

# 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.washoecounty.us/health

### *MEETING NOTICE AND AGENDA*

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

Date and Time of Meeting: Thursday, August 22, 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
<b>Public Comment</b>	*3.	Public Comment (limited to three (3) minutes per person)	Mr. Smith
	4.	Approval/Deletions to Agenda for the August 22, 2013 Meeting	Mr. Smith
	5.	Approval/Additions/Deletions to the <b>Minutes</b> of the <b>June 27, 2013 and July 25, 2013 Regular Meetings</b>	Mr. Smith
	*6.	Recognitions A. Introduction of new employee(s) – None. B. Years of Service – None. C. Retirements – 1. Stacey Akurosawa – EPHP – 16 years D. Recognitions – 1. Certificate of Senatorial Recognition and plaque presented to the Washoe County Health District in recognition of sponsoring the Keep Truckee Meadows Beautiful “Beautiful Business Program”	Mr. Smith and Mr. Dick

Time	Agenda Item No.	Agenda Item	Presenter
	7.	Proclamations – Healthy Living Week – September 15 – 21, 2013	Mr. Smith and Mr. Dick
	8.	<p><b><u>Consent Agenda: Matters which the District Board of Health may consider in one motion. Any exceptions to the Consent Agenda must be stated prior to approval.</u></b></p> <p><b>A. <u>Air Quality Management Cases:</u></b></p> <ol style="list-style-type: none"> <li>1. Recommendation to Uphold Unappealed Citations to the Air Pollution Control Hearing Board: None.</li> <li>2. Recommendation of Cases Appealed to the Air Pollution Control Hearing Board. None.</li> <li>3. Recommendation for Variance: None.</li> </ol> <p><b>B. <u>Sewage, Wastewater &amp; Sanitation Cases:</u></b> Recommendation to Approve Variance Case(s) Presented to the Sewage, Wastewater &amp; Sanitation Hearing Board.</p> <p>Variance Case No. 1-13S Mr. Richard Cook 4890 Turning Leaf Way Reno, NV 89519</p> <p><b>C. <u>Budget Amendments / Interlocal Agreements:</u></b></p> <ol style="list-style-type: none"> <li>1. Approval of Notice of Grant Award dated June 21, 2013 from the Department of Health and Human Services Public Health Service for the period June 30, 2013 to June 29, 2014 in the amount of \$799,838 in support of the Family Planning Program; Approval of amendments totaling an increase of \$14,838 in both revenue and expense to the FY 14 Title X Family Planning Federal Grant Program (IO 10025).</li> </ol>	<p>Ms. Albee</p> <p>Mr. Boland</p> <p>Ms. Buxton</p>
	9.	<b><u>Air Pollution Control Hearing Board Cases appealed to the District Board of Health.</u></b> None.	Ms. Albee
	10.	<p><b><u>Regional Emergency Medical Services Authority:</u></b></p> <p>A. Review and Acceptance of the Operations and Financial Reports for July, 2013; and</p> <p>*B. Update of REMSA’s Community Activities Since July, 2013</p>	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

<b>Time</b>	<b>Agenda Item No.</b>	<b>Agenda Item</b>	<b>Presenter</b>
	12.	<b><u>PUBLIC HEARING:</u></b> Proposed Approval and Adoption of Amendments to the Washoe County District Board of Health Regulations Governing Air Quality Management, Section 040.051, Woodstove / Fireplace Insert Emissions, and Section 040.052, Outdoor Wood-Fired Boilers	Ms. Albee
	13.	Presentation and Possible Acceptance of Environmental Health Services Division Programs, Mandates, and Fees – Institutions, Land Development & Vector Program Overview	Mr. Sack
	14.	Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure Report for July, 2013	Ms. Stickney
	15.	Presentation, Discussion, and Possible Direction to Staff regarding a Fundamental Review	Mr. Dick
	16.	Discussion and Possible Direction to Staff regarding process for appointing a permanent District Health Officer	Mr. Smith
	*17.	<b><u>Staff Reports and Program Updates</u></b>	
		A. <b>Director, Epidemiology and Public Health Preparedness</b> Communicable Disease; Public Health Preparedness; Emergency Medical Services; and Vital Statistics	Dr. Todd
		B. <b>Director, Community and Clinical Health Services</b> Clinical Programs and Non-Communicable Disease Updates	Mr. Kutz
		C. <b>Director, Environmental Health Services</b> Food Program; Land Development; Solid Waste / Special Events; and Vector-Borne Disease Program	Mr. Sack
		D. <b>Acting Director, Air Quality Management</b> Air Quality; Planning and Monitoring Activity; Permitting Activity; Compliance & Inspection Activity; and Permitting & Enforcement Activity	Ms. Albee
		E. <b>Administrative Health Services Officer</b> WIC Update	Ms. Stickney
		F. <b>Interim District Health Officer</b> REMSA / EMS, Fundamental Review, Staffing, Permit Software Project, Cross Divisional Initiatives, Other Events and Activities, and Health District Media Contacts and Outreach	Mr. Dick
<b>Board Comment</b>	*18.	Limited to Announcements or Issues for Future Agendas	Mr. Smith
	19.	Emergency Items	Mr. Dick
<b>Public Comment</b>	*20.	Public Comment (limited to three (3) minutes per person). No action may be taken.	Mr. Smith

Time	Agenda Item No.	Agenda Item	Presenter
	21.	Adjournment	Mr. Smith

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

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

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

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

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

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

- Washoe County Health District, 1001 E. 9th St., Reno, NV
  - Reno City Hall, 1 E. 1st St., Reno, NV
  - Sparks City Hall, 431 Prater Way, Sparks, NV
  - Washoe County Administration Building, 1001 E. 9th St, Reno, NV
  - Washoe County Health District Website [www.washoecounty.us/health](http://www.washoecounty.us/health)
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Supporting materials are available to the public at the Washoe County Health District located at 1001 E. 9<sup>th</sup> 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](mailto:wflores@washoecounty.us). Supporting materials are also available at the Washoe County Health District Website [www.washoecounty.us/health](http://www.washoecounty.us/health) pursuant to the requirements of NRS 241.020.

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Washoe County



Health District

**Washoe County District Board of Health  
Concurrent Meeting Minutes  
June 27, 2013**

**PRESENT:** Chair Matt Smith, Vice Chair Kitty Jung, Dr. George Furman, Dr. Denis Humphreys, Council Member Ratti, and Council Member Zadra

**ABSENT:** Dr. George Hess

**STAFF:**

Leslie Admirand, Deputy District Attorney  
 Kevin Dick, Interim District Health Officer  
 Eileen Stickney, Administrative Health Services Officer, AHS  
 Charlene Albee, Acting Division Director, AQM  
 Daniel Inouye, Monitoring and Planning Branch Chief, AQM  
 Stacy Hardie, PHN Supervisor, CCHS  
 Robert Sack, Division Director, EHS  
 Randall Todd, DrPH, Division Director, EPHP  
 Phil Ulibarri, Public Information Officer, AHS  
 Steve Fisher, Department Computer Application Specialist, AHS  
 Bill Flores, Recording Secretary

Patsy Buxton, Fiscal Compliance Officer, AHS  
 Lori Cooke, Fiscal Compliance Officer, AHS  
 Beverly Bayan, WIC Program Manager, AHS  
 Dave McNinch, Environmental Health Specialist Supervisor, EHS  
 Jeff Brasel, Senior Registered Environmental Health Specialist  
 Jeff Whitesides, Public Health Preparedness Manager, EPHP  
 Stacey Akurosawa, EMS Coordinator, EPHP

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
1:02 pm 1, 2	<b>Meeting Called to Order, Pledge of Allegiance and Roll Call</b>	<b>Chair Smith</b> called the meeting to order, followed by the Pledge of Allegiance led by <b>Council Member Zadra</b> . Roll call was taken and a quorum noted.	
3.	<b>Public Comment</b>	None.	
4.	<b>Approval / Deletions – Agenda – June 27, 2013</b>	<b>Chair Smith</b> called for any deletions to the Agenda of the June 27, 2013 DBOH Meeting.  <b>Chair Smith</b> noted that the agenda incorrectly stated May 23, 2013. Deputy District Attorney Leslie Admirand advised that approval of the agenda is not required within the Open Meeting Law. Therefore, the DBOH did not vote on this item.	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
5.	<b>Approval / Additions / Deletions to the Minutes of the April 25, 2013 Regular Meeting</b>	<b>Chair Smith</b> called for any additions or corrections to the minutes of the April 25, 2013 Regular Meeting.	<b>Council Member Ratti</b> moved, seconded by <b>Council Member Zadra</b> , that the minutes of the April 25, 2013 Regular Meeting be approved as presented.  <b><u>MOTION CARRIED</u></b>
6.	<b>Recognitions</b>	Mr. Dick and Chair Smith made the following recognitions:  A. Introduction of new employee(s) - William Flores – F/T Admin Sec – DHO/AHS – 6/11/13 B. Promotions – None. C. Years of Service Recognitions – None. D. Retirements – 1. Deborah Chicago – WIC – 18 years 2. Bryan Tyre – EHS – 23 years 3. Margaret Varela – WIC – 17 years	
8.	<b>Consent Agenda</b>	<b>A. <u>Air Quality Management Cases:</u></b>  1. Recommendation to Uphold Unappealed Citations to the Air Pollution Control Hearing Board:  a. Shady Grove Trailer Park – Case 1119, NOV 5269 2750 Plumas Street, Unit 115, Reno, NV b. Smart Gas & Convenience – Case 1120, NOV 5276, 4410 North Virginia Street, Reno, NV c. Rivers Edge Construction – Case 1121, NOV 5379 1195 South Rock Boulevard, Reno, NV d. Washoe Construction – Case 1122, NOV 5242 Salem Plaza Condominiums 2750 Plumas Street, Unit 115, Reno, NV  2. Recommendation of Cases Appealed to the Air Pollution Control Hearing Board. None.  3. Recommendation for Variance: None.	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p><b>B. <u>Sewage, Wastewater &amp; Sanitation Cases:</u></b> Recommendation to Approve Variance Case(s) Presented to the Sewage, Wastewater &amp; Sanitation Hearing Board. None.</p> <p><b>C. <u>Budget Amendments / Interlocal Agreements:</u></b></p> <p>a. Ratification of Agreement between the Washoe County Health District and Life Care Center of Reno in the amount of \$1,295.00 to transfer fatality management equipment to Life Care Center of Reno; and if approved, authorize the Chairman to execute Agreement.</p> <p>b. Approval of amendments totaling an increase of \$3,000 in revenue and expense to the National Association of County and City Health Officials (NACCHO) Grant Program (IO 11052) FY 13 Budget.</p> <p>c. Ratification of Cooperative Agreement for Services to the Kid's to Senior's Korner Programs in the total amount of \$50,000 (<u>\$0 cash for Washoe County Health District</u>). The Cooperative Agreement for Services to the Kid's to Senior's Korner Program is a multi-agency agreement between Catholic Charities of Northern Nevada, the City of Reno Police Department, Washoe County Sheriff's Office, Washoe County Department of Social Services, Washoe County Health District (District), and Washoe County Department of Senior Services, for the period July 1, 2013 through June 30, 2014, with automatic annual renewal unless terminated or changed in accordance with the terms of the agreement, and, if approved, authorize the Chairman to execute the Cooperative Agreement.</p> <p>d. Authorize Travel and Travel Reimbursements for CDC-Required, Grant-Funded, Non-County Employee (Patrick Russell), in the Approximate Amount of \$1,200, in Support of the HIV Prevention Grant Program (IO 10013).</p> <p><b>D. <u>Possible Approval of the Washoe County Health District Department Emergency Management Plan (DEMP)</u></b></p> <p>Dr. Humphreys requested Item 8.D pulled from the consent calendar for discussion. He explained that due to the length and importance of the plan, he wanted to bring it up for discussion and receive a reporting from staff to determine if there are any substantial changes.</p>	<p><b><u>ACTION ITEMS:</u></b> Letters to Shady Grove Trailer Park, Smart Gas &amp; Convenience, Rivers Edge Construction, and Washoe Construction regarding fines and due dates.</p> <p><b>Council Member Zadra</b> moved, seconded by <b>Vice Chair Jung</b>, that the Consent Agenda, excluding Item 8.D, be approved in a single motion.</p> <p><b><u>MOTION CARRIED</u></b></p>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>Jeff Whitesides, Manager of the Public Health Preparedness Program, advised that this is a lengthy plan, but steps have been taken to streamline it to be user-friendly. They are required to update this plan annually. This plan is an overall, umbrella plan. We have other plans that are annexes to this plan which all had a different look and feel. We established a style guide that will be used for all plans in EPHP and possibly district-wide. This plan revision included the update of all referenced statutes, demographic information to match the regional emergency operations plan, emergency contact information, radio channels, satellite phone, as well as important website links. Evacuation procedures and maps were updated to include off-site locations. WIC locations and Vector Control maps were added for staff evacuation at those locations. Job action sheets or guides were updated which describe positions within the incident command structure. Other sheets were pulled and placed specifically within the Point of Dispensing (POD) plans. FEMA Levels 1, 2, and 3 were added to the plan. They have been around for awhile, but they were not previously required of public health. It is a new grant requirement to include those activation or emergency levels.</p>	<p><b>Dr. Humphreys</b> moved, seconded by <b>Council Member Zadra</b>, that Item 8.D be approved as presented.</p> <p><b><u>MOTION CARRIED</u></b></p>
9.	<b>Air Pollution Control Hearing Board Cases Appealed to the District Board of Health.</b>	There were no cases for consideration this month.	
10.	<p><b><u>Regional Emergency Medical Services Authority:</u></b></p> <p>A. Review and Acceptance of the Operations and Financial Reports for May, 2013; and</p> <p>B. Update of REMSA's Community Activities Since April, 2013</p>	<p>Mr. Jim Gubbels, President of REMSA, reported that in May, 2013, Priority 1 Compliance was at 92%, and Priority 2 Compliance was at 97%. Looking at Priority 1 Compliance by zone, the 8-minute zone was at 92%, the 15-minute zone was at 98%, and the 20-minute zone was at 97%. Looking at the average bill for the month for Care Flight, the average bill was \$8,084, bringing the year-to-date total to \$7,356. On the ground side, the average bill for the month was \$1,028, bringing the year-to-date ground average to \$1,028.</p> <p>Mr. Gubbels introduced Klark Staffan, new Chief Administrative Officer of REMSA. He will be attending DBOH meetings. He has many years of experience with the ambulance service. Klark has worked with SEMSA and was asked to join the REMSA side.</p> <p>Mr. Gubbels reported on REMSA's Sidewalk CPR Training, most of which was conducted in the first part of June. He said that the public participation</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
	<p><b>BOARD COMMENT</b></p>	<p>was phenomenal. This was hands-only CPR done at sites, such as Saint Mary’s Health Center, Whole Foods, and the Aces game. It was a great way to get the public to participate in hands-only CPR for the third year of providing the training. They are amazed with the number of people who are willing to be trained if you provide this type of opportunity.</p> <p>He also mentioned that there is an article sponsored by Safe Kids and the Rotary about “Not Even for a Moment.” This campaign has been going on for probably five or six years in our community, bringing to the attention of parents and caregivers the message to not leave your children in cars, not even for a minute. Especially during the hot days to be experienced in the region, car temperatures go up very quickly. Even to run in to get a slurpee or to run in to get your dry cleaning, they are really trying to educate the public not to do that.</p> <p><b>Vice Chair Jung</b> inquired about the “Not Even for a Minute” campaign and if there is coordination with the Nevada Humane Society and SPCA as there are actual laws against leaving animals in cars as well.</p> <p>Mr. Gubbels responded that this particular campaign is for Safe Kids, specifically geared towards children 14 and under, but, when they have the opportunity, it is easy for them to explain that this is also the same thing that happens to your pets if left in the car.</p>	<p><b>Dr. Humphreys</b> moved, seconded by <b>Dr. Furman</b>, to accept the REMSA Operations and Financial Report for May 2013 as presented.</p> <p><b><u>MOTION CARRIED</u></b></p>
<p>11.</p>	<p>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>	<p>Randall Todd, DPh, reported that the EMS Working Group has met, again, after the concurrent meeting of this board and the city councils and the Board of County Commissioners to begin that 120 day process of working on the REMSA franchise agreement. It was decided that the group would begin with a line-by-line review of that agreement and start to amend it along the lines that are suggested in the TriData Report. Also discussed at that last meeting was the whole concept of EMS oversight. He believes that this board in previous action has accepted the TriData recommendation and agreed that it would accept that role should the other entities desire. Mr. Dick was appointed to lead a process whereby a subgroup would come together and begin to make some decisions around that. The subgroup just met one day ago, made some excellent progress, and will be moving forward on that. Their data project also continues. They have acquired a single month’s data from each of the fire response agencies, and, of course, they have always had the REMSA response data. Their statistician has done matching on all three of those reports, and they are beginning to put together some descriptive statistics that they think will be beneficial as this board begins to look at EMS not just from a franchise standpoint, but from an EMS systems standpoint.</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
	<p><b>BOARD COMMENT</b></p>	<p>There are more components to the system than just REMSA; there are the fire response agencies as well as the hospital portion. They are going to try to provide a much bigger picture of what is going on with EMS, and that should assist in making decisions about what ways does the franchise agreement need to be modified to improve the overall system functionality in our community.</p> <p><b>Council Member Zadra</b> asked if the entities, including this board, have provided Dr. Todd the direction that was needed and if he has the resources to be able to continue this discussion and bring back recommendations.</p> <p>Dr. Todd responded that this Board did take action indicating that they would be open to taking on the EMS oversight role. Certainly, if we were to move ahead, operationally, with that, there would need to be some additional resources allocated. Currently, we have an EMS coordinator and a part-time nurse, and they are pretty much dedicated to the franchise oversight. If we were to take on a broader role, no, we would not have adequate resources, at this point, to do that. He advised that at this point, the Health District has not been given that broader role. Therefore, they are proceeding with the understanding that this Board has an interest; therefore, they will start to provide the Board with a broader picture of EMS as they get the data. That will be somewhat limited until someone makes a decision as to who should be the oversight body, what should that consist of, and how should it be staffed. There were specific staffing recommendations in the TriData report.</p> <p><b>Council Member Zadra</b> asked if staff is getting the receptive, working behavior from each of the entities. There was some consideration that perhaps it should be taken over by one of those boards as opposed to the Health Board.</p> <p>Mr. Dick responded that as far as the Health District being the oversight agency, he does not think that there is buy-in for that amongst the EMS working group. As far as the group working with the Health District in this process to get to a point where we have negotiated changes to the franchise agreement, during the 120 day period, he thinks that everybody is working together to try to accomplish that. In response to whether or not we have the direction we need, Mr. Dick commented that one of the issue we will have as we move forward is how much different entities or individuals may want items in the franchise agreement changed beyond the recommendations that are in the TriData report. The TriData report recommendations are documented, and we understand what those are. However, it is unclear whether members of the EMS working group will be satisfied with the discussions and negotiations</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>around those points or if they are also going to want other points included.</p> <p><b>Ms. Zadra</b> asked if anything else was needed from this board to assist in those discussions and negotiations.</p> <p>Mr. Dick responded that he does not think anything more is needed at this time. He thinks that staff will probably return to them with some reports and may want some input in the future as they get further engaged in those discussions. As a point of reference, REMSA is going to be convening their Board to have a more in-depth discussion on the recommendations and their Board feelings. The TriData recommendations have already been shared with the DBOH, along with the Health District recommendations; therefore, he thinks that we are good at this point.</p> <p>Dr. Todd added that some elected officials at the concurrent meeting expressed frustration with this board in terms of its responsiveness and willingness to look at certain EMS-related issues. He shared with the subgroup yesterday that he has only been dealing with the EMS program for a short time, but he has been attending board meetings for eight years. One of his observations is that some of the EMS issues that have been brought to this board fell outside the purview of franchise oversight and were therefore not considered. By the action this Board took some time ago, indicating that it would be interested in looking at broader EMS issues, the door is open to be more responsive to some of the issues that may come before the Board. There may be an uphill climb to overcome some of those negative perceptions that clearly were articulated at the concurrent meeting.</p> <p><b>Ms. Zadra</b> commented that it was indeed those perceptions that precipitated her questions to Dr. Todd. She verified that Health District staff is there and being treated as an equal, valuable participant in the discussions.</p> <p>Dr. Todd responded in the affirmative.</p>	
12.	<p><b>Public Hearing:</b> Proposed approval and adoption of the Regulations of the Washoe County District Board of Health Governing Food Establishments Section 187, Farmers' Markets, as amended.</p>	<p>Jeff Brasel, Senior Registered Environmental Health Specialist with the Special Events Program commented that they have presented revisions to the Farmers' Markets regulations, Section 187 of the District Board of Health regulations governing food establishments. They have been regulating these farmers' markets for quite some time, evolving of the past 10 years into something that is quite a bit different than events. When the regulations were originally written, specific to farmers' markets, we had a certification process that the Department of Agriculture was very active in doing the certifications and actively communicating with us for the two famers' markets we had</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
	<p><b>BOARD COMMENT</b></p>	<p>regarding those certifications. We will keep a record of certified produce. Now we have 14 farmers' markets; we have several hundred permits that are specific to farmers' markets. As far as the certification process, it is beyond the scope of what a registered environmental health specialist does. It is more pertinent to agriculture. With that aspect of the revision, it was sort of a matter of housecleaning and removing something that did not really pertain to duties in the field. The most important part of the revision had to do with permitting the farm products vendors. There is a definition in statute of farm products, and there was an ability, instead of permitting the livestock and poultry vendors as individual permit holder per event and limited to 14 days, to look at that as a farm products vendor and extend a permit to them that would essentially cover them for the duration of the season in farmers' markets. It had a two-fold effect. First, it allows for the redirection of efforts on things that are a little more risky as far as preparing food, because it is being done with the special events program without having to inspect a minimum of three times at each event. This was difficult, even causing the need to extend overtime at times to cover such events. They do understand that the farmers' markets continue to evolve. One goal is to make a distinction between special events and farmers' markets, because they are really not the same thing.</p> <p><b>Council Member Ratti</b> asked when this would take effect.</p> <p>Mr. Brasel responded that it would begin as soon as it is approved by the State Board of Health, within a couple of months.</p> <p><b>Ms. Ratti</b> clarified if this would then apply to next year's farmers' markets.</p> <p>Mr. Brasel responded in the affirmative but also mentioned that there are some farmers' markets that take place in the Fall and Winter.</p> <p><b>Vice Chair Jung</b> thanked staff for these updated regulations. She mentioned that this came directly out of a constituent's concern. She hopes that staff is getting this out to Ms. Teri Bath of Garden Shop Nursery, because she was instrumental in bringing this to our attention. These people were going through many hurdles to try to sell their meat and eggs that were locally and organically grown. Being called a special event, they had to obtain a permit every single time. It was not staff's fault; it was just an ordinance that did not keep up with reality. Ms. Bath came here from Boise, Idaho and has really invested in this community, becoming very active. Ms. Jung believes that she is a great new voice, and it is wonderful to see that we can effect some change.</p>	<p><b>Vice Chair Jung</b> moved, seconded by <b>Council Member Ratti</b>, to approve and adopt the Regulations of the Washoe County District Board of Health Governing Food Establishments Section 187, Farmers' Markets, as amended.</p>



TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p><b>Chairman Smith</b> opened the public hearing and asked for any public comment. There was no public comment.</p>	<p><b><u>MOTION CARRIED</u></b></p>
<p>13.</p>	<p>Presentation of Environmental Health Services Division Programs, Mandates, Fees – Food Program.</p> <p><b>BOARD COMMENT</b></p>	<p>Bob Sack, Division Director of Environmental Health Services, noted that this is an agenda item in response to the Board's request to review each of the divisions, and we are beginning with Environmental Health Services and its largest program, the Food Program. It is our largest program, also our largest staffed program, and it has evolved over the years. The program is covered under NRS Chapter 446. He advised that within the staff report he highlighted the specific section that covers the inspection mandate that we operate under, which is 446.885. That basically requires inspection of each facility at least once per year and as many other times as necessary to ensure compliance. Overall, in general, they do meet that requirement, but they do not do a whole lot more than that on a routine basis. In only about 5% of the facilities do they do a second routine inspection. That does not mean that there is not contact with all of the facilities, because of reinspections and compliance, and they do meet the mandate every year. There is actually a criminal sanction for not getting them done. This is very unique in State law, but that is at the end of the chapter.</p> <p><b>Ms. Ratti</b> asked who is liable for such criminal sanction.</p> <p>Mr. Sack responded that it is wide open and left for legal counsel, but he would say it goes from the Board right on down.</p> <p>Mr. Sack continued that the Food Program staff ensures safe food supply for over 429,000 Washoe County citizens and approximately 5 million visitors annually. The number of facilities we have, because we do have such a tourist-based economy, permits for restaurants and hotels actually fits a population probably three to four times our actual resident population. Therefore, we are comparable to much larger cities as far as the number of permitted facilities we must deal with. We have 3,385 food establishment permits on an annual basis. We receive about 250 general complaints regarding facilities which we investigate each year. Temporary food establishments, special events, continue to increase as we are marketing as the special events capital of the world. We are issuing over 2,000 special events permits each year. We have our certified food protection manager program which is the only aspect that is not mandated. However, we feel that it allows staff to do less routine inspections, because we are requiring each facility that has high risk food to have an on-site manager who is knowledgeable about food safety and process. We have had that in place for probably 20 years.</p>	

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		<p><b>Ms. Ratti</b> asked if that was mandated in California.</p> <p>Mr. Sack responded that he was unsure if it was mandated, but it is very common there, and there are different versions. When we put it in place, nationally, we were one of the first programs. Now, there is a national program to provide education and certification for food managers which is one of the reasons why the program has evolved a lot. When this program first came out, we taught the program. Now, we have members of the community who teach food managers in a fashion we consider acceptable. We do plan review and construction inspection. Every time a kitchen is remodeled or a restaurant is built, we are tied into the approval process on those building permits and on the construction inspections before a Certificate of Occupancy is issued. We manage foodborne illness complaints and outbreak investigations. We conducted 317 of these investigations last year. To note, foodborne illness and general complaints vary greatly in their follow-up. They may just involve a phone call. However, especially in the area of foodborne illness, they might involve half of our staff diverted, because it becomes our highest priority. We will staff it at whatever level it takes to interdict that. We could have multiple staff involved virtually full-time for up to months at a time. Some of the things like the Hand, Foot, and Mouth Disease you heard about last summer and the recent Hepatitis A Outbreak require staff dedication to those efforts which takes them away from routine duties, such as inspections. Associated with each of these aspects, except complaints and outbreak investigations, we do have fees. There are a variety of fees generally for different types of facilities with different types of permits with different amounts really based on the amount of time it takes us for that type of facilities to perform an inspection. Our permit fees are generally low in comparison to the State and Southern Nevada. Southern Nevada's fees run two, three, four times as high as ours. We also have plan review fees for capturing our costs. All of our fees are authorized by the legislature, but it has to only capture the cost of doing the inspections and issuing a permit. We do not charge fees for complaint investigations or general complaints. The only place we have fees that are a bit discretionary would be the food protection manager program. They are going to taking a hard look at the program and the instructors to find out if it should be continued and, if so, under what conditions it should be continued. Depending on the facility and its issues, we could perform 1 to 12 inspections per year. If we are doing 12 inspections, it is either construction-related or foodborne illness-related, where we are keeping a close eye on a facility or we are looking at closing them due to continued violations. The average facility received about 1.6 inspections per year. Mr. Sack presented a series of pictures, as provided within the agenda packet,</p>	

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		<p>illustrating some of the work done by the Food Program, including being one of the originators to locate salmonella in white pepper, utilizing the knowledge of epidemiology. They are continuously dealing with illegal food vendors on the streets, putting a lot of effort into getting them permitted, if possible. Then, the permitted vendors end up assisting in calling to provide notification of those who are not permitted. One of our inspectors has law enforcement experience, and we utilize him across the whole District. This is an area where we write criminal citations. We warn them once and then we take them to court. Mr. Sack explained that over time, efficiencies have been developed, since he started here over 26 years ago, originally inspecting all restaurant facilities four times per year. These inspections involved floors, walls, and ceilings, asking if it is constructed properly, if the equipment is working, and are temperatures appropriate. Over time, the inspection for safety has evolved to truly look at the food, itself, and how it is being handled. This program over time has not grown a whole lot due to reduced staff and compared to the growth in the number of facilities. Until this last economic downturn, through all of the other economic downturns we have had, we always grew at about a 3% rate every year no matter what the economy said. We did not lose any facilities, when looking at total numbers during this last economic downturn, the increase just dropped to about 1%. On top of still having an increase, there is a lot of turnover of restaurants during an economic downturn. They are closing, but there is another one moving in. We were seeing over a 30% turnover in the number of restaurants on an annual basis. Each of those requires a new change of ownership which allows us an opportunity to require them to bring the facility up to code for construction purposes and equipment purposes. When a restaurant experiences a turnover, we do not just do a routine inspection, we do a thorough review of the facility and then do another routine inspection after it is opened.</p> <p><b>Dr. Furman</b> commented that he thinks that there should be more inspections per year. The reduction from four to one, in previously and recently looking into this matter, the reality today is that most have two inspections which could be a problem. If someone is inspected, they may think that there is not going to be another inspection until the next year, causing them to possibly lower their concern for ensuring compliance.</p> <p>Mr. Sack responded that they definitely do know when they are there. When they inspect facilities within a casino, which may contain 30 or more permits, it is amazing how things will look in the first facility inspected and how each facility seems to be cleaner than the last as they go through. As soon as they walk through the door, things start happening. They are focusing their inspection on the high-risk activities, such as how is a chicken being handled,</p>	

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		<p>how is the food being handled through its process in addition to temperature, how are they conducting their hand-washing, what are their procedures. They are focusing more on those areas and not as much on the floors, walls, and ceilings aspect. In regards to foodborne illness complaints, as soon as they would get a complaint about food and associated with a restaurant, they would send someone into the field. Now, they conduct a thorough phone review with the complainant and determine if it is necessary to go out into the field, assessing the likelihood of the facility actually being implicated here versus the complainant having their issue originating in their house or some other facility. About seven years ago, they began developing an electronic inspections process, and it has been active for about five years where they are capturing that data. It is now available online, readily available to the public in the Washoe Eats name, and it has been very popular.</p> <p>Dave McNinch, one of two supervisors in the Food Safety Program, commented that a few years ago they had an opportunity to talk to the Board about their FDA Standards Program, a model for food programs. It is a continuous improvement process that the FDA has setup, and we committed to that process in 2004. Across the country, there are food safety programs enrolled in the program that are at various stages of meeting standards that outline what an ideal food program would look like. There are nine standards. One of those standards deals with proper resources. The FDA has established a model food program. They do not necessarily look at FTEs; they look at contacts. An appropriate level of contacts for them is roughly 280 to 320 contacts per staff per year. A contact is defined in a number of different ways. It could be a routine inspection, an education visit, etc. This is a continuous improvement project model; a lot of jurisdiction may never get to the ideals. They are always striving to get as close to these ideals as possible. They believe that an appropriate contact level in Washoe County is closer to 450; they think that is realistic and allows them to run a very efficient program. They are currently at about 600 contacts per staff per year and have been there for quite awhile. Losing or gaining staff, when you have that many contacts per person, can be significant. Currently, there are 11 inspectors who perform the routine inspections at the 3,385 facilities. If we are sitting at 600 and lose one individual, those 600 contacts have to be rolled into the workload of the other 10 inspectors. Therefore, contacts for the remaining 10 inspectors go up to 660 quickly. Currently, it is manageable, not real tolerable, but they are getting through it. In looking at whether or not the current levels are sustainable, they feel that 700 contacts is their breaking point. One year, they did experience over 700 contacts per staff member which was not manageable, was not tolerable, and certainly was not sustainable. The FDA program focuses on understanding our risk. Understanding what we are trying</p>	

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		<p>to prevent, allows us to implement strategies to that end. This allows them to be prescriptive in how they manage operators out in the field. They are expected to take control of their establishments in protecting people from potential foodborne illness. There are many good operators out there who require just one inspection per year, they are very sufficient, they do a good job, we do not get complaints, we do not get foodborne illness, everything looks in order. There are a handful of operators who do not operate that way. For those, they will go back as many times as necessary to enforce regulations and protect the public. If a facility is not being very compliant, we will go back a few times. As long as they are being progressive about getting into compliance, they will continue to work with them. Ultimately, they will not put the public at risk, and they will shut them down for awhile until they take control of their situation.</p> <p><b>Dr. Humphreys</b> asked if the facility inspections are always unannounced other than when there are multiple restaurants in one facility.</p> <p>Mr. McNinch responded in the affirmative. He continued to respond that they have talked to the FDA, and there really is no reason why they could not announce them. If an inspection is announced, the standard response is to go pick the flour off the dry storage room floor, clean the walls, and do the sweeping, etc., but the focus now is more on the food. They want to know how they are managing their food types, do they understand temperature relationships, do they understand cold holding and hot holding, do they understand hand-washing, and do they understand management of ill employees, including what constitutes an ill employee. The most common things that are causing foodborne illness are not a broken bag of flour in the dry storage room.</p> <p><b>Dr. Furman</b> provided a handout (filed) regarding Denver restaurant safety violations plunging as inspection fees rose. The number of critical violations that could cause food poisoning fell by 43%, and the policy was implemented last year. He recommended that the Board consider such an option. The fine schedule has brought \$732,000 into Denver or roughly \$600,000 more than the previous year. Of course, there are always complaints which have been provided. New York City has fines that were very high, \$10,000 to \$15,000, they had to cut back on the fees as Mayor Bloomberg received numerous complaints from restaurant owners. He believes it deserves some consideration.</p> <p><b>Council Member Ratti</b> asked if there is correlating data to compare previous four inspections per year down to one inspection per year not on violations</p>	

