Short		37.92	37.92-			28.00-	28.00	
711399 ProCard in Process		633.42	633.42-					
711400 Overhead - General Fund	2,553,372.00	2,553,372.00		100				
711504 Equipment nonCapital	121,373.08	183,462.64	62,089.56-	151	66,984.98	133,329.18	66,344.20-	199
* Services and Supplies	5,651,838.85	4,901,607.08	750,231.77	87	4,235,138.02	2,255,896.84	1,979,241.18	53
781004 Equipment Capital	384,770.01	117,014.40	267,755.61	30	529,183.12	315,930.00	213,253.12	60
* Capital Outlay	384,770.01	117,014.40	267,755.61	30	529,183.12	315,930.00	213,253.12	60
** Expenses	20,895,669.28	18,565,416.51	2,330,252.77	89	19,881,850.64	16,178,199.62	3,703,651.02	81
485196 Insur Reimb-F/A Loss		150.00-	150.00					
* Other Fin. Sources		150.00-	150.00					
621001 Transfer From General	8,623,891.00-	8,623,891.00-		100	7,250,850.00-	7,250,850.00-		100
* Transfers In	8,623,891.00-	8,623,891.00-		100	7,250,850.00-	7,250,850.00-		100
** Other Financing Src/Use	8,623,891.00-	8,624,041.00-	150.00	100	7,250,850.00-	7,250,850.00-		100
*** Total	2,997,615.77	1,620,218.86	1,377,396.91	54	2,122,140.47	171,007.98-	2,293,148.45	8-

**Washoe County Health District
Administrative Health Services
Prd 1-12, FY13**

Accounts	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
431100 Federal Grants	1,109,658.25-	981,882.37-	127,775.88-	88	1,191,109.00-	1,127,335.34-	63,773.66-	95
431105 Federal Grants - Indirect						28,103.25-	28,103.25	
* Intergovernmental	1,109,658.25-	981,882.37-	127,775.88-	88	1,191,109.00-	1,155,438.59-	35,670.41-	97
460512 Duplication Service Fees		5.00-	5.00			8.00-	8.00	
* Charges for Services		5.00-	5.00			8.00-	8.00	
484195 Non-Govt'l Grants	114,750.00-	58,763.00-	55,987.00-	51				
485100 Reimbursements		119.34-	119.34					
485300 Other Misc Govt Rev		6,842.45-	6,842.45					
* Miscellaneous	114,750.00-	65,724.79-	49,025.21-	57				
** Revenue	1,224,408.25-	1,047,612.16-	176,796.09-	86	1,191,109.00-	1,155,446.59-	35,662.41-	97
701110 Base Salaries	1,620,335.85	1,532,064.69	88,271.16	95	1,600,778.33	1,539,323.37	61,454.96	96
701120 Part Time		3,459.14	3,459.14-					
701130 Pooled Positions	5,000.00	13,419.85	8,419.85-	268	24,125.42	12,925.38	11,200.04	54
701140 Holiday Work		43.13	43.13-					
701200 Incentive Longevity	30,755.00	30,812.71	57.71-	100	30,500.00	29,190.38	1,309.62	96
701300 Overtime	1,200.00	1,906.04	706.04-	159	2,000.00	3,462.08	1,462.08-	173
701412 Salary Adjustment	10,554.54		10,554.54		58,579.12		58,579.12	
701413 Vac Payoff/Sick Pay-Term		22,414.22	22,414.22-			388.28	388.28-	
701417 Comp Time		16,038.92	16,038.92-			0.48	0.48-	
* Salaries and Wages	1,667,845.39	1,620,158.70	47,686.69	97	1,715,982.87	1,585,289.97	130,692.90	92
705110 Group Insurance	254,302.59	249,387.65	4,914.94	98	261,042.78	253,347.60	7,695.18	97
705199 Lab Cost Sav-Benef						1,140.00-	1,140.00	
705210 Retirement	384,397.43	371,892.41	12,505.02	97	385,686.97	370,644.85	15,042.12	96
705215 Retirement Calculation					355,282.00		355,282.00	
705230 Medicare April 1986	22,639.74	23,202.80	563.06-	102	22,872.08	21,984.11	887.97	96
705320 Workmens Comp	11,339.00	11,339.04	0.04-	100	11,830.05	11,830.08	0.03-	100
705330 Unemply Comp	2,755.00	2,755.00		100	2,794.50	2,794.50		100
705510 Severance Pay		55,535.73	55,535.73-					
* Employee Benefits	675,433.76	714,112.63	38,678.87-	106	1,039,508.38	659,461.14	380,047.24	63
710100 Professional Services	45,500.00	81,449.98	35,949.98-	179	1,500.00	3,361.38	1,861.38-	224
710105 Medical Services	350.00	68.00	282.00	19	350.00		350.00	
710110 Contracted/Temp Services						28,453.02	28,453.02-	
710200 Service Contract	1,500.00		1,500.00		1,500.00	2.45	1,497.55	0
710205 Repairs and Maintenance	400.00	540.69	140.69-	135	400.00	5,043.35	4,643.35-	1,261
710300 Operating Supplies	9,100.00	9,559.63	459.63-	105	17,251.00	21,325.40	4,074.40-	124
710312 Special Dept Expense		100.00	100.00-					
710334 Copy Machine Expense	4,500.00	5,944.36	1,444.36-	132	5,500.00	5,298.95	201.05	96
710350 Office Supplies	9,993.00	6,673.57	3,319.43	67	11,700.00	10,071.72	1,628.28	86
710355 Books and Subscriptions	1,000.00	791.44	208.56	79	1,000.00	2,500.95	1,500.95-	250
710360 Postage	1,625.00	4,502.38	2,877.38-	277	1,125.00	835.19	289.81	74
710361 Express and Courier	100.00	40.84	59.16	41	100.00	63.36	36.64	63
710500 Other Expense	1,600.00	1,602.09	2.09-	100	1,600.00	1,674.35	74.35-	105
710502 Printing	4,780.00	483.18	4,296.82	10	2,050.00	928.96	1,121.04	45
710503 Licenses & Permits	2,340.00	1,880.50	459.50	80	2,340.00	1,851.00	489.00	79
710507 Network and Data Lines	630.00	699.07	69.07-	111	630.00	467.38	162.62	74
710508 Telephone Land Lines	10,080.00	8,219.65	1,860.35	82	11,080.00	8,332.95	2,747.05	75

**Washoe County Health District
Administrative Health Services
Prd 1-12, FY13**

Accounts	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
710509 Seminars and Meetings	5,300.00	3,160.50	2,139.50	60	5,900.00	2,936.00	2,964.00	50
710512 Auto Expense	3,336.00	2,249.86	1,086.14	67	2,900.00	2,862.32	37.68	99
710519 Cellular Phone	1,470.00	1,482.59	12.59-	101	1,470.00	2,378.33	908.33-	162
710529 Dues	2,850.00	5,402.00	2,552.00-	190	2,850.00	3,204.00	354.00-	112
710546 Advertising	150.00	198.00	48.00-	132	150.00		150.00	
710552 Moving Costs						1,046.14	1,046.14-	
710600 LT Lease-Office Space	71,788.00	57,732.57	14,055.43	80	71,788.00	71,381.74	406.26	99
710872 Food Purchases	2,725.00		2,725.00		150.00		150.00	
711010 Utilities	1,000.00		1,000.00		1,000.00		1,000.00	
711100 ESD Asset Management					312.00	312.00		100
711113 Equip Srv Replace						210.00	210.00-	
711114 Equip Srv O & M					767.04	666.00	101.04	87
711115 Equip Srv Motor Pool						50.00	50.00-	
711117 ESD Fuel Charge					557.28	705.94	148.66-	127
711119 Prop & Liab Billings	14,239.00	14,239.08	0.08-	100	14,500.35	14,500.32	0.03	100
711210 Travel	41,165.00	7,946.88	33,218.12	19	13,500.00	7,602.16	5,897.84	56
711300 Cash Over Short						28.00-	28.00	
711504 Equipment nonCapital	4,275.00	3,297.81	977.19	77	1,500.00	16,169.97	14,669.97-	1,078
* Services and Supplies	241,796.00	218,264.67	23,531.33	90	175,470.67	214,207.33	38,736.66-	122
** Expenses	2,585,075.15	2,552,536.00	32,539.15	99	2,930,961.92	2,458,958.44	472,003.48	84
*** Total	1,360,666.90	1,504,923.84	144,256.94-	111	1,739,852.92	1,303,511.85	436,341.07	75

**Washoe County Health District
Air Quality Management
Prd. 1-12, FY13**

Accounts	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
422510 Air Pollution Permits	448,037.00-	456,429.75-	8,392.75	102	370,485.00-	336,461.75-	34,023.25-	91
* Licenses and Permits	448,037.00-	456,429.75-	8,392.75	102	370,485.00-	336,461.75-	34,023.25-	91
431100 Federal Grants	912,531.00-	780,527.33-	132,003.67-	86	863,531.00-	684,622.93-	178,908.07-	79
431105 Federal Grants - Indirect	30,224.00-	22,529.67-	7,694.33-	75		22,844.07-	22,844.07	
432100 State Grants	182,000.00-	182,000.00-		100	230,000.00-	230,000.00-		100
432311 Pol Ctrl 455B.830	300,000.00-	314,903.00-	14,903.00	105	297,006.07-	313,965.00-	16,958.93	106
* Intergovernmental	1,424,755.00-	1,299,960.00-	124,795.00-	91	1,390,537.07-	1,251,432.00-	139,105.07-	90
460526 Plan Review-Air Quality	40,000.00-	36,127.00-	3,873.00-	90	25,000.00-	26,700.00-	1,700.00	107
460527 NOE-AQM	100,000.00-	96,422.00-	3,578.00-	96	76,000.00-	92,861.00-	16,861.00	122
460528 NESHAP-AQM	84,000.00-	71,259.00-	12,741.00-	85	66,000.00-	80,774.00-	14,774.00	122
460529 Assessments-AQM	41,000.00-	47,029.00-	6,029.00	115	28,000.00-	33,348.00-	5,348.00	119
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-	123,364.00-	28,364.00	130	165,000.00-	141,672.00-	23,328.00-	86
* Charges for Services	362,600.00-	377,039.00-	14,439.00	104	363,115.00-	378,025.00-	14,910.00	104
485100 Reimbursements						150.00-	150.00	
485300 Other Misc Govt Rev		14.56-	14.56			423.30-	423.30	
* Miscellaneous		14.56-	14.56			573.30-	573.30	
** Revenue	2,235,392.00-	2,133,443.31-	101,948.69-	95	2,124,137.07-	1,966,492.05-	157,645.02-	93
701110 Base Salaries	1,345,462.49	1,222,684.98	122,777.51	91	1,292,212.29	1,082,509.02	209,703.27	84
701125 Seasonal Temporary						360.29	360.29-	
701130 Pooled Positions	93,151.68	8,961.38	84,190.30	10	28,000.00	10,358.21	17,641.79	37
701140 Holiday Work	250.00	140.18	109.82	56		467.05	467.05-	
701200 Incentive Longevity	19,210.00	19,209.93	0.07	100	22,400.00	18,623.85	3,776.15	83
701300 Overtime	10,045.11	3,254.45	6,790.66	32	7,599.56	3,894.32	3,705.24	51
701413 Vac Payoff/Sick Pay-Term		2,023.44	2,023.44-			60,347.70	60,347.70-	
701417 Comp Time		918.38	918.38-			5,358.86	5,358.86-	
* Salaries and Wages	1,468,119.28	1,257,192.74	210,926.54	86	1,350,211.85	1,181,919.30	168,292.55	88
705110 Group Insurance	172,127.11	162,969.63	9,157.48	95	177,040.72	146,321.93	30,718.79	83
705199 Lab Cost Sav-Benef						1,115.00-	1,115.00	
705210 Retirement	324,109.95	294,556.34	29,553.61	91	305,669.98	260,239.07	45,430.91	85
705230 Medicare April 1986	19,385.69	17,513.18	1,872.51	90	18,443.93	16,215.05	2,228.88	88
705320 Workmens Comp	7,585.40	7,585.44	0.04-	100	7,543.80	7,543.80		100
705330 Unemploy Comp	1,843.00	1,843.00		100	1,782.00	1,782.00		100
* Employee Benefits	525,051.15	484,467.59	40,583.56	92	510,480.43	430,986.85	79,493.58	84
710100 Professional Services	385,103.78	147,825.67	237,278.11	38	298,767.94	35,662.02	263,105.92	12
710105 Medical Services	1,416.00	1,126.00	290.00	80	1,316.00	474.50	841.50	36
710200 Service Contract	500.00	171.33	328.67	34	500.00	447.10	52.90	89
710205 Repairs and Maintenance	10,741.91	2,938.06	7,803.85	27	11,730.00	4,371.14	7,358.86	37
710210 Software Maintenance	4,200.00	4,170.00	30.00	99		1,550.00	1,550.00-	
710300 Operating Supplies	11,079.55	23,964.64	12,885.09-	216	8,600.00	7,778.01	821.99	90
710334 Copy Machine Expense	4,400.00	3,554.44	845.56	81	4,400.00	3,796.14	603.86	86
710350 Office Supplies	4,000.00	3,912.95	87.05	98	4,000.00	3,215.90	784.10	80
710355 Books and Subscriptions	224.00	334.13	110.13-	149	224.00	268.37	44.37-	120
710360 Postage	2,900.00	3,586.20	686.20-	124	2,900.00	3,070.43	170.43-	106
710361 Express and Courier	80.75	589.18	508.43-	730	175.00	152.16	22.84	87
710500 Other Expense	100.00	1,662.30	1,562.30-	1,662	100.00	1,306.61	1,206.61-	1,307

**Washoe County Health District
Air Quality Management
Prd. 1-12, FY13**

Accounts	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
710502 Printing	800.00	1,670.21	870.21-	209	800.00	905.24	105.24-	113
710503 Licenses & Permits	135.00	868.89	733.89-	644	135.00		135.00	
710505 Rental Equipment	1,800.00	1,800.00		100	1,800.00	1,800.00		100
710507 Network and Data Lines		5,635.00	5,635.00-			5,435.00	5,435.00-	
710508 Telephone Land Lines	6,500.00	4,282.74	2,217.26	66	6,500.00	4,254.26	2,245.74	65
710509 Seminars and Meetings	3,005.00	2,799.00	206.00	93	5,000.00	2,365.00	2,635.00	47
710512 Auto Expense	1,000.00	302.52	697.48	30	1,000.00	420.74	579.26	42
710519 Cellular Phone	4,700.00	3,566.23	1,133.77	76	4,700.00	4,331.77	368.23	92
710529 Dues	4,435.00	4,025.00	410.00	91	435.00	3,285.00	2,850.00-	755
710535 Credit Card Fees	1,600.00	2,680.95	1,080.95-	168	1,500.00	1,693.28	193.28-	113
710546 Advertising	1,000.00	11,688.00	10,688.00-	1,169	1,000.00	12,615.36	11,615.36-	1,262
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	2,712.00	120.00-	105	2,808.00	2,756.00	52.00	98
711113 Equip Srv Replace	8,499.58	9,524.58	1,025.00-	112	13,719.96	15,534.84	1,814.88-	113
711114 Equip Srv O & M	10,384.74	8,432.09	1,952.65	81	12,963.22	7,867.08	5,096.14	61
711115 Equip Srv Motor Pool						30.00-	30.00	
711117 ESD Fuel Charge	10,687.05	10,571.63	115.42	99	10,520.54	12,237.17	1,716.63-	116
711119 Prop & Liab Billings	9,525.40	9,525.36	0.04	100	9,246.60	9,246.60		100
711210 Travel	36,088.25	12,104.54	23,983.71	34	31,000.00	8,911.81	22,088.19	29
711300 Cash Over Short		37.92	37.92-					
711399 ProCard in Process		167.42	167.42-					
711504 Equipment nonCapital	37,117.08	48,262.74	11,145.66-	130	24,000.00	32,896.77	8,896.77-	137
* Services and Supplies	565,715.09	335,739.69	229,975.40	59	460,941.26	190,305.20	270,636.06	41
781004 Equipment Capital	342,770.01	115,664.40	227,105.61	34	330,432.00	152,586.85	177,845.15	46
* Capital Outlay	342,770.01	115,664.40	227,105.61	34	330,432.00	152,586.85	177,845.15	46
** Expenses	2,901,655.53	2,193,064.42	708,591.11	76	2,652,065.54	1,955,798.20	696,267.34	74
*** Total	666,263.53	59,621.11	606,642.42	9	527,928.47	10,693.85-	538,622.32	2-

**Washoe County Health District
Community and Clinical Health Services
Prd. 1-12, FY13**

Accounts	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
431100 Federal Grants	2,131,855.53-	1,517,122.02-	614,733.51-	71	2,361,625.00-	2,256,325.39-	105,299.61-	96
431105 Federal Grants - Indirect	15,300.00-	26,367.96-	11,067.96	172		11,778.34-	11,778.34	
432100 State Grants	24,857.00-	22,981.29-	1,875.71-	92	153,327.00-	24,907.29-	128,419.71-	16
* Intergovernmental	2,172,012.53-	1,566,471.27-	605,541.26-	72	2,514,952.00-	2,293,011.02-	221,940.98-	91
460500 Other Immunizations	89,000.00-	62,763.50-	26,236.50-	71	89,000.00-	88,100.47-	899.53-	99
460501 Medicaid Clinical Services	36,200.00-	1,429.74-	34,770.26-	4	40,300.00-	12,908.15-	27,391.85-	32
460503 Childhood Immunizations	30,000.00-	18,251.50-	11,748.50-	61	59,000.00-	26,455.54-	32,544.46-	45
460508 Tuberculosis	4,100.00-	4,624.49-	524.49	113	6,250.00-	3,961.65-	2,288.35-	63
460515 Medicare Reimbursement					300.00-		300.00-	
460516 Pgm Inc-3rd Prty Rec	2,250.00-	5,680.06-	3,430.06	252	4,750.00-	15,984.83-	11,234.83	337
460517 Influenza Immunization	7,000.00-	9,317.50-	2,317.50	133	7,000.00-	5,850.99-	1,149.01-	84
460518 STD Fees	23,000.00-	20,879.67-	2,120.33-	91	28,000.00-	20,953.39-	7,046.61-	75
460524 Family Planning	44,000.00-	27,454.45-	16,545.55-	62	44,000.00-	30,815.06-	13,184.94-	70
460570 Education Revenue	4,500.00-	1,372.00-	3,128.00-	30	11,000.00-	3,959.00-	7,041.00-	36
* Charges for Services	240,050.00-	151,772.91-	88,277.09-	63	289,600.00-	208,989.08-	80,610.92-	72
484050 Donations Federal Pgm Income	41,934.00-	37,837.70-	4,096.30-	90	41,450.00-	44,458.31-	3,008.31	107
484195 Non-Govt'l Grants		1,250.00-	1,250.00		5,000.00-	3,750.00-	1,250.00-	75
485300 Other Misc Govt Rev		42.89-	42.89			830.50-	830.50	
* Miscellaneous	41,934.00-	39,130.59-	2,803.41-	93	46,450.00-	49,038.81-	2,588.81	106
** Revenue	2,453,996.53-	1,757,374.77-	696,621.76-	72	2,851,002.00-	2,551,038.91-	299,963.09-	89
701110 Base Salaries	2,237,201.94	1,933,562.08	303,639.86	86	2,290,226.58	2,120,717.83	169,508.75	93
701120 Part Time	505,752.32	490,911.63	14,840.69	97	518,071.35	522,021.51	3,950.16-	101
701130 Pooled Positions	175,944.41	197,372.13	21,427.72-	112	240,007.08	196,613.42	43,393.66	82
701140 Holiday Work		477.11	477.11-			822.03	822.03-	
701200 Incentive Longevity	48,012.00	57,610.01	9,598.01-	120	44,097.00	57,530.75	13,433.75-	130
701300 Overtime	1,280.00	478.98	801.02	37	8,606.69	21.75-	8,628.44	0-
701406 Standby Pay		260.00	260.00-					
701412 Salary Adjustment	75.00-		75.00-		5,998.39		5,998.39	
701413 Vac Payoff/Sick Pay-Term		32,214.52	32,214.52-			19,474.10	19,474.10-	
701417 Comp Time		7,722.51	7,722.51-			2,486.16	2,486.16-	
701419 Comp Time - Transfer		9,723.83	9,723.83-					
* Salaries and Wages	2,968,115.67	2,730,332.80	237,782.87	92	3,107,007.09	2,919,644.05	187,363.04	94
705110 Group Insurance	433,968.28	387,876.05	46,092.23	89	433,145.91	365,403.31	67,742.60	84
705199 Lab Cost Sav-Benef						1,140.00-	1,140.00	
705210 Retirement	658,011.56	589,250.78	68,760.78	90	670,286.51	639,620.71	30,665.80	95
705230 Medicare April 1986	36,909.75	35,598.39	1,311.36	96	37,606.78	37,142.39	464.39	99
705320 Workmens Comp	18,435.65	18,435.60	0.05	100	17,766.03	14,311.60	3,454.43	81
705330 Unemply Comp	4,479.25	4,479.25		100	4,196.70	4,197.20	0.50-	100
* Employee Benefits	1,151,804.49	1,035,640.07	116,164.42	90	1,163,001.93	1,059,535.21	103,466.72	91
710100 Professional Services	75,150.71	88,154.49	13,003.78-	117	160,510.33	127,148.36	33,361.97	79
710105 Medical Services	850.00	982.50	132.50-	116	600.00	1,372.00	772.00-	229
710108 MD Consultants	46,900.00	46,262.50	637.50	99	48,900.00	47,875.00	1,025.00	98
710110 Contracted/Temp Services	1,000.00	11,041.56	10,041.56-	1,104	2,555.00	7,444.54	4,889.54-	291
710119 Subrecipient Payments					186,242.00	101,612.64	84,629.36	55
710200 Service Contract	6,048.00	3,200.05	2,847.95	53	4,938.00	3,313.43	1,624.57	67
710205 Repairs and Maintenance	3,800.00	3,027.21	772.79	80	5,710.00	3,182.37	2,527.63	56

**Washoe County Health District
Community and Clinical Health Services
Prd. 1-12, FY13**

Accounts	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
710210 Software Maintenance		5,424.00	5,424.00-					
710300 Operating Supplies	76,719.00	64,177.04	12,541.96	84	76,784.00	68,780.65	8,003.35	90
710334 Copy Machine Expense	13,847.00	9,841.85	4,005.15	71	13,775.00	10,485.27	3,289.73	76
710350 Office Supplies	13,520.01	11,384.67	2,135.34	84	11,877.01	10,667.55	1,209.46	90
710355 Books and Subscriptions	2,060.00	3,862.76	1,802.76-	188	1,200.00	1,793.08	593.08-	149
710360 Postage	4,490.00	2,451.58	2,038.42	55	4,740.00	3,004.95	1,735.05	63
710361 Express and Courier	245.00	133.33	111.67	54	320.00	83.20	236.80	26
710500 Other Expense	30,602.51	23,267.30	7,335.21	76	18,990.31	20,282.93	1,292.62-	107
710502 Printing	9,675.00	9,369.98	305.02	97	6,277.00	6,416.26	139.26-	102
710503 Licenses & Permits	3,555.00	3,354.00	201.00	94	3,325.00	1,764.25	1,560.75	53
710506 Dept Insurance Deductible		152.58	152.58-					
710507 Network and Data Lines	2,560.00	2,461.21	98.79	96	2,280.00	3,894.73	1,614.73-	171
710508 Telephone Land Lines	13,975.00	11,891.76	2,083.24	85	13,394.00	12,490.59	903.41	93
710509 Seminars and Meetings	4,750.00	4,838.00	88.00-	102	6,600.00	6,140.00	460.00	93
710512 Auto Expense	13,318.00	9,220.31	4,097.69	69	13,043.00	7,963.73	5,079.27	61
710519 Cellular Phone	540.00	715.08	175.08-	132	540.00	433.04	106.96	80
710529 Dues	1,350.00	874.00	476.00	65	1,350.00	905.00	445.00	67
710535 Credit Card Fees	3,245.00	2,172.01	1,072.99	67	3,730.00	2,506.94	1,223.06	67
710546 Advertising	34,903.86	45,300.71	10,396.85-	130	37,390.52	43,562.70	6,172.18-	117
710551 Cash Discounts Lost		113.45	113.45-			243.26	243.26-	
710577 Uniforms & Special Clothing	200.00		200.00		350.00		350.00	
710585 Undesignated Budget	15,300.00		15,300.00					
710703 Biologicals	246,163.19	223,749.19	22,414.00	91	239,040.00	180,336.30	58,703.70	75
710714 Referral Services	9,040.00	4,520.00	4,520.00	50	9,040.00	10,342.00	1,302.00-	114
710721 Outpatient	108,264.15	65,863.44	42,400.71	61	95,264.00	89,711.91	5,552.09	94
710872 Food Purchases	6,550.00	3,812.66	2,737.34	58	3,026.00	1,769.19	1,256.81	58
711010 Utilities	1,700.00		1,700.00		2,303.00		2,303.00	
711100 ESD Asset Management	288.00	288.00		100				
711114 Equip Srv O & M	550.44	663.51	113.07-	121				
711115 Equip Srv Motor Pool						132.50	132.50-	
711117 ESD Fuel Charge	711.35	772.96	61.61-	109				
711119 Prop & Liab Billings	23,150.65	23,150.52	0.13	100	21,776.21	21,776.16	0.05	100
711210 Travel	28,184.00	9,572.35	18,611.65	34	27,781.00	14,718.59	13,062.41	53
711399 ProCard in Process		407.00	407.00					
711504 Equipment nonCapital	6,530.00	4,889.26	1,640.74	75	13,093.00	21,438.75	8,345.75-	164
* Services and Supplies	809,735.87	701,362.82	108,373.05	87	1,036,744.38	833,591.87	203,152.51	80
781004 Equipment Capital	17,000.00	1,350.00	15,650.00	8	20,174.00	17,467.00	2,707.00	87
* Capital Outlay	17,000.00	1,350.00	15,650.00	8	20,174.00	17,467.00	2,707.00	87
** Expenses	4,946,656.03	4,468,685.69	477,970.34	90	5,326,927.40	4,830,238.13	496,689.27	91
*** Total	2,492,659.50	2,711,310.92	218,651.42-	109	2,475,925.40	2,279,199.22	196,726.18	92