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		<p>but whether people got sick. It is all about whether or not there was foodborne illness.</p> <p>Mr. McNinch responded that while a good question to ask, it is a tough one to answer. There may be historical data in hard copy form. Their records get pretty extensive, and they have to call out the old ones. Paper records have largely been called out. They are developing a history by inputting inspections in the computer system. There is a record of them, but they do have to improve on their ability to pull reports from that. It is not as easy as it sounds; it is very complex. Not everyone can have access yet, but Steve keeps them moving forward. Also, they have limited resources, such as statisticians, within the Health District to look at those things. There are small challenges that need to be overcome; ideally, they are headed that way, seeing what concentration on the high risk activities does with compliance.</p> <p><b>Ms. Ratti</b> asked if we just have the data of how many incidents of foodborne illness there was caused by restaurants in a year.</p> <p>Mr. McNinch responded that they might have some. Not every complaint of foodborne illness that comes in is tied back to a restaurant. They get complaints, investigate them, and often times of that 317 that Mr. Sack mentioned from last year, they may implicate a facility, but they may not validate that it came from that facility. They may not be certain of the etiology of the foodborne illness, what is causing it. They might surmise based on the symptoms and the way that it is spreading through the community. It may be norovirus, but they may not be able to track down where it came from.</p> <p><b>Ms. Ratti</b> asked roughly how many foodborne illnesses occur from any source in a given year.</p> <p>Mr. McNinch responded that through their complaint system, that number was probably accurate on the number of interviews they did last year. They might get a complaint that says that there are two or three people sick, they will interview them, and try to find out what might be the cause.</p> <p>Dr. Todd explained that they keep rather extensive data on the number of reported illnesses of virtually everything that is reportable. In regard to diseases, such as with salmonella, and e. coli, he can report the number of cases year-by-year that have been reported by Washoe County residents, and he can subset that out and report on which of those diseases are foodborne. The raw data is not, however, stored by definite cases of foodborne illness. They also keep an outbreak inventory, just an Excel</p>	

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		<p>spreadsheet, and they could go back and report at a future meeting the total number of outbreaks that they have had. He would have to go back and determine if he could single out which of those outbreaks were food establishment-associated, but not every outbreak they get is going to be food establishment-associated. Also, some outbreaks may be food establishment-associated, but they were unable to conclude that from the data they were able to acquire from the informants. It gets murky, but he believes that from all major outbreaks, there have been as high as 50 outbreaks that his staff in Epidemiology and Health Preparedness (EHPH) have had to investigate along with Environmental Health Services (EHS) and sometimes Community and Clinical Health Services (CCHS), if it is a vaccine-preventable disease.</p> <p><b>Ms. Ratti</b> appreciated the presentation. She continued to explain that what she is attempting to understand is with 11 FTEs plus administrative on top of that, if that staffing level maintaining complaints at just over 300, and are these people experiencing food-like symptoms or are some dying from these diseases.</p> <p>Mr. McNinch responded that there are many aspects to this effort. There are other factors in addition to just looking at the sheer numbers and trying to compare the number of inspections to the number of complaints that come in. There could be a reduction in the number of people that are impacted from 317, but, just as importantly, there may be an impact where the cause is identified quicker, causing a truncated or shortened outbreak as opposed to one that extends out. It is almost impossible to measure how big an outbreak would get. He can say that they dropped their outbreaks from 25 to 20, looking at it from an outbreak standpoint, but those 20 outbreaks might have had 5,000 people whereas the 25 might have had 200. Some numbers will be valid while others may just be flu-like symptoms. They are trying to pull out the legitimate ones and prevent them from spreading.</p> <p><b>Ms. Ratti</b> asked if we went to a system that was just complaint-based, and she pointed out that she knows that there is a State mandate to inspect each facility at least one per year, would there be any significant change in outcomes.</p> <p>Mr. McNinch responded that it is hard to say. If it was done correctly, theoretically, they should not have additional problems from those facilities that are operating properly. They have talked about that internally as the Board has mentioned that they would like to see two, three, or four inspections per year, and they have discussed how that would change the number of resources or staff necessary to complete. They fully recognize that</p>	

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		<p>there are certain facilities that need or should have more inspections per year while there are some where maybe they need to back off. For example, the prepackaged facilities, such as a grocery store that is limited to non-potentially hazardous foods, State law requires that they go and inspect that when in fact the risk is very low. They rarely have any problems with those types of facilities. He feels that they are on the verge of being able to have that discussion on a legislative level to decide how they can change the mandate from one inspection per year to something that fits the way that food programs do their business, in the way the FDA is trying to take them. Nevada is prime for that, and it is going to take a pretty significant discussion, but he thinks that it is something they see out on the horizon.</p> <p><b>Dr. Furman</b> commented that in regard to the number of infections nationally, the number is said to be 62 million a year, but it does not tell us anything locally.</p> <p><b>Ms. Ratti</b> responded that it also does not tell us anything about our own kitchens.</p> <p>Mr. McNinch commented that that is a hard one to overcome, because whenever someone gets sick, they are going to tie it into the last meal they ate, which is inevitably a food establishment. It is really difficult for them to explain to somebody that they ate somewhere for lunch two hours ago, and unless it is some kind of chemical poisoning, chances are whatever is causing their distress is not coming from that particular food establishment. They have had chemical exposures at restaurants, where people have ended up in the hospital; therefore, they have to really investigate those complaints.</p> <p><b>Vice Chair Jung</b> suggested to Mr. Dick that Phil Ulibarri do a news release with the data about how many restaurants we have because of the tourism base and what a city of our size would actually look like. She thinks that plays into the whole rebranding of this region too. It goes back to that biggest little city feel, because she noted that there are great places to eat with a tremendous ethnic variety. She noted that she had to leave early, but she wanted to ensure that in regards to the fundamental review the question is asked if continuous improvement is part of that. She explained that she is a little bit concerned about NACCHO doing the fundamental review as the original purpose was how to get leaner and meaner and more cost effective, not what are the best standards according to the National Association of Community Health.</p> <p><i>Vice Chair Jung left at 2:25pm.</i></p>	



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		<p>Mr. Dick responded that they can definitely work with Phil and the Food program on the news release, and he is almost certain that they will be discussing continuous improvement in relation to the fundamental review.</p> <p>Mr. McNinch commented that the Food Safety Program has a very professional crew and is doing a great job, including the temporary food program that Jeff just made a presentation on farmers' markets. Over 20 years ago, it was floors, walls, and ceilings, and this group has bought into looking at things in a different way. It is a difficult one to change with some of these things being institutionalized, but they are committed to working on them with continuous improvement.</p>	
14.	Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure Report for May, 2013	<p>Eileen Stickney, Administrative Health Services Officer, presented the Monthly Public Health Fund Revenue and Expenditure Report for May 2013, stating that Staff recommends the Board accept the report. Ms. Stickney pointed out that there is one error in that the attached reports had a header of Fiscal Year 14 when in fact this is still Fiscal Year 13. Also, per Mr. Dick's request, the Report has been enhanced by including the actual dollar amount to give context to the percentages. She also pointed out that under the column under revenues, the total of revenues is \$11.8 million; that is including the Health District's revenues of about \$7.5 million and the general fund. On the expenditure side, the various reports that are divided by the divisions, when added, these are the cash discounts from the Comptroller that are reflected in the Fund Report, but they do not have specific division association.</p>	<p><b>Dr. Humphreys</b> moved, seconded by <b>Council Member Zadra</b>, to accept the Health Fund Revenue and Expenditure Report for May, 2013.</p> <p><b><u>MOTION CARRIED</u></b></p>
15.	Presentation, Discussion, and Possible Direction to Staff Regarding a Fundamental Review including a conceptual scope for a review, and timeline and considerations for the review process and Health District management.	<p>Mr. Dick advised that within the Board packet he distributed an initial draft conceptual scope for a fundamental review from NACCHO. He asked them to get this to him by the 18<sup>th</sup> so that it could be included in the Board packet in order to have an opportunity for the Board to review the approach that NACCHO is recommending for a review and determine if that is the desired direction of the Health District. Mr. Dick explained that it is a rough draft and that he would expect NACCHO to be taking more time here for their work on-site as well in the final proposal to have more time to come back and report out on the results of the review. This is not near final on the details of how the project is going to be implemented.</p> <p><i>Chair Smith left at 2:30pm.</i></p> <p>They are proposing to take a systems approach to the review of the Health</p>	

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	<p><b>BOARD COMMENT</b></p>	<p>District, utilizing the framework of the public health accreditation for the elements that they would be reviewing. He became a bit nervous when they began talking public health accreditation as we are not close to becoming accredited; that is not our goal to get to accreditation through this review. However, they explained that they understood that but felt that the systems approach, in looking at how we are doing, our programs, and our business, was going to provide us the most benefits from an assessment that would be forward looking as to what we needed to do to improve and to move forward. Mr. Dick advised that he had Mr. Flores e-mail to the Board the standards under the public health accreditation which was also provided at the dais as a handout (filed).</p> <p><i>Chair Smith returned at 2:32pm.</i></p> <p>The handout identifies the different elements and the domains and standards that they would be looking at under those. Ms. Jung mentioned that she wanted to make sure that we were talking about continuous improvement, and Domain 9, Quality Improvement, says to evaluate and continuously improve processes, programs, and interventions. Mr. Dick reported that he met with Veronica Frankel, who is in the County Manager's Office, and is leading the County's process improvement initiative and implementation of the recommendations that the County received from their fundamental review process. He discussed with her the scope that we had received from NACCHO and the type of systems assessment that they are proposing to do, and she was very supportive and he believes excited about that type of review. He commented that he is looking for feedback from the Board regarding if this looks like the approach that we should be pursuing, does the Board believe that it will meet their goals of the review process. If not, he asked the Board to identify what those goals are so that staff can determine how to accommodate them.</p> <p><b>Council Member Zadra</b> commented that she thinks that it will accommodate but wanted to make sure that Mr. Dick heard in prior discussions what she is most concerned about. It really is oversimplified that she wants the Health District to assess what are we required to perform by NRS, what, if there is anything beyond that which exists within the interlocal agreements, are we required to perform, what are we doing beyond, and what may be a duplication and what could potentially be performed by another entity.</p> <p><b>Dr. Furman</b> commented that he agrees with Ms. Zadra in that we need to emphasize that this needs to be a fundamental review.</p>	

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		<p><b>Dr. Humphreys</b> agreed with Ms. Zadra's comments as well. He thinks it is critical to take a look at the structural aspects of the Health District, the functional elements which really contain the mandated programs, etc., but it also says that we will do a financial review. Although it is a rough draft at this time, he does see those elements being covered in the proposal.</p> <p><b>Council Member Ratti</b> commented that she shares Commissioner Jung's concern if she understands it. She thinks that the risk with going with an organization like NACCHO, whose entire mission is aligned with our mission in how do you protect the public health, but really looks at it from a best practices standpoint, what is the ideal that you are looking to achieve. She believes that with their standards and with accreditation, there is a minimum standard and then there are standards that you can achieve about that. It feels a little disconnected with our current state and the resources that we have available. She thinks that we know that we are deficient in where we would like to be on a number of areas of public health. She believes we will know that once we do some assessment that we are really focusing primarily on mandates and doing a handful of things that are more preventive or progress in nature than just the minimum necessary. Therefore, she does have a little bit of concern with the vendor, because she thinks it is going to be within their nature to be striving for an ideal that we may be nowhere near being able to achieve. If we just get back a list that says that Nevada and/or Washoe County is 50<sup>th</sup> in the nation in whatever, we will not have learned anything new. She pointed out that her second concern, if you go back to the draft, regards part of the challenge dealing with whomever is going to do a fundamental review is that typically when you review an organization, you are going to review them based on what they said they wanted to do, and when you are lacking a strategic plan, the first thing an assessor comes in and asks about is what are your priorities. Then, they are going to assess you on how you are meeting your priorities. Since we have not been clear about identifying our priorities, perhaps as we should be, they will be able to come in and say that you do not have a strategic plan. How well are they going to be able to review against all of the rest, because all of the rest are means to an end, and we have not defined the end. As she thought more about this since the last Board meeting, she questioned should we be doing a strategic plan before we do a fundamental review, because your review really should be about how well you are positioned to meet that plan, or should we be doing fundamental review to get enough information to be able to do a plan. She advised that this is the part the troubles her that we are going to spend a bunch of money to find out things that we already know and not necessarily moving the dial at all. She wonders if a month's more time to come up with a proposal, especially since we are losing some critical members of our board</p>	

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		<p>today, would be helpful. She wants to make sure that what we are doing is going to get us where we want to go. There are those very narrowly focused pieces that Ms. Zadra brought out, which are very practical in the things we need to deal with in the next budget cycle, but there is this bigger vision of how do we make sure that we are protecting the public health and where those two balance in a fundamental review and/or planning process.</p> <p><i>Council Member Zadra left at 2:38pm.</i></p> <p><b>Chair Smith</b> commented that he thinks they should just hold off for a month and give it a little more fine tuning.</p> <p><b>Dr. Furman</b> mentioned that they have prioritized previously, and it may not be a bad idea to bring that back by staff.</p> <p><b>Ms. Ratti</b> commented that she has been on the Board for five year, and there have been a handful of planning activities. However, even if we had a prioritized list, if it is before the impacts of the recession, she is not sure how valid it is. She asked Mr. Dick is he sees a path forward.</p> <p>Mr. Dick responded that he appreciates the Board's comments and discussed over lunch with Chair Smith that we think we know that we need to do a better strategic plan that what we have now, cobbled together from year to year, and not really something that has used the needs assessment process and really had some work to identify what is the overarching goal and how we are going to get there, aligning our priorities. The proposal that we have outlines a schedule that would deliver us a report at the end of December. We may be able to expedite that a little bit. He thinks there will be good information within the report, but he also thinks it will be information that we already know, including that we need a strategic plan, and we need to have the needs assessment to feed into the strategic plan. He thinks that that is something that needs to be considered whether we want to spend money with somebody doing the review to tell us that, or do we want to spend some money to embark on that process now so we are better positioned in December with budget season looming on us again, having the strategic plan in place and a direction to go from. Mr. Dick added that he is wondering if maybe he should be talking with NACCHO about whether we can focus the assessment on some of the areas under the accreditation for quality improvement, administrative, management, etc., and can we take a dual track where we are also working on developing a needs assessment and a strategic plan with them or another organization during that process.</p>	

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		<p><b>Ms. Ratti</b> inquired if Mr. Dick thinks NACCHO could be well-positioned to answer the questions that Ms. Zadra raised or if that is going to take somebody local.</p> <p>Mr. Dick responded that he thinks that it will be a challenge for anybody. He does not believe anybody is ready to walk in and say that they have researched NRS and know exactly what a local health district in Nevada is supposed to do. Anybody is going to have to get up to speed on that; he does not think that there is a business in that for anybody right now that would be walking in. This might be accomplished through some discussions with stakeholders in the process, but obviously they are not going to be on the ground here to know what all of the other entities are. No matter who we get, there is going to be a lot of engagement and work done by Health District staff to pull together information for them in a number of these areas. Mr. Dick commented that he has received some concerns and ideas, and he will work with NACCHO and try to resolve whether they can deliver what we are looking for in these areas, what their thoughts are about assessing everything versus working on some of the things, and bring back a proposal or determine that they are not going to be able to deliver and hopefully have somebody else to bring to the Board.</p> <p><b>Ms. Ratti</b> asked if Mr. Dick could talk a little bit more about the enthusiasm he received from the County and what he thinks he will be able to accomplish there.</p> <p>Mr. Dick responded that he thinks that the value of the systems-type approach is if we can get the information that says what we need to work on to improve the performance of the Health District in delivery our programs and services, that is going to give us a path forward that is going to allow us to be able to effectively and efficiently deliver services. He explained that they talked with NACCHO about some of the comments that had been made regarding whether the Health District is a Cadillac or a Chevy or a broken down Volkswagen. They did not feel that that was really the proper question to answer; they felt like benchmarking, in some respects, is like looking in the rearview mirror. You get a picture of where you have been. At this point, we have the vehicle we have, and the systems approach is more about how we get another couple hundred thousand miles out of it and best mileage from that vehicle as we drive it forward.</p> <p><b>Ms. Ratti</b> requested one other clarification that they would report to the Board.</p>	<p><b>Council Member Ratti</b> moved, seconded by <b>Dr. Humphreys</b>, to direct DHO to work with NACCHO or bring back another proposal to address concerns heard today.</p>

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		Mr. Dick responded that he would expect someone here to spend some time with us to discuss the results of the review.	<b><u>MOTION CARRIED</u></b>
*16.	<b><u>Staff Reports and Program Updates</u></b>		
	A. <u>Director, Epidemiology and Public Health Preparedness</u>	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.	
	B. <u>Director, Community and Clinical Health Services</u>	Ms. Stacy Hardie, PHN Supervisor, on behalf of 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.	
	C. <u>Director, Environmental Health Services</u>	Mr. Robert Sack, Director, Environmental Health Services, presented his monthly Division Director's Report, a copy of which was placed on file for the record.	
	D. <u>Acting Director, Air Quality Management</u>	<p>Ms. Charlene Albee, 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>Ms. Albee added to the report by reporting that regarding the unique infrastructure group project out of the Sparks Energy Park, the Data Center out at the Apple Project, east of Sparks, the Air Quality Division has responded to comments that were received by EPA on the air quality impact analysis statement of basis and the draft Title 5 PSD Review. That is actually out to public notice right now and will be out for public notice until the end of July. EPA will have until the August 7<sup>th</sup> to give us a final approval for issuance of that permit. If anybody is interested in looking at that, it is available on the Health District's front page under Announcements.</p> <p><b>Dr. Humphreys</b> requested clarification to ensure that this does not mean there is a concern but just a matter of process.</p> <p>Ms. Albee responded that it is being re-noticed. We processed the application following guidance from San Francisco EPA Region 9. The Greenhouse Gas Rules are very new, and we are one of the frontrunners, trying to get this project pushed through. We had followed their guidance when it was sent back to Washington, DC for review; they made some significant changes in what was required to be analyzed. Therefore, we have addressed all of the</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>comments. Our preliminary indications are from EPA that they will not be making any more detrimental comments.</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>Interim District Health Officer and Health District Updates</u></p>	<p>Mr. Kevin 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 reported that he has changed around the format of the monthly report a little bit, trying to make the Board aware of things that he and the Health District are working on. He thinks everybody probably saw on the news that we have been going through a Hepatitis A Multi-State Outbreak, and we have been fortunate in that as the outbreak was discovered and unrolled, we had two cases of Hepatitis A confirmed in Washoe County, and we have remained with two cases. He wanted to commend staff; they have done an excellent job in responding to the outbreak, and we have had quite a lot of activity. People were working over the weekend as the event was unfolding, and there was a phone bank that was staffed to respond to phone calls from the public. The outbreak was in regard to Townsend Farms Antioxidant Berry Blend. It was frozen berries sold through Costco. We have responded to 305 calls to date; of these, we have had 279 people exposed to eating the berries. We have administered the Hepatitis A vaccine to 94 people through the Washoe County Health District. The 305 calls represent people who have contacted the Health District, but there are often numerous calls back and forth in monitoring those people via telephone and following up with them. We are fortunate that we only have two cases that were what we started with. However, the outbreak is not over; there are frozen berries that could still be in freezers that still may be eaten. The CDC has this as an ongoing outbreak still at this point. Mr. Dick also wanted to take an opportunity to wave around his notebook; Bill Flores, Administrative Secretary, is bringing some new ideas and wanted me to show you the tabbed notebook that he has provided with the agenda in it. If anybody would prefer to receive the Board packet in a notebook, we can change out the contents on a monthly basis. Please let Bill know, if you would prefer to be organized that way. Lastly, Mr. Dick wanted to highlight as part of his report and Employee Engagement Survey that was conducted with help from Veronica Frankel from the County Manager's Office. One of the things that we are really fortunate with our workforce is that we have a workforce that strongly understands what is expected of them and believes in the mission of the Health District. What we are also seeing from the results of the survey are that we need to work more with staff on their</p>	

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		professional development and that we also need to work to make sure we are giving that positive feedback on performance to staff so that they know they are appreciated and recognized when they do a good job. He thinks that these are things that are common that come up where we need to do more; therefore, he was not surprised to see those results. We will be discussing the survey results with staff during our General Staff Meeting on July 2 <sup>nd</sup> .	
*17.	Board Comment – Limited to Announcements or Issues for Future Agendas	None.	
18.	Emergency Items	None.	
*19.	Public Comment (limited to three (3) minutes per person). No action may be taken.	None.	
20.	<b>Adjournment</b>	There being no further business to come before the Board, the meeting was adjourned.	<p><b>Dr. Humphreys</b> moved, seconded by <b>Council Member Ratti</b>, that the meeting be adjourned.</p> <p><b><u>MOTION CARRIED</u></b> The meeting was adjourned at 2:54 p.m.</p>



KEVIN DICK,  
INTERIM DISTRICT HEALTH OFFICER



WILLIAM FLORES,  
RECORDING SECRETARY



Washoe County



Health District

## Washoe County District Board of Health Concurrent Meeting Minutes July 25, 2013

**PRESENT:** Vice Chair Kitty Jung, Dr. George Furman, Dr. George Hess, and Council Member Ratti

**ABSENT:** Chair Matt Smith, Dr. Denis Humphreys, and Council Member Zadra

**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, Enforcement Branch Chief, AQM  
 Steve Kutz, Division Director, CCHS  
 Robert Sack, Division Director, EHS  
 Randall Todd, DrPH, Division Director, EPHP  
 Phil Ulibarri, Public Information Officer, AHS  
 Steve Fisher, Department Computer Application Specialist, AHS  
 Bill Flores, Recording Secretary

Laurie Griffey, Administrative Assistant I, AHS  
 Beverly Bayan, WIC Program Manager, AHS  
 Patsy Buxton, Fiscal Compliance Officer, AHS  
 Lori Cooke, Fiscal Compliance Officer, AHS  
 Dave McNinch, Environmental Health Specialist Supervisor, EHS  
 Jeff Brasel, Senior Registered Environmental Health Specialist  
 Jeff Whitesides, Public Health Preparedness Manager, EPHP  
 Kyra Morgan, Statistician, EPHP  
 Stacey Akurosawa, EMS Coordinator, EPHP

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
1:02 pm 1, 2	<b>Meeting Called to Order, Pledge of Allegiance and Roll Call</b>	<b>Vice Chair Jung</b> called the meeting to order. Roll call was taken and a quorum noted. The Pledge of Allegiance was led by Interim District Health Officer Kevin Dick.	
3.	<b>Public Comment</b>	None.	
4.	<b>Approval / Deletions – Agenda – July 25, 2013</b>	<b>Vice Chair Jung</b> called for any deletions to the Agenda of the July 25, 2013 DBOH Meeting.	<b>Council Member Ratti</b> moved, seconded by <b>Dr. Furman</b> , that the July 25, 2013, Agenda be approved as presented.  <b><u>MOTION CARRIED</u></b>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
5.	<b>Approval / Additions / Deletions to the Minutes of the May 23, 2013 Regular Meeting and June 10, 2013 Concurrent Meeting</b>	<p><b>Vice Chair Jung</b> called for any additions or corrections to the minutes of the May 23, 2013 Regular Meeting and June 10, 2013 Concurrent Meeting.</p> <p><b>Dr. Hess</b> noted, and Mr. Gubbels confirmed, an error on Page 4 of the June 10, 2013 Concurrent Meeting Minutes. Per Board direction, “not” was added to line 8 of the third paragraph.</p>	<p><b>Council Member Ratti</b> moved, seconded by <b>Dr. Hess</b>, that the minutes of the May 23, 2013 Regular Meeting and June 10, 2013 Concurrent Meeting be approved as amended.</p> <p><b><u>MOTION CARRIED</u></b></p>
6.	<b>Recognitions</b>	<p>Mr. Dick and Vice Chair Jung made the following recognitions:</p> <p>A. Introduction of new employee(s) – None.</p> <p>B. Years of Service –</p> <ol style="list-style-type: none"> <li>1. John Sprau – CCHS – 10 years</li> <li>2. Will Lumpkin – EHS – 5 years</li> <li>3. Molly Diaz – AHS – 10 years</li> </ol> <p>C. Retirements –</p> <ol style="list-style-type: none"> <li>1. Jerry Gaige – AQM – 12 years</li> </ol>	
7.	<b>Proclamations</b>	None.	
8.	<b>Consent Agenda</b>	<p><b>A. <u>Air Quality Management Cases:</u></b></p> <ol style="list-style-type: none"> <li>1. Recommendation to Uphold Unappealed Citations to the Air Pollution Control Hearing Board: <ol style="list-style-type: none"> <li>a. Go Mart – Case 1116, NOV 5238 1755 Sutro Street, Reno, NV</li> </ol> </li> <li>2. Recommendation of Cases Appealed to the Air Pollution Control Hearing Board. None.</li> <li>3. Recommendation for Variance: None.</li> </ol> <p><b>B. <u>Sewage, Wastewater &amp; Sanitation Cases:</u></b> Recommendation to Approve Variance Case(s) Presented to the Sewage, Wastewater &amp; Sanitation Hearing Board. None.</p>	

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		<p><b>C. <u>Budget Amendments / Interlocal Agreements:</u></b></p> <p>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 &amp; 10029), to \$198,446.</p>	<p><b><u>ACTION ITEMS:</u></b> Letter to Go Mart regarding fine and due date.</p> <p><b>Dr. Hess</b> moved, seconded by <b>Dr. Furman</b>, that the Consent Agenda be approved as presented in a single motion.</p> <p><b><u>MOTION CARRIED</u></b></p>
9.	<b>Air Pollution Control Hearing Board Cases Appealed to the District Board of Health.</b>	There were no cases for consideration this month.	
10.	<p><b><u>Regional Emergency Medical Services Authority:</u></b></p> <p>A. Review and Acceptance of the Operations and Financial Reports for June, 2013; and</p> <p>B. Update of REMSA's Community Activities Since June, 2013</p>	<p>Mr. Jim Gubbels, President of REMSA, reported that in June, 2013, Priority 1 Compliance was at 92%, and Priority 2 Compliance was at 96%. Looking at Priority 1 Compliance by zone, the 8-minute zone was at 92%, the 15-minute zone was at 97%, and the 20-minute zone was at 88%. Looking at the average bill for the month for Care Flight, the average bill was \$6,689, bringing the year-to-date total to \$7,297. On the ground side, the average bill for the month was \$1,029, bringing the year-to-date ground average to \$1,028.</p> <p>Mr. Gubbels reported that they received appreciation from the Hawthorne Army Depot in response to the tragedy with the explosion and is included in the packet for Board review. Mr. Gubbels also mentioned the success of Sidewalk CPR in March and a couple articles provided within the Board packet for review.</p> <p><b>Vice Chair Jung</b> inquired about the Hawthorne assistance.</p> <p>Mr. Gubbels responded the Care Flight assisted.</p> <p>Ms. Admirand noted that Item 10B is not an action item.</p> <p><b>Vice Chair Jung</b> requested that the item be flagged as such in the next agenda.</p>	<p><b>Council Member Ratti</b> moved, seconded by <b>Dr. Furman</b>, to accept the REMSA Operations and Financial Report for June 2013 as presented.</p> <p><b><u>MOTION CARRIED</u></b></p>

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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	<p>Randall Todd, DPh, reported that the Board has been provided a summary of the latest EMS Working Group (filed). He directed the Board to the last bullet on the second page regarding data. Staff has discussed with this Board previously and with the EMS Working Group for some time the need to take a larger view of EMS than just the services that REMSA provides. From a customer perspective, it is more than just when REMSA gets there, but when anybody gets there after a 911 call is made. To that end, the Working Group had asked Dr. Todd and his staff to try and merge some of the EMS run data that comes from Fire with EMS run data that is regularly received from REMSA and begin to see what kinds of analysis can be done. Dr. Todd presented a PowerPoint presentation to the Board as provided within the agenda packet.</p> <p><b>Dr. Hess</b> asked for an explanation of the three priorities within EMS.</p> <p>Dr. Todd responded that Priority 1 is life-threatening, such as a heart attack or cardiovascular event. Priority 2 is serious. Priority 3 is not serious, such as a transport from one facility to another facility. Dr. Todd continued with the presentation. He noted that about 48% of the Reno Fire records matched up with REMSA. He explained that he was somewhat surprised by that figure since REMSA is the common denominator on all of these as they all of these incidents whereas Fire may or may not go on all of them. They then realized, however, that what they get from REMSA on a monthly basis is data on the calls that were actually transported. On those calls that did result in a transport and where Reno Fire and REMSA both responded, Fire arrived first about 60% of the time with REMSA arriving first about 40% of the time. When looking at the different priorities, there is a much bigger gap when responding to Priority 3 calls, because REMSA is not going to try to get there as quickly. They are going to give preferential treatment to Priorities 1 and 2. Fire does not always know the priority; therefore, they tend to go as quickly as they can to those calls. It is not surprising that they would get there a higher percentage of the time. This does, however, raise an issue which could be examined from a policy perspective in that does it make sense having to spend resources having Fire go to Priority 3 calls. They then asked from the time the fire alarm goes off, generally an earlier time than the REMSA clock start time, to when somebody gets there, looking at the data more from the client's perspective, almost 94.9% of the time, somebody gets there in under nine minutes.</p> <p><b>Dr. Hess</b> mentioned that there is a group of about six outliers and if those are all Priority 3.</p>	

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		<p>Dr. Todd responded that he would have to look them up. Some of them are pretty far up there, but there are not very many of them.</p> <p><b>Dr. Hess</b> commented in regard to the outliers that it would be good at some point to figure out who they are and why.</p> <p>Dr. Todd added that one of the things that was not possible for them to do was to weed any of them that had any type of exception ruling for whatever reason. There are not very many of those, but they could show up that way.</p> <p><b>Dr. Hess</b> with Board consensus requested future detail on the outliers.</p> <p><b>Council Member Ratti</b> sought clarification in regards to why there would be a 15- and 20-minute zones when the Franchise calls for the response time within the incorporated City of Reno to come in entirely within the 8-minute zone. She clarified by adding if those zone would be times when City of Reno was responding to calls in unincorporated Washoe County.</p> <p>Mr. Gubbels responded that there are some outlying areas within the City of Reno that actually are still 15-minute zones. For example, probably all of the way out at the end of Double R, there are still some 15-minute zones out there.</p> <p><b>Ms. Ratti</b> requested clarification at a future meeting. Her recollection of the Franchise Agreement was that once something was incorporated into the cities, that action caused it to be placed into an 8-minute zone. She recalls that there is a paragraph within the Franchise Agreement that says "incorporated cities."</p> <p>Mr. Gubbels will bring that back to another meeting.</p> <p><b>Ms. Ratti</b> added that they had had a conversation about how long it took for annexations to make it into those zones.</p> <p>Mr. Gubbels commented that a few of those are still under study zones which he will explain at the next meeting.</p> <p><b>Ms. Ratti</b> asked if they could be study zones that have been annexed but not incorporated.</p> <p>Mr. Gubbels responded in the affirmative. He added that a couple of the outliers are actually best effort zones; that is why it did not get listed within the</p>	

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		<p>8-, 15-, and 20-minute zones.</p> <p><b>Ms. Ratti</b> clarified that she is not necessarily advocating or questioning the response time. Since the incorporated boundaries are not necessarily part of the urban core, it may not make sense to use those boundaries as the divider line moving forward.</p> <p>Mr. Gubbels agreed and can also discuss that in the next meeting, because they have a lot of areas outside of the incorporated boundaries that are in 8-minute zones. When you look at 8-minute response, there are more 8-minute response areas outside of the McCarran Loop than there are inside the McCarran Loop.</p> <p><b>Ms. Ratti</b> requested an answer on what the rule is now and suggested having this issue be a topic for the EMS Working Group.</p> <p><b>Vice Chair Jung</b> agreed.</p> <p>Dr. Todd acknowledged this request. He continued with his presentation and pointed out that the vast majority of data presented shows response times between 2:53 seconds and 8:38 seconds regardless of the priority.</p> <p><b>Ms. Ratti</b> requested confirmation of her understanding that the area of concern is anywhere above 8 minutes on a Priority 1 call.</p> <p>Dr. Todd commented that while this is the concern on a Priority 1 call, it did not seem to matter within the City of Reno, because the bulk of the calls was still close to the 8-minutes mark, even though they may have been a Priority 2 or 3.</p> <p>Dr. Todd next presented data on the City of Sparks showing that Sparks Fire arrived first 61.5% of the time, and REMSA arrived first 38.5% of the time. Looking at the Priority 1 calls, there was a difference, but that difference was not statistically significant. Looking at the Priorities 2 and 3, the difference is more substantial and statistically significant. Dr. Todd added that his same comment with Reno Fire on the Priority 3 calls would hold here. As a system, if we take the earliest time that is being examined, the fire alarm time, and we take as the stop time either the REMSA stop clock or Fire on-scene report, whichever comes first, we are under 9 minutes for 98.4% of the time. Again, the difference between when either Fire or REMSA arrives first, the mode is generally in the 1 minute or so timeframe. Again, there is a clustering between the 2- to 8-minute area. A little bit more scatter is apparent on this graph</p>	

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		<p>compared to the equivalent Reno graph, but, still, there is a lot of clustering in the 2- to 8-minute area regardless of the priority of the calls. The priority did not really seem to predict how quickly help arrived for one source or another.</p> <p>With Truckee Meadows Fire, REMSA arrived first about 28% of the time, and Truckee Meadows Fire about 71% of the time. There are differences by priority. 82% of the time, help from one source or the other got there within 9 minutes or less. Interestingly, there is a lot more spread on the difference between arrival times. Again, priority did not seem to be solely predicting how quickly help would arrive.</p> <p>Lastly, there is the North Lake Tahoe Fire data with no matching, because REMSA is not in the North Lake Tahoe Fire response zone. Just for similar comparison, they are hitting the 9 minutes or less mark 72.5% of the time. Certainly, there are differences in terrain that might explain some of that.</p> <p>Dr. Todd mentioned that he and Kyra Morgan, EPHP Statistician, last week visited with the 911 Dispatch Center the Washoe County and the City of Reno are sharing. They have not visited the Public Safety Answering Point (PSAP) for Sparks yet nor have they toured the dispatch at REMSA. The Washoe County / REMSA PSAP has agreed to pull some additional data for them. He and Kyra would like to know what time did somebody at 911 say, "Hello, You have reached 911." That time is recorded. From a client perspective, that is really where they would like to start the clock. They would also like to know at exactly what time it got transferred to Fire and exactly what time it got transferred to REMSA. On that latter point, there are some challenges that they are experiencing, but staff is prepared to help them try to sort through that. They are not recorded in exactly the same way in the data system. They have also asked REMSA from their data what time the call was received. This will allow staff to conduct a comparison analysis. They feel that this would give them a better sense from a client perspective of if someone calls for help, how long is it going to be for the system to provide them with help from one source or another. The only reason that they have only a month's worth of data is that it turns out to be very time-consuming; there is no common, unique identifier that they can use to match these. Kyra is using a probabilistic matching method. If there are two records that went to the same address, on the same date, and at approximately the same time, they are probably the same run. However, a tremendous number of these required a human to actually look at it and agree that the records are actually the same. There can be differences in the way one record has the street address entered. For example, one record may display 123 Any Street versus 123 Any St. The computer thinks that those are two entirely different addresses whereas a</p>	