**Washoe County Health District
Environmental Health Services
Prd. 1-12, FY13**

Accounts	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
422503 Environmental Permits	51,500.00-	64,824.00-	13,324.00	126	46,900.00-	52,304.00-	5,404.00	112
422504 Pool Permits	68,000.00-	66,728.00-	1,272.00-	98	63,000.00-	62,467.85-	532.15-	99
422505 RV Permits	10,500.00-	10,432.00-	68.00-	99	9,700.00-	9,672.00-	28.00-	100
422507 Food Service Permits	369,000.00-	391,546.00-	22,546.00	106	342,000.00-	347,382.00-	5,382.00	102
422508 Wat Well Const Perm	20,000.00-	24,638.00-	4,638.00	123	27,000.00-	10,627.00-	16,373.00-	39
422509 Water Company Permits	2,500.00-	5,336.00-	2,836.00	213	3,500.00-	4,122.00-	622.00	118
422511 ISDS Permits	49,000.00-	57,547.00-	8,547.00	117	47,000.00-	56,688.00-	9,688.00	121
422513 Special Event Permits	79,000.00-	72,881.00-	6,119.00-	92	74,000.00-	79,499.00-	5,499.00	107
422514 Initial Applic Fee	27,000.00-	29,428.00-	2,428.00	109	25,000.00-	25,043.00-	43.00	100
* Licenses and Permits	676,500.00-	723,360.00-	46,860.00	107	638,100.00-	647,804.85-	9,704.85	102
431100 Federal Grants	340,000.00-	277,000.00-	63,000.00-	81	277,000.00-	266,098.28-	10,901.72-	96
431105 Federal Grants - Indirect						10,901.72-	10,901.72	
432100 State Grants	75,000.00-	175,741.67-	100,741.67	234	75,000.00-	75,000.00-		100
432310 Tire Fee NRS 444A.090	418,766.00-	331,900.49-	86,865.51-	79	452,000.00-	513,799.69-	61,799.69	114
* Intergovernmental	833,766.00-	784,642.16-	49,123.84-	94	804,000.00-	865,799.69-	61,799.69	108
460509 Water Quality						378.00	378.00	
460510 IT Overlay	113,400.00-	121,698.00-	8,298.00	107	96,800.00-	96,997.00-	197.00	100
460512 Duplication Service Fees		391.93-	391.93			259.31-	259.31	
460513 Other Healt Service Charges	2,700.00-	2,337.75-	362.25-	87	2,700.00-	3,817.00-	1,117.00	141
460514 Food Service Certification	13,900.00-	17,910.00-	4,010.00	129	9,000.00-	20,390.00-	11,390.00	227
460520 Eng Serv Health	44,000.00-	54,725.00-	10,725.00	124	42,000.00-	33,996.00-	8,004.00-	81
460521 Plan Review - Pools & Spas	2,500.00-	3,600.00-	1,100.00	144	2,500.00-	6,508.00-	4,008.00	260
460523 Plan Review - Food Services	17,000.00-	29,539.00-	12,539.00	174	17,000.00-	19,765.00-	2,765.00	116
460525 Plan Review - Vector	30,000.00-	46,672.00-	16,672.00	156	24,000.00-	31,743.00-	7,743.00	132
460532 Plan Rvw Hotel/Motel		322.00-	322.00			189.00-	189.00	
460533 Quick Start		87.00-	87.00			87.00-	87.00	
460534 Child Care Inspection	8,500.00-	7,707.00-	793.00-	91	8,000.00-	7,225.00-	775.00-	90
460535 Pub Accomod Inspectn	17,300.00-	17,362.00-	62.00	100	16,000.00-	16,166.00-	166.00	101
460570 Education Revenue	1,200.00-	359.00-	841.00-	30	2,400.00-	1,297.00-	1,103.00-	54
* Charges for Services	250,500.00-	302,710.68-	52,210.68	121	220,400.00-	238,817.31-	18,417.31	108
485121 Jury Reimbursements		315.00-	315.00			120.00-	120.00	
485300 Other Misc Govt Rev						2,500.00-	2,500.00	
* Miscellaneous		315.00-	315.00			2,620.00-	2,620.00	
** Revenue	1,760,766.00-	1,811,027.84-	50,261.84	103	1,662,500.00-	1,755,041.85-	92,541.85	106
701110 Base Salaries	3,018,372.82	2,760,547.81	257,825.01	91	2,981,274.44	2,780,630.16	200,644.28	93
701130 Pooled Positions	236,872.77	99,623.74	137,249.03	42	103,247.00	111,517.53	8,270.53-	108
701140 Holiday Work	1,200.00	1,172.34	27.66	98	1,200.00	2,373.32	1,173.32-	198
701200 Incentive Longevity	50,800.00	47,603.84	3,196.16	94	53,100.00	47,430.76	5,669.24	89
701300 Overtime	36,600.00	25,484.07	11,115.93	70	34,000.00	24,199.67	9,800.33	71
701406 Standby Pay						5,427.32	5,427.32-	
701408 Call Back	1,000.00	182.10	817.90	18	3,000.00	535.00	2,465.00	18
701413 Vac Payoff/Sick Pay-Term		24,260.54	24,260.54-			44,554.48	44,554.48-	
701417 Comp Time		10,144.53	10,144.53-			393.81	393.81-	
701500 Merit Awards					92,818.62-		92,818.62-	
* Salaries and Wages	3,344,845.59	2,969,018.97	375,826.62	89	3,083,002.82	3,017,062.05	65,940.77	98
705110 Group Insurance	434,110.13	393,926.24	40,183.89	91	454,634.94	423,827.56	30,807.38	93

**Washoe County Health District
Environmental Health Services
Prd. 1-12, FY13**

Accounts	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
705199 Lab Cost Sav-Benef						1,140.00-	1,140.00	
705210 Retirement	728,879.94	665,939.51	62,940.43	91	709,981.00	668,488.50	41,492.50	94
705230 Medicare April 1986	41,940.99	39,921.96	2,019.03	95	40,395.20	39,255.04	1,140.16	97
705320 Workmens Comp	18,838.38	18,838.44	0.06-	100	18,966.18	18,934.49	31.69	100
705330 Unempty Comp	4,577.10	4,577.10		100	4,480.20	4,480.20		100
* Employee Benefits	1,228,346.54	1,123,203.25	105,143.29	91	1,228,457.52	1,153,845.79	74,611.73	94
710100 Professional Services	325,401.67	7,776.31	317,625.36	2	490,885.57	11,501.00	479,384.57	2
710105 Medical Services	6,548.00	1,567.50	4,980.50	24	6,548.00	5,280.50	1,267.50	81
710110 Contracted/Temp Services	65,000.00	10,293.58	54,706.42	16	55,225.00	12,892.70	42,332.30	23
710200 Service Contract	95,300.00	49,475.66	45,824.34	52	60,300.00	66,487.70	6,187.70-	110
710205 Repairs and Maintenance	4,600.00	2,666.73	1,933.27	58	1,100.00	1,178.69	78.69-	107
710300 Operating Supplies	20,100.00	10,327.60	9,772.40	51	20,100.00	8,214.37	11,885.63	41
710302 Small Tools & Allow	3,685.00	1,398.09	2,286.91	38	1,685.00		1,685.00	
710308 Animal Supplies	2,000.00	1,295.15	704.85	65	2,000.00	1,308.95	691.05	65
710319 Chemical Supplies	231,950.00	232,169.12	219.12-	100	281,950.00	265,704.88	16,245.12	94
710334 Copy Machine Expense	2,250.00	1,584.16	665.84	70	2,250.00	1,950.75	299.25	87
710350 Office Supplies	9,100.00	7,152.53	1,947.47	79	9,500.00	7,762.78	1,737.22	82
710355 Books and Subscriptions	2,400.00	979.00	1,421.00	41	2,400.00	1,434.31	965.69	60
710360 Postage	9,775.00	11,995.11	2,220.11-	123	9,300.00	7,772.35	1,527.65	84
710361 Express and Courier	175.00	26.52	148.48	15	175.00	61.47	113.53	35
710391 Fuel & Lube	100.00		100.00		100.00		100.00	
710500 Other Expense	8,300.00	1,082.02	7,217.98	13	5,800.00	2,304.00	3,496.00	40
710502 Printing	11,525.00	1,924.35	9,600.65	17	4,025.00	2,725.98	1,299.02	68
710503 Licenses & Permits	2,690.00	2,280.00	410.00	85	2,590.00	2,445.00	145.00	94
710506 Dept Insurance Deductible		300.00	300.00-			150.00	150.00-	
710507 Network and Data Lines	2,500.00	1,380.90	1,119.10	55	2,500.00	1,477.62	1,022.38	59
710508 Telephone Land Lines	9,710.00	8,645.56	1,064.44	89	9,375.00	8,885.93	489.07	95
710509 Seminars and Meetings	13,415.00	13,301.10	113.90	99	9,240.00	11,440.00	2,200.00-	124
710512 Auto Expense	100.00	29.69	70.31	30	4,450.00	66.20	4,383.80	1
710514 Regulatory Assessments	11,920.00	11,920.00		100		11,920.00	11,920.00-	
710519 Cellular Phone	6,600.00	4,665.49	1,934.51	71	7,450.00	5,611.68	1,838.32	75
710529 Dues	1,661.00	948.00	713.00	57	1,661.00	1,034.00	627.00	62
710535 Credit Card Fees	4,610.00	4,590.52	19.48	100	3,965.00	3,702.87	262.13	93
710546 Advertising	6,050.00	1,554.00	4,496.00	26	1,050.00	3,594.53	2,544.53-	342
710551 Cash Discounts Lost						50.26	50.26-	
710577 Uniforms & Special Clothing	1,700.00	1,346.79	353.21	79	1,700.00	838.69	861.31	49
710585 Undesignated Budget					78,700.00		78,700.00	
710600 LT Lease-Office Space	41,651.00	40,440.00	1,211.00	97	41,651.00	40,440.00	1,211.00	97
711100 ESD Asset Management	11,856.00	11,712.00	144.00	99	11,232.00	12,246.00	1,014.00-	109
711113 Equip Srv Replace	17,061.11	17,443.18	382.07-	102	29,926.32	29,387.73	538.59	98
711114 Equip Srv O & M	30,573.49	28,806.02	1,767.47	94	40,610.32	33,073.54	7,536.78	81
711115 Equip Srv Motor Pool	16,741.00		16,741.00			17,650.38	17,650.38-	
711117 ESD Fuel Charge	39,776.37	39,243.07	533.30	99	37,533.78	40,227.94	2,694.16-	107
711119 Prop & Liab Billings	23,656.38	23,656.44	0.06-	100	23,247.26	23,247.36	0.10-	100
711210 Travel	81,150.00	11,168.52	69,981.48	14	44,650.00	18,406.84	26,243.16	41
711399 ProCard in Process		59.00	59.00-					

**Washoe County Health District
Environmental Health Services
Prd. 1-12, FY13**

Accounts	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
711504 Equipment nonCapital	62,544.00	50,053.48	12,490.52	80	9,000.00	14,989.80	5,989.80	167
* Services and Supplies	1,184,175.02	615,257.19	568,917.83	52	1,313,875.25	677,466.80	636,408.45	52
781004 Equipment Capital	25,000.00		25,000.00					
* Capital Outlay	25,000.00		25,000.00					
** Expenses	5,782,367.15	4,707,479.41	1,074,887.74	81	5,625,335.59	4,848,374.64	776,960.95	86
485196 Insur Reimb-F/A Loss		150.00-	150.00					
* Other Fin. Sources		150.00-	150.00					
** Other Financing Src/Use		150.00-	150.00					
*** Total	4,021,601.15	2,896,301.57	1,125,299.58	72	3,962,835.59	3,093,332.79	869,502.80	78

**Washoe County Health District
Epidemology Public Health Preparedness
Prd. 1-12, FY13**

Accounts	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
431100 Federal Grants	1,169,055.73-	1,025,325.03-	143,730.70-	88	1,555,754.10-	1,197,638.88-	358,115.22-	77
431105 Federal Grants - Indirect	30,544.00-	69,920.54-	39,376.54	229	38,708.00-	32,589.32-	6,118.68-	84
* Intergovernmental	1,199,599.73-	1,095,245.57-	104,354.16-	91	1,594,462.10-	1,230,228.20-	364,233.90-	77
460511 Birth and Death Certificates	400,000.00-	476,453.00-	76,453.00	119	280,000.00-	439,910.00-	159,910.00	157
* Charges for Services	400,000.00-	476,453.00-	76,453.00	119	280,000.00-	439,910.00-	159,910.00	157
485121 Jury Reimbursements						200.00-	200.00	
* Miscellaneous						200.00-	200.00	
** Revenue	1,599,599.73-	1,571,698.57-	27,901.16-	98	1,874,462.10-	1,670,338.20-	204,123.90-	89
701110 Base Salaries	1,258,074.27	1,110,978.92	147,095.35	88	1,314,062.09	1,092,256.88	221,805.21	83
701120 Part Time	24,152.57	22,386.13	1,766.44	93	24,218.74	21,707.03	2,511.71	90
701130 Pooled Positions	500.00	26,402.99	25,902.99-	5,281	30,500.00	3,975.94	26,524.06	13
701140 Holiday Work		46.38	46.38-					
701200 Incentive Longevity	12,985.00	12,388.48	596.52	95	12,283.00	12,596.70	313.70-	103
701300 Overtime	1,700.00	1,455.38	244.62	86	5,200.00	2,457.49	2,742.51	47
701412 Salary Adjustment	42,507.00		42,507.00		37,241.27		37,241.27	
701413 Vac Payoff/Sick Pay-Term		2,889.96	2,889.96-			18,345.83	18,345.83-	
701417 Comp Time		2,185.99	2,185.99-			5,832.67	5,832.67-	
* Salaries and Wages	1,339,918.84	1,178,734.23	161,184.61	88	1,423,505.10	1,157,172.54	266,332.56	81
705110 Group Insurance	149,029.99	141,595.61	7,434.38	95	163,525.81	151,480.76	12,045.05	93
705199 Lab Cost Sav-Benef						1,140.00-	1,140.00	
705210 Retirement	301,875.17	266,502.95	35,372.22	88	294,545.66	261,012.80	33,532.86	89
705215 Retirement Calculation						5,435.96	5,435.96-	
705230 Medicare April 1986	18,405.47	16,222.27	2,183.20	88	17,970.34	16,159.73	1,810.61	90
705320 Workmens Comp	7,733.98	7,734.12	0.14-	100	6,982.70	6,867.63	115.07	98
705330 Unemploy Comp	1,879.10	1,879.10		100	1,639.00	1,639.00		100
705360 Benefit Adjustment	10,656.00		10,656.00		11,708.00		11,708.00	
* Employee Benefits	489,579.71	433,934.05	55,645.66	89	496,371.51	441,455.88	54,915.63	89
710100 Professional Services	119,514.22	211,159.24	91,645.02-	177	174,997.58	158,979.88	16,017.70	91
710105 Medical Services	100.00	285.00	185.00-	285	100.00	95.00	5.00	95
710108 MD Consultants					12,000.00	13,000.00	1,000.00-	108
710110 Contracted/Temp Services	2,500.00	49,550.39	47,050.39-	1,982	31,585.00	2,457.60	29,127.40	8
710200 Service Contract	1,895.00	2,760.08	865.08-	146	2,195.00	5,295.08	3,100.08-	241
710205 Repairs and Maintenance	1,000.00		1,000.00		1,000.00	412.20	587.80	41
710210 Software Maintenance	12,000.00	9,750.00	2,250.00	81	12,000.00	9,000.00	3,000.00	75
710300 Operating Supplies	16,939.00	29,845.63	12,906.63-	176	35,917.00	23,531.42	12,385.58	66
710325 Signs and Markers						1,336.50	1,336.50-	
710334 Copy Machine Expense	3,169.89	2,379.87	790.02	75	3,399.89	2,321.48	1,078.41	68
710350 Office Supplies	4,850.00	9,425.02	4,575.02-	194	7,200.00	7,078.60	121.40	98
710355 Books and Subscriptions	2,275.00	1,156.99	1,118.01	51	2,860.00	2,162.54	697.46	76
710360 Postage	3,070.00	2,322.72	747.28	76	3,020.00	2,451.68	568.32	81
710361 Express and Courier	10.00	34.81	24.81-	348	10.00	45.20	35.20-	452
710391 Fuel & Lube						53.67	53.67-	
710500 Other Expense	1,871.00	5,554.75	3,683.75-	297	1,841.00	7,150.41	5,309.41-	388
710502 Printing	4,105.00	4,359.75	254.75-	106	4,405.00	2,334.15	2,070.85	53
710503 Licenses & Permits	150.00		150.00		150.00		150.00	
710505 Rental Equipment	1,524.00	1,554.00	30.00-	102	500.00	1,539.00	1,039.00-	308

**Washoe County Health District
Epidemiology Public Health Preparedness
Prd. 1-12, FY13**

Accounts	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
710507 Network and Data Lines	550.00	951.92	401.92-	173	550.00	336.52	213.48	61
710508 Telephone Land Lines	4,950.00	5,496.58	546.58-	111	5,840.00	4,449.19	1,390.81	76
710509 Seminars and Meetings	5,600.00	12,670.00	7,070.00-	226	6,300.00	4,882.00	1,418.00	77
710512 Auto Expense	2,050.00	1,398.86	651.14	68	1,875.00	1,543.69	331.31	82
710519 Cellular Phone	4,980.00	2,872.19	2,107.81	58	3,080.00	2,449.70	630.30	80
710529 Dues	1,280.00	865.00	415.00	68	590.00	1,350.00	760.00-	229
710535 Credit Card Fees	2,000.00	2,059.01	59.01-	103	1,300.00	1,897.66	597.66-	146
710546 Advertising	2,625.00		2,625.00		2,875.00	4,789.50	1,914.50-	167
710551 Cash Discounts Lost						15.12	15.12-	
710585 Undesignated Budget	6,469.00		6,469.00		38,708.00		38,708.00	
710703 Biologicals	3,420.79		3,420.79		3,754.79	284.00	3,470.79	8
710721 Outpatient	2,135.00	2,123.24	11.76	99	2,135.00	1,199.36	935.64	56
710872 Food Purchases	2,400.00	795.90	1,604.10	33	550.00	276.93	273.07	50
711010 Utilities	180.00		180.00		180.00		180.00	
711100 ESD Asset Management	2,304.00	2,304.00		100	2,808.00	1,872.00	936.00	67
711113 Equip Srv Replace	377.95	378.00	0.05-	100	492.72	492.72		100
711114 Equip Srv O & M	654.46	1,117.76	463.30-	171	3,508.44	1,054.18	2,454.26	30
711117 ESD Fuel Charge	78.58	14.56	64.02	19	157.16	96.62	60.54	61
711119 Prop & Liab Billings	9,711.98	9,711.96	0.02	100	8,265.90	8,265.84	0.06	100
711210 Travel	59,398.00	27,750.32	31,647.68	47	46,914.00	17,992.31	28,921.69	38
711504 Equipment nonCapital	10,907.00	76,959.35	66,052.35-	706	19,391.98	47,833.89	28,441.91-	247
* Services and Supplies	297,044.87	477,606.90	180,562.03-	161	442,456.46	340,325.64	102,130.82	77
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	2,126,543.42	2,090,275.18	36,268.24	98	2,540,910.19	2,084,830.21	456,079.98	82
*** Total	526,943.69	518,576.61	8,367.08	98	666,448.09	414,492.01	251,956.08	62

**Washoe County Health District
Undesignated Revenue
Prd. 1-12, FY13**

Accounts	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
					805,650.00-		805,650.00-	
** Revenue					805,650.00-		805,650.00-	
710585 Undesignated Budget					805,650.00		805,650.00	
711400 Overhead - General Fund	2,553,372.00	2,553,372.00		100				
** Expenses	2,553,372.00	2,553,372.00		100	805,650.00		805,650.00	
621001 Transfer From General	8,623,891.00-	8,623,891.00-		100	7,250,850.00-	7,250,850.00-		100
** Other Financing Src/Use	8,623,891.00-	8,623,891.00-		100	7,250,850.00-	7,250,850.00-		100
*** Total	6,070,519.00-	6,070,519.00-		100	7,250,850.00-	7,250,850.00-		100

Washoe County Health District
 Miscellaneous
 Prd. 1-12, FY13

Accounts	2013 Plan	2013 Actuals	Balance	Act%	2012 Plan	2012 Actual	Balance	Act%
710551 Cash Discounts Lost		3.81	3.81-					
*** Total		3.81	3.81-					



Washoe County Health District



Public Health
Prevent. Promote. Protect.

TO: District Board of Health Members

FROM: Kevin Dick
Interim District Health Officer

DATE: July 25, 2013

SUBJECT: Health Board Participation in Public Health Study

Summary:

I was contacted by Adele Solomon who is working on a Masters of Public Health with University of Liverpool. She is a Nevada resident. She is seeking the Washoe County Health District's participation in a study she is doing on public health programs in Nevada. Her proposal is attached below. I am seeking direction from the Board of whether members are willing to participate in the interviews that are explained in the attached study summary which I received from Ms. Solomon.

Recommendation:

I recommend that if Board members are willing to spend the time to be interviewed that the Board agree to participate in the study.

Possible Motion:

Direct the Health Officer to inform Ms. Solon that members of the Health Board are willing to participate in interviews conducted by the study.

A handwritten signature in cursive script, appearing to read "Kevin Dick".

Kevin Dick
Interim District Health Officer

Below is a synopsis of the study I am conducting for the thesis portion of my master's in international public health with the University of Liverpool

Exploring Key Stakeholder Beliefs, Understanding and Practice of the Need and Ability of State and Local Health Departments (S&L HDs) to improve Public Health (PH) Outcomes and Health Department (HD) Sustainability and its relationship to Health Department Accreditation

Research Question: What are the current and emerging beliefs, understanding and practice of key S&LHD stakeholders towards improving PH outcomes and increasing HD sustainability in relation to accreditation?

Aim: To explore and understand the knowledge of current and emerging Nevada S&LHD beliefs, understandings and practices in regards to improving PH outcomes and increasing HD sustainability and its relationship to HD accreditation in order to improve PH outcomes and HD sustainability and acceptance and implementation of HD accreditation.

Objectives: 1) to review national and local literature of S&L HDs strategies and studies demonstrating and exploring PH outcomes and HD sustainability and its relationship to accreditation. 2) To explore through in-depth interviews Nevada S&L HDs beliefs, understandings and practices of strategies to improve PH outcomes and HD sustainability 3) To analyze data using framework analysis 4) to explain to Nevada S&L HDs the current and emerging beliefs, understandings and practices in regards to improving PH outcomes and increasing HD sustainability and its relationship to accreditation in order to improve acceptance and prioritization of accreditation..

Inclusion criteria: The study will include 20 meso policy level key stakeholders from the state and each of the local HDs. (Coyne, 1996) This will include the HD director, Board of Health members and division and programme managers. There will be five participants from each HD. Using meso policy level key stakeholders will assist in revealing how the accreditation and HD strategies are being understood, crafted and implemented at the administrative level. (Wood, 2012)

Data Collection: Twenty in-depth interviews will assist in revealing process and identifying the needs gaps and issues for policy development. (Guion, Diehl & McDonald, 2011) I will recruit two assistants in Northern Nevada to be named this week to improve access and one on one interaction with participants. They will be instructed as to ethics, interview guides and note taking. They will have an awareness of being open-minded, flexible, and observant, allowing the data to come forth. Those unable to be interviewed in person will be interviewed via Skype or phone if there is no Skype access. Interviews will be recorded to facilitate the discussion to improve data immersion and familiarity. The interview guide will be pilot-tested with non participating HD stakeholders and revised as needed to ensure relevancy. (Srivastava & Thomson, 2009)

Adele Solomon



Washoe County Health District



Public Health
Prevent. Promote. Protect.

TO: District Board of Health Members

FROM: Kevin Dick
Interim District Health Officer

DATE: July 25, 2013

SUBJECT: Fundamental Review Update

Summary:

Following the DBOH discussion on the NACCHO conceptual scope of a fundamental review during the June 27th Board meeting, I sent the attached email to David Dyjack at NACCHO. Ms. Stickney and I discussed the items noted with Mr. Dyjack and Miriam Sznycer-Taub of NACCHO via conference call on July 3rd, and we scheduled a meeting to further discuss on July 11th during the NACCHO conference.

I met with Mr. Dyjack and Ms. Sznycer-Taub on the 11th and after discussion of the scope and of concerns about the project expressed by Board members, as well as those of NACCHO and myself, we concluded that it was best to not proceed with NACCHO to conduct the Fundamental Review. Mr. Dyjack offered his and NACCHO's support to us to work with us to identify individuals or organizations qualified to conduct a review of the Health District.

I very much appreciate the time and effort that NACCHO put into working with us on the Fundamental Review proposed scope, the frank discussion that we had, and the continuing assistance they have offered to the Health District with this matter. I am impressed with the caliber of the people at NACCHO and the organization.

At the time of the preparation of the Board package, I do not yet have recommendations for the Board as to people or organizations to approach to discuss conduct of a Fundamental Review. I will present any new information if I have it during the presentation of this item.

Previous Action:

The Washoe County District Board of Health authorized the District Health Officer to initiate a contract of up to \$80,000 for review and analysis of the Health District during the May 23, 2013 meeting. During the June 27, 2013 DBOH meeting, the Board directed the Health Officer to work with NACCHO to further develop the scope of work and ensure that Board concerns were addressed.

Recommendation:

I recommend the Board direct the District Health Officer to identify professional service providers that are qualified to conduct a fundamental review of the Health District and secure a proposal for such services within the budget previously authorized for a Fundamental Review.

Possible Motion:

Move to direct the District Health Officer to identify professional service providers that are qualified to conduct a fundamental review of the Health District and secure a proposal for such services within the budget previously authorized for a Fundamental Review.



Kevin Dick
Interim District Health Officer

From: Dick, Kevin
To: ["David Dyjack"](#)
Cc: [Miriam Szyner-Taub](#); [Jessica Solomon Fisher](#); [Stickney, Eileen](#)
Subject: RE: Comprehensive Review
Date: Wednesday, July 03, 2013 9:12:00 AM

David,

I'm looking forward to our discussion coming right up. I appreciate the quick turnaround you provided on the initial conceptual scope of work for our review. We've had a chance to discuss it with our Board. I'm providing you with a preview of some of the items I'd like to discuss.

- 1) Time for site visit. More than two days would be beneficial to meet Health District personnel and community members.
- 2) Return visit for presentation to the District Board of Health. The Board will want to review the report and then engage in a discussion with a NACCHO representative on the results.
- 3) Hours proposed for the assessment. (It seems a little light based on the budget figure that we discussed.)
- 4) A specific item requested by Board members is to identify:
 - a. What is mandated to the Health District by Nevada Revised Statutes.
 - b. What is required by the Interlocal Agreement that established the Health District.
 - c. What is being done that is beyond mandate requirements.
 - d. What things are the Health District doing that could be done by another entity.
- 5) Will the assessment you propose provide a Structural, Functional, and Financial review?
- 6) A concern expressed by a Board member was a risk that since you are engaged with identifying best management practices for programs that your recommendations will be for how we can make all our programs "ideal" programs. That as a result, the recommendations you provide us may be too "pie in the sky," and not useful recommendations for how we can move forward giving the constraints, particularly budget, that we operate under.

The direction I received was to continue to work with you to develop a proposal for the Board to discuss at their meeting on July 25th.

Thanks, Kevin

Kevin Dick
Interim District Health Officer
Washoe County Health District
1001 E. 9th Street
Reno, NV 89520
P.O. Box 11130
Reno, Nevada 89520-0027
(775) 328-2416
kdick@washoecounty.us
www.washoecounty.us/health

From: David Dyjack [mailto:Ddyjack@naccho.org]
Sent: Tuesday, June 18, 2013 1:02 PM
To: Dick, Kevin
Cc: [Miriam Szyner-Taub](#); [Jessica Solomon Fisher](#)
Subject: Comprehensive Review

Kevin,

Please find attached a preliminary scope of work for the review you, Miriam and I discussed last week, including the governance structure. The proposal is centered on accreditation readiness, which is the forward thinking approach that would be helpful in gauging where your organization stands relative to national standards. We are still working up the financial numbers, and trust your understanding the spirit of our submission is to keep the conversation going.