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		<p>human being can intervene and determine that those inputs are actually the same address. They do have a MRC volunteer to come in and help them do some of this work going forward. They were hopeful that the CAD number from the PSAP would serve as a unique identifier, but there are some problems in getting that little data segment from where it exists within the PSAP into REMSA's database so they could do a much easier form of matching.</p> <p><b>Council Member Ratti</b> acknowledged the labor intensiveness of data matching currently, but she thinks that it is brilliant that we can get some data. If nothing else, it gives us an idea of what is possible. She asked if the conversations of the EMS Working Group are leading towards changes that would allow the collection of this data easier in the future.</p> <p>Dr. Todd responded that thinking back to the TriData Report, it very clearly recommends that we have a method of electronically combining these data. This may involve creating a software linkage between the computer aided dispatch that REMSA uses and whatever the computer aided dispatch is that our PSAPs use. This would allow combining data to be fairly automatic. The time-consuming part of this for our statistician had to do with probabilistic matching. He responded in the affirmative that there is discussion along those lines. This is where it can get contentious. The TriData Report very clearly said that it did not matter, from their perspective, whether this was a physical collocation or a virtual collocation. There are voices on the EMS Working Group that feel rather adamantly that it should be a physical collocation and that a virtual collocation is inadequate. That is an ongoing, contentious discussion.</p> <p><b>Ms. Ratti</b> commented that it is fair to say that the consequences of the outcomes of the decisions we make along the line will affect our ability to get the best data.</p> <p>Dr. Todd responded that he believes that whether you physically or virtually collocate will have equally good data. He believes that not having any form of collocation means that we have a very difficult and labor-intensive method.</p> <p><b>Dr. Hess</b> asked if it would be possible to implement a unique identifier for each run starting tomorrow.</p> <p>Dr. Todd responded that this is what the EMS Working Group has been discussing. In his conversation with the PSAP, they explained that the already having a unique identifier called the CAD number. He understands it to be a</p>	



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		<p>number that is transferred to Fire. However, it does not automatically get transferred to REMSA. A different button links the caller and REMSA Dispatch and 911 Dispatch so that they are all theoretically on the phone at the same time. The question would be should the dispatcher at 911 take the time to verbally tell the REMSA dispatcher that number, and should the REMSA dispatcher be taking time away from assessing the emergency and getting help on the way in order to place that number into some sort of a notes field. Dr. Todd explained that this could be done, the questions has to be asked if it is in the best interest of our patients to be taking time to do that, especially when we know that the Sheriff and the City of Reno are in the process of getting an updated Tiburon software system to do their computer aided dispatch. They know that other communities have linked the updated Tiburon to the TriTech computer aided dispatch system that REMSA uses. That should solve the problem. He believes that there are others who would prefer that REMSA scrap theirs and go on Tiburon; that gets into a whole other discussion of whether that would be in the best interest of patient care. They think that it is going to get done within the next year and a half to two years. Dr. Todd added that it would be great to analyze some data before then, because it might help to inform some of their decision making.</p> <p><b>Vice Chair Jung</b> confirmed with the Board that all members have received the TriData Report. She explained that it was a concern by the consultant that there was not one identifying number. Then, it leads back to how much oversight we can really provide.</p> <p>Dr. Todd explained that they had hoped to get some unique identifier as a stopgap measure now, but that goal is proving to be elusive.</p> <p>Mr. Dick commented in regards to the emergency medical dispatch item in Dr. Todd's report and the attached letter of July 17<sup>th</sup>. He explained that at the last Board of Health meeting Ms. Zadra asked him how the Health District was being treated and engaged with the EMS Working Group. He has several items that are a cause for concern for him. One is the letter as presented mailed from the City and County Managers to Mr. Gubbels at REMSA on July 17<sup>th</sup>. The letter states that the EMS Working Group has the following issues and/or concerns related to the negotiations discussion to date. Mr. Dick explained that he is a member of the EMS Working Group and was not consulted in regard to this letter. He received it after it was delivered to REMSA, and it does not reflect his views. This is one example. He has been to several meetings of the EMS Working Group where he has had to remind participants that the direction received at the June 10<sup>th</sup> concurrent meeting was to work on amending and updating the Franchise Agreement, not to get</p>	

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		<p>rid of it. He has EMS Working Group Internal Meeting Minutes (filed) which were provided to the Board. This meeting was held on July 18<sup>th</sup>. He explained that he was also not invited to this meeting. He is concerned with how these negotiations are going to proceed and whether the City and County Managers are going to work with the Health District as directed in the concurrent meeting. He added that there were two other meetings that were held after the July 18<sup>th</sup> meeting. He was invited to a meeting on the afternoon of the 19<sup>th</sup> as well as yesterday afternoon from the Cities and County regarding the existing Franchise Agreement and going through that and discussing what were the feelings on changes or modifications. By and large, those were productive discussions. However, he still has concerns with those discussions, because the impression he gets is that instead of full concurrence, we may get more of a majority rules-type process. We, as the Franchise holder, may end up with correspondence from the EMS Working Group going to REMSA that does not reflect the views of the Health Officer.</p> <p><b>Ms. Jung</b> asked who is on the EMS Working Group.</p> <p>Mr. Dick responded that the EMS Working Group ultimately is supposed to be the two City Managers, the County Manager, and the District Health Officer on our side of the negotiations. REMSA is also included in the EMS Working Group for those discussions.</p> <p><b>Dr. Hess</b> commented that looking at the concurrent minutes, to him it is pretty clear that the three managers are acting as sort of a subcommittee. He is not sure that he totally disagrees with where they are going, but it is bothersome to him.</p> <p><b>Ms. Ratti</b> commented that she has not had a chance to chat with staff since she has read this report; she would be happy to go back and ask about it.</p> <p>Mr. Dick added that he has discussed this with Steve Driscoll, who is one of the signatories on the letter, and he hopes to have the opportunity to meet with the Reno City Manager and our Interim County Manager as well as Steve next Tuesday afternoon to further engage with them.</p> <p><b>Ms. Jung</b> wrote a note and will provide to Mr. Berkich after this meeting asking why Mr. Dick was not invited.</p> <p>Mr. Gubbels commented that the report from Dr. Todd is a snapshot report. He explained that it is very important that the Board understand how this got started. He asked that all of the Fire first responders set standards and</p>	

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		<p>measure those standards, and they all agreed to that. Now we all have standards; they are going to be measured. However, the reporting process has not been figured out yet. Mr. Gubbels added that he had brought up that they take a look at the overall system. He wants to know if there are any gaps in the system where Fire cannot get there fast enough, REMSA cannot get there soon enough, and, if there is, let us sit down collectively and determine how we address that. That is how this report was actually from; this is not a comparison. Kyra did a wonderful job, but she had to pick a start time. Therefore, she picked a start time of a fire alarm. That means that Fire got dispatched first, and then somewhere along the way that call got to REMSA. It is not a comparison of how long it took each individual agency; it is a collection of both agencies. They probably got that call a minute and a half or even two minutes before REMSA actually dispatched someone. The overall snapshot is to determine, in a combined effort, when we got there. He added that Kyra also could not measure when we got there at the same time. We are calling in on-scene with Fire; they are calling in on-scene with REMSA. The thing that is important to him is the snapshot that shows when you combine both of them, if they are there 94%-98% of the time under nine minutes, then that is good service to this community. Mr. Gubbels added that the other part of this is that we do need to look at the dispatch piece. The Emergency Services Consulting International (ESCI) report, just completed in 2011, shows that it is taking over two minutes to transfer a call from Reno Com over to REMSA. He explained that this is wasted time back towards responding to that patient. ESCI did measure response times whether REMSA got the call first, because there are times when the casinos or a health clinic will call them directly with REMSA still calling Fire for a response. In that study it showed that it did not matter whether the call went to Reno Com first or REMSA first that Fire response times were about that same. It was REMSA's response times that were delayed if the call went into ECom first. He noted that REMSA's response times are different on Priority 3s. That did not surprise him at all. He added that all four responding agencies have unique identifiers: Truckee Meadows, Reno, Sparks, REMSA. REMSA is on the julienne run number, used for billing purposes, starting every day at 12:01am. They offered to have an interim link between their computer and back to the dispatch centers. What it does is it automatically comes out of their computer, that priority, their response time, and their run number, and it would go to the other dispatch centers. However, it will not go into their computers yet; that will not happen until we have a true CAD-to-CAD link. That cannot happen until Tiburon is implemented; it will be updated enough that TriTech-Cad will be able to link to it. In the interim, we could have had CAD North. Mr. Gubbels explained that he did offer that. He added that the Sheriff and Dispatch Steering Committee said No, because they felt it would be too time-</p>	

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		<p>consuming. He would like to put that back on the table again. Yes, it is another monitor screen, but it does send REMSA's run number directly back over to them. They could take that number and then type it, because at that point they are done with their portion of the dispatch. The other way of proposing it is sending the numbers to REMSA which would then require somebody on their side pulling up records and manually entering them. He explained that it makes more sense to ship it automatically, then they already have that run open and can go in and enter it. Even though the Sheriff and Dispatch Steering Committee said No, that offer is still there at no cost to them. REMSA does have a cost, and that would be \$60,000.</p> <p><b>Vice Chair Jung</b> asked if he would cover that cost.</p> <p>Mr. Gubbels responded that they would have to cover it, because to him it is important. The reason why it is important is that we are still 12 to 18 months out.</p> <p><b>Ms. Jung</b> asked if Mr. Gubbels said that the Sheriff did not do what he had proposed because it was too time-consuming.</p> <p>Mr. Gubbels responded in the affirmative but clarified specifically that the Sheriff thought it would be too time-consuming for his staff.</p> <p><b>Ms. Jung</b> requested clarification if that is because of the fact that they would have to enter it before they closed out the dispatch case.</p> <p>Mr. Gubbels clarified that what would happen is they would have another screen. He continued to explain that what they currently have in place with Sparks is that when REMSA pages out their ambulances, they have a big speaker there, called a plextron, and they hear us exactly page out our ambulance, where it is going, the priority, and the age of the patient. Reno Com used to have that same thing, but when the Sheriff merged in, he said that he did not want that anymore. Therefore, they disconnected it. Then, Mr. Gubbels feels that they really went back into the old ages. Now, REMSA has to call every time; there is one number for Reno Fire and another for Truckee Meadows Fire, saying that this is Priority 1 or a Priority 2, where on Priority 3s they do not call. This was setup in a way where Fire would not go on Priority 3s. Right now in this era of everybody wanting to be first, which is not medically rational, they do go ahead and dispatch on all calls. What REMSA is saying is that they want to increase efficiency. Fire has certain chute / turnout times, so go ahead and alert the Fire Department; tell them you got a call. By the time they are getting ready to go, they are going to have the</p>	

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		<p>priority. If it is 3, do not waste that valuable resource. If it is a 1 or 2, go.</p> <p><b>Ms. Jung</b> commented that she is interested in understanding the Sheriff's rationale to not have that interim stopgap as Mr. Gubbels had proposed it to be.</p> <p><b>Ms. Ratti</b> believes that they have a recollection of the Sheriff's testimony on that very topic. She believes what he said was that it would be time-consuming, but that was a piece of it. She continued that the Sheriff had also explained that you have teams of people who have to implement whatever protocols you put in place. He was not particularly interested in training a team to implement a new protocol in a short-term solution; he was more interested in getting to a final, long-term solution and training the team to that protocol. There are people, processes, and systems; to make any of these processes efficient, people have to use them over and over again.</p> <p>Mr. Gubbels responded that the long-term solution is there, the CAD-to-CAD. Right now, we know that we are still a year away, at best, and probably closer to 16 months.</p> <p><b>Ms. Ratti</b> responded that she is not arguing the point; she was just saying that that was the answer. She commented that she is deliriously happy, because for five years she has sat in on the conversations of the various response agencies providing their numbers and the pointing of fingers. She sees this as a step forward to a set of common numbers where we can stop the race to be first and just have meaningful, transparent data that allow those of us who need to govern, to govern, and those of us who need to implement, to implement, and all of us to have good information to make good decisions. She absolutely understands all of Mr. Gubbels' points about what is not fair in this data. She thinks that Dr. Todd made most of those points as well. As Dr. Todd called out, what the customer really cares about, the call time, we do not have available at this time. She would also like geographic breakouts. She is excited about the potential at some point in time where we cannot only have this data on a regular basis but also be able to see trends over a period of time. Those trends would allow for us to have a red flag if something is going wrong in our systems. She explained that right now, as somebody in the governing body, she does not get any kind of meaningful information that provides a red flag if there is a gap. She added that when we were going through the recession, they had to make horrible decisions about where to cut, and they did not have any meaningful data that would allow them to determine where those cuts would have the least impact.</p>	

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		<p>Mr. Gubbels added that it make sense for the Health District to have this role, looking at the system overall.</p>	<p><b>Dr. Furman</b> moved, seconded by <b>Dr. Hess</b>, to accept the EMS report as presented.</p> <p><b><u>MOTION CARRIED</u></b></p>
12.	<p>Presentation of Environmental Health Services Division Programs, Mandates, Fees – Activities and Mandates for the Waste Management Program</p> <p><b>BOARD COMMENT</b></p>	<p>Bob Sack, Division Director of Environmental Health Services (EHS), noted that this is the second presentation from Environmental Health Services in an overview of the Division’s different programs, today taking a look at Waste Management. As a reminder, the division is setup by Food Protection, Land Development, Water Safety, Waste Management, Vector-Borne Diseases, and Institutions. Waste Management is made up of several different programs; they have Underground Storage Tanks, Hazardous Waste, Solid Waste Management, Recycling and Public Education, and Hazardous Materials Response. Within the agenda item, applicable NRS sections, enabling legislation, have been provided and are fairly extensive just as is the case with the Food Program. Starting with Underground Storage Tanks, they do that program under a contract with the State of Nevada, Division of Environmental Protection. Therefore, they are an arm of that state department; they do not have our own regulations. Under that, they do about 223 inspections per year, they then do re-inspections, and they also manage leaking underground tanks. For example, there are quite a few violations found on those inspections. Most of them will have some violation, requiring follow-up. As far as leaking tanks go, at any point in time, they will be working 15 – 20. Currently, they are working 17 or 18, and those cases are quite long-term. Sometimes, this causes noise complaints about the sound of a jet engine behind the gas station. They have gotten a lot quieter over the years, but those are both product removal out of the ground water, very complicated soil gas removal, a series of pipes underground, and a series of monitoring wells around that, it takes quite a bit of time to setup that system and then ongoing. For example, there is a former gas station site up at Lake Tahoe that is the entry point to Incline Village. That is a cleanup that has been going on up there for many years. There is quite a bit of staff involvement with all of this. Hazardous Waste is another one that they do under contract for the State. They only inspect exempt small-quantity generators of hazardous waste. It was 300 inspections per year, but as of July 1 this year, they are now doing 200 inspections of those. That is a list that the State provides on a quarterly basis of facilities they would like them to inspect. They go out and do those inspections and then report those results back into the State’s system. Solid Waste Management is where they get into anything from the complaints</p>	

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		<p>that somebody would make regarding garbage in their neighbor's yard, or, such as happened recently in Sparks with the cat and rabbit house, that was in the news media a couple months ago, where the guy was arrested for felony animal cruelty, they dealt with all of the animal waste side of that and carcass and flies side of that. It was pretty extensive and took several weeks to resolve. It could be as simple as just your neighbor having too many dog droppings out there. Now, when they get a complaint, they may initially send letters, but they may end up going out there if they get repeat complaints. They also regulate the solid waste management system. They monitor all of the activities, outside of the franchise agreements with each jurisdiction, such as its transfer station, its trucks, how it handles its waste and transports it. The newest area of involvement regards the recycling end; they permit all of these recyclers. With the price of metals out there right now, such as copper and aluminum, there are a lot of businesses that have been cropping up. Between businesses coming to them wanting to start, having to get permitted as a recycler, to them finding out about entrepreneurs who have been operating without permits, they are seeing quite an upswing in that activity right now. All of them are very marginal on the edge of regulatory compliance; it takes a fair amount of work.</p> <p><b>Dr. Furman</b> asked when they replace these tanks, if they are much better now.</p> <p>Mr. Sack responded that he will show some pictures that will cover that (provided within the agenda packet). He continued with his presentation to recap that recycling permitting is a big component of Environmental Health Services' Waste Management Program. The other thing that is new for them in dealing with neighbor complaints, issuing notices, and getting them to clean it up, is that the higher number of foreclosures has made it difficult to track down what bank shall receive the notice of violation, where are they located, or is it a H.U.D. property. This is not unique to them; all of the code enforcement agencies are also dealing with some of the same types of issues. Recycling and Public Education is an area with which they have not done as much lately; they have a Senior Environmentalist vacancy in the process of being filled. In the past, there has been the Recycle Man, etc. They are planning to put more effort into that area going forward. Part of that is also implementing the Waste Management Plan that was adopted by this Board a year and a half ago. Hazardous Materials Response is a component of Solid Waste Management; every hazardous materials response turns into a waste management issue at the end. There is some sort of waste that needs to be cleaned up, but they are unique. Those are typically waste oils, fuels, or whatever else somebody may spill in their yard, and quite a few of those are</p>	

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		<p>done in conjunction with fire agencies. Mr. Sack presented a series of pictures, as provided within the agenda packet, illustrating some of the work done by Waste Management, including removal of HIV-positive medical waste and sharps containers dumped in Washoe County, leaking drums contaminating the soil and nearby environment, containers of urine that tested positive for methamphetamine, and leaking underground storage tank replacement.</p> <p><b>Ms. Jung</b> asked a question regarding the Waste Management Program, specifically under the Solid Waste Management, in terms of dog waste, if Mr. Sack's division oversees this County-wide.</p> <p>Mr. Sack responded in the affirmative.</p> <p><b>Ms. Jung</b> asked how staff interfaces with the code enforcement officers for the County and the cities.</p> <p>Mr. Sack responded that they interface pretty closely with them. Code enforcement agencies will typically route those types of complaints to them first. They interact generally on similar types of complaints when they have a house that is really bad with a variety of issues.</p> <p><b>Ms. Jung</b> provided an example where she had a complaint within her District in the City of Reno involving dog feces in the backyard, and she never heard a thing about them being involved. She talked with the code enforcement officer, as well as animal enforcement, but she never heard anything about them. She asked if she should have called EHS.</p> <p>Mr. Sack responded in the affirmative and explained that they would probably route that type of complaint to them anyway.</p> <p><b>Ms. Jung</b> responded that in this case they did not; Regional Animal Services went out and made their own individual assessment and said that they could not file a complaint because of how weird the NRS is written.</p> <p>Mr. Sack responded that part of it is because the Health District has the authority to do that, and they really do not, when it comes to just feces.</p> <p><b>Mr. Jung</b> commented that she will see this constituent and pass that information along. She asked if EHS does the recycling outreach and encouragement, then how do they interface with the franchisee, Waste Management.</p>	



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		<p>Mr. Sack responded that they have monthly meetings with Waste Management. Part of that is Waste Management has within the franchise agreement, which the Health District does not oversee, they have outreach requirements also. EHS has not been real happy with some of their efforts, but, overall, EHS does try to interact with them. For example, Keep Truckee Meadows Beautiful does their cleanups every year; EHS provides dumpsters and other support.</p> <p><b>Ms. Jung</b> inquired about the picture regarding the HIV-positive medical waste and if an individual would have dumped it or a clinic.</p> <p>Mr. Sack responded that in this case it was an individual. They have not really seen much in the last 15 years from actual clinics in illegal dumping. Typically, when they see this, either something got into a dumpster at a clinic or someone has died and had accumulated these items. This used to be a real problem with clinics disposing of these items in their dumpsters.</p> <p><b>Ms. Jung</b> asked if they test this waste.</p> <p>Mr. Sack responded in the negative, but through follow-up of trying to figure out who dumped it, they can get the story.</p> <p><b>Ms. Jung</b> inquired about the containers of urine and how this occurs.</p> <p>Mr. Sack responded that methamphetamine use leads to some very weird human behavior, including hoarding. He continued with explanation of the pictures provided, showing the metal storage tanks next to the newer, fiberglass tanks. The replacement of these tanks at a gas station costs hundreds of thousands of dollars. There is a whole set of equipment and piping associated with those tanks, including the vapor recovery for air quality reasons, pulling hydrocarbon vapor and reducing hydrocarbon mass. In regards to illegal dumping, with the current high price of metal, Mr. Sack explained it is amazing how clean the environment is currently as it relates metal. The only metal in these hills currently is cars that need to be taken out by helicopter that are otherwise quite inaccessible. Refrigerators or stoves are generally not seen due to the high price of metal; these are bulky items that would be difficult to remove. Some of the efficiencies that EHS has had to create over the last few years, regarding waste management, include no longer taking anonymous complaints in this area. They tend to find that a good portion of the complaints they receive are neighborhood complaints where they really do not like their neighbors. Ultimately, their grass may be</p>	

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		<p>longer, and they think that is trash. Also, the dog may have defecated on the ground, and it is going to potentially emit a smell. When they stopped taking anonymous complaints and people had to record who they are along with their phone number, they have been better able to communicate by following-up and asking questions and/or providing the complainant with notification of the results of what EHS has done. Typically with a dog dropping complaint, they will send a letter the first time. They will also copy the complainant with that letter in saying that if they receive more complaints, they will send somebody out and take further enforcement actions. That actually seems to work on a lot of feces complaints. Mr. Sack reported that their hazardous materials and response load has reduced dramatically. They used to have two hazardous materials specialist when they were dealing with two or three hundred drug labs in a year and two or three hundred responses. For a variety of reasons, mainly regulatory over the last 20 years, improvements there have really cut down the actual releases that are out there. They eliminated one position in the middle of all this a few years ago and reclassified a second one to a Registered Environmental Health Specialist who is still doing this work but allows flexibility on how they utilize that position. All of their complaint data is now being captured electronically in Permit Plus; therefore, across the County, agencies can see all inputs on a particular address, cutting down on duplication of effort. There has been a lot of discussion with local agencies getting back and forth between all of the code enforcement agencies, the Health District, and the State Division of Environmental Protection. There is a lot of communication to ensure that there is not duplication, such as on a particular case, deciding who will take the lead on certain items and ensuring that all other agencies are informed. Mr. Sack displayed a picture of a special event crowd and explained that their goal is to ensure that those crowds continue to come to the area.</p>	<p><b>Dr. Furman</b> moved, seconded by <b>Dr. Hess</b>, to accept the Waste Management report as presented.</p> <p><b><u>MOTION CARRIED</u></b></p>
13.	<p>Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure Report for June, 2013.</p> <p><b>BOARD COMMENT</b></p>	<p>Eileen Stickney, Administrative Health Services Officer, presented the Monthly Public Health Fund Revenue and Expenditure Report for June 2013, stating that Staff recommends the Board accept the report. Ms. Stickney pointed out that this is a preliminary report, because they are in the process of closing out. A lot of the revenues on the grants are on reimbursement basis; therefore, they have not yet been brought in. Also, upon the conclusion of the closeout, Ms. Buxton will come before the Board and provide the Board an update as where we landed within the different divisions. Any of the line items that have large exceedances are noted and reviewed during the budget, making adjustments for future years if forecasted to occur on an ongoing basis.</p> <p><b>Dr. Hess</b> asked if we are \$2 million out of balance or are funds coming from</p>	

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		<p>reserves.</p> <p>Ms. Stickney responded that this reported is only what is budgeted and does not include the opening fund balance that then becomes the ending fund balance.</p> <p><b>Dr. Hess</b> commented that next year could be pretty tight.</p> <p>Ms. Stickney responded that the current year we are in now (FY 14) is very tight but is also a balanced budget.</p>	<p><b>Dr. Hess</b> moved, seconded by <b>Council Member Ratti</b>, to accept the Health Fund Revenue and Expenditure Report for June, 2013.</p> <p><b><u>MOTION CARRIED</u></b></p>
14.	Presentation, Discussion, and Possible Direction to Staff regarding Health Board Participation in a Public Health Study.	<p>Mr. Dick explained that he was contacted by Adele Solomon who is working on a Master of Public Health for the University of Liverpool. She is proposing to them a study toward her degree, "Exploring Key Stakeholder Beliefs, Understanding and Practice of the Need and Ability for State and Local Health Departments to Improve Public Health Outcomes and Health Department Sustainability in its relationship to Health Department Accreditation." She is looking to conduct interviews with 20 people from health districts across the state including members of boards of health; therefore, he is seeking whether any of the Board Members would be willing to spend the time to be interviewed by her or the people on her team. If so, he would recommend a motion to approve this. Mr. Dick pointed out one typo to be corrected in the motion: It is Ms. Solomon, not Ms. Solon.</p> <p><b>Dr. Hess</b> inquired about the amount of time dedication necessary for these interviews.</p> <p>Mr. Dick responded that he does not have the specifics in regards to the amount of time, but he would anticipate that it would be less than a day.</p> <p><b>Ms. Jung</b> pointed out that other Board of Health Members, absent from this meeting, should also be informed of this study.</p>	<p><b>Council Member Ratti</b> moved, seconded by <b>Dr. Furman</b>, to participate in the study conducted by Adele Solomon.</p> <p><b><u>MOTION CARRIED</u></b></p>
15.	Presentation, Discussion, and Possible Direction to Staff regarding a Fundamental Review.	<p>Mr. Dick commented that at the June 27, 2013 District Board of Health meeting, there was a discussion about the conceptual scope of work received from NACCHO to conduct a fundamental review. Specific items and approaches were identified that some Board Member wanted to ensure were part of the fundamental review as well as some concerns expressed. Mr. Dick and Ms. Stickney had a conference call with NACCHO representatives, and Mr. Dick also met with them at the NACCHO conference that he attended. Ultimately, through the discussions, they have concluded that NACCHO is not</p>	

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	<p align="center"><b>BOARD COMMENT</b></p>	<p>the right fit for achieving the desired full scope of the fundamental review. He does have some recommendations of consultants from NACCHO. He has sent e-mails to a couple of them who he would like to discuss further. He does not want to put out any names at this point, however, because he has not yet had that dialogue with them. He believes that the District may have the opportunity to work with a couple of the individuals, if we can get them to work together on this project, who he believes would create a strong team. One if a former health official from a local health department, and he was involved in the turnaround of the health district. They were having fiscal problems, and he is actually an author of a paper that was referenced at one of the financial sessions that he attended at the NACCHO conference. He is also on the editorial board of the <i>Journal of Public Health Management and Practice</i>. The other individual is a former state health commissioner, has experience with local health departments, and is now at a state university in a medical school program for public health. His specialty area is performance management and quality improvement. Mr. Dick advised that if the Board is amenable to it, he would like to proceed.</p> <p><b>Ms. Jung</b> commented that she would also look to who did the County fundamental review and ask if this is not their area of expertise, who they also might recommend.</p> <p>Mr. Dick responded that it was Management Partners who performed the fundamental review.</p>	<p><b>Dr. Furman</b> moved, seconded by <b>Council Member Ratti</b>, to direct DHO to continue seeking possible consultants for a fundamental review and to bring recommendations to the Board for approval.</p> <p><b><u>MOTION CARRIED</u></b></p>
16.	<p>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.</p>	<p>Ms. Griffey, Administrative Assistant I H.R. Rep. for the Health District, reported that she has spoken with Chairman Smith, and to keep in accords in what has been done in the past in 2010, by the recommendations made by previous Human Resources Director Katie Fox, a 10% above the highest earning division director that does not require a doctorate would be appropriate for an interim district health officer. To reach that point, Kevin Dick would need a 22% increase.</p>	<p><b>Council Member Ratti</b> moved, seconded by <b>Dr. Furman</b>, to approve out-of-class pay in the amount of \$132,520.96 for Mr. Kevin Dick, Interim District Health Officer, retroactive to April 26, 2013 and until a permanent district health officer is appointed.</p> <p><b><u>MOTION CARRIED</u></b></p>

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*17.	<p><b><u>Staff Reports and Program Updates</u></b></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. Dr. Todd added that within his written report, under Public Health Preparedness – Strategic National Stockpile, he mentioned the Local Technical Assistance Review which they undergo from the state and is quite the big deal for staff. Last year, they received a 91% out of 100 possible, a significant improvement for them last year. He was happy to report that they have heard from the state, and their score this year is 96%. They are very pleased with that upgrade to their score. This has to do with their readiness and ability to mass-dispense antibiotics or vaccines in the event of a public health emergency. Dr. Todd also mentioned that they did have an interesting communicable disease issue that came in after his report was prepared. A local family traveled up to their cabin in Northeastern California, encountered bats in the cabin, shewed them out, but one of the family members woke up the next morning with one on his neck. He also observed some bite marks on his arm. The mother in this family decided to do some laundry; as she was pulling the sheets from her bed out of the dryer, there was a bat twisted up in the sheets. She also discovered bite marks on what he recalls was her shoulder. This family clearly had some significant bat exposure. They did return here to Reno and received post-exposure prophylaxis. This is not shots in the stomach like it used to be; it is rabies immune globulin and some vaccines that are shots in the arm. It is a series of he believes four vaccinations. They completed the series on a Friday, and they went back to the cabin the next weekend. Not surprisingly, there were more bats, and they experienced more exposures. Dr. Todd explained that he has dealt with a fair number of bat exposure recommendations, but he does not think he has ever dealt with one where they no sooner finish their prophylaxis then get re-exposed. Fortunately, that prophylaxis becomes pre-exposure prophylaxis so that they can go forward. However, one of the family members, and this made it complicated enough that they had to get CDC to weigh in, was immunocompromised due to some immunosuppressive drugs that that person has to be on. They were not quite sure without some of CDC's guidance how to deal with that to ensure that he was adequately protected.</p> <p><b>Dr. Furman</b> asked how many doctors are in the medical reserve corps now.</p> <p>Dr. Todd responded that he did not have the number, but he does know that it</p>	

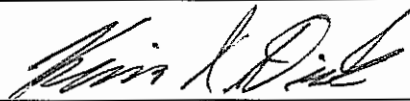
TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>is not very many, probably one or two at most.</p> <p><b>Ms. Jung</b> asked for clarification on the symptoms of hand, foot and mouth disease.</p> <p>Dr. Todd responded that you get bumps and sores, usually on your hand, feet, and/or mouth. The thing that is somewhat unusual about this novel strain is you can get them on the rest of your body too. When they started seeing these cases last summer, not only were they seeing an unusual distribution of lesions, a lot of these kids would have them in the diaper area, for example, the lesions were more severe. Epidemiologists usually understate things, so they said that it was a remarkable rash, but seeing the pictures may lead you to describe it as spectacular. Although adults rarely get this disease, they were seeing adults get it as well. They do not have any lab evidence that it is the CDA6 causing it this summer. The symptomatology, rash distribution, and who is getting it suggests that it is probably the same thing. It is usually somewhat self-limiting. It is more likely with this novel strain that some weeks after recovering from the rash that their fingernails shed. It scares people, but it is generally self-limiting. They have tried to get the word out to physicians and daycare operators that it is still around. He believes that this novel strain will no longer be novel; it is going to be here for awhile. It remains to be seen if the severity of the illness will abate as the population get more accustomed to dealing with it.</p> <p><b>Ms. Jung</b> asked how it is treated.</p> <p>Dr. Todd responded that people use topical ointments for comfort. However, it is a virus, and you cannot do much to treat it.</p> <p><b>Dr. Furman</b> commented on the mention of rabies and advised that he has seen people die of rabies and that it is a horrible death.</p> <p>Dr. Todd commented that his first year in public health practice, they had a fatal case of rabies where he was working. It was terrible. It was a two-year-old girl who had no history of a bite, but there had been a bat in her house. You would not necessarily expect a two-year-old to know that they had been bitten. It was a wake-up call for a lot of people that if they have bats in their house, they may not always know if they have been bitten.</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. He commented that he was hoping to introduce Lisa Lottritz who</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>was recently promoted to Supervisor, but she was unable to attend due to training. She will be supervising the Maternal Child And Health (MCAH) as well as the tuberculosis (TB) program. Also, as a reminder, under the immunization program, they are moving into their back-to-school season, and they are planning to have additional staff the week before school in order to accommodate the need. Of interest this year is that school is starting two weeks earlier now that the school district has shifted their calendar. They are also planning two outreach clinics, partnering with Immunize Nevada. Over the last nine months or so, they have reported on the various school-located vaccination clinics to provide primarily TDAP, which is a seventh grade entry requirement, and of course, they also offered flu immunization clinics. Under the TB Prevention and Control Program, program staff continue to work with the aggregate setting provider, maintaining anonymity and confidentiality there, to do an increased assessment and symptoms review, and they may conduct additional TB testing, if necessary. Mr. Kutz expressed appreciation to the EPHP, namely Kyra Morgan, and AHS Tech. Support, namely Curtis Splan.</p> <p><b>Ms. Jung</b> called to the attention of the Board Item No. 2 on Page 2 of Mr. Kutz's report which points out that two staff members received prestigious awards. Cory Sobrio, who is a Disease Intervention Specialist, received an award for his work with the Sexual Assault Response Team (SART), which is a County District Attorney's program, and he assists them by providing sexual assault victims with their and their perpetrator's STD / HIV test results. Jennifer Howell, who is a Program Coordinator, received the 2013 Silver Dollar Court Humanitarian Award for her outstanding devotion and leadership in an effort to preserve the dignity and rights of all human beings. This is a non-political, social organization promoting the positive image of the gay, lesbian, bisexual and transgender community. In acting as the Chairperson, Ms. Jung wanted to send her personal congratulations, and she hopes that the PIO is getting that out to all media so that they can see the level of great people who work for the Health District. She added that the work that staff does is biblical in that they are taking care of the most vulnerable with dignity and compassion, and it also shows that we do not pre-judge. She believes that is a good message to provide to our taxpayers.</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 the record. He highlighted that Southern Nevada is seeing West Nile Virus cases, including a death. They heard this morning that the first positive mosquito pool in the North was identified yesterday by the State Ag. Lab in the Genoa area. That was from mosquitoes, not a human exposure.</p>	

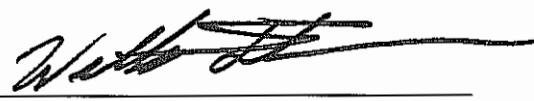
TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p><b>Dr. Furman</b> commented that he thinks that our mosquito team has done a very good job. He went out with them on an orientation, going through sewers, etc. He believes the team has done the best job in the state.</p>	
	<p>D. <u>Acting Director, 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. He added that on July 16<sup>th</sup>, AQM began their Facebook page, meeting one of their goals to improve delivery of air quality information to the public. They feel the partnerships they have with traditional media and the weather service will help them meet their goal to deliver that information to the public more quickly. To get there in two clicks, go to <a href="http://www.ourcleanair.com">www.ourcleanair.com</a> and then Like them on Facebook. Also, this Sunday, July 28<sup>th</sup>, they will have a booth at the Tour de Nez event. They will be there all day with their electric vehicle, and that will help them promote biking as alternative transportation as well as kickoff their Keep it Clean nO<sub>3</sub>zone campaign. The biking portion of their outreach aligns not only with Air Quality but also with Community Health and the Chronic Disease Prevention Program.</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>Interim District Health Officer and Health District Updates</u></p>	<p>Mr. Kevin 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 for Chairman Smith's support of his attendance at the NACCHO Conference that was held in Dallas. It was a great opportunity to be able to go to conference; he learned quite a bit from it and was able to meet other health officers. He attended several sessions regarding financial management and budgeting for health districts and also obtained contacts at that time for potential assistance with the fundamental review. He also heard a very interesting presentation from Spokane, WA where they have actually used decision analysis software to assist with their budgeting process. There was a vast amount of information. Mr. Dick also mentioned that he did not meet with the Director of the Nevada State Public Health Lab on July 18<sup>th</sup>, although it was printed in his report. They have rescheduled for the following week. He did meet with Dr. Larson, Director of the School of Public Health Sciences at UNR. She informed him that Renown is embarking upon their community health assessment with the UNR School of Medicine's Dr. Packham. Mr. Dick contacted Greg Boyer, CEO of Renown, to discuss with him how the Health District may be able to collaborate in that</p>	



TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		study as it will help us with some of the needs assessment type of information we would need to embark on a strong strategic planning process.	
*18.	Board Comment – Limited to Announcements or Issues for Future Agendas	<p><b>Dr. Hess</b> asked how they start the process of appointing a permanent District Health Officer, such as a subcommittee or placing on a future agenda.</p> <p>Ms. Admirand responded that it can be placed on the next meeting agenda to allow the Board to have a full discussion on how they would like to proceed.</p> <p><b>Ms. Jung</b> commented that one of the individual Board Member privileges is being able to place any desired topic on the agenda.</p>	
19.	Emergency Items	None.	
*20.	Public Comment (limited to three (3) minutes per person). No action may be taken.	Ms. Stickney announced that the Health District will be losing Ms. Lori Cooke, but she is going to be staying with the organization. She has a promotional opportunity which she accepted. This is her last Board meeting, and staff wanted to thank her for her service. She has a MBA degree, and she has made significant contributions to this team. All are invited to enjoy cake directly following adjournment.	
21.	<b>Adjournment</b>	There being no further business to come before the Board, the meeting was adjourned.	<p><b>Council Member Ratti</b> moved, seconded by <b>Dr. Hess</b>, that the meeting be adjourned.</p> <p><b>MOTION CARRIED</b> The meeting was adjourned at 2:55 p.m.</p>



KEVIN DICK,  
INTERIM DISTRICT HEALTH OFFICER



WILLIAM FLORES,  
RECORDING SECRETARY

**PROCLAMATION**

*Healthy Living Week*

**WHEREAS**, Over 35 percent of Washoe County school aged children are overweight or obese and 56 percent of adults in Reno/Sparks are overweight or obese; and

**WHEREAS**, Unhealthy eating patterns and too little physical activity are primary contributing factors to overweight and obesity; and

**WHEREAS**, Obesity can lead to severe and chronic health problems during childhood, adolescence and adulthood, including heart disease, diabetes, cancer, and asthma; and

**WHEREAS**, Obesity-related conditions now account for approximately 20 percent of all medical spending; and

**WHEREAS**, There are concrete steps we can take right away as concerned family members, educators, planners, health care providers, service providers, and community leaders to ensure that our communities, youth institutions, and places of work combat overweight and obesity by supporting physical activity and promoting healthy eating; now, therefore, be it

**PROCLAIMED**, By the Washoe County District Board of Health that the Week of September 15-21, 2013 is declared as “Healthy Living Week” in Washoe County and the Board urges all County residents to support physical activity and promote healthy eating.