Please let me know your thoughts.

Best,

Dave

David T. Dyjack, Dr.PH, CIH
Associate Executive Director, Programs
NACCHO
1100 17th Street
Washington, D.C. 20036
Direct Dial: 202.595.1124

NACCHO...Solutions for the Public Health Profession

Save the date for **NACCHO Annual 2013**
Public Health by the Numbers. Our Story. Our Time. Our Future.
July 10 – 12 | Dallas, TX | www.nacchoannual.org

2013 Public Health Preparedness Summit
March 12-15, 2013 | Atlanta, GA | www.phprep.org



Washoe County Health District



Public Health
Prevent. Promote. Protect.

Staff Report

Board Meeting Date: July 25, 2013

DATE: July 11, 2013

TO: District Board of Health

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

FROM: Laurie Griffey, Administrative Assistant I, *LAG*
(775) 328-2698, lgriffey@washoecounty.us

SUBJECT: **Proposed Approval of Out of Class Pay in the Amount of \$132,520.96 (22%) for Mr. Kevin Dick, Interim District Health Officer Retroactive to April 26, 2013 and Until a Permanent District Health Officer is Appointed.**

RECOMMENDATION:

Staff recommends that the District Board of Health approve Out of Class Pay in the amount of \$132,520.96 (22%) for Mr. Kevin Dick, Interim District Health Officer retroactive to April 26, 2013 and until a permanent District Health Officer is appointed. This recommendation provides the same level of Out of Class compensation provided to the Interim District Health Officer appointee in 2010.

SUMMARY

The appointment of an Interim District Health Officer ensures continued leadership for the Washoe County Health District to protect and enhance the physical well being and quality of life for all citizens of Washoe County through providing health information, disease prevention, emergency preparedness, and environmental services.

DBOH Strategic Goal 1: Demonstrate the value and contribution of public health.

DBOH Strategic Goal 2: Strengthen District-wide infrastructure to improve public health.

DBOH Strategic Goal 3: Secure and deploy resources for sustainable impact.

DBOH Strategic Goal 4: Strengthen Washoe County Health District as an innovative, high performing organization.

DBOH Strategic Goal 5: Achieve targeted improvements in health outcomes and health equity.

BACKGROUND

The Washoe County District Board of Health has the ability to determine salary/compensation for the District Health Officer position. Currently, two pay grades are on record with the Washoe County Human Resources Department for the District Health Officer position. The District Health Officer non-medical wage range is \$116,563.20 - \$151,444.80 (\$56.04 - \$72.81 per hour), and the District Health Officer pay grade for a MD is \$128,232.00 - \$166,608 (\$61.65 - \$80.10 per hour).

The Board of Health designates the compensation of the District Health Officer and any Interim District Health Officer. The District Board of Health advises the Washoe County Human Resources Department in writing of their decision concerning compensation for the Interim District Health Officer.

Below is a current wage comparison for Health District Division Directors.

Administrative Health Services Officer	\$108,659.20 (\$52.24 /hr)
AQM Division Director	\$108,659.20 (\$52.24 /hr)
CCHS Division Director	\$ 98,217.60 (\$47.22 /hr)
EHS Division Director	\$ 120,473.60 (\$57.92 /hr)
EPHP Division Director	\$151,132.80 (\$72.66 /hr)

The previous Human Resources Director (Katie Fox- in 2010 at the appointment of the previous Interim District Health Officer) indicated it is a best practice to have a 10% distinction between a division director and a department head. As the Epi Center Director is required to have a Doctorate or medical license, a specific requirement in a job description can result in a difference in compensation. Mr. Jim German from the Washoe County Human Resources Department recently recommended a straight 10%. At the recommended \$119,516.80 (10%) increase two out of the five Division Directors would be above Mr. Dick. At the recommended salary of \$132,520.96 (22%) only one Division Director, whose position requires a doctorate, would be above Mr. Dick. Therefore, to keep in line with the best practices of a 10% distinction between division directors and department head and be consistent with the past practice concerning the Interim District Health Officer appointment Mr. Dick requires an Out of Class wage increase of 22%.

Upon approval by the District Board of Health, a letter will be drafted to the Washoe County Human Recourse Department advising them to issue a specific percentage of Out of Class pay for Mr. Kevin Dick. The Out of Class pay will be for the period of time he fulfills the duties of the District Health Officer. The Out of Class Pay will be retroactive to his appointment date of April 26, 2013. A copy of the correspondence concerning the Out of Class pay will be maintained in Mr. Dick's personnel file for referenced. When a permanent District Health Officer is appointed, a request will be submitted to the Human Resource Department to discontinue the Out of Class pay for the Interim District Health Officer.

PREVIOUS ACTION

At the November 18, 2010 District Board of Health meeting, the Board appointed Mary-Ann Brown, RN as the Interim District Health Officer. Ms. Brown's compensation was set at \$130,436.80 (\$62.71 per hour) which was a 10% increase to her base salary of \$118,580.80 (\$57.01 per hour).

The 10% Out of Class increase put Ms. Brown at the minimum of 10% above the majority of the Division Directors, with the exception of the Epi Center Director whose position requires a doctorate, as recommended by Human Resources.

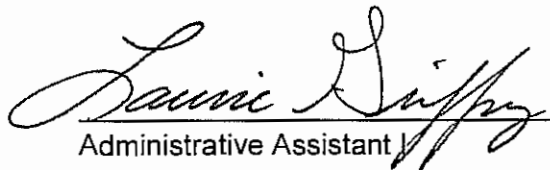
At the April 25, 2013 District Board of Health meeting, the Board accepted Dr. Joseph P. Iser's resignation and appointed Mr. Kevin Dick, effective April 26, 2013.

FISCAL IMPACT:

The Fiscal Year 14 budget was adopted with the District Health Officer's base salary at \$167,065.72 accounted for in 170200-701110 and the proposed Out of Class Pay is \$132,520.96 (22%). Should the District Board of Health approve staff's recommendation, the fiscal impact of the proposed Out of Class Pay for the Interim District Health Officer would be a salary cost saving of \$34,544.76.

POSSIBLE MOTION:

Move to approve an Out of Class Pay in the amount of \$132,520.96 (22%) for Mr. Kevin Dick, Interim District Health Officer retroactive to April 26, 2013, and until a permanent District Health Officer is appointed.


Administrative Assistant I



WASHOE COUNTY HEALTH DISTRICT EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS DIVISION



July 17, 2013

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, July 2013

Communicable Disease - Hand Foot and Mouth Disease (HFMD)

Last year CD staff identified an outbreak of HFMD mostly occurring in area daycare centers. The disease itself is not that uncommon but in this instance many of the cases were unusually severe. Washoe County was among the first public health jurisdictions in the nation to identify a new strain of Coxsackievirus as the causative agent. Coxsackievirus A6 had previously been seen only in other parts of the world.

This summer we are once again seeing outbreaks of HFMD in area daycare centers. Based on the severity of symptoms it is likely that Coxsackievirus A6 is again responsible for at least a portion of the cases. Staff have alerted area physicians and healthcare providers through the EpiNews and have provided fact sheets to daycare centers along with guidelines on hygiene, exclusion criteria and other infection control measures.

Hepatitis A – Multistate Outbreak

One additional case of hepatitis A associated with the contaminated berry mix has been identified. This case illustrates one of the problems associated with contamination of a frozen product. Even though there was significant publicity, some individuals may remain unaware of the issue and proceed to consume product that has been in their freezer for some time.

Public Health Preparedness – Strategic National Stockpile

The Public Health Preparedness Program completed the annual Local Technical Assistance Review audit from the Nevada State Health Division on June 26th. This annual audit is conducted to evaluate the Health District's readiness to receive and distribute medication from the Strategic National Stockpile (SNS) in the event of a public health emergency. The audit process evaluates both state and local health departments to a national standard of SNS readiness. The different evaluation components for which the health district must assure compliance are: **SNS Planning Elements, Management of SNS, Requesting the SNS, Communications Plan, Public Information and Communication, Security, Hospitals and Treatment**

Center Coordination and Training and Exercise. Within these eight components there are sixty -three auditable sub-requirements. In 2012, WCHD scored a 91 out of 100 possible points. While we have not received the final report and score for 2013, there were significant improvements to WCHD's SNS readiness.

Healthcare Preparedness

A tabletop exercise was held for regional Skilled Nursing Facilities that focused on what would happen if they needed to evacuate their facilities for more than a fire drill. This tabletop exercise was the next step in assisting SNFs with their emergency preparedness. The tabletop utilized the Alternate Care Site planning template that Washoe County Health District developed during FY 2011-2012.

The Medical Examiner's office held its kick-off conference for the Northern Nevada Disaster Victim Recovery Team (NNDVRT). This will be a regional team that will have team members from various disciplines, to include, law enforcement, EMS and medical professionals. Close to 60 participants registered to learn more about this team. During FY 2012-2013, PHP staff assisted the Medical Examiner's office with the development of their recovery plan and field operations guide. For FY 2013-2014, we plan to focus on team member development and will have a tabletop exercise to test the new NNDVRT response plan.

Education and Training

The PHP program, in partnership with the University of North Carolina's Center for Public Health Preparedness, is now offering WCHD staff, MRC volunteers and other community response partners free online preparedness trainings on the WCHD website. Topics covered include:

- Incident Command System (ICS) Refresher
- Self-Care for Disaster Responders
- Assisting Persons with Disabilities During an Emergency
- Resiliency in Disasters

The PHP program is now offering a brief 20-minute online ICS Refresher course on the employee Intranet, to fulfill the refresher training requirement every two years following the due date of the employee's other required ICS courses. The due date to complete this refresher requirement for a significant majority of WCHD employees is June 30, 2015. This requirement was adopted by the Department Emergency Management Committee in February 2011.

PHP program staff provided education on Pandemic flu preparedness for small businesses to members of Washoe County Emergency Management's Preparedness Partnership Committee, also known as PREPARE, at their quarterly meeting.

Medical Reserve Corps

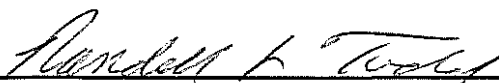
The Medical Reserve Corps program is currently airing a series of recruitment ads for new volunteers on local TV and radio stations throughout the months June and July. The ads appear to have been successful based upon the number of phone calls into the MRC office. There has also been an increase in the number of new applications appearing on the MRC volunteer management system E-Coordinator.

An orientation for new MRC applicants was conducted on July 11th and 14 potential new MRC volunteers attended. The orientation produced a good diverse group of individuals with various skills and backgrounds.

The MRC program is currently under consideration to host a statewide ICS "Training of the Trainer" workshop session which would be conducted October 21st - 25th.

Private Points of Dispensing

The Renown Private Point of Dispensing Memorandum of Understanding has been approved by the Risk/Legal Departments and signed by Kevin Dick. Renown is the fourth organization to partner with the Health District and assist in the distribution of medication in the event of a public health emergency.



Randall L. Todd, DrPH, Epidemiology and Public Health Preparedness Director



Washoe County Health District



Public Health
Prevent. Promote. Protect.

Staff Report

DATE: July 25, 2013

TO: District Board of Health Members

FROM: Steve Kutz, RN, MPH, Division Director
Community and Clinical Health Services
(775) 328-3759 skutz@washoecounty.us

SUBJECT: Community and Clinical Health Services (CCHS) Division Report,
July 2013 District Board of Health Meeting

1. Divisional Updates
2. Program Reports

1. Divisional Update –

- a. Staffing Update – Lisa Lottritz has been promoted to Public Health Nurse Supervisor, effective July 15, 2013. Lisa has worked for the Health District for 18 years in CCHS. She has been the MCH coordinator, and was most recently managing an MCAH grant. Lisa comes to the position with grant and reporting experience, budget development and monitoring, as well as evaluation and compliance of grant deliverables. Lisa also has a significant community involvement, and is currently the Chair of the Home Visitation Network.
- b. The Division Director attended a statewide meeting on integration of primary care, public and behavioral health. The Nevada State Health Division (NSHD) recently had success working with Medicaid for improved reimbursement in Behavioral Health, and is looking to partner with the local health districts in improving Public Health services reimbursements. The timing of this project is important, given the upcoming changes in healthcare related to the Affordable Care Act. He will continue to represent the Health District on this workgroup.
- c. Insight – Electronic Health Record (EHR) Database for CCHS:
 - i. Piloting of the new Supply/Inventory module began on July 1, 2013. The Supply/Inventory module will help with inventory management, potential product recalls and improved cost recovery. Additionally, full implementation of this module will meet a Family Planning Grant deliverable.

- ii. The immunization program began testing the WebIZ/Insight HL7 interface on July 1, 2013, with plans to go live in August, before the back to school rush. Bi-directional data transmission to date has gone well. The switch to Insight for the program will eliminate the need for duplicate entry into two databases, and bring the program in line with other CCHS programs.

d. Data/Metrics -

CCHS Clients Served FY 13 (provisional data) vs. FY 12

	Immunizations	MCAH	Family Planning	Sexual Health	TB	Totals
FY 13	5520	697	3129	2157	261	11764
FY 12	6320	760	3430	2347	311	13168
% +/-	-13%	-8%	-9%	-8%	-16%	-11%

CCHS Client Encounters FY 13 (provisional data) vs. FY 12

	Immunizations	MCAH	Family Planning	Sexual Health	TB	Totals
FY 13	6659	2124	5839	2485	2332	19452
FY 12	7594	2141	6696	2650	2589	21682
% +/-	-12 %	-1%	-13 %	-6 %	-10 %	-10 %

Changes in clients served and encounters can be attributed to a number of factors – fluctuations in community demand, changes in staffing and changes in scope of work/grant deliverables, resulting in a reduction of direct services available.

2. Program Reports - Outcomes and Activities

a. Sexual Health –

- i. Students: Sexual health program staff has had both medical residents and nursing students working with them in July. This helps lay the valuable foundation of public health services, particularly those regarding sexual health, for future healthcare providers.
- ii. Awards: Cory Sobrio, Disease Intervention Specialist, received an award for his work with the Sexual Assault Response team (SART). Cory assists the SART team by providing sexual assault victims with their and their perpetrator’s STD/HIV test results. Jennifer Howell, Program Coordinator, also received the 2013 Silver Dollar Court Humanitarian Award for “outstanding devotion and leadership in an effort to preserve the dignity and rights of all human beings”. The Silver Dollar Court is “a non-political social organization promoting the positive image of the gay, lesbian, bisexual and

transgender community through charitable fundraising to meet the needs of all.”

- iii. Training – Clinic staff recently attended “Motivational Interviewing in the Family Planning Setting”. This training is provided to the program as Technical Assistance from Region IX as a part of the process to merge Family Planning and the Sexual Health program. The next steps will include protocol revision, changes to the check in fee collection process to bring the Sexual Health program into compliance with Title X Guidelines and finally competency assessments.

b. **Immunizations** – Program staff attended the State Immunization Program meeting in late June where subprograms were discussed:

- i. Vaccine management – Health District staff provides technical assistance and monitoring providers’ practice for compliance with safe vaccine handling and administration of publicly supplied vaccines.
- ii. Perinatal Hepatitis B Prevention – ensures prevention of transmission of Hepatitis B from HBsAg mothers.
- iii. Immunization assessment and technical assistance for specific populations, e.g. WIC Clients and children in Child Care, with assistance using reminder/recall notices in the WebIZ registry.
- iv. WebIZ management – HL7 interface development with WCHD was outlined as a pilot project along with discussion of other electronic documentation issues.

Collaboration with the state immunization coalition, Immunize Nevada, is underway for school located vaccination clinics (SLVC) for the upcoming school year. Over 50 schools are expected to participate this fall to ensure high rates of Tdap and Flu vaccinations. Within this effort, Immunize Nevada is working as an administrator to secure contracts with private insurers to bill for immunizations given by Health Districts. This will be the third school year of the SLVC partnership with Immunize Nevada.

c. **Tuberculosis Prevention and Control Program** – Staff is investigating several new suspect cases and managing a large investigation requiring detailed analysis of the contact data. Concerns have arisen about a potential unidentified case of TB in an aggregate setting based on results of testing to date and staff is conducting further investigation. In addition, many waived immigrants are in the process of being evaluated according to Division of Quarantine and Global Migration’s Technical Instructions.

d. **Family Planning/Teen Health Mall** – The program supervisor and Division Director will be attending the National Title X Conference in Seattle at the end of

this month. The conference is required for Title X grantees. The meeting will include updates regarding the Affordable Care Act, Quality Assurance, and the latest research regarding family planning and Sexually Transmitted Infection.

- e. **Chronic Disease Prevention Program** – The Tobacco Prevention Program Coordinator is working on a new grant to be released soon through the Multistate Settlement Agreement (MSA) for local health districts. Contractors wrapped up menu labeling work and data collection for a Chronic Disease Report card. These data will be analyzed and narrative provided to interpret the results for the community within the next few months.

Plans for the annual Obesity Forum September 19, 2013 at the Joe Crowley Student Union conference center are being finalized. Several events are scheduled this year during the third week in September, including a Parent Night at the Truckee Meadows Boys and Girls Club September 17th and a Youth Voices/Art project. The theme of the conference is seen in the logo below:



- f. **Maternal, Child and Adolescent Health (MCAH)** – The Pregnancy Connection program served 143 women in FY 13. This exceeded the grant requirements for this grant which is funded through FY 14. The Pregnancy Connection program had a booth at the Baby Expo on June 30th and received 24 referrals for the program. The home visitation program continues to also serve high risk families. The Public Health Nurses attend NICU rounds weekly for case finding and referrals continue to be received from various community agencies.



Washoe County Health District



Public Health
Prevent. Promote. Protect.

ENVIRONMENTAL HEALTH SERVICES DIVISION

DATE: July 15, 2013
TO: District Board of Health Members
FROM: Robert O. Sack, Division Director, Environmental Health Services (EHS)
SUBJECT: Environmental Health Services Division Report for July 2013

Food Program

- Purchasing is accepting bids for the FDA grant that closes on July 24.
- The new Cottage Food Industry Bill went into effect July 1 (attached). EHS has received several applications and more inquiries. Our Permit Application form has already been updated to include Cottage Food and Farm to Fork.

Vector-Borne Disease Program

- Vector staff presented before an Environmental Health class at Truckee Meadows Community College on July 2. Will discussed Arbovirus surveillance and Jeff rodent diseases. The focus was on prevention through source reduction and incorporating Vector's design standards for infrastructure in reviewing Community Development plans.
- The Vector Program conducted their third helicopter application this year on July 10. Numerous calls were received after the rain event and press release for standing water in the Spanish Springs area. The New Jersey Light Traps, stationary traps placed throughout the Truckee Meadows Community, reflected high numbers of mosquitoes the week of July 8 in Spanish Springs and Damonte Ranch areas prior to our helicopter application. Both of these sites have historically been hotbed areas for West Nile virus (articles attached).
- Conducting a big push for the survey and treatment of catch basins beginning the week of July 15 and continuing into October. Downtown will be first to cover this area of Reno prior to the event season. The Program treats over 8,000 basins throughout the summer and fall. The water flowing down the curb and collecting in these catch basins creates little incubators that each produces hundreds of mosquitoes. One of the two mosquito types that colonize these catch basins transmits the West Nile virus. Clark County currently has recorded 5 confirmed cases of West Nile Virus and 1 associated death this year.
- Our public health interns are involved with small source surveys and treatments, fish planting and placing portable light traps throughout the Truckee Meadows Community. This monitoring, for West Nile virus and other diseases transmitted by mosquitoes, is critical to proper planning for treatment.

Waste Management Program

- Issued Health District's first Waste Tire Management Facility Permit to Ray's Tire Exchange. This is the only permitted facility in Northern Nevada.
- Staff responded to a residential complaint regarding strong odors coming from a residence. Being the first on-site, EHS staff called the Sparks police department to request their assistance. Since staff was unable to get anyone to answer the door it was suspect and they required their authority to determine if there was a dead body inside. The police were able to make contact with the resident who granted staff access. There were many animals and a large accumulation of animal waste in and outside the house. The resident was very cooperative with wanting to clean up the problem but had little money to take care of it. EHS provided financial assistance and direction for the removal of sixty plus cubic yards of waste, debris and animal manure from the Sparks residence (article attached).

EHS 2013 Inspections

	JAN	FEB	MAR	APR	MAY	JUNE	YTD
Child Care	15	9	11	6	15	19	75
Complaints	144	90	149	120	137	78	718
Food	239	404	438	383	378	365	2,207
General	103	62	109	83	217	170	744
Plans – Commercial	9	11	11	19	10	6	66
Plans - Residential	18	15	19	45	36	44	177
Wells	4	13	4	14	0	15	50
WasteMgmt	8	17	8	18	9	16	76
TOTAL	540	621	749	688	802	713	4,113



Robert O. Sack, Division Director
Environmental Health Services Division

Attachments

SENATE BILL NO. 206—SENATORS FORD, KIHUEN, DENIS, JONES,
SMITH; ATKINSON, CEGAVSKE, PARKS, SETTELMAYER,
SPEARMAN AND WOODHOUSE

MARCH 1, 2013

JOINT SPONSORS: ASSEMBLYMEN SPIEGEL, FRIERSON,
HEALEY; BUSTAMANTE ADAMS AND DUNCAN

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions relating to food establishments.
(BDR 40-935)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State: No.

~

EXPLANATION – Matter in *bolded italics* is new; matter between brackets ~~omitted material~~ is material to be omitted.

AN ACT relating to food establishments; revising the definition of
“food establishment” for purposes of provisions
regulating such establishments; and providing other
matters properly relating thereto.

Legislative Counsel’s Digest:

1 Existing law requires a person to obtain a permit to operate a food
2 establishment and to comply with various other requirements in the operation of the
3 food establishment. (NRS 446.870) Existing law defines the term “food
4 establishment” for those purposes and specifically excludes certain entities from the
5 definition, including private homes where the food that is prepared or manufactured
6 in the home is not provided for compensation or other consideration of any kind.
7 (NRS 446.020) This bill adds to the list of entities that are excluded from the
8 definition of “food establishment” a cottage food operation that: (1) manufactures
9 or prepares certain food items for sale; (2) meets certain requirements relating to
10 the preparation, labeling and sale of those food items; and (3) registers with the
11 health authority. This bill also prohibits a local government from adopting any
12 ordinance or other regulation that prohibits a person from preparing food in a
13 cottage food operation within the person’s private home.



* S B 2 0 6 R 1 *

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1 **Section 1.** Chapter 446 of NRS is hereby amended by adding
2 thereto a new section to read as follows:

3 1. *A cottage food operation which manufactures or prepares*
4 *a food item by any manner or means whatever for sale, or which*
5 *offers or displays a food item for sale, is not a “food*
6 *establishment” pursuant to paragraph (h) of subsection 2 of NRS*
7 *446.020 if each such food item is:*

8 (a) *Sold on the private property of the natural person who*
9 *manufactures or prepares the food item or at a location where the*
10 *natural person who manufactures or prepares the food item sells*
11 *the food item directly to a consumer, including, without limitation,*
12 *a farmers’ market licensed pursuant to chapter 244 or 268 of*
13 *NRS, flea market, swap meet, church bazaar, garage sale or craft*
14 *fair, by means of an in-person transaction that does not involve*
15 *selling the food item by telephone or via the Internet;*

16 (b) *Sold to a natural person for his or her consumption and*
17 *not for resale;*

18 (c) *Affixed with a label which complies with the federal*
19 *labeling requirements set forth in 21 U.S.C. § 343(w) and 9 C.F.R.*
20 *Part 317 and 21 C.F.R. Part 101;*

21 (d) *Labeled with “MADE IN A COTTAGE FOOD*
22 *OPERATION THAT IS NOT SUBJECT TO GOVERNMENT*
23 *FOOD SAFETY INSPECTION” printed prominently on the label*
24 *for the food item;*

25 (e) *Prepackaged in a manner that protects the food item from*
26 *contamination during transport, display, sale and acquisition by*
27 *consumers; and*

28 (f) *Prepared and processed in the kitchen of the private home*
29 *of the natural person who manufactures or prepares the food item*
30 *or, if allowed by the health authority, in the kitchen of a fraternal*
31 *or social clubhouse, a school or a religious, charitable or other*
32 *nonprofit organization.*

33 2. *No local zoning board, planning commission or governing*
34 *body of an unincorporated town, incorporated city or county may*
35 *adopt any ordinance or other regulation that prohibits a natural*
36 *person from preparing food in a cottage food operation.*

37 3. *Each natural person who wishes to conduct a cottage food*
38 *operation must, before selling any food item, register the cottage*
39 *food operation with the health authority by submitting such*
40 *information as the health authority deems appropriate, including,*
41 *without limitation:*



1 (a) *The name, address and contact information of the natural*
2 *person conducting the cottage food operation; and*

3 (b) *If the cottage food operation sells food items under a name*
4 *other than the name of the natural person who conducts the*
5 *cottage food operation, the name under which the cottage food*
6 *operation sells food items.*

7 4. *The health authority may charge a fee for the registration*
8 *of a cottage food operation pursuant to subsection 3 in an amount*
9 *not to exceed the actual cost of the health authority to establish*
10 *and maintain a registry of cottage food operations.*

11 5. *The health authority may inspect a cottage food operation*
12 *only to investigate a food item that may be deemed to be*
13 *adulterated pursuant to NRS 585.300 to 585.360, inclusive, or an*
14 *outbreak or suspected outbreak of illness known or suspected to be*
15 *caused by a contaminated food item. The cottage food operation*
16 *shall cooperate with the health authority in any such inspection.*
17 *If, as a result of such inspection, the health authority determines*
18 *that the cottage food operation has produced an adulterated food*
19 *item or was the source of an outbreak of illness caused by a*
20 *contaminated food item, the health authority may charge and*
21 *collect from the cottage food operation a fee in an amount that*
22 *does not exceed the actual cost of the health authority to conduct*
23 *the investigation.*

24 6. *As used in this section:*

25 (a) *“Cottage food operation” means a natural person who*
26 *manufactures or prepares food items in his or her private home or,*
27 *if allowed by the health authority, in the kitchen of a fraternal or*
28 *social clubhouse, a school or a religious, charitable or other*
29 *nonprofit organization, for sale to a natural person for*
30 *consumption and whose gross sales of such food items are not*
31 *more than \$35,000 per calendar year.*

32 (b) *“Food item” means:*

33 (1) *Nuts and nut mixes;*

34 (2) *Candies;*

35 (3) *Jams, jellies and preserves;*

36 (4) *Vinegar and flavored vinegar;*

37 (5) *Dry herbs and seasoning mixes;*

38 (6) *Dried fruits;*

39 (7) *Cereals, trail mixes and granola;*

40 (8) *Popcorn and popcorn balls; or*

41 (9) *Baked goods that:*

42 (I) *Are not potentially hazardous foods;*

43 (II) *Do not contain cream, uncooked egg, custard,*
44 *meringue or cream cheese frosting or garnishes; and*



1 ***(III) Do not require time or temperature controls for***
2 ***food safety.***

3 **Sec. 2.** NRS 446.020 is hereby amended to read as follows:

4 446.020 1. Except as otherwise limited by subsection 2,
5 “food establishment” means any place, structure, premises, vehicle
6 or vessel, or any part thereof, in which any food intended for
7 ultimate human consumption is manufactured or prepared by any
8 manner or means whatever, or in which any food is sold, offered or
9 displayed for sale or served.