**ADOPTED** this 22<sup>nd</sup> day of August, 2013.

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A.M. Smith III, Chairman  
Washoe County District Board of Health



# Washoe County Health District

ENVIRONMENTAL HEALTH SERVICES DIVISION



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

## STAFF REPORT

**BOARD MEETING DATE: 08/22/13**

DATE: August 13, 2013

TO: District Board of Health Members

FROM: David Boland, Senior Environmental Health Specialist  
[dboland@washoecounty.us](mailto:dboland@washoecounty.us); 775-328-3652

RE: Staff and the Sewage, Wastewater and Sanitation (SWS) Hearing Board recommend supporting Variance Case #1-13S.

### **Recommendation**

Staff and the Sewage, Wastewater and Sanitation (SWS) Hearing Board support Variance Case #1-13S (Richard Cook) as reviewed at the SWS Hearing Board August 8, 2013 meeting to allow for the reversion of parcel 051-293-05 from 1.0 acre +/- acre, to two 0.5 acre +/- lots.

### **Background**

When parcel 051-293-05 was originally created in February 1988, it was two 0.5 acre +/- lots within the Hidden Valley Subdivision Unit 1 similar to the surrounding lots that presently exist today. Mr. Richard Cook, the current owner of the parcel, proposes to split the 1.0 acre +/- lot reverting to the original two lots to allow for the construction of a single family dwelling on each proposed lot. Section 040.015 of the Regulations governing Sewage, Wastewater, and Sanitation stipulates "Lots created after March 21, 1991 and before October 23, 2001, that are to be served by onsite sewage disposal systems, shall be a minimum of one acre and shall comply with the minimum requirements stipulated by 040.020 of these regulations."

On June 24, 2013, percolation tests were performed by Black Eagle Engineering on two test holes for each of the proposed two 0.5 acre lots, a total of four percolation tests were performed. Results indicated Lot 2B is eligible for a standard septic system and Lot 2A will require an engineered sand filter system.

### **Conditions of Approval**

1. To obtain a permit to construct an on-site wastewater disposal system, the two lots must be serviced by the available public water system.
2. As part of the permitting process, the submittals for each lot must include:
  - A. All percolation test results and accompanying information;
  - B. Grading and driveway location and elevations; and
  - C. All other information as required for the permit application.

### **Possible Motion**

Should the DBOH agree with staff's and SWS Hearing Board recommendation, a possible motion would be "Move to approve Variance Case #1-13S, on parcel 051-293-05."

c: Richard S. Cook  
Brown Bear Engineering Inc.  
Jim English, Environmental Health Specialist Supervisor

APPLICANT(S): Mr. Richard Cooke (submitted through Brown Bear Engineering)

CASE#: 1-13S

IN REFERENCE TO THE ABOVE, I ACKNOWLEDGE NOTIFICATION THAT MY VARIANCE REQUEST WILL BE HEARD BEFORE THE WASHOE COUNTY DISTRICT BOARD OF HEALTH ON Thursday, August 22, 2013, AT 1:00 P.M. IN CONFERENCE ROOM B OF THE WASHOE COUNTY HEALTH DISTRICT, 1001 EAST NINTH STREET, RENO NV.

IF APPROVED, IN ACCORDANCE WITH THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING SEWAGE, WASTEWATER, AND SANITATION, THIS VARIANCE REQUEST IS VALID FOR ONE (1) YEAR FROM THE DATE OF APPROVAL.

*R Cooke*

\_\_\_\_\_  
Applicant(s) (or Representative)

8/8/13

\_\_\_\_\_  
(Date)



# Washoe County Health District

ENVIRONMENTAL HEALTH SERVICES DIVISION



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

SWS Hearing Board Agenda Item  
Meeting Date: August 8, 2013

DATE: July 22, 2013  
TO: Sewage, Wastewater and Sanitation (SWS) Hearing Board  
FROM: David Boland, Senior Environmental Health Specialist  
[dboland@washoecounty.us](mailto:dboland@washoecounty.us); 775-328-3652  
RE: Variance Case #1-13S; Parcel Map reversion, Parcel 051-293-05  
East Hidden Valley Drive, Washoe County, NV

Richard S. Cook, 4890 Turning Leaf Way, Reno, NV 89519

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## **Recommendation**

Staff recommends the Sewage, Wastewater and Sanitation (SWS) Hearing Board support the presented Variance Case #1-13S (Richard Cook) to allow for the reversion of parcel 051-293-05 from 1.0 acre +/- acre, to two 0.5 acre +/- lots. Upon SWS Hearing Board review, staff recommends the Variance Case #1-13S be presented to the District Board of Health for approval.

## **Background**

When parcel 051-293-05 was originally created in February 1988, it was two 0.5 acre +/- lots within the Hidden Valley Subdivision Unit 1 similar to the surrounding lots that presently exist today. Mr. Richard Cook, the current owner of the parcel, proposes to split the 1.0 acre +/- lot reverting to the original two lots to allow for the construction of a single family dwelling on each proposed lot. Section 040.015 of the Regulations governing Sewage, Wastewater, and Sanitation stipulates "Lots created after March 21, 1991 and before October 23, 2001, that are to be served by onsite sewage disposal systems, shall be a minimum of one acre and shall comply with the minimum requirements stipulated by 040.020 of these regulations."

On June 24, 2013, percolation tests were performed by Black Eagle Engineering on two test holes for each of the proposed two 0.5 acre lots, a total of four percolation tests were performed. Results indicated Lot 2B is eligible for a standard septic system and Lot 2A will require an engineered sand filter system.

## **Findings of Fact**

1. Will the proposed variance result in contamination of water to the extent it cannot be used for its existing or expected use?

**Reply:** No contamination of surface or ground water is expected as a result of this variance.

2. Will the proposed variance pose a threat to public health?

**Reply:** Allowing the parcel reversion to the subdivision's original lot count configuration will not have an adverse impact on the groundwater beyond what was originally designed and approved for this subdivision.

3. Are there other reasonable alternatives?

**Reply:** The Health District does not recommend reverting to lots of anything less than 0.5 acres in this variance request. There are no other reasonable alternatives.

### **Conditions of Approval**

1. To obtain a permit to construct an on-site wastewater disposal system, the two lots must be serviced by the available public water system.
2. As part of the permitting process, the submittals for each lot must include:
  - A. All percolation test results and accompanying information;
  - B. Grading and driveway location and elevations; and
  - C. All other information as required for the permit application.

### **Possible Motion**

Should the SWS Hearing Board agree with staff's recommendation, a possible motion would be "Move to support staff to present to the District Board of Health for approval Variance Case #1-13S (Richard Cook) to allow for the reversion of parcel 051-293-05 from 1.0 acre +/- acre, to two 0.5 acre +/- lots."

cc: Richard S. Cook  
Brown Bear Engineering Inc.  
Jim English, Environmental Health Specialist Supervisor



(#562)  
 HIDDEN VALLEY SUB. NO. 1  
 PORTION E 1/2 SECTION 27  
 T. 19 N. - R. 20 E.

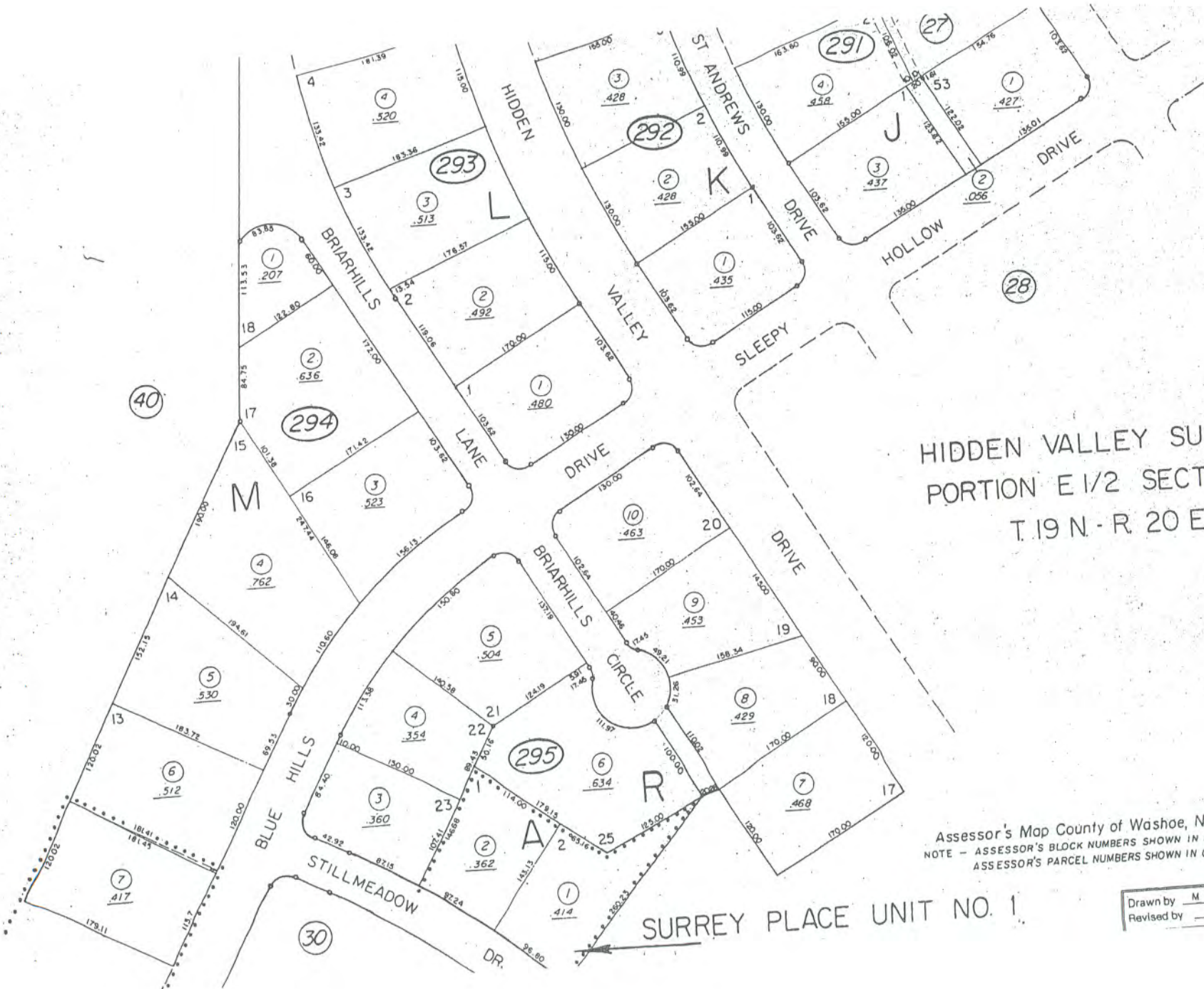
Assessor's Map County of Washoe, Nevada  
 NOTE - ASSESSOR'S BLOCK NUMBERS SHOWN IN ELIPSES  
 ASSESSOR'S PARCEL NUMBERS SHOWN IN CIRCLES

(#984)  
 SURREY PLACE UNIT NO. 1

Drawn by M PORTER 2/88  
 Revised by 7/90 4/91 5/93 7/93 4/94  
 5/98



51-29



HIDDEN VALLEY SUB. NO. 1  
 PORTION E 1/2 SECTION 27  
 T. 19 N. - R. 20 E.

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

SURREY PLACE UNIT NO. 1

Drawn by M PORTER - 2/88  
 Revised by \_\_\_\_\_







# Washoe County Health District



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

## CASE NO. 1-13S – AS REVIEWED BY THE SEWAGE, WASTEWATER AND SANITATION HEARING BOARD

In Re: Application of RICHARD COOK )  
for a variance request pertaining to )  
property located on East Hidden Valley )  
Drive, Washoe County, Nevada, from )  
the requirements of Section 040.015 )  
(Areas and Location Requirements for )  
Construction of On-Site Sewage Disposal )  
Systems) of the Washoe County District )  
Board of Health Regulations Governing )  
Sewage, Wastewater and Sanitation. )

**CASE NO. 1-13S**  
**RICHARD COOK**

At a hearing of the Sewage,  
Wastewater and Sanitation Hearing  
Board at Wells Avenue and Ninth  
Street, Reno, Nevada  
August 8, 2013

PRESENT: Chairman Ron Anderson, PE  
Vice Chairman Steve Brigman, PE  
Member Michele Dennis, PE  
Member Jeanne Rucker, REHS

ABSENT: Member George Georgeson, PE  
Member Bruce MacKay  
Member Mark Simons, Esquire

STAFF: David Boland, REHS, Senior Environmental Health Specialist  
Janet Smith, CAP-OM, Recording Secretary

**STATEMENT OF THE FACTUAL QUESTION BEFORE THE HEARING BOARD**

**SECTION 040                    AREAS AND LOCATION REQUIREMENTS FOR CONSTRUCTION OF  
ON-SITE SEWAGE DISPOSAL SYSTEMS**

**SECTION 040.015**        Lots created after March 21, 1991, and before October 23, 2001 that are to be served by on-site sewage disposal systems shall be a minimum of one acre and shall comply with minimum requirements stipulated by 040.020 of these Regulations.

**GENERAL COMMENTS**

On August 8, 2013, the Hearing Board for the referenced Regulations held a public hearing to consider all evidence and testimony presented concerning a variance request to the above. Mr. Brandon Bennett, PE, Brown Bear Engineering, representing the applicant; and Mr. Richard Cook, applicant were present at the aforementioned hearing.

Mr. Dave Boland, REHS, Senior Environmental Health Specialist, advised the Richard Cook Family Trust has submitted a request for a variance to allow for the construction of a single family dwelling on two (2) lots. Mr. Boland advised when Assessor's Parcel No. 051-293-05 was originally created 1988 it consisted on two (2) one-half acre lots; however, no construction occurred at that time. Mr. Boland advised the lots were then combined into a single one acre +/- lot; that Mr. Cook, the current owner, now proposes to split the 1.0 acre +/- lot reverting the original two (2) lots, which is consistent with the majority of the lots in the adjacent vicinity. Mr. Boland advised the proposed single family dwellings will be "on septic systems"; that one (1) of the lots will require an engineered sand filter system; and the other "qualifies for a standard system." Mr. Boland advised both lots will be connected to the public water system. Mr. Boland stated one of the lots (2B) has very sandy conditions resulting in a percolation rate of "just less than five (5) minutes per inch." Mr. Boland stated Staff is recommending approval of the request as the reversion of acreage will be consistent with the lot sizes in the area.

In response to Mr. Anderson regarding any failed systems in the area, Mr. Boland stated he is not aware of any systems in this area that have failed; that, there is a "pocket of very sandy soils in this particular location." Mr. Boland advised the percolation test hole on the other proposed lot (2A) was approximately ten (10) minutes per inch, which will allow for the construction of a standard system.



In response to Mr. Anderson regarding the proximity of the lots to the 100-year flood plain, Mr. Richard Cook, applicant, stated he has been advised the 100-year flood plain is adjacent to the west side of the golf course. Mr. Cook advised the proposed lots are on the east side of the Hidden Valley Country Club golf course.

Mr. Brandon Bennett, PE, Brown Bear Engineering, representing the applicant, Mr. Richard Cook, advised the proposed two (2) lots are located "on the hill just south of the Country Club; at the high point of the roadway."

In response to Ms. Rucker regarding the status of the adjacent properties, Mr. Bennett advised all of the adjacent lots are developed and are serviced by septic tanks.

In response to Mr. Brigman regarding the location of the nearest sewer line, Mr. Bennett advised the closest is approximately 700 feet in distance "across the roadway." Mr. Bennett stated he met with representatives of Washoe County public works and was advised these lots could not be serviced without the installation of a pump system. Mr. Bennett advised connection would be cost-prohibitive.

Mr. Boland advised the Regulations mandate connection if sewer is within 400 feet of the "most logical route" to the sewer location, for a residence; and within 200 feet from the property edge of an empty lot.

The applicant, Mr. Richard Cook, owner of Assessor's Parcel No. 051-293-05, Lot ADJ2, Block 293, is requesting a variance to the aforementioned Regulation.

The reason for the variance is:

1. To allow for the construction of a single family dwelling on each of the proposed lots.

#### **FINDINGS OF FACT**

1. Will the proposed variance result in contamination of the water to the extent it cannot be used for its existing or expected use?

No contamination of surface or groundwater is expected as a result of this Variance request.

2. Will the proposed variance pose a threat to public health?

Allowing the parcel reversion to the subdivision's original lot count configuration will not have an adverse impact on the groundwater beyond what was originally designed and approved for this subdivision.

3. Are there other reasonable alternatives?

There are no other alternatives, as the Health District does not recommend reverting to lots of anything less than 0.5 acres specific to this variance request.

### **RECOMMENDATION**

Mr. Boland advised Staff recommends **approval** of this proposed variance request, subject to the three (3) conditions as outlined:

1. A notice shall be **recorded** against Assessor's Parcel No. 051-293-05 indicating the conditions of approval for the variance prior to septic construction permit approval.
2. To obtain a Permit to Construct an on-site wastewater disposal system, the two lots must be serviced by the available public water system.
3. As a component of the permitting process, the submittals for each lot must include:
  - A. All percolation test results and accompany information;
  - B. Grading and driveway location and elevations; and
  - C. All other information as required for the permit application.

### **MOTION**

Ms. Dennis moved that based upon the testimony presented, it be recommended to the District Board of Health that Variance Case No. 1-13S (Richard Cook), be approved, stipulating to the Findings of Fact; and subject to the three (3) conditions as outlined.

SEWAGE, WASTEWATER AND SANITATION HEARING BOARD

Variance Case No. 1-13S (Richard Cook)

August 8, 2013

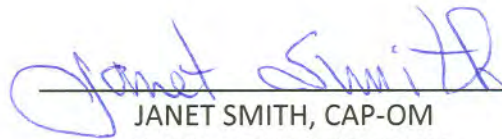
Page 5

The motion was seconded by Mr. Brigman and carried unanimously for approval.



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RONALD ANDERSON, PE, CHAIRMAN  
SWS HEARING & ADVISORY BOARD



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JANET SMITH, CAP-OM  
RECORDING SECRETARY



# Washoe County Health District



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

## STAFF REPORT BOARD MEETING DATE: 8/22/13

**DATE:** July 26, 2013

**TO:** District Board of Health

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

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

**SUBJECT:** Approval of Notice of Grant Award dated June 21, 2013 from the Department of Health and Human Services Public Health Service for the period June 30, 2013 to June 29, 2014 in the amount of \$799,838 in support of the Family Planning Program; Approval of amendments totaling an increase of \$14,838 in both revenue and expense to the FY 14 Title X Family Planning Federal Grant Program, IO 10025.

### SUMMARY

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

The Washoe County Health District's Family Planning program received from the Department of Health and Human Services Public Health Service the Notice of Grant Award for the period June 30, 2013 through June 29, 2014 in the total amount of \$799,838. A copy of the Notice of Grant Award is attached.

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

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

It also supports the Washoe County Health District's Family Planning Program mission to promote and assure that all Washoe County citizens have access to confidential, high quality, culturally competent reproductive health and family planning services that fosters healthy communities.



**PREVIOUS ACTION**

The District Board of Health approved last year's base Notice of Grant Award in the total amount of \$785,000 on July 26, 2012. The Board approved a supplemental award in the amount of \$69,980 on September 27, 2012.

**BACKGROUND**

The Grant Award includes funding for personnel, travel and training, operating supplies, professional services, educational supplies, advertising and other expenses, including funding specifically for community outreach, planning meetings and program participation via use of incentives (including but not limited to bus passes, taxi vouchers, gift certificates, educational outreach items, nutritious food and beverage, and gift cards).

The FY14 Title X Family Planning Budget was projected at \$785,000. The award amount is \$799,838. A budget amendment in the amount of \$14,838 is necessary to bring the Notice of Grant Award into alignment with the program budget.

**FISCAL IMPACT**

Should the Board approve these budget amendments, the adopted FY 14 budget will be **increased by \$14,838** in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
<b>2002-IO-10025-431100</b>	<b>Federal Revenue</b>	<b>\$14,838</b>
2002-IO-10025-701130	Pooled Positions	8,510
-710714	Referral Services	6,328
	<b>Total Expenditures</b>	<b>\$14,838</b>

**RECOMMENDATION**

Staff recommends that the Washoe County District Board of Health approve the Notice of Grant Award dated June 21, 2013 from the Department of Health and Human Services Public Health Service for the period June 30, 2013 to June 29, 2014 in the amount of \$799,838 in support of the Family Planning Program; Approval of amendments totaling an increase of \$14,838 in both revenue and expense to the FY 14 Title X Family Planning Federal Grant Program, IO 10025.

**POSSIBLE MOTION**

Move to Notice of Grant Award dated June 21, 2013 from the Department of Health and Human Services Public Health Service for the period June 30, 2013 to June 29, 2014 in the amount of \$799,838 in support of the Family Planning Program; Approval of amendments totaling an increase of \$14,838 in both revenue and expense to the FY 14 Title X Family Planning Federal Grant Program, IO 10025.

1. DATE ISSUED MM/DD/YYYY 06/21/2013	2. CFDA NO. 93.217	3. ASSISTANCE TYPE Project Grant
1a. SUPERSEDES AWARD NOTICE dated except that any additions or restrictions previously imposed remain in effect unless specifically rescinded		
4. GRANT NO. 5 FPHPA096051-02-00 Formerly	5. ACTION TYPE Non-Competing Continuation	
6. PROJECT PERIOD From MM/DD/YYYY 06/30/2012	Through MM/DD/YYYY 06/29/2016	
7. BUDGET PERIOD From MM/DD/YYYY 06/30/2013	Through MM/DD/YYYY 06/29/2014	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
Office of Grants Management  
1101 Wootton Parkway  
Suite 550  
Rockville, MD 20852

**NOTICE OF AWARD**  
AUTHORIZATION (Legislation/Regulations)  
P.L. 91-572 PHS Act Sec. 1001 as Amended, 42 CFR 59

8. TITLE OF PROJECT (OR PROGRAM) FY2012 Family Planning Services grant to serve the Washoe County area, including the Cities of Reno	
9a. GRANTEE NAME AND ADDRESS Washoe County Health District 1001 E 9th St Bldg B Reno, NV 89512-2845	9b. GRANTEE PROJECT DIRECTOR Ms. Stacie Hardie 1001 EAST 9TH STREET BUILDING B RENO, NV 89512-2845 Phone: 775-328-2444
10a. GRANTEE AUTHORIZING OFFICIAL Joseph P. Iser MDDrPHMSc 1001 East Ninth Street, Building B Reno, NV 89512-2845 Phone: 775-328-2416	10b. FEDERAL PROJECT OFFICER Ms. Kaeë Ross-PO 90 7th St Suite 5-100 OFP/OASH San Francisco, CA 94103-null Phone: (415) 437-7984

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)		12. AWARD COMPUTATION	
I Financial Assistance from the Federal Awarding Agency Only		a. Amount of Federal Financial Assistance (from item 11m) 799,838.00	
II Total project costs including grant funds and all other financial participation <input checked="" type="checkbox"/>		b. Less Unobligated Balance From Prior Budget Periods 0.00	
a. Salaries and Wages .....	485,990.00	c. Less Cumulative Prior Award(s) This Budget Period 0.00	
b. Fringe Benefits .....	205,158.00	d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 799,838.00	
c. Total Personnel Costs .....	691,148.00	13. Total Federal Funds Awarded to Date for Project Period 1,654,818.00	
d. Equipment .....	0.00	14. RECOMMENDED FUTURE SUPPORT	
e. Supplies .....	22,500.00	(Subject to the availability of funds and satisfactory progress of the project):	
f. Travel .....	6,000.00	YEAR	TOTAL DIRECT COSTS
g. Construction .....	0.00	a. 3	d. 6
h. Other .....	142,079.00	b. 4	e. 7
i. Contractual .....	47,600.00	c. 5	f. 8
j. TOTAL DIRECT COSTS →	909,327.00	15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
k. INDIRECT COSTS	23,311.00	a. DEDUCTION	
l. TOTAL APPROVED BUDGET	932,638.00	b. ADDITIONAL COSTS	
m. Federal Share	799,838.00	c. MATCHING	
n. Non-Federal Share	132,800.00	d. OTHER RESEARCH (Add / Deduct Option)	
		e. OTHER (See REMARKS)	
		16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:	
		a. The grant program legislation	
		b. The grant program regulations.	
		c. This award notice including terms and conditions, if any, noted below under REMARKS.	
		d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.	
		In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.	

REMARKS (Other Terms and Conditions Attached -  Yes  No)  
This action award funds in the amount of \$799,838 for FY2013.  
See attached Terms and Conditions.

GRANTS MANAGEMENT OFFICER: Alice M Bettencourt, Grants Management Officer

17. OBJ CLASS 41.51	18a. VENDOR CODE 1886000138A1	18b. EIN 886000138	19. DUNS 073786998	20. CONG. DIST. 02
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. 3-3094509	b. FPHPA6051A	c. FPH70	d. \$799,838.00	e.
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.



NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 7	DATE ISSUED 06/21/2013
GRANT NO. 5 FPHPA096051-02-00	

Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
06/30/2012	06/30/2012	Quarterly	07/30/2012
07/01/2012	09/30/2012	Annual	12/29/2012
07/01/2012	09/30/2012	Annual	12/29/2012
10/01/2012	12/31/2012	Quarterly	01/30/2013
01/01/2013	03/31/2013	Quarterly	04/30/2013
04/01/2013	06/30/2013	Quarterly	07/30/2013
07/01/2013	09/30/2013	Annual	12/29/2013
10/01/2013	12/31/2013	Quarterly	01/30/2014
01/01/2014	03/31/2014	Quarterly	04/30/2014
04/01/2014	06/30/2014	Quarterly	07/30/2014
07/01/2014	09/30/2014	Annual	12/29/2014
10/01/2014	12/31/2014	Quarterly	01/30/2015
01/01/2015	03/31/2015	Quarterly	04/30/2015
04/01/2015	06/30/2015	Quarterly	07/30/2015
07/01/2015	09/30/2015	Annual	12/29/2015
10/01/2015	12/31/2015	Quarterly	01/30/2016
01/01/2016	03/31/2016	Quarterly	04/30/2016
04/01/2016	06/29/2016	Final	09/27/2016

**SPECIAL CONDITIONS**

1. The Family Planning National Training Center for Coordination and Strategic Initiatives is hosting the bi-annual Office of Population Affairs (OPA), Office of Family Planning (OFP) Title X Grantee Meeting in Seattle, WA July 30, 2013 - August 1, 2013. It is encouraged that two to three individuals from each grantee agency will attend. Persons attending should include those individuals who have decision-making responsibility for Title X activities. Examples of attendees include: Executive Directors, Program Managers, Senior Clinical staff, or other appropriate grantee staff. Grantees should budget accordingly for a minimal registration fee and for travel and per diem expenses.

Failure to comply with the above Special Conditions may result in a disallowance of funds, a drawdown restriction or denial of future funding.

**SPECIAL TERMS AND REQUIREMENTS**

1. Notwithstanding any other provision of law, no provider under Title X of the Public Health Service Act shall be exempt from any State law requiring notification for the reporting of child abuse, child molestation, sexual abuse, rape, or incest.
2. This award consists of:

Program income (fees, premiums, third-party reimbursements which the project may reasonably expect to receive), as well as State, local and other operational funding, will be used to finance the non-federal share of the scope of project as defined in the approved grant application and reflected in the approved budget. Program income and the level projected in the approved budget will be used to further program objectives.

Title X Funds	\$799,838
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NOTICE OF AWARD (Continuation Sheet)

PAGE 3 of 7	DATE ISSUED 06/21/2013
GRANT NO. 5 FPHPA096051-02-00	

Cost Sharing Funds (10%)	\$
Program Income	\$ 54,300
Other Funds	\$ 78,500
Total Project Budget	\$932,638

3. *Program Priorities:* Each year the OPA establishes program priorities that represent overarching goals for the Title X program. Program priorities derive from Healthy People 2020 Objectives and from the Department of Health and Human Services (HHS) priorities. Project plans should be developed that address the 2013 Title X program priorities, and should provide evidence of the project's capacity to address program priorities as they evolve in future years. The 2013 program priorities are as follows:

1. Assuring the delivery of quality family planning and related preventive health services, where evidence exists that those services should lead to improvement in the overall health of individuals, with priority for services to individuals from low-income families. This includes ensuring that grantees have the capacity to train staff throughout their Title X projects, and that project staff have received training on Title X program requirements;
2. Expanding access to a broad range of acceptable and effective family planning methods and related preventive health services in accordance with Title X program requirements and nationally recognized standards of care. These services include, but are not limited to, natural family planning methods, infertility services, services for adolescents, breast and cervical cancer screening, and sexually transmitted disease (STD) and HIV prevention education, testing, and referral. The broad range of services does not include abortion as a method of family planning;
3. Emphasizing the importance of discussing a reproductive life plan with all family planning clients, and providing preconception health services as a part of family planning services, as appropriate;
4. Addressing the comprehensive family planning and other health needs of individuals, families, and communities through outreach to hard-to-reach and/or vulnerable populations, and partnering with other community-based health and social service providers that provide needed services; and
5. Identifying specific strategies for adapting delivery of family planning and reproductive health services to a changing health care environment including addressing provisions of the Affordable Care Act (ACA). This includes, but is not limited to, increasing the capacity of Title X service sites to utilize health information technologies that will enhance their ability to bill third party payers.

**STANDARD TERMS**

NOTICE OF AWARD (Continuation Sheet)

PAGE 4 of 7	DATE ISSUED 06/21/2013
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1. The recipient must comply with all terms and conditions outlined in their grant award, including grant policy terms and conditions contained in applicable Department of Health and Human Services (HHS) Grant Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts.
2. Responses to reporting requirements, conditions, and requests for post-award amendments must be submitted to the attention of the Grants Management Specialist indicated in the "Contacts" section. All correspondence should include the Federal grant number on page 1 of the NoA and signature of the authorized business official and/or the project director. Failure to follow this guidance will result in a delay in responding to your correspondence.
3. Requests that require prior approval from the awarding office (See Part II, HHS Grants Policy Statement) must be submitted in writing to the GMO. Only responses signed by the GMO are to be considered valid. Grantees who take action on the basis of responses from other officials do so at their own risk. Such responses will not be considered binding by or upon any OASH Program Office.
4. Awards issued with a start date after October 1, 2010 may be subject to the following award term. As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109-282), as amended by section 6202 of Public Law 110-252, recipients must report information for each subaward of \$25,000 or more in Federal funds and executive total compensation as outlined in Appendix A to 2 CFR Part 170  
  
[http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=/ecfrbrowse/Title02/2cfr170\\_main\\_02.tpl](http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=/ecfrbrowse/Title02/2cfr170_main_02.tpl)
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7. The FY 2012 HHS Appropriations Act, the *Consolidated Appropriations Act, 2012* (Public Law 112-74), was signed into law on December 23, 2011. Under all subsequent Continuing Resolutions for FY13 these statutory provisions continue to apply. The following statutory provisions limit the use of funds on this OASH grant or cooperative agreement during the current budget period.

(1) Restriction on Distribution of Sterile Needles (Section 523)

"Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug."

(2) Salary Limitation (Section 203)

"None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II."

**Effective December 23, 2011, the Salary Limitation is based upon the Executive Level II of the Federal Executive Pay Scale.** That amount is **\$179,700**. For the purposes of the salary limitation,

NOTICE OF AWARD (Continuation Sheet)

PAGE 5 of 7	DATE ISSUED 06/21/2013
GRANT NO. 5 FPHPA096051-02-00	

the direct salary is exclusive of fringe benefits and indirect costs. An individual's direct salary is not constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to the grant. A recipient may pay an individual's salary amount in excess of the salary cap with non-federal funds.

(3) Anti-Lobbying (Section 503)

“(a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111–

148 shall be used, other than for normal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

(b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111–148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.”

(4) Gun Control (Section 218)

“None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.”

8. Awards issued with a start date after October 1, 2010 may be subject to the following award term. As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109–282), as

amended by section 6202 of Public Law 110–252, recipients must report information for each subaward of \$25,000 or more in Federal funds and executive total compensation as outlined in Appendix A to 2 CFR Part 170

[http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=/ecfrbrowse/Title02/2cfr170\\_main\\_02.tpl](http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=/ecfrbrowse/Title02/2cfr170_main_02.tpl)

## Reporting Requirements

1. A comprehensive progress report, detailing the activities completed from the previously completed budget year (all 12 months) must be electronically submitted to the Office of Grants Management and a copy sent to the Title X Regional Project Officer within 45 days from the start of the budget period.
2. **FINANCIAL REPORTING REQUIREMENT Federal Financial Reporting (FFR) SF 425:**

NOTICE OF AWARD (Continuation Sheet)

PAGE 6 of 7	DATE ISSUED 06/21/2013
GRANT NO. 5 FHPA096051-02-00	

The Department of Health and Human Services (HHS) has transitioned from use of the SF-269, Financial Status Report (Short Form or Long Form) to the use of the SF-425 Federal Financial Report for expenditure reporting. SF-269s will no longer be accepted. If an SF-269 is submitted, the Office of the Assistant Secretary for Health, Office of Grants Management will return it and require the recipient to complete the SF-425. The SF-425 and instructions for completing the form can be found on the Web at: [http://www.whitehouse.gov/omb/grants\\_forms](http://www.whitehouse.gov/omb/grants_forms)

- a. This reporting requirement supersedes any previously issued FFR reporting table and instructions.
- b. Grantees must submit quarterly Federal Financial Reports (FFR) due on the same quarterly period with which the cash reporting is required to be submitted to the Division of Payment Management (DPM) or at the end of a federal fiscal quarter.
- c. The quarterly FFR is due 30 days after the end of each reporting period. An annual FFR is due 90 days after the end of each report period or Federal Fiscal Year.
- d. You may view the complete table of the reporting schedule under the Reports dropdown after logging into GrantSolutions and go to Federal Financial Report.
- e. GrantSolutions will automatically issue you a reminder seven (7) days prior to each report due date. If not submitted by the due date, you will receive a message indicating the report is past due.
- f. **Electronic Submissions via GrantSolutions** – Hard copies submissions are no longer accepted by the OASH Office of Grants Management. Reports are now required to be submitted electronically only through GrantSolutions using the FFR Reporting Module. Grantees must no longer submit hard copies of the FFR as an email attachment or using Grant Notes. You must be assigned to the grant with authorized access to the FFR reporting Module as FINANCIAL OFFICER when submitting. If you encounter any difficulties, contact your assigned Grants Management Specialist. Please reference the CONTACTS section of NoA Terms and Conditions to locate the name of this individual.

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NOTICE OF AWARD (Continuation Sheet)

PAGE 7 of 7	DATE ISSUED 06/21/2013
GRANT NO. 5 FPHPA096051-02-00	

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f. **Electronic Submissions via GrantSolutions** – Hard copies submissions are no longer accepted by the OASH Office of Grants Management. Reports are now required to be submitted electronically only through GrantSolutions using the FFR Reporting Module. Grantees must no longer submit hard copies of the FFR as an email attachment or using Grant Notes. You must be assigned to the grant with authorized access to the FFR reporting Module as FINANCIAL OFFICER when submitting. If you encounter any difficulties, contact your assigned Grants Management Specialist. Please reference the CONTACTS section of NoA Terms and Conditions to locate the name of this individual.

## CONTACTS

### 1. Fraud, Abuse and Waste:

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE 330 Independence Ave., SW, Room 5140 Cohen Building, Washington, DC 20201 e-mail [https@os.dhhs.gov](mailto:https@os.dhhs.gov) 1-800-447-8477 (1-800-HHS-TIPS).

### 2. PAYMENT PROCEDURES:

Payments for grants awarded by OASH Program Offices are made through the Division of Payment Management (<http://www.psc.gov/>). Applicant organizations are assigned a 12-digit Entity Identification Number for payment and accounting purposes. That number is an expansion of the 9-digit Employer Identification Number assigned to an organization by the Internal Revenue Service. PMS is administered by the Program Support Center (PSC), HHS. NOTE: Please contact the Division of Payment Management to establish an account.

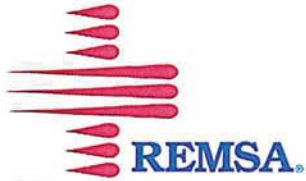
Inquiries regarding payments should be directed to <http://www.dpm.psc.gov/>; Division of Payment Management, P.O. Box 6021, Rockville, MD 20852; or 1-877-614-5533.

3. For assistance on **grants administration** issues please contact: Robin Fuller, Grants Management Specialist, at (240) 453-8830, FAX (240) 453-8823, e-mail [robin.fuller@hhs.gov](mailto:robin.fuller@hhs.gov) or OASH Grants Management Office, 1101 Wootton Parkway, Suite 550, Rockville, MD 20852.

### 4. PAYMENT PROCEDURES:

Payments for grants awarded by OASH Program Offices are made through the Division of Payment Management (<http://www.psc.gov/>). Applicant organizations are assigned a 12-digit Entity Identification Number for payment and accounting purposes. That number is an expansion of the 9-digit Employer Identification Number assigned to an organization by the Internal Revenue Service. PMS is administered by the Program Support Center (PSC), HHS. NOTE: Please contact the Division of Payment Management to establish an account.

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*Regional Emergency Medical Services Authority*

**REMSA**

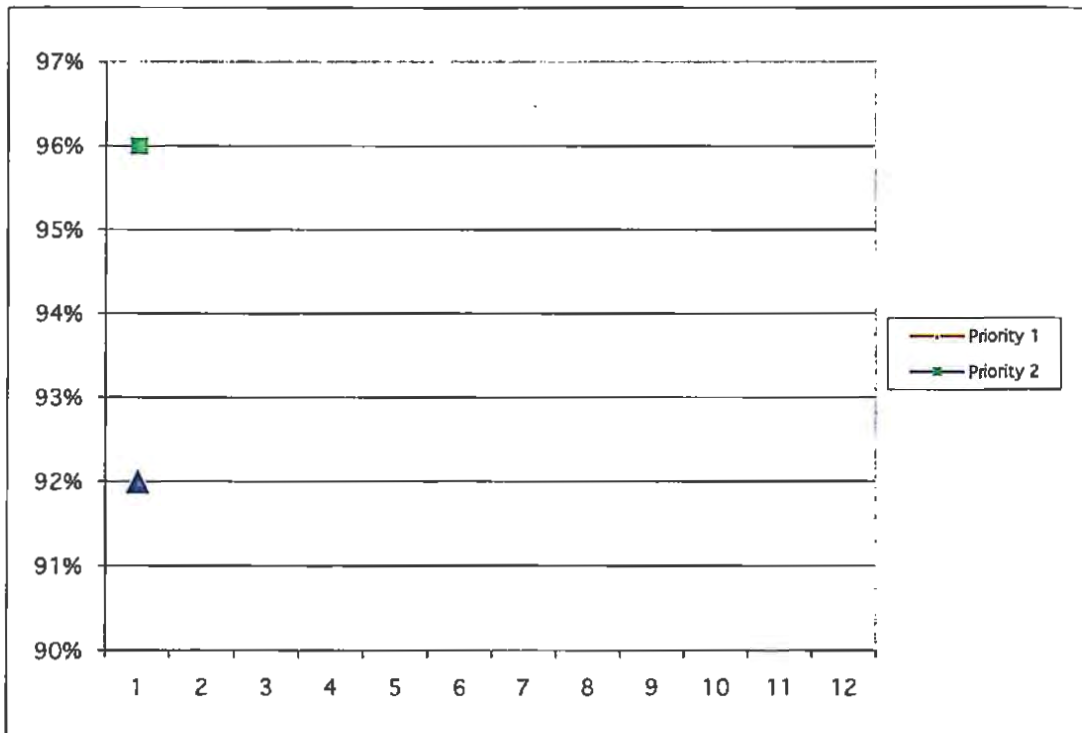
**OPERATIONS REPORTS**

**FOR**

**JULY 2013**

Fiscal 2014

Month	Avg. Response Time	Avg. Travel Time	Priority 1	Priority 2
Jul. 2013	5 mins. 56 secs.	5 mins. 3 secs.	92%	96%
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan. 2014				
Feb.				
Mar.				
Apr.				
May				
June 2014				





Care Flight

Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-13	15	\$116,951	\$7,797	\$7,797
Aug.			\$0	\$7,797
Sept.			\$0	\$7,797
Oct.			\$0	\$7,797
Nov.			\$0	\$7,797
Dec.			\$0	\$7,797
Jan. 2014			\$0	\$7,797
Feb.			\$0	\$7,797
Mar.			\$0	\$7,797
Apr.			\$0	\$7,797
May			\$0	\$7,797
June			\$0	\$7,797
<b>Totals</b>	<b>15</b>	<b>\$116,951</b>	<b>\$7,797</b>	<b>\$7,797</b>

Adjusted Allowed Average Bill - \$7,641.00

REMSA Ground

Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-13	3528	\$3,760,993	\$1,066	\$1,066
Aug.			\$0	\$1,066
Sept.			\$0	\$1,066
Oct.			\$0	\$1,066
Nov.			\$0	\$1,066
Dec.			\$0	\$1,066
Jan. 2014			\$0	\$1,066
Feb.			\$0	\$1,066
Mar.			\$0	\$1,066
Apr.			\$0	\$1,066
May			\$0	\$1,066
June			\$0	\$1,066
<b>Totals</b>	<b>3528</b>	<b>\$3,760,993</b>	<b>\$1,066</b>	<b>\$1,066</b>

Allowed ground avg bill - \$1,067.00

Monthly Payments

REMSA  
 Monthly Debt Payments  
 as of 8/13/2013

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	738.75
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	2,373.09
10099003	11,871.59
10099004	11,871.59
10099005	12,488.60
Total	\$ 199,014.83



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*Regional Emergency Medical Services Authority*

**CARE FLIGHT  
OPERATIONS REPORT  
FOR  
JULY 2013**



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

- ❖ **In Town Transfer:**  
    **0 Ground ITTs were completed**
- ❖ **Outreach, Education, & Marketing:**  
    ➤ **1 Community Education & Public Event**

7/16/13	St. Mary's Helicopter Safety Orientation	Flight Staff
---------	--	--------------

❖ **Statistics**

**Washoe County Flights**

	# patients
Total Flights:	15
Total Patients	15
Expired on Scene	0
Refused Transport (AMA)	0
Scene Flights	9
Hospital Transports	6
Cardiac	1
Trauma	7
Medical	5
Pulmonary	0
High Risk OB	0
Neuro	2
Pediatrics	0
Newborn	0
Full Arrest	0
Surgical	0
<b>Total</b>	<b>15</b>



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*Regional Emergency Medical Services Authority*

**REMSA**  
**GROUND OPERATIONS REPORT**  
**FOR**  
**JULY 2013**



## GROUND AMBULANCE OPERATIONS REPORT

July 2013

<b>1. OVERALL STATISTICS:</b>
-------------------------------

Total Number Of System Responses	6071
Total Number Of Responses In Which No Transport Resulted	2558
Total Number Of System Transports	3513

<b>2. CALL CLASSIFICATION REPORT:</b>
---------------------------------------

Cardiopulmonary Arrests	2%
Medical	45%
OB	1%
Psychiatric/Behavioral	5%
Transfers	18%
Trauma	24%
Trauma – MVA	6%
Trauma – Non MVA	18%
Unknown/Other	5%
Total Number of System Responses	100%

<b>3. MEDICAL DIRECTOR'S REPORT:</b>
--------------------------------------

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 3376 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
7/8/2013	REMSA	11
7/15/2013	EMS CES 911 Training Site	5
7/16/2013	REMSA	10
7/21/2013	EMS CES 911 Training Site	1
7/22/2013	REMSA	7
7/25/2013	REMSA	11
7/29/2013	EMS CES 911 Training Site	6

**Advanced Cardiac Life Support Recert**

Date	Course Location	Students
7/3/2013	Saint Mary's Regional Medical Center	1
7/15/2013	Eastern Plumas Healthcare	1
7/18/2013	EMS CES 911 Training Site	2
7/19/2013	REMSA	9
7/29/2013	EMS CES 911 Training Site	1
7/31/2013	Zach Marcus	1
7/31/2013	EMS CES 911 Training Site	1
7/31/2013	REMSA	6

### Advanced Cardiac Life Support Skills

Date	Course Location	Students
7/1/2013	REMSA	1
7/3/2013	REMSA	2
7/5/2013	REMSA	1
7/9/2013	Riggs Ambulance	1
7/12/2013	Saint Mary's Regional Medical Center	1

### Advanced Cardiac Life Support Prep Course

Date	Course Location	Students
7/2/2013	REMSA	11

### Bloodborne Pathogen

Date	Course Location	Students
7/16/2013	Alex MacLennan	6
7/18/2013	Hidden Valley - REMSA	11

### Health Care Provider CPR

Date	Course Location	Students
6/11/2013	Sierra Nevada Job Corps	1
6/25/2013	Jennifer Kraushaar	6
6/28/2013	Casey Quinlan	1
7/2/2013	EMS CES 911 Training Site	7
7/2/2013	REMSA	5
7/3/2013	Barrick Cortez Gold Mines	6
7/3/2013	Eastern Plumas Healthcare	1
7/3/2013	EMS CES 911 Training Site	11



7/6/2013	Riggs Ambulance	14
7/7/2013	Randi Hunewill	1
7/8/2013	EMS CES 911 Training Site	4
7/9/2013	Work of Heart	6
7/10/2013	Chris Mason	1
7/10/2013	Kenneth Cohen	13
7/10/2013	Scott Kesler	4
7/10/2013	Airport Fire	1
7/10/2013	Humboldt General Hospital	5
7/11/2013	WestHills	5
7/11/2013	REMSA	9
7/11/2013	Lander County Community Health	2
7/11/2013	EMS CES 911 Training Site	4
7/11/2013	Work of Heart	6
7/13/2013	REMSA	10
7/13/2013	EMS CES 911 Training Site	9
7/13/2013	Trent Waechter	2
7/15/2013	Lassen CPR Plus	2
7/15/2013	Work of Heart	6
7/15/2013	Small Mines Development	6
7/16/2013	Kenneth Cohen	1
7/17/2013	EMS CES 911 Training Site	2
7/17/2013	Work of Heart	4
7/18/2013	Storey County Fire Department	4
7/18/2013	REMSA	8
7/19/2013	Jennifer Kraushaar	1

7/19/2013	Nye County Sheriff's	1
7/21/2013	CPR 1st Aid Training	1
7/22/2013	Humboldt General Hospital	2
7/22/2013	Milan Institute	22
7/23/2013	EMS CES 911 Training Site	5
7/23/2013	CPR 1st Aid Training	1
7/24/2013	REMSA	9
7/24/2013	Milan Institute	14
7/26/2013	Wild Creek Physical Therapy - REMSA	4
7/26/2013	CPR Plus	1
7/26/2013	Career College of Northern Nevada	14
7/27/2013	EMS CES 911 Training Site	8
7/28/2013	EMS CES 911 Training Site	4
7/29/2013	REMSA	9
7/30/2013	UNR EHS	1
7/30/2013	Milan Institute	13
7/30/2013	REMSA	10
7/31/2013	Milan Institute	6

**Health Care Provider Employee**

Date	Course Location	Students
7/5/2013	REMSA	1
7/8/2013	REMSA	3
7/12/2013	Mark Norwood	1
7/26/2013	REMSA	1
7/30/2013	REMSA	1

## Health Care Provider Recert

Date	Course Location	Students
11/7/2012	Nevada Department of Corrections	1
6/21/2013	National Guard	3
6/22/2013	National Guard	2
7/1/2013	REMSA	8
7/2/2013	Alex MacLennan	8
7/6/2013	REMSA	9
7/10/2013	REMSA	9
7/10/2013	Airport Fire	1
7/11/2013	Eastern Plumas Healthcare	1
7/11/2013	Eastern Plumas Healthcare	6
7/12/2013	Airport Fire	2
7/12/2013	Jacqueline Gallardo	5
7/12/2013	Jacqueline Gallardo	4
7/15/2013	REMSA	9
7/16/2013	Tahoe Forest Hospital	5
7/16/2013	Lassen CPR Plus	1
7/17/2013	Eastern Plumas Healthcare	1
7/17/2013	EMS CES 911 Training Site	2
7/18/2013	REMSA	10
7/19/2013	REMSA	7
7/23/2013	REMSA	10
7/25/2013	Infection Control - REMSA	9
7/25/2013	REMSA	12
7/26/2013	Wild Creek Physical Therapy - REMSA	3

7/29/2013	Nampa Fire Department	1
7/29/2013	UNR Athletics - REMSA	6
7/30/2013	Oral & Maxillofacial Surgery Assoc - REMSA	10
7/30/2013	Regent Care Center Reno	4
7/31/2013	EMS CES 911 Training Site	1
7/31/2013	REMSA	9
7/31/2013	Premeir Surgical Specialist - REMSA	5

### Health Care Provider Skills

Date	Course Location	Students
6/24/2013	Tahoe Forest Hospital	1
6/26/2013	Paula Green	1
7/1/2013	Majen	2
7/1/2013	Tahoe Pacific Hospital	3
7/2/2013	REMSA	2
7/2/2013	Tahoe Forest Hospital	1
7/2/2013	REMSA	2
7/5/2013	REMSA	2
7/5/2013	Majen	1
7/8/2013	Riggs Ambulance	4
7/9/2013	Majen	2
7/10/2013	Willow Springs	9
7/12/2013	Tahoe Pacific Hospital	1
7/14/2013	Majen	1
7/15/2013	Tahoe Forest Hospital	1
7/15/2013	Tahoe Pacific Hospital	1

7/16/2013	Tahoe Forest Hospital	1
7/16/2013	Jennifer James	1
7/18/2013	REMSA	4
7/18/2013	REMSA	4
7/22/2013	Tahoe Forest Hospital	2
7/23/2013	REMSA	1
7/24/2013	REMSA	1
7/24/2013	Tahoe Forest Hospital	1
7/24/2013	Tahoe Pacific Hospital	1
7/24/2013	Great Basin College	1
7/24/2013	REMSA	2
7/24/2013	REMSA	1
7/25/2013	Tahoe Pacific Hospital	1
7/25/2013	REMSA	1
7/25/2013	REMSA	1
7/26/2013	Tahoe Pacific Hospital	1
7/29/2013	Tahoe Pacific Hospital	1
7/30/2013	REMSA	1

### Heart Saver CPR/AED

Date	Course Location	Students
6/11/2013	JS Red Path	4
6/20/2013	Washoe County School District	4
6/21/2013	Chuck Fox	3
6/24/2013	Washoe County School District	4
6/25/2013	Washoe County School District	4
6/27/2013	Anthony Martinez	6

6/28/2013	Sierra Nevada Job Corps	7
7/9/2013	Washoe County School District	3
7/10/2013	REMSA	9
7/11/2013	Washoe County School District	4
7/18/2013	Majen	3
7/18/2013	Nevada Air Guard	10
7/19/2013	Majen	4
7/20/2013	Majen	1
7/20/2013	Ralph Renteria	5
7/21/2013	Nye County EMS	3
7/23/2013	EMS CES 911 Training Site	1
7/23/2013	UNR EHS	9
7/23/2013	Washoe County School District	4
7/25/2013	Washoe County School District	5
7/27/2013	REMSA	6
7/30/2013	Washoe County School District	4

#### Heart Saver CPR/First Aid

Date	Course Location	Students
11/19/2012	Nevada Department of Corrections	8
6/6/2013	Humboldt General Hospital	6
6/7/2013	Humboldt General Hospital	5
6/28/2013	Sierra Army Depot	2
7/1/2013	Lassen CPR Plus	2
7/2/2013	Ron Applegate Safety - REMSA	14
7/2/2013	Eagle Valley	6
7/3/2013	Amazon	3

7/3/2013	Susan Phillips	5
7/3/2013	Susan Phillips	4
7/6/2013	REMSA	11
7/7/2013	Humboldt General Hospital	6
7/9/2013	Majen	3
7/10/2013	Majen	3
7/10/2013	Majen	6
7/10/2013	EMS CES 911 Training Site	1
7/10/2013	Amazon	5
7/10/2013	Amazon	5
7/11/2013	Sierra Nevada Job Corps	4
7/11/2013	Nampa Fire Department	7
7/12/2013	Sierra Nevada Job Corps	3
7/12/2013	Tahoe Forest Hospital	14
7/13/2013	Duraline	3
7/13/2013	Humboldt General Hospital	2
7/14/2013	Dustin Hopfe	5
7/15/2013	Enel	5
7/16/2013	Majen	1
7/16/2013	Enel	8
7/17/2013	Amazon	5
7/17/2013	Susan Phillips	5
7/17/2013	Amazon	3
7/17/2013	Enel	7
7/18/2013	Majen	2
7/18/2013	Hidden Valley - REMSA	11

7/19/2013	Sierra Nevada Job Corps	12
7/19/2013	Lander County Community Health	3
7/19/2013	Majen	3
7/19/2013	Jennifer Kraushaar	1
7/20/2013	Majen	3
7/20/2013	Majen	1
7/20/2013	Riggs Ambulance	6
7/20/2013	REMSA	8
7/22/2013	Community Living Options	5
7/22/2013	Barnes Distribution - REMSA	4
7/23/2013	UNR EHS	1
7/23/2013	EMS CES 911 Training Site	3
7/23/2013	Majen	6
7/24/2013	General Electric - REMSA	4
7/24/2013	Kennametal - REMSA	6
7/25/2013	Ralph Renteria	5
7/26/2013	Majen	4
7/26/2013	Sierra Nevada Job Corps	6
7/29/2013	Susan Phillips	6
7/30/2013	Nampa Fire Department	9

**Heart Saver CPR/First Aid Skills**

Date	Course Location	Students
7/30/2013	REMSA	1



**Heart Saver First Aid**

Date	Course Location	Students
6/28/2013	Sierra Nevada Job Corps	10
7/6/2013	JS Red Path	6
7/7/2013	JS Red Path	6
7/8/2013	JS Red Path	5
7/9/2013	EMS CES 911 Training Site	1
7/10/2013	Scott Kesler	4
7/16/2013	Alex MacLennan	6
7/22/2013	Community Living Options	1
7/23/2013	Milan Institute	21
7/25/2013	Milan Institute	15
7/25/2013	Sierra Nevada Job Corps	6
7/26/2013	Career College of Northern Nevada	15
7/31/2013	Milan Institute	13

**Heart Saver Pediatric CPR/First Aid - Spanish**

Date	Course Location	Students
6/30/2013	Barrick DR	10
7/1/2013	Barrick DR	3
7/1/2013	Barrick DR	10
7/2/2013	Barrick DR	7
7/2/2013	Barrick DR	2
7/3/2013	Barrick DR	11
7/3/2013	Barrick DR	2
7/4/2013	Barrick DR	9
7/4/2013	Barrick DR	2

7/5/2013	Barrick DR	13
7/5/2013	Barrick DR	1
7/6/2013	Barrick DR	9
7/6/2013	Barrick DR	5
7/7/2013	Barrick DR	1
7/7/2013	Barrick DR	12
7/8/2013	Barrick DR	3
7/8/2013	Barrick DR	9
7/9/2013	Barrick DR	1
7/9/2013	Barrick DR	12
7/10/2013	Barrick DR	1
7/10/2013	Barrick DR	11
7/16/2013	Barrick DR	12
7/19/2013	Barrick DR	6

**Heart Saver Pediatric CPR/First Aid**

Date	Course Location	Students
6/8/2013	Jennifer Kraushaar	2
7/13/2013	REMSA	10
7/13/2013	Chris McNally	5
7/18/2013	Alex MacLennan	2
7/20/2013	Jennifer Kraushaar	7

**International Trauma Life Support**

Date	Course Location	Students
6/26/2013	REMSA	15
7/23/2013	REMSA	7

**Pediatric Advanced Life Support**

Date	Course Location	Students
7/7/2013	EMS CES 911 Training Site	5
7/12/2013	REMSA	12
7/14/2013	EMS CES 911 Training Site	1
7/22/2013	Truckee Meadows Community College	7
7/24/2013	REMSA	15
7/26/2013	EMS CES 911 Training Site	6

**Pediatric Advanced Life Support Recert**

Date	Course Location	Students
7/18/2013	EMS CES 911 Training Site	1
7/25/2013	REMSA	3

**Pediatric Advanced Life Support Skills**

Date	Course Location	Students
7/25/2013	EMS CES 911 Training Site	1

**CE Courses**

Date	Course Description / Location	Students
7/11/13	Sepsis: The Stealthy Sting of Death- REMSA	22

**Ongoing Courses**

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

<b>Total Students This Report</b>		<b>1369</b>
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**5. COMMUNITY RELATIONS:**

**Community Outreach:**

**Point of Impact**

Date	Description	Attending
7/1/13	Nationally Certified Child Passenger Safety Technician Recertification course	1 staff, 5 Technicians
7/27/13	Child Safety Seat Checkpoint; hosted by Dolan Automotive Group at Reno Toyota, 16 cars and 20 seats inspected.	4 staff, 11 volunteers

**Safe Kids Washoe County**

Date	Description	Attending
7/6/13	Cribs for Kids Safe Sleep Grow Healthy Parenting Class, Renown Regional Hospital, Reno.	1 staff, 4 attendees
7/9/13	Mini Golf Tournament subcommittee meeting, Sparks.	6 volunteers
7/9/13	Monthly Safe Kids Coalition Meeting, Sparks.	15 volunteers
7/10/13	Safe Kids USA Advisory Council monthly teleconference.	1 staff
7/12/13	Interview with KOLO Channel 8 news about summer safety; story ran on evening news.	1 staff
7/13/13	Website story on KOLO Channel 8 news about summer safety.	
7/14/13	Weather column in the Reno Gazette Journal about hyperthermia.	1 staff
7/15/13	Northern Nevada Maternal Child Health Coalition meeting, Reno.	1 staff
7/17/13	Nevada State Child Death Review Public Awareness Subcommittee meeting regarding the Not Even For A Minute campaign and the Cribs for Kids program.	1 staff
7/18/13	Henry Schein Safety Days event at the Reno Call Center; focus on Sports Injury Prevention.	1 intern, 100 attendees
7/18/13	National Center for Child Death Review teleconference on database changes.	1 staff
7/18/13	SIDS? Not SIDS? Presentation Renown Nursing staff, Reno.	1 staff, 8 attendees
7/19/13	Henry Schein Safety Days event at the Sparks Distribution Center; focus on Sports Injury Prevention.	1 intern, 20 attendees
7/25/13	Safe Kids USA Sports Injury Prevention webinar.	1 intern

7/25/13	Cribs for Kids assists in planning for the El Sol Community Health Fair with Marcus White, Amerigroup, Reno.	1 staff
7/30/13	Cribs for Kids teleconference with the State of Nevada.	3 staff

**Meetings**

Date	Description	Attending
7/11/13	Employee Resource Team	1 staff



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*Regional Emergency Medical Services Authority*

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

**INQUIRIES**

**July 2013**

There were no inquiries in the month of July.



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*Regional Emergency Medical Services Authority*

**GROUND AMBULANCE  
CUSTOMER SERVICE  
FOR  
JULY 2013**



## GROUND AMBULANCE CUSTOMER COMMENTS JULY 2013

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
1	TRANSPORT TO HOSPITAL		
2	Transport to hospital.		
3	Speed to come get me, careful handling of me to hospital and then to emergency care.	My fall, concussion, whole body in pain, no breaks or fractures. Remsa did very well.	Remsa very caring as always.
4	Good treatment.	Billing has to improve.	Good care and service.
5	Everything.	Nothing.	Good.
6	Immediate response, caring and efficient staff.	You're the best, no complaints at all.	
7	Everything, thank you!		
8	Excellent treatment and handling of my 92 year old mother. Kind, tender and sincere.		
9	I was made to feel safe and comfortable.		I am in a nursing home in Reno, your staff are always great.
10	Talked to me and kept me comfortable and informed.		Was very professional.
11	Transported me to health facility, did preliminary procedures.		Service Adequate.
12			I've never had a problem or complaint with Remsa.
13	You got me to the hospital.		
14	Everything.	I don't think anything it's a good service.	
15	Everything.		
16	Take care of me.	Do the same thing.	Very good.
17	They were professional, put me at ease and made me feel comfortable.		
18	Well you guys made me feel like everything was going to be OK, almost like a friend.	Nothing really.	Well just thank you, god bless.
19	Everything done very well.		
20			Not being there at the time, can't say, husband does not remember, our son has not complained so you must have been professional and helpful.
21	Everything.		
22	The paramedic and EMT that treated me were AWESOME. They were kind and helpful to me and my family. We are all very appreciative.		
23	Confident, concerned and caring. Personal conversation relating to incident on situations that related to help me make decisions on my care.	Transporting a person that caused an accident with a victim of the same accident complete HIPPA violation!	Both paramedic and EMT were knowledgeable. Paramedic was very helpful, talking to the patients mother and defusing an emotional situation. Thank him very much for me.
24	Very prompt.		
25	I could not have asked for anything different or better. Th crew was very caring, polite and professional.		Thank you for everything.
26	Everything.	Nothing.	Everything was very very good.
27	Very caring.	Nothing.	You have a good team.
28	The team response was very quick and supportive, they did not leave me at the hospital until the Dr. came to my bed.	I can't think of a thing needing improvement.	Your team gave me outstanding care and support. Thank you so very much.
29	Paramedics were absolutely wonderful and so was the person on the phone.	Nothing.	Just so grateful for all the kind, helpful and professional assistance. THANK YOU SO MUCH!
30	Everything. I was in a lot of pain, far from home felt silly to even think I needed an ambulance. They were so calm and reassuring. Wonderful!	Continue to provide the same great service. Your ambulance people were AWESOME. So well trained, reassuring and calm.	
31	They were very caring, knowledgeable and helpful. Thank you.		
32	Comforting, informative and professional.		
33	Very polite and helpful.		
34	Very prompt and understandable.		
35	Arrived quickly.		
36	Kind, Very polite, Very professional.	Nothing.	The crew was 100% excellent.
37	Calmed us.		
38	Quick response time, gathered information from caregivers, daughter and patient. Assessed and transported. Very kind to my mother.	Keep it up.	
39	Everything was excellent. The EMT's were wonderful.		Service was perfect.
40	Everything you were supposed to.	Keep up the good work.	
41	All of my survey answers are always the same. REMSA ROCKS!		
42	I am not a light weight, they picked me up, bodily, very well, no problem.		They put my mind at rest when I arrived as to cost by telling me it was all taken care of.
43	What you needed to.	Try not to seem so upset.	You are still doing fine and I'm grateful.
44	Very quick and knowledgeable.		
45	Took very good care of mom.		