10 2. The term does not include:

11 (a) Private homes, unless the food prepared or manufactured in
12 the home is sold, or offered or displayed for sale or for
13 compensation or contractual consideration of any kind;

14 (b) Fraternal or social clubhouses at which attendance is limited
15 to members of the club;

16 (c) Vehicles operated by common carriers engaged in interstate
17 commerce;

18 (d) Any establishment in which religious, charitable and other
19 nonprofit organizations sell food occasionally to raise money or in
20 which charitable organizations receive salvaged food in bulk
21 quantities for free distribution, unless the establishment is open on a
22 regular basis to sell food to members of the general public;

23 (e) Any establishment where animals are slaughtered which is
24 regulated and inspected by the State Department of Agriculture;

25 (f) Dairy farms and plants which process milk and products of
26 milk or frozen desserts which are regulated under chapter 584 of
27 NRS; ~~for~~

28 (g) The premises of a wholesale dealer of alcoholic beverages
29 licensed under chapter 369 of NRS who handles only alcoholic
30 beverages which are in sealed containers ~~†~~; or

31 ***(h) A cottage food operation that meets the requirements of***
32 ***section 1 of this act with respect to food items as defined in that***
33 ***section.***

34 **Sec. 3.** This act becomes effective on July 1, 2013.





Weather Pattern Ideal For Mosquito Populations



RENO, NV - At Washoe County Vector Control, recently-captured mosquitoes are sorted by species and gender.

Not all mosquitoes carry West Nile Virus, this process allows them to locate those that do, and their ratio to other mosquitoes.

"The samples that we have had tested at the animal disease lab, the state AG lab so far they are all negative for viruses including the West Nile Virus," says Jim Schafer, Vector Control Program Coordinator.

The wet weather, followed by near record hot temperatures later in the week here are a recipe for increasing our odds of a positive West Nile Mosquito pool.

Schafer says because of budget cuts to mosquito abatement programs, they are asking for residents to take an even more active role in eradicating breeding grounds for mosquitoes.

That means taking a look in your backyard, is there a bucket, a wheel barrel, an old tire in or around your house?

Look to see if its collecting water, and turn it upside down to drain.

If you have a pond in your backyard, vector control can help you stock it with mosquito-eating fish.

In the weeks to come if you notice mosquito swarms getting worse in your neighborhood, contact vector control.

They may have to treat catch basins in the area which are known to harbor mosquitoes and their eggs.

Find this article at:

<http://www.kolotv.com/home/headlines/Weather-Pattern-Ideal-For-Mosquito-Populations-213041521.html>

Check the box to include the list of links referenced in the article.

Copyright © 2002-2010 - Gray Television Group, Inc.

Health Department treats Sparks areas for mosquito abatement

by [Tribune Staff](#)

19 hours ago | 131 views | 0 | 6 | |



Vector-Borne Disease Specialists Jeff Jeppson, left, and Will Lumpkin dump pesticides into a dispensing hopper aboard a helicopter in south Reno Wednesday morning to help suppress the mosquito population in the Truckee Meadows wetlands.



Washoe County Health Department dropped pesticide pellets via helicopter Wednesday morning.

The Washoe County Health District treated Sparks wetlands, starting bright and early Wednesday morning.

With the local mosquito population growing, the Washoe County Health Department dropped pesticide pellets via helicopter, killing mosquito larvae, preventing them from maturing and flying.

Treatment started in the South Meadows area and continued throughout the rest of Wednesday morning as prevention crews moved north to Sparks. The Sparks areas treated included Kiley Ranch and Wingfield Springs. The deposit of the pesticide pellets will prevent mosquitos from spreading diseases such as West Nile Virus and encephalitis.

"We survey these wetlands and ponds all year round," said Phil Ulibarri, the Washoe County Health Department's public information officer. "There is more stagnant water in the area than people realize. This year, we have treated these areas three times and intend to treat two more times in the upcoming months."

As the summer heat continues to rises, the threat of mosquitoes also increase. Clark County

already experienced its first West Nile Virus case.

To prevent mosquito bites and keep the insects from entering homes and work spaces, Ulibarri encourages everyone to wear long sleeves and cover holes in doors and windows. If there is any standing water in the near vicinity, including unused and not working swimming pools and hot tubs, remove as soon as possible. Mosquitos can also breed in dark, closed containers such as trash cans. Keep trash cans closed securely and monitor their use and location.

If there is a stagnant pool or water vessel near your house and you wish to have it removed, call the

Washoe County Vector Control at 785-4599.

The Washoe County Health District monitors and controls the Sparks area's stagnant water and the spread of the West Nile Virus using various methods, including carbon dioxide traps and a sentinel flock chicken, in which they sample the bird's blood for any anomalies.

For questions or information about the pesticide treatment, call the Washoe County Health Department at 328-2400.

Health district to conduct aerial pesticide application in Truckee Meadows

Jul. 9, 2013 | 1 Comments

Recommend

Sign Up to see what your friends recommend.

Recommend



Tweet 0



A A



Purchase Image

A helicopter spreads mosquito abatement pellets along a pasture north of Rosewood Lakes Golf Course in 2007. / Marilyn Newton / RGJ file

Written by Emerson Marcus, emarcus@rgj.com

FILED UNDER

Local News

An aerial pesticide application targeting mosquitos will begin Wednesday morning for areas around the Truckee Meadows, the Washoe County Health District announced today.

The application will begin at 6 a.m. Wednesday with helicopter applications continuing throughout the morning.

Areas include: Stead, Kiley Ranch, Wingfield Springs, Rosewood Lakes wetlands, South Meadows, Bella Vista and Damonte Ranch. Overall, the application will cover 800 to 900 acres.

The application will target immature mosquitoes in pastures, playas and wetlands to prevent the emergence of adult mosquitoes and their transmission of diseases such as West Nile virus, a Washoe County Health District press release said. It will consist of Altosid pellets, a biological product applied to mosquito larvae in standing water and prevents their maturation, the release said.

The application has no effect on humans, health district spokesman Phill Ulibarri said.

ADVERTISEMENT

Most Popular Most Commented

More Headlines

- 1 [RGJ Exclusive: Mentally ill man who bought gun from Reno cop was prohibited from having a gun](#)
- 2 [Triple-A All-Star week: McQueen grad adds hometown pride at home run derby](#)
- 3 [Tutto Ferro looks to Reno, region for inspiration for Virginia Street Bridge public art](#)
- 4 [Celebrity golf: No Jordan, no Romo, no problem as ACC tees off at Edgewood Tahoe](#)

Most Viewed



Third Mosquito Abatement Spray Wednesday

Posted: Jul 09, 2013 10:57 AM PDT

Updated: Jul 10, 2013 11:51 AM PDT

The Washoe County Health District is doing its third seasonal aerial mosquito abatement application on Wednesday morning.

The applications will start at 6am and will continue throughout the morning in Stead, Kiley Ranch, Wingfield Springs, Rosewood Lake wetlands, South Meadows, Bella Vista and Damonte Ranch.

The aerial application will be conducted by helicopter under the direction of the Washoe County Health District (WCHD) Vector Borne Disease Program. Using an insect growth regulator, the application will prevent the emergence of biting adult mosquitoes. The application will cover 800-900 acres, and will consist of Altosid pellets, a biological product applied to mosquito larvae.

Area residents are reminded to take the following precautions during summer months to prevent an increase in the mosquito population in and around their homes:

- Clear the yard area of any free-standing water that may become a mosquito breeding-ground
- Wear long sleeves and long pants in mosquito prone areas
- Use mosquito repellent and follow label precautions
- Repair any window screens that provide entry for mosquitoes
- Vaccinate horses for Western Equine Encephalitis (WEE)
- Vaccinate horses for West Nile Virus (WNV)
- Report night-time mosquito activity to the District Health Department at 328-2434

For more information, please visit the WCHD web site at www.washoecounty.us/health or the Centers for Disease Control and Prevention at www.CDC.gov.



Hot and Humid Weather Create Mosquito Concerns

Posted: Jul 05, 2013 4:04 PM PDT

Updated: Jul 11, 2013 12:28 PM PDT

All this hot, humid weather we've been having in Northern Nevada is bringing out those blood sucking pests, also known as mosquitoes.

I spoke to a member of Washoe County's Vector-Born Diseases Program, Jim Shaffer, about the diseases they can carry for this weekend's Face the State.

As the atmosphere heats up and thunderstorms head our way, it gets muggy and that humidity brings out the mosquitoes. They can populate by the tens of thousands in just a couple of weeks, especially if there is flooding.

"The last event we had, we had water standing in Spanish Springs, said Shaffer. "Actually, a week later, we detected mosquito wigglers and larvae in the water. With the humidity, mosquitoes are obviously attracted to humidity.

There's 35 mosquitoes species in Nevada and about nine of those transmit diseases, like West Nile Virus.

Shaffer said the West Nile Virus entered the United States in 1999. Ever since then, health officials have been concerned. In fact, just this week, he said they found a positive mosquito pool in Las Vegas. "It really kicks our program in gear. Not only do we go ahead and do our larvae sighting, which is to control the wigglers or mosquito larvae in the water, but we also go ahead and control adult mosquitoes through fogging products. We take this very seriously.

He said that positive pool means there are probably others.

Shaffer said the areas most prone for mosquito activity are Damonte Ranch and Spanish Springs.

It's important to note, there has been no positive test for West Nile in Washoe County.

If you are having problems with mosquitoes in your area, you can report it to the Washoe County Health District and get help for free through the Vector-Borne Diseases Prevention Program. Just call, 775-785-4599.

To watch the entire interview, tune into my weekend show Face the State. The show airs tomorrow at 4:30am and 3:30pm. Also, Sunday at 6:30am and 3:30pm.

Written by Chris Ciarlo



Accused Animal Hoarder Arrested For Cruelty

Posted: Jun 12, 2013 1:46 PM PDT

Updated: Jun 19, 2013 1:16 PM PDT

Washoe County Sheriffs arrested a Sparks man after they found 76 animals, both dead and alive, in his home on Merchant Street.

Ronnie Bandoni was arrested and is being held at the Washoe County Jail on several counts of animal cruelty.

Deputies say Bandoni had dozens of dead animals in his home including more than 50 dead rabbits, two dead cats, four dead guinea pigs and a dead duck.

He also had more than 40 living rabbits, nine cats and six dogs all in various stages of health.

They say they found animals feces and "animal parts" everywhere inside the house.

The living animals will go to the animal shelter where a veterinarian will check them, and then they will be adopted out.

The health department will now contact some cleaning companies to look at the house and assess how to clean it.

Washoe County Sheriff's Office For Immediate Release



PR #: 1300064
Date Issued: Jun 13, 2013 - 1:49pm

Suspect Arrested on Animal Cruelty Charges in Sparks

CASE #: ID# 174213
WHEN: June 12, 2013 at 0945
WHERE: 1800 Block of Merchant Street
SUSPECTS: Ronnie Bandoni
CONTACT: Barry Brode
Director, Regional Animal Services
Office: (775) 328-2142
Cell: (775) 530-2774

On June 12th, 2013 at approximately 0925 hours, Washoe County Sheriff's Office Deputies and Washoe County Regional Animal Services Officers were dispatched to an address on Merchant Street in Sparks, Nevada on a report of animal cruelty.

Upon arrival, Deputies and RAS Officers found several animals, both live and deceased throughout the property.

After further investigation, Deputies and RAS Officers determined that there were 51 deceased rabbits, 2 deceased cats, 4 deceased guinea pigs and a deceased duck. They also found and have taken possession of several live animals; 43 rabbits, 9 cats and 6 dogs, all in various stages of health.

The suspect, Mr. Ronnie Bandoni, has been arrested on four felony charges for Animal Cruelty, a violation of NRS 574.195, and is currently being held at the Washoe County Detention Facility.

All the animals were taken to Regional Animal Services, where they were evaluated by the staff veterinarian and provided treatment. Regional Animal Services has prepared special accommodations to house the animals. "Many of these animals were found in very poor condition. We are committed to making sure that each one of these animals get the treatment and care they need." said Regional Animal Services Director Barry Brode. "They are eating and drinking which is a good sign. All of these animals have been carefully evaluated and are under the watchful eyes of our dedicated staff."

The Washoe County Sheriff's Office celebrated 150 years of proud service and community partnership in 2011. Sheriff Michael Haley is the 25th person elected to serve as the Sheriff of Washoe County. His office continues to be the only full service public safety agency operating within northern Nevada and is responsible for operating the consolidated detention facility, regional crime lab, Northern Nevada Counter Terrorism Center, Internet Crimes against Children Task Force, court security, service of civil process, traditional street patrols and Regional Animal Services.

###



Attached audio files...

[Download this audio file](#) - (Animal Cruelty Case - June 2013 - 856 KB mp3)



Director's Report

JUNE 2013

Ozone is the summertime pollutant of concern in the Truckee Meadows. Ozone is found in two regions of the Earth's atmosphere - at ground level and in the upper regions of the atmosphere. While upper atmospheric ozone protects the Earth from the sun's harmful rays, ground-level ozone is harmful and is the main component of smog.

Ground-level ozone is not emitted directly into the air, but is created by chemical reactions between oxides of nitrogen (NOx) and volatile organic compounds (VOC) in the presence of sunlight. Emissions from industrial facilities and electric utilities, motor vehicle exhaust, gasoline vapors and chemical solvents are some of the major sources of NOx and VOC. In the Truckee Meadows, motor vehicles are the largest manmade source of ozone precursors. Ozone may reach unhealthy levels on hot sunny days in urban environments. Ozone can also be transported long distances by wind. For this reason, even rural areas can experience high ozone levels.