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
46	Revive me in a timely manner which saved my life from heat stroke.	You do not need to do anything.	I think you explained very well.
47	Remsa was here quick. After that I was made to feel like I was wasting their time.	Compassion. The crew that treating were unprofessional, they and no compassion. My pain and situation was scary. They were making "fun" of me. made me feel vulnerable and uncomfortable. Making fun of me, thinking I didn't know! unexceptable.	
48	Care and compassion were exhibited in every way.	Keep the personnel you have, they are great!	Great job.
49	You listened to me and allowed to work a bit faster to get me out faster.	Nothing, it was good enough.	
50	professional caring attitude in evaluation and activity. Communicated very well.	Can not think of anything.	
51	You took good care of me and for that I am grateful. I have no money to pay for your services and the staff said "not to worry" it will be taken care of.		
52	Very kind and efficient. I really appreciate your help and advise.		
53	Everyone was professional, patient and understanding of situation.They listened to me as I explained what happened		They treated patient very carefully and respectfully with her hip out.
54	Everything.	Keep up the tremendous, fantastic care.	
55	Everything done professionally		Always excellent. Thank you.
56	Great staff, Great response.		Special events was awesome to work with.
57			Timely, efficient and extremely helpful at a stressful time.
58	All seemed well. Arrival time was excellent.		
59	The crew did everything well.		The crew did a great job explaining what they were doing and what they were looking for when dealing with my dad. Thank you.
60	Everybody so nice.		
61	Awesome, they were very empathetic, the crew calmed my son down. He was having a manic episode.		
62	Extremely polite and caring.		
63	Good staff thank you.		
64	Everything. Great work.		
65	Everything.		
66			Not knowing what could be done, I have no clue.
67	Quick treatment.	I was not awake and don't remember.	I am well now, thank you.
68	Everything.		
69	Everything good.		
70	The staff made me feel comfortable.		Service was great.
71	Pleasant.		
72	Took me to the hospital.	Nothing.	Wish I did not have to use your service. xoxo
73	Efficient, effective and courteous. I knew I was in good hands.		
74	Everything.		
75	Very helpful, was very kind to my elderly dad.		
76	Treated me promptly and kindly.		
77	Everything. Very kind and knowledgeable.		
78	Everything.	Keep up the good work.	
79	All that was initialiy required.	Keep up your good work.	
80	Exam patient very well.		Very good.
81	The gentlemen were extremely courteous and very nice, highly knowledgeable and very gentle.	Nothing, the two gentlemen were totally perfect in every way. Thank you!	Thank you again for highly trained men.
82	Nothing! The two gentlemen were rude, unhelpful and made the situation very stressful.	Give these guys a course in bedside manners.	We had an emergency and both EMT's were horrible. We are filling an official complaint, I've NEVER seen such treatment. patient was transferred to Renown and hospitalized for acute pancreitis.
83	As the patient being served in a non life threatening emergency, but being quite nervous, they kept me calm and informed. Explained everything to my brother well.		
84	Treated me comfortable and good.		
85		Your staff behaved perfectly.	
86	Prompt, willing service. Kind respectful words spoken to patient after transfer on to "hospital" bed at home.		The crew was compassionate and professional. Focused on their patient.
87	Professional, kind, caring staff.		
88	Everything.		
89	Calmed my fears.		I felt they did a very good job.
90	Customer service (great). Comfortable ride to admitting hospital.	I think you're great.	
91	Very courteous and kind. It was very much appreciated during this difficult time		

What Did We Do Well?		What Can We Do To Serve You Better	Description / Comments
92	The crew and FD kept the situation, my sister and I as clam as possible. I was confident that she was being handled with expertise and care.		Thank you.
93	Great.		
94	Attending paramedic was very helpful and understanding. Extremely professional	I have no complaints at all. Service was excellent.	
95	Everything, excellent.		Continue with service.
96	Professional.	Nothing, very polite, professional, and caring.	
97	Prompt and efficient. Felt well taken care of.		
98	Took care of me.		
99	All care.		Keep up the good work.
100	Everything.	Nothing.	
101	Kind and gentle with a 90 yr old woman.		They were very good with my mother.
102	Very reassuring and caring when you really need it. Very nice.		They told me everything they were doing and why. They were very caring. When you don't feel good it's very nice to have that feeling. Thank you for all the help I received.
103	Everything was great.	Nothing.	Service was outstanding.
104	On this trip almost nothing.	Pay attention to what they are doing with the patient instead of talking about something else. Although they were both very nice, they need to pay more attention. During the entire visit from the time they arrived at my apartment until we got to the ER they were completely engrossed in a daughter's foot race. What irritated me the most was when I went to sit on the gurney it moved causing the male to dump my purse on the ground. All of us heard something hit the ground, when I went to see what hit the sidewalk, the female just glanced around a little, but the male said "O it was nothing get on the gurney & lets go" I insisted on looking to see what fell out, good thing I did it was my cell phone. The back of it fell off, I was run over by the gurney when I moved it. At that point of me trying to get on the gurney it should have been locked or at the very least held while I was getting on it. It was neither. The front part of the phone fell face down hard on the sidewalk, enough to cause a crack from the top to the bottom of it. Needless to say I have to replace my phone because of the fall from my purse, it is costing me \$199.00. All of this happened because they were more interested in their conversation than getting me on the gurney. Good thing I didn't fall on the ground.	
105	Quick response.		
106	You got me to the hospital safely and quickly.		
107	Everything.		They are wonderful, attentive boys.
108	Made me feel comfortable, very polite.		
109	Comfort, transportation.		
110	I have had to use Remsø service four times. Your staff is personal and professional. I have been in NV for 30 yrs so I know.		
111	Everything.	Perfect now.	All went well.
112	Everything, they were all very nice, helpful and professional. They kept me talking to help with shock.	Nothing, everything was great.	
113	Communicated well what they were doing and why.		
114	Everything. You were awesome.		
115	Crew recognized small stroke and were on their way to St. Mary's within 5 min.		Your people were great! Thank you
116	OK.		Done well.
117	I were treated fairly.	There isn't anything.	
118	Listened, courteous, were careful during transfer, responded with humor when appropriate.		
119	Keep me relaxed and not afraid.	You did all things very well.	Your service is very professional.
120			Excellent.
121	Examined patient carefully and in a timely manner and conveyed necessity of hospital transport.		
122	Yes	The service was excellent. Thank you.	Very good.
123	Everything.	No suggestions.	
124	Very calming and informative, very caring.	I truly feel all was good.	I knew I was in good hands.
125	They were fast and helpful.		
126	Saved my life and kept my mind off the pain.	Serve ice cream in the ambulance, but seriously nothing.	Everything was great!
127	Explained why he was going to the hospital with much care and respect.		We the family are very grateful to you all.
128	Prompt response to emergency call.	Nothing, I am very impressed.	
129	Protected my arm from more damage.	The ride to the hospital was very rough.	
130	Everything.	Cannot think of anything.	The attendants were professional, gentle, kind. They kr their jobs.

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
131	Communicate well about what was going on and what they were doing next.		
132	They did everything they could to make me comfortable and ease my pain.	The service was great. Thank you.	
133	Everything. Thank you.		
134	Kept me calm and joked with me. That means a lot when you are scared.		
135	Everything.		
136	All was great!		
137	Make the patient feel comfortable.	Nothing.	
138	All services, husband was transported to Renown.		All the crew, was very professional, as always.
139	Everything.		
140	They explained everything that was going to be done and why.		
141	Personnel is very helpful and caring. When I couldn't breathe, they worked very hard to to help me to keep calm.	Nothing.	
142	Caring, concern.		
143	All the above.		
144	Guys were very caring, went the extra mile. Waited for me at the ambulance entrance to main hospital to help with direction. Was a wreck.		
145	Very professional, reassuring. Went smoothly, gave good 1st aid.	Doing fine. Thank you.	Was fine. I was helped so much being helpless myself I surely appreciate what Remsa did.
146	Took care of me.		
147	Everything.		I thought the call and service was excellent.
148	Everything.		
149	Helped me so much. I was so scared. They were all so wonderful.	Very happy already with how they helped me.	First time in my life I ever had to call for EMT's for myself.
150	Everything.		
151	Very kind and efficient during a hard and stressful time, Came very quickly to our house. Everything was professional and helpful.		One of the gentlemen rode with me to the hospital in my car which was a great comfort to me.
152	EMT was very kind and explained "what was happening"		Service was good.
153	Everything.		Great service.
154	Yes.		Very good.
155	Everything.	It couldn't have been better.	The care was great. People were very caring, kind and considerate of my needs.
156	They made me feel that I was in good hands.		Excellent.
157	The team arrived promptly, explained procedures, asked questions and gave directions to the hospital. Very compassionate.		We were very happy with the sensitivity and professionalism of the team.
158	Friendliness, calming and communicating directions to out of town daughter.		Good.
159	You came to our home very fast and everybody was nice and good to my husband.	You all are the best when hard times come.	I did not know that still in this world, people like you helping with TLC.
160	Everything! The 911 dispatcher reminded me to secure my dogs and that was just one of the many very helpful instructions.		911 Dispatcher = excellent. EMT = exceptional. I called 911 for the first time ever and it was extremely helpful. The EMT's could not convince my husband to go to the hospital by ambulance, but did convince him to go with me. I should have called the night before, I was extremely helpful for this help on 6/16/13. It probably saved my husbands life! He was admitted to ICU shortly after we arrived at S.Renown.
161	The entire transfer from Mammoth hospital to Renown was done very efficiently. The entire crew was helpful and friendly.	Nothing that I can think of.	I feel that the service was provided in a professional and friendly manner.
162	All can be done.		
163	Got me to the hospital in time.		You were quick and fast. It was what I needed, I was having a heart attack. Thank you for my life.
164	Very professional and caring crew.		
165	Everything.	Keep doing what your doing (good thing).	Helpful in every way. Thank you.
166	All of the above. The dispatcher kept me calm.		You were perfect.
167			Service and care excellent, thank you.
168	Did a good job.		
169	Everything.		
170	Everything required.	Keep up the good work.	
171	Very patient and helpful.	Nothing.	I find them to be caring and gentle.
172	Very well.	You do a great job.	
173	Everything was excellent.		
174	They were so helpful.		
175	Everything.	Keep up the good work.	
176	Response was quick and services were performed		



	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
177	Everything! Great service.	Everything was first class.	
178	Everything. Got here fast, helped a lot.	Spanish speaking person would be helpful but other than that the service was great.	Thank you so much for everything.
179	Made sure I was comfortable.		
180	Everything. My husband passed away from cardiac arrest. The Remsa team got a heart beat again and took him to hospital.	Nothing. You've always been great, efficient and caring. Very professional.	We did end up stopping life support on the 25th of June. We had a directive for no life support. I want to keep the Remsa Silver Saver. Thank you for all your help.
181	Skill and kindness. Everything.		
182	Crew explained exactly what my problem was. Very helpful in their suggestions.		Very satisfied.
183	I have no prior history to compare to, but they were the best. Fast and professional. What I care the most about is that they cared a lot about me.	Don't change anything, keep it the same and you'll be exactly what patients really need.	Remsa went above and beyond what I expected, true professionals. Thank you so much. Keep up the fantastic work you provide to our community.
184	Calmed me down from an anxiety situation.	Service was perfect, no improvement needed.	
185	Everything.		
186	They offered us an excellent service.	Nothing, the service offered by the staff and crew was magnificent.	I just want to thank you all.
187	Everything.		
188	Did not waste anytime getting me from the airplane to the hospital.		Excellent service.
189	Took effective control of my body, getting me onto gurney. minimized stress, ensured my keys were left in pot as I requested, all perfect. Ensured both my cats were indoors, including excellent IV line established. Perfect everything. Thank you.		
190	You have always been kind and courteous to both me and my mother.	Continue to recruit and hire caring and motivated staff.	
191	Responded quickly, polite yet efficient, explained procedures to me in ambulance, assisted me in ER to be w/my husband.		Recognized me later and inquired about mt husband. Thanks!
192	Yes to the best of my knowledge.	Don't know rite now.	
193	Remsa was professional, effective and efficient as well as compassionate.	Nothing.	The staff was very patient with me.
194	Your crew was lacking in professionalism. They said my heart was cardiac, they took my blood and didn't tell me the results of the test. My wife gave me orange juice and they suggested that I go to the hospital because of my heart. If they were concerned about my heart they should have wheeled me out instead of walking, but they left their cart outside of the house. I wanted to put my pants on, they said it wasn't necessary. When we got to Renown I didn't have my ID. The doctor came in and asked me what I was here for, I told him Remsa said my heart was irregular and my sugar was low. Dr ordered blood test- sugar 156 OR did heart exam- said it was good. I would like them to tell me my sugar before we went to the hospital. When we got to Renown ER the nurse said that the heart tabs were not on right.	Send an experienced team, not newbies.	Your crew seemed to be not knowing who was in charge. If I get a crew like that again I'll walk over to Renown.
195	Everything. Billing was real nice.	Pray for me.	Very good service.
196	Everything.		
197	Made me feel as comfortable as possible.		I thought the service was great.
198	Super response to the 911 call.		
199	I would like to give a HUGE thank you to the ambulance driver who did my IV and the guy who sat next to me on the way to the hospital. Those two guys, I don't remember their names but they were awesome and kept me calm. Please find out who they were and give them my thanks and appreciation. They took care of me on June 23rd around 11:30 am. Thanks.		
200	Courteous and caring personnel.	You do a great job.	
201	Everything.		
202	Everything.	I can't see anything that could have been better.	Excellent care.
203	Quick arrival, very professional, very caring, attentive to my needs.	No improvement needed.	
204	Good.		
205	Kept very close and explained what was occurring.		
206	You do very well/		
207	Everything.	Continue doing it.	
208	IV was really painless.	Keep me alive, which they do.	All good.
209	Very well.		
210	The paramedic was great. The EMT was friendly and helpful. The student still needs work	Nothing, your crew did a great job	The paramedic stopped by the ER several times to see I was doing. Both deserve an "Atta boy" for a job well done

What Did We Do Well?		What Can We Do To Serve You Better	Description / Comments
211		Make survey fit envelope.	
212	The paramedic wasn't as helpful as the EMT. She explained to me how she would strongly advise the ride.		The service was great.
213	I was very, very pleased with their service. So kind went out of their way. Beyond duty.	Nothing. Everything was perfect. Thank you.	
214	Been all you, very nice with the patient.	You all are very good and helpful.	My husband past away, but thank you for everything.
215	God response time and professional.		Very good.
216	Explain the process and procedure while traveling to destination.		The paramedic and nurse on board gave me excellent service. I highly recommend your company. Thank you for exemplary service.
217	All.		
218	Communicate to the patient in a clear voice.		Great service to all involved.
219	I was more than happy with the care I got.	Don't do anything different. They are great at it now.	The crew did great and kept me alive. Thank you.
220	Your ambulance crew were very kind and considerate.		Both of the men were excellent.
221	Convinced me to go to the hospital that was necessary, as I found out. Carotid op preformed.		
222	Everything was done precisely and professionally.	Keep doing what you're doing.	Excellent service. Thank you.
223	Everything.	Your excellent.	Service in general A+
224	Prompt, polite, helpful. Made me feel at ease and safe.		Very satisfied.
225	Excellent! Crews saved my life.		
226	Moved my wife safely from Northern Nevada Medical Center to Tahoe Pacific Hospital.	Nothing.	
227	They made me laugh.	Nothing, they were great.	
228	Everything.		
229	You saved my life. I had a GI bleed. I lost half my blood volume. Thank them for me please.	What more could there be.	
230	Everything.		
231	Asked the appropriate questions to transport me to hospital.	Nothing. They were treating me the way i felt safe.	I felt secure in the way they were helping me with respect. They were polite and treating me.
232	Everything.	Nothing, just keep doing things the way you do.	Everything was very good and I thank you.
233	Everything.	Nothing.	
234	Very timely response.	You are OK as is.	My husband passed in the hospital, but it is a comfort to know you are there for us. We had several 911 call's overt he past 16 months. Thanks to the staff and good bless you all.
235		Nothing	You have done your best.
236	Everything. Since I am very obese the guys and girls have a particular challenge, on top of my physical disabilities, I really couldn't walk to well because my left knee and leg was damaged. Everyone was kind, gentle and thoughtful with my comfort. I appreciate the teams so much and I am so grateful for them and to them.		
237	Everything.		We were very satisfied with this service.
238	Kind and gentle getting him back in bed.		
239	Professional and caring.	This was my first and I thank you.	
240	Worst day of my life.....but they were SO awesome. I'd love to thank them in person. They were kind, compassionate, and knowledgeable. I am so thankful to them, they put me at ease.		Only seemed to take a while to get there, I was feeling in distress so time was relative. Thank you to the great paramedics that helped me.
241	Everything was great. The guys on the ambulance did a great job. I was well enough to joke and laugh with them during the ride.	Everything was fine.	
242	The medics were very calm, very concerned and very respectful.	Your service is outstanding already.	
243	Everything.		
244	VERY PROFESSIONAL.		
245		Can't think of anything.	
246	They were OK.		
247	Helped me in a timely fashion.		The ambulance crew was extremely nice. Made me not so nervous.
248	They were very helpful and kept me comfortable while transferring to ER at Renown.		
249	Friendly, funny, courteous and informative.	This experience was wonderful, need more EMT's like the ones who took great care for my husband.	The EMT came back to see my husband in th ER later on his shift. Thank you for the wonderful experience.
250	Your job.		
251	Your EMT's were very kind and very professional. I'm not sure there was anything they could do better, I felt well cared for.	Thank you for taking good care of me.	
252	Everything.		Excellent.



What Did We Do Well?		What Can We Do To Serve You Better	Description / Comments
253	Excellent.	Everybody was great and really nice.	The Remsa crew were very professional, nice and patient. Took time necessary to explain everything they were going to do to/for me.
254	Very considerate.	Nothing. Service is excellent.	
255	From placing call to transport, the very best of care.		When pt talks to his visitors about his fall he always mentions the excellent care from the entire responder personnel.
256	Quick and courteous.		
257			Excellent.
258	Everything, you guys were helpful and courteous.	Nothing.	
259	Arrived very quickly, made me feel safe and secure. They were all so polite and courteous.	The service was excellent. I was really pleased with the way they treated me.	Very knowledgeable, they made me feel confident. Keep up the good work.
260	Everything. The dispatcher helped me stay calm and do what he asked. He was very helpful, please thank him for me.		You were here very fast and helped me immediately.
261	You are very alert and give your full assistance to me.	I have no comment about your services because you gave all the best care to me.	Thank you for helping and sharing your good service. Keep helping others.
262			My mother was picked up from the Arbors and I was not there, so I am unable to evaluate.
263	It took you guys a little longer to respond but you got to your destination as soon as you can to save me from bleeding to death.	Let on a siren to warn me that you're getting close it might ease up the pain and suffering.	Your care from staff was very friendly and courteous.
264	Everything.	Keep up the good work.	
265	Everything from the time they picked me up till I arrived at the hospital.		
266	Your staff was superb. Good people skills and kind professionals.		
267	Everything was very professional, they kept me and my son very informed. Thank you.		
268	The paramedic explained the nature of the injury well.		
269	Informed me of my father's condition as soon as I arrived on scene and allowed me to ride along in ambulance to hospital.	Service was excellent so really can't do anything else to serve me better.	I did not speak to the dispatcher, Remsa was called by individual who found my father after his fall.
270	Gave me an IV with something for nausea right away when I got in the ambulance.		The care and service was excellent. Very attentive medics in the ambulance.
271	Everyone was very pleasant.		Very good.
272	Communication to patient-excellent.	I live up lane, and they found me in prompt time.	Considerate, kind and wonderful during panic time by the crew.
273	THEY WERE WONDERFUL. I GOT THE BEST CARE.		
274	Very helpful, polite and efficient.	Nothing at this time.	
275	Stabilized me and got me to Renown ER room quickly.		
276	Quick response. Quick to ease pain.		
277	Everything was excellent.		
278	Remsa personnel were efficient and prompt.		
279	You tried to keep me in upbeat spirits and to understand that this was not the end of the world.	Develop a small sense of humor. My humor is a little on the dark side and a little sarcastic, so people have a hard time with it.	
280	Arrived at my home very quickly. Moved fast and got me into ambulance, hooked up to monitor.		Excellent service. I believe you saved my life. Thank you.
281	Everything.		
282	Everything.	Can't think of anything.	Very good service.
283	Got me in very quickly and provided good service.	Keep up the great work.	God bless you all and thanks to your caring ways.
284	Yes.	Nothing.	Was very good.
285	Responded quickly, very caring.		
286			Everything was excellent. Keep up the good work.
287	Everything your personnel did was outstanding.	Nothing.	I lost my wife that day but through no fault of the ambulance personnel they were great.
288	Everything.		Excellent.
289	Got me to the hospital in time.		
290	Provide clear and competent care and were nice.		
291	I was happy with the entire service.		
292	Everything was excellent.	Stay the same.	
293	EMT lady was very informative to me about the problem with my daughter.	Everything was great.	Very good and compassionate. Thank you all.
294	Everything.		
295	Everything.		
296	Came on time.	Nothing.	The care was good.
297	Attention to patients welfare.	All did very well.	
298	Everything. A-1.	Nothing.	
299	Everything, excellent care.		
300	Excellent. EMT's were awesome. The doctors and nurses were so caring and quick to respond in all areas.	Nothing more. We were extremely impressed at the level of care provided to my husband. Kudo's and many thanks.	
301	Everything	Stay the same	

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
302	Well they didn't have to do anything. When they got here the firemen had stopped the bleeding in my ankle and rapped it up. We were standing outside when the Remsa arrived. The firemen told Remsa what they did and said I should go tot ER. I got into the ambulance, sat down and they took me to St. Mary's about 4 miles. They were very nice.		
303	Everything that was needed.	Keep up the good service.	
304	Communicated with both patient and family. When we got to the ER one of the crew went out and found my daughter to bring her back to the ER. Thanks.		
305	EMT's brought me home from the hospital when I was still barley able to stand or walk yet, They were kind and efficient.		
306	The Remsa crew were pros. The firemen were joking around.	Remsa was great!	Thanks so much!
307			I found the service good, my husband is usually not calm, but that day he was.
308	Explained everything, very kind and knowledgeable.	Nothing.	Good, all personnel professional and kind.
309	Thank you for patients, good advise, professional treatment.		
310	You took care of my body because I couldn't move.	Nothing. You did a great job.	
311	Everything, thank you so much.		
312	Everything was great. The crew is the best, real pros.	Coffee and donuts. Ha Ha Just keep your staff.	Your staff are the best so thank you for asking.
313	Everything.		
314	Everything.	Nothing more than you did.	
315	Awesome.		
316	Very professional.	OK as is.	Very good.
317	Courteous and helpful.		
318	VERY FAST, CONSIDERATE.	NOTHING.	
319	The dispatcher helped me better deal with shortness of breath while waiting.		The personnel were prompt and professional and personable.
320	Saved my life due to stroke.		Excellent-bar none.
321	Your attendants were very gentle and polite. Their skills convinced my mom to go with them, which she needed to do. When she initaly went to Renown. They were there 7/3/13 for her final ride to skilled nursing. She passed 7/6/13.		Very professional. Thank you.
322	Everything.		
323	Brought me safely to the ER.		
324	Everything, great.	They were all above and beyond.	
325	PERSONEL IS ALWAYS HELPFUL AND CAREING.	NOTHING.	
326	Everything. This community is so lucky to have you.	Not a thing.	
327	Very professional.		
328	Very helpful in directing the bill to patient advocate Renown Main.		Everyone I dealt with was very courteous and helpful.
329	We've had Remsa before and always a great experience.	Just keep on keepin' on.	Very professional always.
330	The two EMT's were professional and compassionate, even checking back at ER afterwards. Thank you.		
331	PT HAD NO COMPLAINTS ABOUT REMSA. UNFORTUNETLY HE PASSED AWAY ON JULY 8. HE HAD BEEN TRANSPORTED BY REMSA BEFORE AND HAD NOTHING BUT GOOD THINGS TO SAY ABOUT YOUR EMTS. THANKS FOR EVERYTHING.		
332	Everything. I have now used Remsa a few time and have always had a positive experience. Your staff have always been courteous and friendly and most of all very professional. I would tell anyone, if asked how wonderful Remsa personnel are.		
333	Took care of me very good.		Treatment was perfect.
334	EVERYTHING		
335	Fast response and arrival.		We could not ask for more, as always, gentle, caring, friendly and professional.
336	Talk to me to let me know that I will be "OK" to make me feel better.	Your service was good.	The ride was good there was very helpful.
337	Everything. Your staff was very kind, professional and instilled confidence that put mind at ease.		
338	Appreciate how well the 3 gentlemen and lady assisted us in our time of need.		Properly assessed a difficult situation and provided caring transport.
339	Arrived quickly, attended to my grandson with medical attention.	Your people did what I needed. Keep my grandson alive.	I am so pleased with your services.
340	My mother had broken her hip and was in great pain. The personnel calmed her and handled her extremely well.		Thank you very much.



	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
341	Gave the best information and made sure everything was alright before they left.	Nothing.	Everything was great. Very much appreciate them. Thank you so much.
342	Made my wife feel safe and in good hands.		
343	Everything.	Nothing. I know of.	Great service.
344			Very good. Thank you.
345	You are so very helpful.		
346	Just nice		
347	Everything.		
348	Information.	Nothing.	The crew was careful, gentle and answered questions.
349	The ambulance crew were just as nice and caring as the hospital was.		
350	Everything.	Your service is already excellent.	



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*Regional Emergency Medical Services Authority*

**CARE FLIGHT  
CUSTOMER SERVICE  
FOR  
JULY 2013**



### CARE FLIGHT CUSTOMER COMMENTS JULY 2013

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
1			Apparently you did everything right cause I am still alive and appreciate that very much.
2	Very respectful, kindness.	Nothing.	
3	Made sure I was comfortable. Everything was explained to me.		
4	Everything done well.	Nothing	
5	Everything.	The same	Thanks for a good job.
6	Fast and appropriate response.		
7	Everything. You people are just great. So much concern for your patient.		
8	Everything was done so professionally and put my mind at ease, as the mother of the 8 year old patient		I was very calm but knew my moment of panic could have been letting your personnel take him, the flight nurse told me calmly what would happen and then did everything as she said she would, even down to calling my cell phone to update me (as we drove to the hospital) that was much appreciated.
9	Took care of my 14 year old son which was taken from Tahoe to Reno. Thank you.		
10	You guys just kick ass all the time. you were fast, caring and professional.		
11	Communicating to me when my wife Penny arrived at hospital.		
12	Transport to hospital		It was good
13			Everything was excellent.
14			
15	Very quick response time from Barton SLT to Renown, Reno.	N/A	We couldn't comment on the above because Barton ER made all the arrangements. Kudos to Barton staff! Thank you Care Flight!
16			I was unconscious all the time so can't answer. Bottom line for me is you guys saved my life. Thanks is so small a word but Thank You!
17	Very caring and compassionate, very good communications, very respectful.		Did an A+
18	Your staff was very polite both during and after and very pleasant and easy to talk to.		
19	Got me there safely and quickly.	A little soft pillow under back of my head would have reduced the pounding of my head against the board.	Service was good and glad you were there.
20	Take excellent care of my husband.	Nothing that I know of.	
21	Saved my life.	Keep me alive!	Terrific service
22	Everything	Nothing	
23	Very professional service. Very calming staff.		Personnel were good at explaining procedures and plan.



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*Regional Emergency Medical Services Authority*

**REMSA  
PUBLIC RELATIONS REPORT  
FOR  
JULY 2013**

**PUBLIC RELATIONS**

**July 2013**

<b>ACTIVITY</b>	<b>RESULTS</b>
Wrote and distributed press release regarding the youth MCI Drill at the University of Nevada.	Channels 2, 4 and 8 attended the events and ran the story on their newscasts.
Wrote and distributed media advisory regarding Care Flight landing at the Triple A All-Star game with Archie.	All TV news stations got footage of Care Flight and ran it on their evening newscasts.
Wrote and distributed press release regarding ACE accreditation for REMSA Communications Center.	RGJ ran the story twice in its business section over a week's time.



## Most Dangerous Months For Childhood Accidents

By: Terri Russell - Email

Updated: Sat 6:25 AM, Jul 13, 2013



RENO, NV - Each summer, kids and their families head to downtown Reno to enjoy the Truckee River.

There is no lifeguard--a fact Andrea Wiecking is very aware of--especially as she has her daughter there for the day.

"It's just, it's an unpredictable river. It's always flowing. You may not think it's that bad, but it can be. Just making sure I can see them," says Wiecking.

It is the type of scene Safe Kids is talking about when it refers to its study concerning accidental deaths and emergency room visits of children.

The study says between May and August, there is an increase by 40% of childhood accidental deaths and emergency room visits.

Drowning, motor vehicle accidents, suffocation, poisoning, and falls are the most common. Safe Kids says a change of routine can contribute to the problem.

Summer vacations or visits from relatives can put your children in situations that are new to them.

"Let's say family, grandma or grandpa comes to visit and they keep those medications in their purse. Mom and Dad don't do that at home but the kids get in it looking for a Tic Tac or Lifesaver and they get into something that would be very harmful," says Melissa Krall with **Safe Kids Washoe County**.

Safe Kids recommends being more diligent about your kids wearing a helmet when skateboarding or riding a bike.

Make sure when on vacation, take your own car seat, and double-check that it's secured.

Safe Kids estimates about 9,000 children die nationwide annually because of a combination of car accidents, drowning, poisoning, falls and suffocation.

Safe Kids also reports May was the worst month on record nationwide for deaths associated with leaving children in hot cars.

**REMSA** is the lead agency for Safe Kids Washoe County.





- o
- o <http://www.ktvn.com/story/22847033/emergency-medical-drill-conducted-at-kids-university0>

## Emergency Medical Drill Conducted at Kids University

Posted: Jul 15, 2013 3:54 PM PDT Updated: Jul 15, 2013 6:19 PM PDT



First responders with REMSA staged a chemical explosion at the medical school - and then showed kids exactly what they would do in a real situation.

They wanted to make the experience as realistic as possible starting with triage, then treatment then transportation.

"It's important for them to see this, because kids of this age are just starting to think about what they want to do with their careers," says Brian Taylor.

Some of the kids we spoke to say this drill definitely piqued their interest in emergency response.

And Taylor says as an added bonus - doing an event like this gives the first responders some good practice, so if an actual disaster happens, they'll be ready. "That exercise and that training makes us ready for any situation that we might come upon."

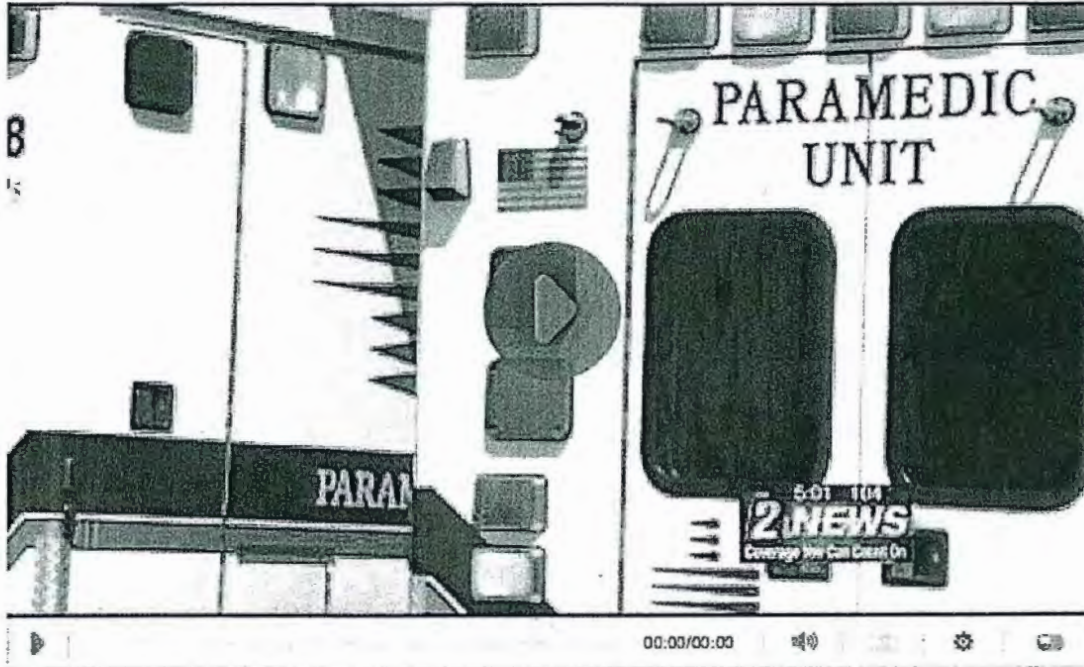
This event is part of the week-long "Health Care Heroes" course at Kids University.

The camp wraps up on Friday.

*Written by Arianna Bennett*

## How Area Paramedics Respond to Triple Digit Temperatures

Posted: Jul 19, 2013 4:25 PM PDT  
Updated: Jul 19, 2013 4:25 PM PDT



When temperatures reach triple digits, the heat can cause problems for some especially children and the elderly.

Paramedics at REMSA say they expect to respond to anywhere from 15 to 30 heat-related calls just tomorrow. So they're certainly going to be busy all weekend long.

REMSA says it sees a large influx of calls on the weekend because more folks are out enjoying the sun.

During the week, most are at work in an air conditioned building.

This weekend, REMSA will have additional units out in the streets just for heat-related calls. They urge folks to stay inside if they don't have to be outdoors.

Even the paramedics themselves take extra precaution.

When temperatures reach the triple digits, they throw on t-shirts instead of uniforms and drink plenty of water.

"They're running 10 to 12 calls every 12 hours. So we have to keep our own people healthy, so that they can help you," says Kevin Romero.

We'll ride along with those paramedics for a couple hours and we'll have a full story for you coming up tonight at 11.

*Written by Adam Rasmussen*



ADVERTISEMENT



## **Regional Emergency Medical Services Authority awarded reaccreditation**

*Written by Staff report*

*Jul. 31, 2013 |*

rgj.com

The International Academies of Emergency Dispatch awarded the Regional Emergency Medical Services Authority re-accreditation as an emergency medical dispatch center of excellence.

REMSA is the only accredited emergency communications center in Nevada and one of 126 agencies in the world to be awarded the highest distinction for its comprehensive implementation and compliance with the medical priority dispatch system.

“Accredited centers share a common track record of providing the highest level of communication center public medical care and maximizing the efficiency of 911 systems,” said Jim Gubbels, president of REMSA.

The MPDS is the world’s most widely-used and recognized medical pre-arrival instruction and dispatch life-support protocol system.

August 1, 2013



REMSA/Safe Kids Washoe County  
Melissa Krall, LSW  
Director of Community Outreach, REMSA  
Coordinator, Safe Kids Washoe County  
450 Edison Way  
Reno, NV 89502

Dear Melissa,

The 2013 Stay Afloat Safety Fair was a tremendous success thanks to your support! On behalf of the Truckee River Foundation (TRF), I sincerely thank you for facilitating REMSA and Safe Kids Washoe County's generous donations of \$100 each. With your help, our all-volunteer team provided river safety education, along with helmets, lifejackets and water shoes, to 200 kids. The success of the Safety Fair could not be possible without your contribution.

TRF is a 501c3 public charity (EIN 20-3378838), and REMSA and Safe Kids Washoe County's donations are tax deductible.

Again, thank you for your help. We appreciate your commitment to the Truckee River and the young people of our community.

Sincerely,

A handwritten signature in cursive script that reads "Debbie Leonard".

Debbie Leonard  
Truckee River Foundation  
Board of Directors





# Certificate of Appreciation

This certificate is awarded to

12

# RENISA

Thank you for your outstanding service at  
Touchin Trucks 2013

Signature

Beca Eng and Henry Beck

Date

7-25-13

Signature

Carol Wood

Date

7-25-13



Washoe County School District  
Every Child, By Name And Face, To Graduation



NEVADA PARTNERSHIP  
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# 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:** August 13, 2013

**SUBJECT:** Emergency Medical Services Working Group Update

The EMS Working Group met on August 9, 2013. Issues discussed at the meeting included:

- Resupply – REMSA along with the fire agencies for Reno, Sparks, and Truckee Meadows agreed to sign a resupply agreement on a 3-month trial basis. A copy of the signed agreement is included with this report.
- Data – As of the meeting date, WCHD had still not received data from 911 that will allow analysis of earlier time segments. Data were subsequently received but only included call transfer times to REMSA. We have also requested dispatch times to fire. Staff continues to work with all involved agencies to improve the data field definitions and completeness.
- Emergency Medical Dispatch – Discussion continues to take place as to whether this function should remain with REMSA or be transferred to the Sheriff. This remains an area of disagreement.
- Oversight Structure – It was reported that the Managers and the Interim District Health Officer have met and will continue to meet on this issue.
- Quality Improvement – REMSA noted that changes to HIPAA law may afford opportunities to develop Business Associate Agreements with the fire agencies that would better enable case review for quality improvement.

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



## REMSA and Fire Department/First Response Agency Medical Resupply Agreement

The purpose of the Medical Supply Exchange program is to allow medical first response agencies in Washoe County, including the Reno Fire Department, Sparks Fire Department, and the Truckee Meadows Fire Protection District, to receive a one-for-one exchange or other assistance for disposable medical supplies used on patients when providing their first response duties within Washoe County. REMSA recognizes that first response agencies within Washoe County are equipped to provide high quality medical care. REMSA agrees to reimburse participating agencies (at REMSA's cost) for disposable medical equipment used on scene by first responders prior to the arrival of REMSA personnel, as long as REMSA has adequate financial resources to do so.

The following provisions are intended to control and account for medical supply reimbursement:

### **Spinal Motion Restriction Supply Exchange:**

1. REMSA will provide backboards, head blocks and spinal motion restriction straps for each agency, not to exceed three sets of each item per response vehicle. Additionally, REMSA will provide for exchange of backboards, head blocks, and spinal motion restriction straps on scene, not to deplete in-service ambulances of less than one of each piece of equipment.
2. Medical supply items will not be exchanged at the scene or otherwise resupplied.
3. **Pharmaceutical and invasive medical devices, e.g. medications, IV/IO catheters, hypodermic needles, IV fluids and tubing, endotracheal tubes, oral airways, etc., are explicitly prohibited for exchange by state and federal law.**

### **Financial Reimbursement**

4. Financial reimbursement will be for disposable medical supplies used by first responder agencies prior to arrival of REMSA personnel. Medical supplies considered for financial reimbursement must be used by first responder agencies during direct patient care activities prior to the arrival of REMSA personnel.
5. Reimbursement will not be considered for items which have been expired, damaged, or otherwise need replacement.
6. Medications will not be considered for reimbursement excluding normal saline products.



7. Items for reimbursement must be documented per call via Operative IQ system. The Operative IQ system is REMSA's purchasing, receiving, and supply inventory management system. Instructions and training for requesting supplies will be performed online for the first responder agency staff. Training will be provided by REMSA to two representatives from each agency.
8. Disposable items for reimbursement are listed on Appendix A. Items not listed on Appendix A will not be considered for reimbursement.
9. Reimbursement will be based on current cost of supplies purchased by REMSA, through REMSA's purchasing agreements with vendors.
10. Items not carried by REMSA will not be considered for reimbursement.

#### **Monthly Audit**

11. Monthly audits will be performed between REMSA logistics staff and first responder staff.
12. Monthly audits will include a review of 50% of all calls submitted for reimbursement.
13. Randomized call selection generated by computer software will be performed by REMSA staff who will then notify each agency representative to bring the associated patient care report to the audit meeting for review. Patient demographics or other patient identification information including address will not be presented or discussed, in compliance with the Health Insurance Portability and Accountability Act.
14. This audit process is not a means for clinical review and clinical care will not be discussed. The purpose of the monthly audit meeting is for confirmation of use of supplies only. If this cannot be verified the supply will be denied. If there is no verification, the item will be denied.

#### **Term of Agreement**

15. This agreement will begin August 15<sup>th</sup>, 2013 as a 3 month trial period ending October 31<sup>st</sup>, 2013. After three months of successful compliance with this agreement, all parties will meet to discuss the continuation, adjustment, suspension, termination, or general changes to this agreement.



*Michael Hernandez*

Michael Hernandez  
Chief, Reno Fire Department

8/6/13  
Date

*James Gubbels*

James Gubbels  
President / CEO, REMSA

8/1/13  
Date

*Charles Moore* FOR CHIEF MOORE

Charles Moore  
Chief, Truckee Meadows Fire Protection District

8/6/13  
Date

*Andraes Flock*

Andraes Flock  
Chief, Sparks Fire Department

8/9/13  
Date

Filed with the Washoe County Health Department.



### Appendix A (BLS Supplies)

Part ID	Part Description
1752	Bite Stick
1802	Bulb Syringe 2oz.
2223	ET Tube Holder, Adult-Thomas
1801	ET Tube Holder, Pediatric
2891	Lubricating Jelly, Sterile
1760	Abd Pad 5x9 400/cs (25/bx-16bx/cs)
1762	Bandage, ACE 4" 10/bx
1763	Bandage, Triangular 12/bg
1767	Band-aids Fabric 1"x 3" 100/bx
1766	Gauze Sponge Non-sterile 4x4 10/cs
1765	Gauze Sponge, Sterile 4x4 24pk/cs
1751	Gauze, Conforming 4" (Kling) 12/pk
2086	Gauze, Conforming, 2" (Kling) {NS}
2087	Gauze, Conforming, 6" (Kling) {NS}
1742	Hot Pack (Kwik Heat) 12/cs
2148	Nose Clips
1782	Alcohol Preps 200/bx
1880	Betadine Preps 100/bx
2192	Bandage, Coflex 2"x 2.5yd 16/bx
2193	Bandage, Coflex 4"x 2.5yd 8/bx
1743	Cold Pack (Kwik Kold) 24/cs
2185	Arm Splint, Cardboard, 12" w/ Foam
2074	Arm board, Adult 3x18
1798	Arm board, Pediatric, 3" x 9"
2334	SMART Casualty Count Card
2346	SMART Dead Resupply Tags Only
2335	SMART Triage Resupply Tags Only
2345	SMART WMD Resupply Tags Only
1838	Infant Transwarmer 6/cs
1773	Bag, Emesis Graduated Clear 1000cc 500/bx Suction Canister 1200cc (Includes lid &
1789	Elbow) 48/cs
1774	Suction Tubing
1828	Burn Sheet 60x96
1829	Trauma Dressing 10 x 30
1764	Gauze, Vaseline 12/bx





## Appendix A (ALS Supplies)

Part ID	Part Description	Part ID	Part Description
1803	ET Tube 2.5mm, Uncuffed 10/bx	2253	Electrode ECG- AMBU "R" - Adult (10pk) 100pk/cs
1804	ET Tube 3.0mm, Uncuffed 10/bx	2252	Electrode ECG- AMBU "SP" - Pedi/12Lead (10pk) 200p
1805	ET Tube 3.5mm, Uncuffed 10/bx	1761	SalJets (Wound Irrigation) 40/bx
1806	ET Tube 4.0mm Uncuffed 10/bx	1834	EZ I/O Adult Needle 5/bx
1807	ET Tube 4.5mm, Uncuffed 10/bx	1835	EZ I/O Pediatric Needle 5/bx
1808	ET Tube 5.0mm, Cuffed 10/bx	2272	Angiocath 14 ga x 1-1/4 Introcan 50/bx
1809	ET Tube 5.5mm, Cuffed 10/bx	2277	Angiocath 16 ga x 1-1/4 Introcan 50/bx
1812	ET Tube 6.0mm, Cuffed 10/bx	2276	Angiocath 18 ga x 1-1/4 Introcan 50/bx
1813	ET Tube 6.5mm, Cuffed 10/bx	2275	Angiocath 20 ga x 1-1/4 Introcan 50/bx
1814	ET Tube 7.0mm, Cuffed 10/bx	2274	Angiocath 22 ga x 1 Introcan 50/bx
1815	ET Tube 7.5mm, Cuffed 10/bx	2273	Angiocath 24 ga x 3/4 Introcan 50/bx
1816	ET Tube 8.0mm, Cuffed 10/bx	1837	IV Burette, Pediatric, 60drops/ml
1819	ET Tube Introducer Adult Flex Guide (Bougie) 10/bx	2824	IV Tubing Baxter 92" 1/2 Drop 48/cs
1795	Mask, BVM for Child	1788	IV Saline Ext. Set, 0.7ML, 6" Bravo (HEPLOCK) 50/cs
1794	Mask, BVM for Infant	1879	IV Bag 0.9% NS 1000cc 14/cs
2371	Mask, BVM w/ Infant (Bag)	1858	IV Bag 0.9% NS 100cc 24pk/cs
2111	Mask, BVM w/ Medium Adult (Bag) 12/cs	1970	IV Butterfly 21g 3/4
1800	Meconium Aspirator	1971	IV Butterfly 23g 3/4
1796	Nasal Cannula - Pedi	1860	IV Dial-A-Flow Set 48/cs
1944	NPA 20, Robertazzi 10/pk	1859	IV Set, 1 Y Site, 60 gtts (MINI DRIP) 48/cs
1962	NPA 22, Robertazzi 10/pk	1917	IV Start Kit 100/cs
1963	NPA 24, Robertazzi 10/pk	1830	Kit, OB
1964	NPA 26, Robertazzi 10/pk	2152	Kit, Chest Decompression (CDK)
1910	NPA 28, Robertazzi 10/pk	2153	Kit, Cric
1965	NPA 30, Robertazzi 10/pk	2155	Kit, Inline Nebulizer (INK)
1911	NPA 34, Robertazzi 10/pk	2156	Kit, Nasal Intubation (NIK)
1957	OPA 50mm (Infant)	2332	Kit, Umbilical Line (UVC Kit)
1958	OPA 70mm (Infant)	2093	Suction Catheter 8fr. (In Trays)
2110	PEEP Valve	1968	NG Tube 10 fr.
1810	Stylet - Adult 10fr. 25/bx	1966	Pediatric Feeding Tube, 5fr
1783	Stylet - Pedi 6fr. 25/bx	1967	Pediatric Feeding Tube, 8fr
1780	Mask, Non-Rebreather - Adult 50/cs	1791	Suction Yankeur Stick
1797	Mask, Non-Rebreather - Pedi	1969	NG Tube 12 fr.
1825	NG Tube 16fr. (Salem Sump)	2231	NG Tube 14 fr.
1826	NG Tube 18fr. (Salem Sump)	1897	Suction Catheter 14fr.
1959	NPA 14, PVC 10/pk	1898	Suction Catheter 16fr.
1960	NPA 18, PVC 10/pk	1955	Suction Catheter 10fr. (In Trays) 100/cs
1912	OPA 100mm (#10.0) 12/bag	1956	Suction Catheter 12fr. (In Trays) 100/cs
1913	OPA 120mm (#12.0) 12/bag	1877	Syringe 30cc, Slip Tip 25/bx
1821	OPA 55mm (#5.5) 12/bag	2150	Syringe 3cc 22ga x 1-1/2 Needle 50/bx
1914	OPA 60mm (#6.0) 12/bag		Syringe 3cc 25gx1" Integra Safety Sub-Q/ IM LDS Needle
1915	OPA 80mm (#8.0) 12/bag	3644	100/Bx, 4 BX/CA
1778	Nasal Cannula - Adult	1916	Syringe Mucosal Atomization Device (MAD) 25/bx
1779	Nebulizer 50/cs	1787	Syringe TB 1cc, 25 ga x 5/8, Luer Slip 100/bx
2267	Kit, King Airway Size 4 - 10/cs	1873	Needle Filter 20GA x 1-1/2
		3877	Needle, 16 G x 1 in. BD hypodermic



- |      |   |      |   |
|------|---|------|---|
| 2268 | Kit, King Airway Size 5 - 10/cs                 | 1946 | Syringe 12cc NS Prefilled (Flush) 100/bx-6/cs |
| 2255 | Philips Defib Pads Adult - RADIOTRSPARENT 10/bx | 1784 | Syringe 12cc, 18ga x 1-1/2 50/bx              |
| 2292 | Philips Defib Pads Pedi (Pediatric Plus) 5/bx   | 1827 | Syringe 60cc (2oz) Cath Slip Tip 30/bx        |



# WASHOE COUNTY HEALTH DISTRICT

## AIR QUALITY MANAGEMENT DIVISION



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

**DATE:** August 22, 2013

**TO:** District Board of Health

**FROM:** Charlene Albee, Acting Director, Air Quality Management Division

**SUBJECT:** Public Hearing: Proposed Amendments to the Washoe County District Board of Health Regulations Governing Air Quality Management, Section 040.051, Woodstove/Fireplace Insert Emissions, and Section 040.052, Outdoor Wood-Fired Boilers  
Agenda Item:

### Recommendation

Air Quality Management Division Staff recommends the District Board of Health approve changes to Section 040.051 to include commercial properties that have solid fuel burning devices and Section 040.052 to rename Outdoor Wood-Fired Boilers to Hydronic Heaters and remove the prohibition on the installation of Hydronic Heaters under the specified conditions.

### Background

Pursuant to Section 020.015 of the Washoe County District Board of Health Regulations Governing Air Quality Management, Staff proposes to revise the regulations governing the installation and operation of solid fuel burning devices. Currently, Section 040.051 governs woodstove/fireplace insert emissions from residential properties only. Over the past several years, staff has encountered a number of residential properties that contain an uncertified solid fuel burning device but, since they were being converted to commercial properties, the uncertified device was allowed to remain. The most common occurrence is when older houses located in the historic parts of Reno and Sparks are preserved by converting them to offices through zoning changes. Since these structures are located in residential neighborhoods that are subject to the woodstove regulations, staff proposes to have any solid fuel burning devices located in residential or commercial structures subject to the same regulations. Replacing older non-compliant woodstoves with higher efficiency devices will result in a reduction in emissions for all of the residences in the neighborhoods.

The proposed amendments to Section 040.051 also include several language clarifications that do not change the intent of the regulation but should assist in the interpretation of the regulations. Section 040.051.C.7.a.i has been proposed to clarify the requirement that all new woodstove installations must be certified devices as defined by Section 040.051.B.2. The intent of the regulations has always been to require certified devices be installed, however, the requirement was not explicitly stated.

The proposed amendments to Section 040.052, Outdoor Wood-Fired Boilers, are a direct result of a citizen's inquiry into the prohibition on the installation of these devices. The District Board of Health adopted this section on November 16, 2006 based on staff recommendations. At that time, outdoor wood-fired boilers were receiving a significant amount of nationwide attention based on the smoke impacts resulting from the operation of the boilers. Several northeastern states were reporting highways having to be shut down due to poor visibility from the smoke impacts from these devices. Staff made the decision to prohibit the installation of wood-fired boilers in order to avoid the significant smoke impacts in our region.

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

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In response to the conflicts created by these devices, political and environmental, several manufacturers joined with the U.S. Environmental Protection Agency (EPA) to improve the efficiency and minimize the impacts from the operation of the units. Since then, the equipment has been through a series of design modifications and actual source testing. The improved devices have been renamed hydronic heaters and have been able to demonstrate a significant reduction in smoke emissions. The EPA has established a list of qualified devices that have been able to demonstrate compliance with the increased efficiency standards. In recognition of the efforts by both the manufacturers and EPA research scientists, staff is recommending changing the name of the section to identify the qualified hydronic heaters and provide for the installation of the devices under certain specified conditions.

The proposed amendments to Section 040.052 include the conditions of approval for the installation of a hydronic heater to be on a minimum 40-acre parcel located outside of any non-attainment area. As requested by a citizen, allowing the installation of a hydronic heater will enable residences to be constructed "Off the Grid" in the most rural areas of Washoe County where utilities are not available. The 40-acre parcel size was selected based on the population density and availability of lots in this size range. The expectation is homes built on 40-acre parcels should be adequately spaced so that impacts from the operation of a hydronic heater should have a negligible impact on surrounding homes in the area.

A workshop to discuss these changes was held on August 13, 2013. An email providing a copy of the proposed regulations and information regarding the public workshop and hearing was sent to all of the certified woodstove inspectors, the title companies, and the Reno-Sparks Association of Realtors. The public workshop was attended by one representative from the Reno-Sparks Association of Realtors. The comments received concerning these proposed amendments are included in the attached Business Impact Statements. A notice of the public workshop and today's public hearing was published in the Reno Gazette-Journal on July 23, July 30, and August 6, 2013. A copy of the proposed regulations was provided to counsel on July 16, 2017 for review.

### **Fiscal Impact**

Staff recognizes that the proposed amendments to Section 040.051 will impose a small financial impact on businesses converting residential properties to commercial facilities if the property contains an existing non-compliant solid fuel burning device. Based on records of the removal of non-compliant woodstoves from residential properties, the average cost for inspection and removal is approximately \$250. If the business chooses to install a compliant device, the cost will vary depending on the device they choose to install.

The proposed amendments to Section 040.052 are not expected to impose any negative financial impacts on businesses. In fact, lifting the prohibition on the installation of hydronic heaters will actually have a positive impact on local woodstove dealers by providing an addition device for their product line.

No fiscal impact is expected as a result of the adoption of these proposed regulations since the Woodstove Program is currently in effect for residential properties. A Business Impact Statement for each of the regulatory sections is included in the packet material.

**Alternatives**

1. The District Board may elect to adopt Section 040.051 and/or Section 040.052 with the amended language.
2. The District Board may direct Staff to research some aspect of the proposed Section 040.051 and/or Section 040.052 and return to the Board at a later date.
3. The District Board of Health may elect to make no changes to Sections 040.051 and/or Section 040.052.

In the event the Board decides to change the language of the proposed regulations, the matter should be continued so that both industry and the public can be notified.

*Charlene Albee*

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Charlene Albee, REM  
Acting Director

CA: ma

AMENDMENTS TO THE WASHOE COUNTY  
DISTRICT BOARD OF HEALTH REGULATIONS  
GOVERNING AIR QUALITY MANAGEMENT

**SECTION 040.051 WOODSTOVE/FIREPLACE INSERT EMISSIONS**

Proposed new regulations are shown in bold *italics* colored blue

Deletions are shown as red ~~strikethrough~~

Proposed to the District Board of Health on August 22, 2013

040.051

## WOOD STOVE/FIREPLACE INSERT EMISSIONS

(Amended 9/23/98; Revised 6/19/02, Effective 1/1/03; Revised 2/23/06; *Revised 8/22/13*)

### SECTION A – GENERAL

1. PURPOSE: To limit particulate matter emissions and other pollutants discharged into the ambient air from solid fuel burning devices by:
  - a. Setting emission standards and certifying devices;
  - b. Requiring removal of devices that are not certified;
  - c. Restricting materials that can be burned; and
  - d. Limiting the number *of* devices that are not deemed low emitting.
2. APPLICABILITY: The provisions of this regulation apply to any:
  - a. Person that advertises, except when restrictions are noted, sells, offers to sell, or installs any wood stove within the Health District;
  - b. Person that completes, or allows the completion of any:
    - (1) escrow transaction; ~~and/or~~
    - (2) title change on a residential property~~;~~
    - (3) *title change on a commercial property that contains a solid fuel burning device.*
  - c. Person that operates a solid fuel burning device within the Health District.
  - d. New installations of solid fuel burning devices within the Health District.

### SECTION B – DEFINITIONS: For the purpose of this regulation, the following definitions shall apply.

1. Antique wood stove. Means a wood stove built before 1940 that has an ornate construction and a current market value substantially higher than a common wood stove manufactured in the same time period.
2. Certified. Means a solid fuel burning device has been certified in accordance with current standards adopted by the U.S. EPA, the State of Oregon, the State of Colorado and/or appears on the Washoe County District Health Department Official List of Certified Wood Stoves; Ref. 40 CFR, Part 60; Oregon Administrative Rules, Chapter 340, Division 21; Colorado Revised Statute, Regulation No. 4. (As noted also in **Section 010.0255**).
3. Certificate of Compliance. A permit issued for a specific location by the Control Officer for a solid fuel burning device deeming the device certified in accordance with this regulation.

|

4. Commercial Property. Means any structure used to conduct business including public or private offices, retail, industrial, institutional, or multi-unit residential having more than four dwelling units.
5. Cook Stove. Means a wood stove installed in the kitchen, which is primarily designed for cooking and has a stovetop and an oven. It may also be equipped with gas burners. This wood stove is exempt from the emission standards and requirements of Section 040.051. (As noted also in Section 010.045).
6. Development. Is a group of multifamily dwelling structures built on a parcel of land with common amenities. Examples of a development include but are not limited to: condominiums, apartments, and townhouses. (Adopted 5/23/90). (As noted also in Section 010.047).
7. Fireplace. Means an open hearth or fire chamber or similarly prepared place in which a fire may be made and which is built in conjunction with a chimney. It may have doors, provided they are not designed with gaskets, air intake controls or other modifications, which create an air starved operating condition. Wood-burning devices initially classified, as a wood heater (As noted also in Section 010.200) may not be modified to meet the fireplace definition. (Amended 11/16/94). (As noted also in Section 010.063).
8. Garbage. Means putrescible animal or vegetable waste. (As noted also in Section 010.072).
9. Low emitting. Devices that are considered low emitting include but are not limited to:
  - a. All propane or natural gas-fired devices;
  - b. pellet stoves;
  - c. Specific models of wood stoves or other solid fuel burning devices that meet a certified emission rate of 1.0 gram/hour or less of particulate matter; and
  - d. Masonry Heaters that are certified by Colorado Revised Statute, Regulation 4.
10. Notice of Exemption (NOE). A form approved by the Control Officer, containing the notarized signatures of both the buyer and seller, attesting to the fact that the previously occupied residential or commercial property:
  - a. Does not have any Solid Fuel Burning Device;
  - b. Has a fireplace only that does not have doors that are gasketed to make the device airtight; or
  - c. Had an uncertified wood stove removed from the residential property prior to sale.
11. Pellet Stove. Means a solid fuel burning device designed to heat the interior of a building. It is a forced draft heater with an automatic feed which supplies appropriately sized feed material or compressed pellets of wood, or other biomass material to the firebox. (As noted also in Section 010.117).



12. Removed or Removal. Means a solid fuel burning device is physically taken off the real property. Furthermore, the device must not be stored at any other location on the real property or elsewhere within the Health District without the approval of the Control Officer.
13. Residential Property. Means any structure used as a dwelling including mobile, manufactured, single and multifamily homes and/or land with outbuildings including but not limited to barns, sheds, and garages.
14. Seasoned Wood. Means firewood with a moisture content not exceeding 20%.
15. Smoke. Means small gas-borne particles resulting from incomplete combustion, consisting predominantly of carbon, ash, and other combustible material present in sufficient quantity to be observable or, as a suspension in gas of solid particles in sufficient quantity to be observable. (As noted also in **Section 010.136**).
16. Solid Fuel Burning Device (device). Means a device that burns wood, or any other nongaseous or non-liquid fuels, and includes any device burning any solid fuel used for aesthetic or space-heating purposes including but not limited to a fireplace, wood stove, or pellet stove.
17. Stack or Chimney. Means any flue, conduit, or duct arranged to conduct any smoke, air contaminant or emission to the atmosphere. (As noted also in **Section 010.140**).
18. Treated Wood. Means wood of any species that has been chemically impregnated, painted, or similarly modified.
19. Uncertified. Means a wood stove that cannot be verified as meeting the certified standards and/or does not appear on the Washoe County District Health Department Official List of Certified/Exempt Wood Stoves. (As noted also in **Section 010.145**).
20. Waste Petroleum Products. Means hydrocarbon based or contaminated materials.
21. Wood Heater. Means an enclosed wood burning appliance capable of, and intended for space heating, domestic water heating or indoor cooking and has an air-to-fuel ratio of less than 35 to 1 in the low burn cycle. It also must have a usable firebox volume less than twenty (20) cubic feet, weigh less than 800 kilograms and have a minimum burn rate less than five (5) kilograms per hour. Appliances that are described as prefabricated fireplaces and are designed to accommodate doors or other accessories that would create the air starved operating conditions of a wood heater, must meet the emission standards if they meet the criteria in the above definition with those accessories in place. (As noted also in **Section 010.200**).
22. Wood Stove. For purposes of this regulation may be a:
  - a. wood heater;
  - b. pellet stove;
  - c. prefabricated zero clearance fireplace or a fireplace heat form with doors or other accessories which cause the fireplace to function as a wood heater; or
  - d. wood heater inserted in a fireplace.

Wood stoves do not include open masonry fireplaces, barbecue devices, portable firepits, gas-fired fireplaces or cook stoves. (Revised 9/23/98) (As noted also in **Section 010.205**).

## SECTION C – STANDARDS:

1. **PARTICULATE MATTER EMISSION STANDARD:** The particulate matter emission standard is 7.5 grams or less of particulate matter per hour for a non-catalytic appliance or 4.1 grams or less of particulate matter per hour for a catalytic appliance. If the U.S. ~~EPA~~~~Environmental Protection Agency~~ adopts a wood stove/fireplace emission standard, which is more stringent, that emission standard supersedes the standard in this section and becomes effective on the date that the U.S. ~~EPA~~~~Environmental Protection Agency~~ standard becomes effective.
2. **CERTIFICATION:** A wood stove shall be considered certified for purposes of these regulations as defined in **040.051.B.2**.
3. **EXISTING DEVICES:**
  - a. Upon the transfer or conveyance of any residential *or commercial* property, currently installed or existing wood stove(s) that are uncertified must be removed or replaced with certified or low emitting device(s), prior to the completion of any:
    - (1) escrow transaction; and/or
    - (2) title change ~~on a residential property~~.Rendering a device inoperable is not acceptable in lieu of removal.
  - b. The Control Officer on a case-by-case basis may approve an exemption from **Section 040.051.C.3.a** for an Antique wood stove. Persons requesting the exemption must provide proof of antiquity.
  - c. **RENOVATION/REMODEL:** If a residential *or commercial* property is undergoing a renovation/remodel *or being rebuilt following a natural disaster*, and not changing ownership, the existing wood stove(s) may be moved and re-installed, or the same type of fireplace(s) may be re-built. New or additional solid fuel burning devices are prohibited in accordance with the limitations set forth in **040.051.C.7** of this regulation.
4. **VISIBLE EMISSIONS:** No person may permit emissions from the stack or chimney of a solid fuel burning device to exceed an opacity greater than that shade designated as No. 2 on the Ringelmann Chart for a period or periods aggregating more than three (3) minutes in any one hour period. Emissions created during a fifteen (15) minute start-up period are exempt.
5. **PROHIBITED FUELS:** A person shall not cause or allow any of the following materials to be burned in a solid fuel burning device:
  - a. asphaltic products;
  - b. books and magazines;
  - c. garbage;
  - d. paints;
  - e. colored/wrapping paper;

- f. plastic;
  - g. rubber products;
  - h. treated wood;
  - i. waste petroleum products;
  - j. fuel wood that is not seasoned;
  - k. coal; or
  - l. any other material not intended by a manufacturer for use as a fuel in a solid fuel burning device.
6. CONDITIONS FOR SELLING WOOD: A person selling wood for use in a solid fuel burning device shall comply with the following:
- a. Seasoned wood (wood with a moisture content of 20 percent or less) may be sold for immediate use in a wood burning device.
  - b. Wood with a moisture content of greater than 20 percent may be sold with a disclosure of the excessive moisture content and a recommended seasoning period to obtain a moisture content of 20 percent or less.
7. LIMITATION ON NUMBER OF SOLID FUEL BURNING DEVICES:
- a. New Installations:
    - (i) *For new installations, only certified woodstoves as defined in 040.051.B.2 may be installed on any residential or commercial property located within the Health District.*
    - (ii) The number of certified wood stoves or fireplaces installed on any *residential or commercial* property for which a building or set-up permit is issued shall not exceed one *on a minimum one acre parcel* ~~per acre~~.
  - b. Existing Property: In dwelling units or commercial/public facilities existing on the effective date of this regulation, installation of additional solid fuel burning devices is prohibited.
  - c. The above limitations do not apply to devices that are defined as low emitting (Section B.8. of this regulation).

#### SECTION D – ADMINISTRATIVE REQUIREMENTS:

- 1. No local government authority within the Health District may issue a building permit to any person to install an uncertified, or U.S. EPA exempt wood stove.
- 2. WOOD STOVE INSPECTORS: A person may be approved by the Control Officer to inspect and certify that wood stoves are currently, or have been in the past, certified per **Section 040.051**.
  - a. To obtain approval, an application must be submitted to the Control Officer. Approval will be issued upon satisfactory completion of all requirements set forth by the Control Officer and payment of the fee established by the Board of Health. Annual approval may be renewed upon meeting all the requirements of the Control Officer and payment of the renewal fee.

- b. An approved inspector shall report the result of each inspection on a form provided by the Control Officer after the fee established by the Board of Health is paid. The approved inspector must indicate:
- (1) Whether the residential property contains any solid fuel burning device;
  - (2) The number of wood stoves which are certified;
  - (3) The number of wood stoves which are not certified.
3. EXISTING WOOD STOVES AND CHANGE OF OWNERSHIP: ~~In order to complete~~ *Prior to the completion of* any escrow transaction, and/or title change on any residential *or commercial* property, the current property owner must obtain either a Certificate of Compliance or a Notice of Exemption:
- a. The Control Officer shall issue a Certificate of Compliance ~~if~~:
- (1) *Upon receipt of a* An inspection report from an approved Wood Stove Inspector ~~is submitted~~ that demonstrates the ~~residential~~ property contains allowable wood burning devices.
    - i. If the report indicates that a wood stove is uncertified, the wood stove must be removed from the ~~residential~~ property and re-inspection by an approved *Wood Stove Inspector* ~~inspector~~ is required.
  - (2) ~~The Control Officer shall issue a Certificate of Compliance not later than~~ *Within* seven (7) working days after receipt of a completed inspection report from an approved Wood Stove Inspector.
    - i. If the Control Officer fails to act within the seven (7) working day period, any escrow transaction and/or title change that requires a Certificate of Compliance may be completed in lieu of issuance of said Certificate.
- b. A Notice of Exemption shall be submitted to the Control Officer within ten (10) working days after the close of escrow and/or title change, if:
- (1) The residential property does not contain a wood stove.
  - (2) *An uncertified woodstove has been removed from any residential or commercial property prior to the close of escrow and/or title change. The removal of any uncertified woodstove is subject to a verification inspection for a period not to exceed 30 days from the date of close of escrow.* ~~The residential property contains any solid fuel burning device that is to be removed before the close of escrow and/or title change, then the Notice of Exemption cannot be submitted until the solid fuel burning device is removed from the property.~~

The buyer and seller of any residential property shall observe any disclosure statements supplied by the real estate agents relating to the requirement under this regulation for the inspection of any wood stove.

## SECTION E – COMPLIANCE AND RECORDS

1. DEALERS AFFIDAVIT OF SALE
  - a. A person who sells a wood stove within the Health District must report the sale to the Control Officer within thirty (30) days from the date of sale on the form provided by the Control Officer.
  - b. The form shall be provided by the Control Officer after the person pays the fee established by the Board of Health for that form.
  - c. Any person who fails to notify the Control Officer of the sale *of a solid fuel burning device* is subject to the penalties set forth in **Section 020.040**.
2. CERTIFICATE OF COMPLIANCE: A Certificate of Compliance issued pursuant to this section:
  - a. Remains valid until the **residential** property is transferred or conveyed to a new owner or nine (9) months, whichever comes sooner.
  - b. Does not constitute a warranty or guarantee by the approved inspector or the Control Officer that the wood stove meets any other standards of operation, efficiency or safety, except the emission standards contained in these regulations.
3. FALSIFICATION OF INFORMATION: Any person who falsifies any information associated with a:
  - a. Wood Stove Inspection;
  - b. Certificate of Compliance;
  - c. Notice of Exemption; or
  - d. Dealer's Affidavit of Sale

is subject to the penalties set forth in **Section 020.040**, and may be subjected to the applicable penalties prescribed by law for perjury. The revocation of the Control Officer's approval to conduct wood stove inspections or revocation of a Certificate of Compliance may also be a result.
4. VIOLATION OF VISIBLE EMISSIONS OR PROHIBITED FUELS STANDARDS: A person who violates **Sections C.4, C.5 or C.6** of this regulation shall be issued a warning for the first violation, and shall be provided information on proper wood burning techniques. Subsequent violations would be subject to the penalties set forth in **Section 020.040**.
5. CURTAILMENT OF BURNING DURING POLLUTION ALERTS: If the concentrations of an air containment reach or are predicted to reach levels that constitute a Stage 1 alert as defined in **Section 050.001.C005**, operation of any Solid Fuel Burning Device shall be suspended in accordance with the requirements of **Section 050.001.C015.A.5**.

## BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed rule modification by the Air Quality Management Division of the Washoe County Health District, under the authority of the District Board of Health Regulations Governing Air Quality Management, Section 040.051 Woodstove/Fireplace Insert Emissions.

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary (*List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted*).

A public workshop was conducted on August 13, 2013 at the Health District South Conference Room located at 1001 East 9<sup>th</sup> Street, Building B, in Reno. The public workshop and notice of public hearing, scheduled for August 22, 2013, were published in the Reno Gazette-Journal on July 23, July 30, and August 6, 2013. The Notice of Proposed Action, which included directions for attending the public workshop and hearing, and a copy of the draft regulations were distributed by email to the title companies, certified woodstove inspectors, and the Reno-Sparks Association of Realtors.