When ground level ozone is at unhealthy levels, your chances of being affected increase the longer you are active outdoors and the more strenuous your activity. Since exercise is good for health, it's important to stay active and know when to make changes. When ozone levels are elevated, protect your health by:

- Reducing the time you are active outdoors.
- Scheduling the activity for the morning or evening when ozone levels are usually lower.
- Substituting a less intense activity. For example, go for a walk instead of a jog. For each person, intensity depends on physical fitness, but typically less intense activities include things like walking, climbing stairs and simple garden work. More intense activities include playing basketball or soccer, chopping wood, heavy manual labor, and vigorous running, cycling or hiking.

AIR QUALITY COMPARISON FOR JUNE

Air Quality Index Range		# OF DAYS JUNE 2013	# OF DAYS JUNE 2012
GOOD	0 to 50	26	17
MODERATE	51 to 100	4	12
UNHEALTHY FOR SENSITIVE GROUPS	101 to 150	0	1
UNHEALTHY	151 to 200	0	0
VERY UNHEALTHY	201 to 300	0	0
TOTAL		30	30

Here are some solutions that can help reduce ozone levels, improve your health, and save money as well.

- Conserve electricity and set your air conditioner at a higher temperature.
- Give your car a rest - share a ride to work or take public transportation. Bicycle or walk to errands when possible.
- Refuel your car after dusk.
- Combine errands and reduce trips.
- Limit engine idling, especially near schools.
- Keep your car tuned and make sure your tires are properly inflated.
- Take your lunch to work and avoid an extra car trip.

You can find more helpful tips under the new Keep it Clean, nOzone campaign at www.ourcleanair.com. Together, we can Keep it Clean!

Dan Inouye, Acting Division Director

HIGHEST AQI NUMBER BY POLLUTANT

Air Quality

POLLUTANT	JUNE 2013	YTD for 2013	JUNE 2012	Highest for 2012
CARBON MONOXIDE (CO)	9	24	12	29
OZONE 8 hour (O3)	67	71	101	104
PARTICULATES (PM _{2.5})	45	112	36	105
PARTICULATES (PM ₁₀)	34	82	34	74

For the month of June 2013, the highest Air Quality Index (AQI) value reported was sixty-seven (67) for Ozone. There were no exceedances of Ozone, Carbon Monoxide, PM_{2.5} or PM₁₀. There were twenty-six (26) days the air quality was in the good range, and four (4) days the air quality was in the moderate range.

Planning & Monitoring Activity

The Annual Network Plan (ANP) demonstrates to EPA that the monitoring program meets the federal requirements specified in 40 CFR 58.10. It was available for public inspection at the AQMD website from June 1 through June 30 and submitted to EPA by the statutory July 1 deadline. This year's plan includes a network description and contact information for the Reno Sparks Indian Colony (RSIC) and Pyramid Lake Paiute Tribe (PLPT) monitoring programs. Including the RSIC and PLPT programs provides a comprehensive picture of ambient air monitoring within the entire county. The 2013 ANP can be viewed at www.ourcleanair.com.

*Dan Inouye, Branch Chief
Planning and Monitoring*

Permitting Activity

TYPE OF PERMIT	2013		2012	
	JUNE	YTD	JUNE	ANNUAL TOTAL
Renewal of Existing Air Permits	151	753	148	1339
New Authorities to Construct	3	44	4	88
Dust Control Permits	17 (182 acres)	63 (627 acres)	14 (358 acres)	105 (1420 acres)

Wood Stove Certificates	42	160	34	329
WS Dealers Affidavit of Sale	3 (1 replacements)	44 (28 replacements)	2 (1 replacements)	134 (83 replacements)
WS Notice of Exemptions	765 (8 stoves removed)	3760 (40 stoves removed)	805 (13 stoves removed)	7346 (83 stoves removed)

<i>Combined Total for both: Asbestos Assessments and Asbestos Demo and Removal (NESHAP)</i>	79	547	82	1148
Asbestos Assessments	62	428	-	-
Asbestos Demo and Removal (NESHAP)	17	119	-	-

Compliance &
Inspection Activity

Staff reviewed twenty-two (22) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

Staff conducted sixty-nine (69) stationary source renewal inspections and fifty-one (51) gas station inspections in June 2013. Staff also conducted inspections on asbestos removal and construction/dust projects.

On June 24th the draft PSD/Title V Permit and Air Quality Impact Analysis for the Sparks Energy Park, proposed by Unique Infrastructure Group, was made available for public comment. The Notice of Proposed Action will be posted in the Reno Gazette Journal again on July 3rd and 19th. No requests for a public hearing were received by the July 8th deadline so an additional hearing will not be scheduled. The public comment period will close on July 23rd with the EPA comments due by August 7th. The draft permit originally went out to public notice on June 1, 2012, and received comments from EPA that were significant enough to require additional analysis and another public notice period. During preliminary discussions with EPA Region IX prior to this public notice period, EPA has indicated they do not expect to submit any detrimental comments on the draft permit.

In order to re-establish the lines of communication between Air Quality and the Associated General Contractors (AGC) following a year of management transition, I contacted Dee Stueve, Safety Coordinator, and scheduled a meeting on June 6th. We had an excellent meeting discussing everything from work practice standards to fees to potential joint training opportunities. I committed to attending the Contractor Interagency Task Force meetings which includes representative from AGC, Washoe County & Sparks Building Departments, Washoe County Sherriff's Office, Reno Police Department, Washoe County District Attorney, State Contractor's Board, and the Department of Motor Vehicles.

The Enforcement Section received a retirement notice on June 3rd from Mr. Jerry Gaige, Air Quality Specialist II, effective July 31st. Mr. Gaige has been with the Air Quality Management Division for 12 years, initially working in the Monitoring Section before transferring to Enforcement. Recruitment for an Air Quality Specialist I/II will be open until July 18th. We are hoping to have a new person on staff before the end of August to help with the increased work load during the height of the construction season.

*Charlene Albee, Branch Chief
Permitting & Enforcement*

Enforcement Activity

COMPLAINTS	2013*		2012		
	JUNE	YTD	JUNE	YTD	Annual Total
Asbestos	2	11	2	9	18
Burning	0	3	0	3	8
Construction Dust	1	9	7	17	30
Dust Control Permit	0	6	0	4	7
General Dust	2	25	5	19	46
Diesel Idling	0	1	0	1	8
Odor	1	9	1	2	16
Spray Painting	1	6	0	1	5
Permit to Operate	2	11	5	21	55
Woodstove	0	8	4	13	16
TOTAL	9	89	24	90	209
NOV'S	JUNE	YTD	JUNE	YTD	Annual Total
Warnings	2	13	3	27	46
Citations	3	15	2	18	40
TOTAL	5	28	5	45	86

* 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 June, 2013. There were two (2) NOV Warnings and three (3) NOV Citations.



Washoe County Health District



Public Health
Prevent. Promote. Protect.

TO: District Board of Health Members

FROM: Kevin Dick
Interim District Health Officer

DATE: July 25, 2013

SUBJECT: July 2013 Interim District Health Officer Report

REMSA / EMS

I continue to participate in the EMS working group to proceed with negotiations on changes to the REMSA franchise agreement over a 120-day period which commenced on June 10, 2013. Work has commenced to draft language to incorporate in the franchise agreement to include recommendations from the TriData report where agreement has been achieved. I convened a work group meeting to discuss Operational Aspects and Oversight of EMS which was held on June 25th, 2013. Workgroup and subgroup meetings continue to address data, medical direction and operational aspects of EMS, emergency medical dispatch, and oversight. The EMS workgroup met on July 12th, and the next meeting is scheduled for July 26th. In addition, the REMSA Board held an extended retreat meeting to discuss the negotiations and the TriData recommendations on which agreement has not been reached. I attended this meeting which was held on July 23rd. Additional information is contained in the EMS/REMSA DBOH Agenda item.

Fundamental Review

Ms. Stickney and I further discussed the fundamental review project with NACCHO representatives on a July 3rd conference call, and I met with NACCHO representatives on July 11th. Information is contained in the Fundamental Review Agenda item for the July 25th DBOH meeting.

Nevada State Board of Health

I attended the Nevada State Board of Health meeting which was held in Carson City and Las Vegas on July 28th. I provided a written report and a verbal update to the Board on Washoe County Health District activities. The Board Chairman, Dr. Works, expressed the Board's support for me and the Health District.

NACCHO Conference

I attended the National Association of City and County Health Officials (NACCHO) Annual Conference which was held on July 10-12 in Dallas, TX. I benefited tremendously from

being able to attend the conference and participate in workshops and sessions such as: Financial Management in Public Health, Federal Funding Initiatives, Using Decision Analysis Software in Budgeting, Using Health Data to Drive Health Improvements, Using Healthy People 2020 to Enhance your Health Department and Improve the Public's Health, and CDC's SocialMediaWorks: Your Tool for Using Social Media Strategically.

Health District Fees

The Health District intended to provide a presentation and participate in discussion at the City of Reno Building Enterprise Funds Advisory Committee (BEFAC) meeting for development, business fee, and process review on July 16th. The City of Reno rescheduled this presentation to November 19th.

Staffing

Two positions, a Public Health Nurse Supervisor and Disease Intervention Specialist, were filled through internal promotions in CCHS. A recruitment is in progress for an Air Quality Specialist in AQM.

Permit Software Project

I continue to participate in the Leadership Team for the regional business licensing and permitting software project. Accela Automation has been selected as the top ranking vendor following the RFP process and we are currently working on negotiating pricing, cost allocations across the participating jurisdictions, and potential funding mechanisms.

Cross Divisional Initiatives

ART / Quality Improvement / Process Improvement – The Accreditation Readiness Team (ART) has been working on development of a Quality Improvement / Process Improvement initiative for the Health District. We discussed this initiative Margot Jordan (who is leading the ART) at the Division Directors meeting on June 24th and at the meeting with Division Directors and Supervisors on July 8. Veronica Frenkel, the County's Organizational Development Manager, has agreed to assist the launch of the Districts initiative by providing a series of trainings and discussions with the management team.

Branding / Style Guide – The Division Directors are working with me to compile business cards, letterhead, etc. used across the Divisions and Programs of the Health District, to agree upon common layout, logos, etc. This will result in a style guide for the Health District to present a common branding and design in our correspondence, publications, and business activities.

Outreach and Marketing - I'm working with the Division Directors and Mr. Ulibarri to have staff engage with the PIO early in their plans for marketing, outreach, advertising, and publication development so that he is aware of and can coordinate these activities, identify appropriate opportunities for media engagement, assure consistency of branding, and leverage media buy dollars.

Other Events and Activities

A Health District General Staff meeting was held on July 2nd.

A regularly scheduled meeting with Division Directors and Supervisors was held on July 8th and a regularly scheduled meeting with Division Directors was held on July 22nd.

I conducted an interview on July 17th regarding ozone air pollution for the Channel 2 Face the State program which aired the weekend of July 20-21.

I met with the Director of the Nevada State Public Health Lab (UNR) on July 18th.

I met with the UNR School of Public Health Sciences Director on July 24th.

I continue to serve as President of HomeFree Nevada/EnergyFit Nevada, the not-for-profit, Home Performance with Energy Star Provider for the State of Nevada.

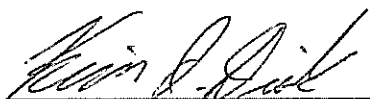
Health District Media Contacts and Outreach

Health District Media Contacts: June 19 - July 17, 2013

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
7/17/2013	KTVN-CH 2 CBS - Reno	Chris Ciarlo	Ozone – Dick
7/10/2013	Reno Gazette - Journal	Emerson Marcus	Mosquito Abatement - Ulibarri
7/10/2013	Sparks Tribune	Andrea Tyrell	Mosquito Abatement - Ulibarri
7/10/2013	Sparks Tribune	Garret Valenzuela	Mosquito Abatement - Shaffer/Ulibarri
7/9/2013	Sparks Tribune	Andrea Tyrell	Mosquito Abatement - Ulibarri
7/9/2013	KTVN-CH 2 CBS - Reno	Jeff Foss	Fires and Smoke Air Quality - Inouye
7/5/2013	KRNV-CH 4 NBC - Reno	Samantha Boatman	Fires and Smoke Air Quality - Inouye
7/3/2013	KTVN-CH 2 CBS - Reno	Chris Ciarlo	Mosquito Abatement and Vector - Shaffer
7/2/2013	KUNR FM Radio - NPR Reno	Michelle Bliss	Fires and Smoke Air Quality - Inouye
7/2/1013	Reno Gazette - Journal	Steve Timko	Fires and Smoke Air Quality - Inouye
7/2/2013	KOH AM Radio ABC-Reno	Jim Fannon	Fires and Smoke Air Quality - Inouye
6/28/2013	Edible Reno-Tahoe	Ann Lindemann	K-8 Wellness - Seals
6/27/2013	UNIVISION	Laura Calzada	Needle Exchange Bill - Ulibarri
6/27/2013	KOLO-CH8 ABC - Reno	Kendra Kostelecky	Heat Stroke Prevention - Ulibarri
6/27/2013	KOLO-CH8 ABC - Reno	Rebecca Kitchen	Heat Stroke Prevention - Ulibarri
6/27/2013	KOH AM Radio ABC-Reno	Jim Fannon	Pertussis and Immunizations - Mertz
6/26/2013	KTVN-CH 2 CBS - Reno	Chris Ciarlo	Obesity - Seals
6/26/2013	UNIVISION	Yeraldin Deavila	HIV - Hardie/Ulibarri
6/19/2013	KTVN-CH 2 CBS - Reno	John Potter	Obesity - Seals/Ulibarri

Press Releases/Media Advisories/Editorials

7/9/2013	Media Distribution List	PIO Ulibarri	Mosquito Abatement Advisory - July Application
6/28/2013	Media Distribution List	PIO Ulibarri	Health District Identifies Third Case of Hep A
6/21/2013	Media Distribution List	PIO Ulibarri	Mosquito Control Tips



Kevin Dick
Interim District Health Officer