The public workshop was attended by one (1) interested party, Mr. Jim Nadeau, representing the Reno-Sparks Association of Realtors. Mr. Nadeau submitted comments concerning Section 040.051.C.7.a.i, the minimum one acre parcel language change. The concern was for potential residences on large parcels (greater than 10 acres as an example) located in a remote area that may want to have more than one fireplace. Staff explained under that situation the residence would be able to install low-emitting devices in addition to the fireplace. If additional fireplaces were necessary, the homeowner would be able to submit an application for a variance to the District Board of Health. Mr. Nadeau also commented on Section 040.051.D.3.b, specifically the Notice of Exemption requiring a signature by both the buyer and the seller. Staff confirmed this is the current requirement so there is no change based on the proposed amendments.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

**Adverse Effects: Commercial properties that contain a solid fuel burning device will be required to comply with Section 040.051. As part of the escrow transaction, the current property owner will have to obtain either a Certificate of Compliance for \$37 or a Notice of Exemption for \$14. If the solid fuel burning device is not certified, it must be removed from the property prior to the close of escrow. Based on the cost to remove a device from a residential property, the removal cost will be approximately \$250.**

**Beneficial Effects: Adoption of the proposed amendments will result in a reduction in emissions from uncertified solid fuel burning devices.**

**Direct Effects: The AQMD will continue to implement the woodstove/fireplace insert program in compliance with the State Implementation Plan (SIP) approved by EPA Region IX.**

**Indirect Effects: Residential and commercial properties containing solid fuel burning devices will be subject to a consistent set of regulations.**

3. The following constitutes a description of the methods that Washoe County considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: *(Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).*

**The proposed rule changes are intended to provide a consistent standard for both residential and commercial escrow transactions. The current fee structure will result in a minor fee applicable to commercial property escrow transactions only if the property contains a solid fuel burning device. Businesses will not be expected to pay any fees over and above what private residences currently pay when an escrow transaction is completed.**

4. Washoe County estimates that the annual cost to the County for enforcement of the proposed rule is:

**There will be no additional cost to the County due to the revised rule language.**

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County expects to collect is:

**The proposed rule will not change the existing fee schedule approved by the District Board of Health. The additional revenue to the County is not expected to exceed \$100 on an annual basis due to the infrequent nature of the conversion of single family residences to commercial properties.**

6. (If applicable, provide the following:) The proposed rule includes provisions, which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

**The proposed rule changes do not duplicate any other federal, state, or local standards regulating the same activity.**



AMENDMENTS TO THE WASHOE COUNTY  
DISTRICT BOARD OF HEALTH REGULATIONS  
GOVERNING AIR QUALITY MANAGEMENT

**SECTION 040.052 HYDRONIC HEATERS**

Proposed new regulations are shown in bold *italics* colored blue

Deletions are shown as red ~~strikethrough~~

Proposed to the District Board of Health on August 22, 2013

040.052

~~OUTDOOR WOOD-FIRED BOILERS~~ *HYDRONIC HEATERS* (Adopted 11/16/06; *Renamed and Revised 8/22/13*)

SECTION A – GENERAL

1. PURPOSE: To limit particulate matter emission and other pollutants discharged into the ambient air from ~~outdoor wood-fired boilers~~ *hydronic heaters* by ~~prohibiting~~ *restricting* the ~~installation of any outdoor wood-fired boiler(s).~~ *number of qualified devices that can be installed and the type of materials that can be burned.*
2. APPLICABILITY: The provisions of this regulation shall apply to any person seeking to install ~~an outdoor wood-fired boiler~~ *a hydronic heater* within the Health District.

SECTION B – DEFINITIONS: For the purpose of this regulation, the following definition shall apply.

1. *Certificate of Compliance.* *A permit issued for a specific location by the Control Officer deeming a hydronic heater is in compliance with this regulation.*
2. *Commercial Property.* *Means any structure used to conduct business including public or private offices, retail, industrial, institutional, or multi-unit residential having four or more dwelling units.*
3. *Garbage.* *Means putrescible animal or vegetable waste. (As noted in Section 010.072).*
- 1.4. *Outdoor Wood-Fired Boiler.* *Hydronic Heater.* Means a solid fuel burning device designed:
  - (1a.) to burn primarily wood but may also be equipped to burn biomass such as corn or wood pellets;
  - (2b.) not to be located inside structures ordinarily occupied by humans; and
  - (3c.) to heat spaces or water by the distribution through pipes of a fluid, typically water, heated in the device.
5. *Qualified.* *Means the manufacturer of a hydronic heater has participated in a voluntary program initiated by the U.S. EPA to commit their best efforts to develop cleaner models, approximately 90 percent cleaner for Phase 2 white hang tag identification. Hydronic heaters that are qualified under the EPA Voluntary Fireplace Programs are not certified per EPA's Wood Heater New Source Performance Standard.*
6. *Residential Property.* *Means any structure used as a dwelling including mobile, manufactured, single and multifamily homes and/or land with outbuildings including but not limited to barns, sheds, and garages.*
7. *Seasoned Wood.* *Means firewood with a moisture content not exceeding 20%.*
8. *Solid Fuel Burning Device.* *Means a device that burns wood, or any other nongaseous or non-liquid fuels, and includes any device burning any solid fuel used for aesthetic or space-heating purposes.*
9. *Treated Wood.* *Means wood of any species that has been chemically impregnated, painted,*

*or similarly modified.*

## SECTION C – STANDARDS

1. ~~All outdoor wood-fired boilers are prohibited from installation in the Health District.~~ *LIMITATION ON TYPE AND QUANTITY OF HYDRONIC HEATERS:*

*a. New Installations:*

*(i) For new hydronic heater installations, only qualified hydronic heaters as defined in 040.052.B.5 may be installed on any residential or commercial property located within the Health District.*

*(ii) The number of qualified hydronic heaters installed on any residential or commercial property for which a building or set-up permit is issued shall not exceed one on a minimum forty (40) acre parcel located outside of a non-attainment area as defined in Section 101.098.*

*(iii) Any additional solid fuel burning devices to be installed on any residential or commercial property which contains a qualified hydronic heater must be either low emitting or pellet stoves as defined in Section 040.051.B.*

*b. Existing Property: In dwelling units or commercial/public facilities existing on the effective date of this regulation, installation of additional solid fuel burning devices is prohibited.*

2. *VISIBLE EMISSIONS: No person may permit emissions from the stack or chimney of a solid fuel burning device to exceed an opacity greater than that shade designated as No. 2 on the Ringelmann Chart for a period or periods aggregating more than three (3) minutes in any one hour period. Emissions created during a fifteen (15) minute start-up period are exempt.*

3. *PROHIBITED FUELS: A person shall not cause or allow any of the following materials to be burned in a solid fuel burning device:*

- a. asphaltic products;*
- b. books and magazines;*
- c. garbage;*
- d. paints;*
- e. colored/wrapping paper;*
- f. plastic;*
- g. rubber products;*
- h. treated wood;*
- i. waste petroleum products;*
- j. fuel wood that is not seasoned;*
- k. coal; or*
- l. any other material not intended by a manufacturer for use as a fuel in a solid fuel burning device.*

## SECTION D – ADMINISTRATIVE REQUIREMENTS

1. No local government authority within the Health District shall issue a building permit to any person to install ~~an outdoor wood fired boiler~~ *a hydronic heater without receiving a Certificate of Compliance from the Control Officer.*

## SECTION E – COMPLIANCE AND RECORDS

1. The installation of any ~~outdoor wood fired boiler~~ *hydronic heater without a Certificate of Compliance from the Control Officer* shall constitute a major violation and be subject to civil or criminal penalties as provided in Sections 020.040 and 020.042.
2. *CERTIFICATE OF COMPLIANCE: A Certificate of Compliance issued pursuant to the section does not constitute a warranty or guarantee by the Control Officer that the hydronic heater meets any other standards of operation, efficiency, or safety, except the emissions standards contained in these regulations.*
3. *FALSIFICATION OF INFORMATION: Any person who falsifies any information associated with a Certificate of Compliance is subject to the penalties set forth in Section 020.040, and may be subjected to the applicable penalties prescribed by law for perjury. The revocation of the Certificate of Compliance may also be a result.*
4. *VIOLATION OF VISIBLE EMISSIONS OR PROHIBITED FUELS STANDARDS: A person who violates Sections C.2 or C.3 of this regulation shall be issued a warning for the first violation, and shall be provided information on proper wood burning techniques. Subsequent violations would be subject to the penalties set forth in Section 020.040.*
5. *CURTAILMENT OF BURNING DURING POLLUTION ALERTS: If the concentrations of an air containment reach or are predicted to reach levels that constitute a Stage 1 alert as defined in Section 050.001.C, operation of any Solid Fuel Burning Device shall be suspended in accordance with the requirements of Section 050.001.C.*

## BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed rule modification by the Air Quality Management Division of the Washoe County Health District, under the authority of the District Board of Health Regulations Governing Air Quality Management, Section 040.052 Hydronic Heaters.

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary (*List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted*).

A public workshop was conducted on August 13, 2013 at the Health District South Conference Room located at 1001 East 9<sup>th</sup> Street, Building B, in Reno. The public workshop and notice of public hearing, scheduled for August 22, 2013, were published in the Reno Gazette-Journal on July 23, July 30, and August 6, 2013. The Notice of Proposed Action, which included directions for attending the public workshop and hearing, and a copy of the draft regulations were distributed by email to the title companies, certified woodstove inspectors, and the Reno-Sparks Association of Realtors.

The public workshop was attended by one (1) interested party, Mr. Jim Nadeau, representing the Reno-Sparks Association of Realtors. The only comment Mr. Nadeau had on this regulation was inquiring about how the 40-acre parcel was selected. Staff explained that the 40-acres was selected based on the availability of parcels of this size and a low density population minimizing potential smoke impacts.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: Staff does not expect any adverse effects on businesses from the removal of the prohibition on the installation of hydronic heaters.

Beneficial Effects: Adoption of the proposed amendments will result in woodstove/fireplace insert businesses being able to add to their approved product line.

**Direct Effects: The AQMD will continue to implement the regulations governing solid fuel fired heating devices in compliance with the State Implementation Plan (SIP) approved by EPA Region IX.**

**Indirect Effects: Properties located in rural areas of Washoe County will be able to be developed off the grid using alternative energy sources.**

3. The following constitutes a description of the methods that Washoe County considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: *(Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).*

**The proposed rule changes are not expected to have any negative impact on businesses.**

4. Washoe County estimates that the annual cost to the County for enforcement of the proposed rule is:

**There will be no additional cost to the County due to the revised rule language.**

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County expects to collect is:

**The proposed rule will not change the existing fee schedule approved by the District Board of Health. The additional revenue to the County is expected to be negligible since there are currently no pending applications for hydronic heaters.**

6. (If applicable, provide the following:) The proposed rule includes provisions, which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

**The proposed rule changes do not duplicate any other federal, state, or local standards regulating the same activity.**

## Notice of Proposed Action

The Air Quality Management Division, of the Washoe County Health District, is issuing the following Notice of Proposed Action pursuant to the Health District Regulations Governing Air Quality Management and the Federal Clean Air Act.

The Director is proposing amendments to the District Board of Health Regulations Governing Air Quality Management, specifically Section 040.051, Woodstove/Fireplace Insert Emissions, and Section 040.052, Outdoor Wood-Fired Boilers. The proposed amendments to Section 040.051 include requiring solid fuel burning devices located in commercial buildings be in compliance with the District Regulations upon transfer of ownership of the property. The proposed amendments to Section 040.052 includes renaming the section, Hydronic Heaters, and lifting the prohibition on the installation of these devices provided the property is a minimum 40 acre parcel located outside of any non-attainment area. The complete language for the proposed amendments is available on the Washoe County Health District website at [www.washoecounty.us/health](http://www.washoecounty.us/health).

A public workshop will be held at 3:00 p.m. on Tuesday, August 13, 2013, at the Health District South Auditorium, located at 1001 East 9<sup>th</sup> Street, Building B. Interested persons who may be affected or wish to comment should appear at the workshop to submit oral testimony or may submit comments, data, views, or arguments in written form to:

Charlene Albee, Permitting & Enforcement Branch Chief  
Washoe County Health District, Air Quality Management Division  
1001 E. 9<sup>th</sup> Street, Suite #B171  
Reno, NV 89512  
Phone (775) 784-7211 FAX (775) 784-7225

Written comments will be accepted until the close of business on **Wednesday, August 21, 2013**, and will be considered prior to any final action being taken on the proposed amendments. The District Board of Health will consider adoption of the proposed amendments at a public hearing to be held at 1:00 p.m. on August 22, 2013, at the Health District South Auditorium, located at 1001 East 9<sup>th</sup> Street, Building B. If adopted, these regulations will be submitted to the U.S. Environmental Protection Agency as a revision to the Washoe County portion of the Nevada State Implementation Plan.

Amendments to Section 040.051 & 040.052  
Public Workshop  
August 13, 2013

Sign-In Sheet and Comment Card Received



Amendments to Sections 040.051 & 040.052  
Public Workshop  
August 13, 2013

Print Name	Company	Phone	Email
Jim Nadeau	Reno/Sparks Assn of Realtors	323-4300	Jim@CorreraNV.Com

WASHOE COUNTY HEALTH DISTRICT - AIR QUALITY MANAGEMENT  
ATTENDANCE CARD  
PLEASE PRINT

DATE: 8/13/2013 WORKSHOP ITEM: \_\_\_\_\_

NAME: Jim Nadeau

ADDRESS: 226 California Ave, Reno, NV. 89509

I REPRESENT: Reno/Sparks Association of Realtors

I AM IN ATTENDANCE CONCERNING: Wood Stoves

DO YOU WISH TO MAKE A STATEMENT: YES  NO   
 \_\_\_\_\_ IN FAVOR \_\_\_\_\_ IN OPPOSITION  Neutral

NOTE: GENERAL POLICIES FOR ADDRESSING THE BOARD:  
 1. PUBLIC COMMENT (3 MINUTE TIME LIMIT PER PERSON)  
 2. PLEASE AVOID REPETITIVE REMARKS.

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# Washoe County Health District

ENVIRONMENTAL HEALTH SERVICES DIVISION



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

STAFF REPORT

BOARD MEETING DATE: 08/22/13

**DATE:** August 13, 2013

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

**FROM:** Bob Sack, Director, Environmental Health Services Division  
328-2489, [bsack@washoecounty.us](mailto:bsack@washoecounty.us)

**SUBJECT:** Presentation of Environmental Health Services Division Programs - Activities and Mandates for the Institutions, Land Development, and Vector-Borne Disease Programs.

## **RECOMMENDATION**

Environmental Health Services (EHS) recommends that the District Board of Health (Board) accept the Institutions, Land Development, and Vector- Borne Disease Programs presentation.

## **BACKGROUND**

The programs have evolved dramatically over the years and continue to change. Attached is a copy of the PowerPoint presentation being presented to the Board and the Nevada Revised Statutes (NRS) Chapters 278 (Land Development), 432A (Child Care), 444 (Liquid Waste, Schools, Child Care, Jails, Swimming Pools, Labor Camps), 445A (Public Water Systems), 447 (Hotel/Motels), and 461A (Mobile Home/RV Parks). These programs are all longstanding programs with very little statutory change over the last few decades. The numbers of facilities have remained fairly stable over the years.

The Well Construction, IBD (Tattoo), and Vector-Borne Disease regulations are not mandated directly by State law but are authorized under NRS 439 for District Boards of Health to adopt regulations that affect the health of the residences of the District.

There is no duplication with other agencies in these programs 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 Institutions, Land Development, and Vector-Borne Disease Programs presentation."

BS:pv

Attachments

**NRS 278.335 Review of tentative map by agencies of State; reviews and inspections by district board of health.**

1. A copy of the tentative map must be forwarded by the planning commission or its designated representative, or if there is no planning commission, the clerk or other designated representative of the governing body, for review to:

(a) The Division of Water Resources and the Division of Environmental Protection of the State Department of Conservation and Natural Resources;

(b) The district board of health acting for the Division of Environmental Protection pursuant to subsection 2; and

(c) If the subdivision is subject to the provisions of [NRS 704.6672](#), the Public Utilities Commission of Nevada.

2. In a county whose population is 100,000 or more, if the county and one or more incorporated cities in the county have established a district board of health, the authority of the Division of Environmental Protection to review and certify proposed subdivisions and to conduct construction or installation inspections must be exercised by the district board of health.

3. A district board of health which conducts reviews and inspections under this section shall consider all the requirements of the law concerning sewage disposal, water pollution, water quality and water supply facilities. At least four times annually, the district board of health shall notify the Division of Environmental Protection which subdivisions met these requirements of law and have been certified by the district board of health.

4. The State is not chargeable with any expense incurred by a district board of health acting pursuant to this section.

5. Each reviewing agency shall, within 15 days after the receipt of the tentative map, file its written comments with the planning commission or the governing body recommending approval, conditional approval or disapproval and stating the reasons therefor.

(Added to NRS by 1977, 1497; A 1979, 704; 1987, 520; [1993, 2561](#); [1997, 1984](#); [2005, 559, 692](#))

**NRS 278.377 Certificates of certain governmental entities required; appeal from adverse decision of Division of Environmental Protection; copies of certain certificates to be furnished to subdivider and purchaser.**

1. A final map presented for filing must include a certificate by:

(a) The Division of Environmental Protection of the State Department of Conservation and Natural Resources or the district board of health acting pursuant to [NRS 278.335](#) indicating that the final map is approved concerning sewage disposal, water pollution, water quality and water supply facilities. The district board of health may not issue a certificate unless it has received:

(1) Written verification from the Division of Environmental Protection that the final map has been approved by the Division with regard to water pollution and sewage disposal in accordance with the Nevada Water Pollution Control Law; and

(2) If the final map pertains to a subdivision which is subject to the provisions of [NRS 704.6672](#), written verification from the Public Utilities Commission of Nevada that the final map has been approved by the Public Utilities Commission with regard to continuity and adequacy of water supply or sewer service, or both, as applicable.

(b) The Division of Water Resources of the State Department of Conservation and Natural Resources, showing that the final map is approved by the Division of Water Resources concerning water quantity. If the final map pertains to a subdivision which is subject to the provisions of [NRS 704.6672](#), the Division of Water Resources may not issue a certificate unless it has received written verification from the Public Utilities Commission of Nevada that the final map has been approved by the Public Utilities Commission with regard to continuity and adequacy of water supply or sewer service, or both, as applicable.

2. Any person aggrieved by the issuance or denial of approval with regard to water pollution and sewage disposal by the Division of Environmental Protection may appeal to the State Environmental Commission, which shall affirm, modify or reverse the action of the Division of Environmental Protection. The State Environmental Commission shall adopt regulations providing the time within which appeals must be taken and the manner of taking the appeal to the State Environmental Commission.

3. A copy of the certificate by the Division of Water Resources required by subsection 1 must be furnished to the subdivider who in turn shall provide a copy of the certificate to each purchaser of land before the time the sale is completed. Any statement of approval as required in subsection 1 is not a warranty or representation in favor of any person as to the safety or quantity of such water.

(Added to NRS by 1977, 1504; A 1979, 706, 1919, 1920; [1993, 2568](#); [2005, 560, 693](#))

**NRS 432A.180 Inspection by Health Division, State Fire Marshal and State Health Officer; publication and availability of reports of certain inspections.**

1. Any authorized member or employee of the Health Division may enter and inspect any building or premises of a child care facility or the area of operation of an outdoor youth program at any time to secure compliance with or prevent a violation of any provision of this chapter.

2. The State Fire Marshal or a designee of the State Fire Marshal shall, at least annually:

(a) Enter and inspect every building or premises of a child care facility, on behalf of the Health Division; and

(b) Observe and make recommendations regarding the drills conducted pursuant to [NRS 432A.077](#),

➔ to secure compliance with standards for safety from fire and other emergencies.

3. The State Health Officer or a designee of the State Health Officer shall enter and inspect at least annually, every building or premises of a child care facility and area of operation of an outdoor youth program, on behalf of the Health Division, to secure compliance with standards for health and sanitation.

4. The annual inspection of any child care facility which occasionally or regularly has physical custody of children pursuant to the order of a court must include, without limitation, an inspection of all areas where food is prepared and served, bathrooms, areas used for sleeping, common areas and areas located outdoors that are used by children at the child care facility. The State Health Officer shall publish reports of the inspections and make them available for public inspection upon request.

(Added to NRS by 1979, 886; A 1985, 1474; [1991, 2310](#); [1997, 1268](#); [2007, 1192](#); [2011, 1371](#))

**NRS 444.070 Health authority to supervise public swimming pools and bathhouses; regulations.**

1. The health authority shall supervise the sanitation, healthfulness, cleanliness and safety of public swimming pools and bathhouses and the State Board of Health or local board of health may adopt and enforce such rules and regulations pertaining thereto as it deems necessary to carry out the provisions of [NRS 444.065](#) to [444.120](#), inclusive.

2. Rules and regulations adopted pursuant to subsection 1 must not deny the use of a public spa to a child who is under 12 years of age and has adult supervision.

[1:38:1935; 1931 NCL § 5313.01]—(NRS A 1963, 954; 1969, 1019; 1987, 184; [1993, 2504](#); [1995, 66](#))

**NRS 444.190 Powers of health authority; abatement of construction camp as public nuisance.**

1. The health authority shall administer [NRS 444.130](#) to [444.200](#), inclusive, and the State Board of Health or local boards of health shall have full power and authority to declare and prescribe such reasonable standards and regulations as will tend to insure the observance of [NRS 444.130](#) to [444.200](#), inclusive.

2. The health authority shall secure the enforcement of the provisions of [NRS 444.130](#) to [444.200](#), inclusive, and for such purposes the health authority shall have the right:

(a) To enter upon either public or private property within the State to determine whether or not there exists upon such property any camp to which the provisions of [NRS 444.130](#) to [444.200](#), inclusive, may apply.

(b) To enter and inspect all camps within the State of Nevada wherever the same may be situated, and to inspect all accommodations, equipment or paraphernalia connected therewith.

(c) To enter upon and inspect all adjacent land surrounding any such camp to determine whether or not the sanitary and other requirements of [NRS 444.130](#) to [444.200](#), inclusive, have been or are being complied with.

3. Any camp coming under the provisions of [NRS 444.130](#) to [444.200](#), inclusive, which does not conform to the provisions of [NRS 444.130](#) to [444.200](#), inclusive, is hereby declared a public nuisance and if not made to so conform within 5 days or within such longer period of time as may be allowed by the health authority, after written notice given by the health authority, shall be abated by proper action brought for that purpose in the district court of the county in which such camp, or the greater portion thereof, is situated.

[7:47:1923; NCL § 2822]—(NRS A 1963, 955; 1969, 1020)

**NRS 444.200 Penalty.** Any person, firm, corporation, agent or officer of a firm or corporation, or any superintendent or overseer in charge of the work in or at any camp coming under the provisions of [NRS 444.130](#) to [444.190](#), inclusive, who shall violate or fail to comply with the provisions of [NRS 444.130](#) to [444.190](#), inclusive, is guilty of a misdemeanor.

[8:47:1923; NCL § 2823]—(NRS A 1967, 580)

**NRS 444.335 Health authority to supervise sanitation of certain local institutions; regulations; inspections and reports.**

1. The health authority shall have supervision over the sanitation, healthfulness, cleanliness and safety, as it pertains to the foregoing matters, of the following city, county and private institutions:

(a) Jails, correctional institutions and other institutions performing similar functions, including, without limitation, any facility for the detention of children;

(b) Schools; and

(c) School gymnasiums.

2. The State Board of Health shall, with respect to jails, correctional institutions and other institutions performing similar functions, including, without limitation, any facility for the detention of children, and may, with respect to the other institutions named in subsection 1, adopt and enforce such regulations as are necessary to promote properly the sanitation, healthfulness, cleanliness and safety, as it pertains to the foregoing matters, of those institutions.

3. The health authority shall inspect those institutions at least once each calendar year and at such other times as, in its discretion, it deems an inspection necessary to carry out the provisions of this section, except that inspections of schools and gymnasiums shall be made at least twice each year, once during each semester. The inspection of any institution which has physical custody of children pursuant to the order of a court must include, without limitation, an inspection of all areas where food is prepared and served, bathrooms, areas used for sleeping, common areas and areas located outdoors that are used by children at the facility.

4. A report of the findings of an inspection must be made to the State Health Officer within 20 days following the inspection. The State Health Officer shall publish the report of the inspection of any facility which has physical custody of children pursuant to the order of a court and may from time to time, in his or her discretion, publish the reports of the inspections of other institutions.

5. All persons charged with the duty of maintenance and operation of the institutions named in this section shall operate those institutions in conformity with regulations relating to sanitation, healthfulness, cleanliness and safety, as it pertains to the foregoing matters, adopted by the State Board of Health.

6. The health authority may, in carrying out the provisions of this section, enter upon any part of the premises of any of the institutions named in this section over which it has jurisdiction, to determine the sanitary conditions of those places and to determine whether the provisions of this section and the regulations of the State Board of Health pertaining thereto are being violated.

(Added to NRS by 1973, 228; A 1979, 1009; [2007, 1195](#))

## 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](#))

### **NRS 445A.920 Review and approval of plans and specifications by Commission or district board of health.**

1. Except as otherwise provided in subsection 2, plans and specifications for any substantial addition to or alteration of a public water system subject to a regulation of the Commission must be submitted to the Division or the appropriate district board of health for review and approval.

2. A public water system is not required to submit any plans and specifications if the addition or alteration complies with standards previously approved by the Division or the appropriate district board of health.

3. In approving the plans and specifications, the Division or the appropriate district board of health may require such modifications or impose such conditions as are necessary to carry out the provisions of [NRS 445A.800](#) to [445A.955](#), inclusive.

(Added to NRS by 1977, 444; A [2005, 556](#))

### **NRS 445A.925 Duties of Division and district boards of health.**

1. The Division and the district boards of health shall:

(a) Enforce the provisions of [NRS 445A.800](#) to [445A.955](#), inclusive, and regulations adopted pursuant thereto; and

(b) Make such investigations and inspections as are necessary to ensure compliance with those sections and regulations.

2. Any representative of the Division or the appropriate district board of health may enter the property of any public water system at any reasonable time for the purpose of inspecting and investigating the adequacy and sanitary condition of the system and the quality of its water.

3. Except in an emergency, the Division or the appropriate district board of health shall notify and permit the supplier of water to be present when an inspection or investigation is being conducted.

(Added to NRS by 1977, 444; A 1991, 404, 614; [2005, 556](#))

**NRS 447.003 Definitions.** As used in this chapter, unless the context otherwise requires, the words and terms defined in [NRS 447.007](#) and [447.010](#) have the meanings ascribed to them in those sections.

(Added to NRS by [1997, 1616](#))

**NRS 447.007 “Health authority” defined.** “Health authority” means:

1. The officers and agents of the Health Division of the Department of Health and Human Services; or

2. The officers and agents of the local boards of health.

(Added to NRS by [1997, 1616](#))

**NRS 447.010 “Hotel” defined.** “Hotel” means every building or structure kept as, used as, maintained as, or held out to the public to be, a place where sleeping or rooming accommodations are furnished to the transient public, whether with or without meals, including, without limitation, a lodging house or rooming house where transient trade is solicited.

[1:136:1915; 1919 RL p. 2811; NCL § 3337]—(NRS A [1997, 1616](#))

**NRS 447.020 Cleanliness of bedding; worn out and unfit bedding.**

1. All bedding, bedclothes or bed covering, including mattresses, quilts, blankets, sheets, pillows or comforters, used in any hotel in this state must be kept clean and free from all filth or dirt.

2. No bedding, bedclothes or bed covering, including mattresses, quilts, blankets, sheets, pillows or comforters, shall be used which is worn out or unsanitary for use by human beings according to the true intent and meaning of this chapter.

[2:136:1915; 1919 RL p. 2811; NCL § 3338]

**NRS 447.030 Extermination of vermin.** Any room in any hotel in this state which is or shall be infested with vermin or bedbugs or similar things shall be thoroughly fumigated, disinfected and renovated until such vermin or bedbugs or other similar things are entirely exterminated.

[3:136:1915; 1919 RL p. 2811; NCL § 3339]

**NRS 447.040 Cleanliness of rooms used for sleeping.** Every room in any hotel in this state used for sleeping purposes must be free from any and every kind of dirt or filth of whatever nature, and the walls, floors, ceiling and doors of every such room shall be kept free from dirt.

[4:136:1915; 1919 RL p. 2811; NCL § 3340]

**NRS 447.045 Hotel required to be kept in sanitary condition.**

1. Toilet rooms and bathrooms, including toilets, bathing and lavatory facilities, in hotels shall be kept clean and sanitary.
2. All other rooms, corridors, stairways, elevators, fire escapes, garages within hotels, lobbies and other portions or appurtenances of hotels used by tenants shall be kept in a clean and sanitary condition, free of fire hazards and free of hazards to life and limb.

(Added to NRS by 1957, 484)

**NRS 447.050 Certain areas of hotel prohibited from use as quarters for living or sleeping.** It is unlawful for any person to use, or to permit another person to use, any of the following portions of a hotel for living or sleeping purposes:

1. Any kitchen, cellar, hallway, water closet, bath, shower compartment, or slop-sink room.
2. Any other room or place which does not comply with the provisions of this chapter, or in which, in the judgment of the health authority, living or sleeping is dangerous or prejudicial to life or health by reason of an overcrowded condition, a want of light, windows, ventilation or drainage, dampness, or offensive or obnoxious odors or poisonous gases in the room or place, or a lack of exits as required by the *Uniform Building Code* in the form most recently adopted before January 1, 1985, by the International Conference of Building Officials.

[4a:136:1915; added 1945, 384; 1943 NCL § 3340a]—(NRS A 1957, 484; 1969, 1022; 1985, 372)

**NRS 447.060 Ventilation of rooms.** Every room in any hotel used for sleeping purposes shall have devices, such as a window or transom, so constructed as to allow for the proper and a sufficient amount of ventilation in each such room, except that buildings more than one story in height, constructed after July 1, 1957, shall have no transoms or ventilating openings from guestrooms to public corridors.

[5:136:1915; 1919 RL p. 2811; NCL § 3341]—(NRS A 1957, 484)

**NRS 447.070 Windows and outside doors to be equipped with screens.** Windows and outside doors shall be screened against flies and mosquitoes.

[5a:136:1915; added 1945, 384; 1943 NCL § 3341a]

**NRS 447.080 Air space, floor area and ceiling height of rooms.** No room for sleeping purposes shall have less than 500 cubic feet of air space for each occupant. The floor area of each sleeping room must be at least 80 square feet and at least 7 feet in width. All rooms must have a ceiling height of at least 8 feet.

[5b:136:1915; added 1945, 384; 1943 NCL § 3341b]

**NRS 447.090 Amount of bedding required; furnishing clean sheets and pillow slips; size of sheets.**

1. Every bed kept or used in any hotel in this state for the accommodation of any person or guest must be provided with a sufficient supply of clean bedding.
2. Clean sheets and pillow slips shall be supplied for each bed in a hotel as often as the bed is assigned to a different person.
3. Sheets shall be at least 98 inches long and of sufficient width to cover the mattress and spring completely.

[6:136:1915; 1919 RL p. 2811; NCL § 3342]

**NRS 447.100 Fumigation of room after occupation by person having contagious or infectious disease.** Whenever any room in any hotel shall have been occupied by any person having a contagious or infectious disease, the room shall be thoroughly fumigated under the direction of the health authority, and all bedding therein thoroughly disinfected before the room shall be occupied by any other person. In any event, such room shall not be let to any person for at least 48 hours after such fumigation or disinfection.

[7:136:1915; 1919 RL p. 2811; NCL § 3343]—(NRS A 1969, 1022)

**NRS 447.110 Facilities for bathing.**

1. In every hotel in existence prior to October 1, 1945, at least one bathtub or shower shall be installed in a separate compartment on a public hallway or court for every 20, or fractional part of 20, guestrooms on the same floor as the hallway or court which are not provided with private baths.

2. In every hotel built after October 1, 1945, at least one bathtub or shower provided with hot and cold water shall be installed in a separate compartment on a public hallway or court for every 10, or fractional part of 10, guestrooms on the same floor as the hallway or court which are not provided with private baths.

[7a:136:1915; added 1945, 384; 1943 NCL § 3343a]

**NRS 447.120 Towels to be furnished.**

1. Every hotel within this state having a public washstand or washbowl, where different persons gather to wash themselves, must keep a sufficient supply of clean, individual towels for the use of such persons within easy access of or to such persons and in plain sight and view.

2. Nothing in this section shall be construed as excluding the use of crepe or paper towels, or the automatic roller towel.



**NRS 447.130 Toilets required in hotels or other establishments for transient lodging: Number; facilities for washing hands.**

1. In every hotel or any other type of transient lodging establishment without private toilets there shall be at least one toilet for each sex in a separate compartment on a public hallway or court and such toilets shall be plainly indicated by signs. If the building is designed to accommodate more than 15 persons on any floor or court, then toilets shall be provided on each floor or court in the ratio of one for each 15 persons or major fraction thereof, not provided with private toilets.

2. Adequate hand washing facilities, properly supplied with soap and hot and cold water under pressure, shall be provided convenient to the toilet facilities.

[8a:136:1915; added 1945, 384; 1943 NCL § 3344a]—(NRS A 1957, 484)

**NRS 447.135 Entrance to corridor leading to toilet facility to be marked with sign that conforms to requirements of Americans with Disabilities Act and includes features for use by visually impaired persons; reporting of violations; duties of Attorney General; enforcement.**

1. Each owner, lessor, lessee or operator of a public accommodation shall mark each entrance to a corridor in the public accommodation which leads to a toilet facility with a sign which:

(a) Conforms to the requirements related to signage contained in §§ 4.30 et seq. of the Americans with Disabilities Act Accessibility Guidelines for Buildings and Facilities set forth in Appendix A of Part 36 of Title 28 of the Code of Federal Regulations; and

(b) Uses symbols, raised letters and Braille to:

(1) Identify the toilet facility and the gender of persons who may use the toilet facility; and

(2) If the toilet facility is for the exclusive use of persons of one gender:

(I) Indicate that the toilet facility is for the exclusive use of persons of that gender; and

(II) Provide direction to a toilet facility that may be used by persons of the other gender.

2. A person may report a violation of subsection 1 to the Attorney General.

3. Upon receiving a report pursuant to subsection 2, the Attorney General shall notify the owner, lessor, lessee or operator of the public accommodation of the alleged violation. Not later than 30 days after receiving such a notification, the owner, lessor, lessee or operator of the public accommodation shall:

(a) Present evidence to the Attorney General that the public accommodation is in compliance with subsection 1; or

(b) Begin any action necessary to comply with the requirements of subsection 1 and notify the Attorney General of the date on which the public accommodation will be in compliance with those requirements.

4. If the owner, lessor, lessee or operator of the public accommodation fails to comply with subsection 1, the Attorney General shall take such action as is necessary to ensure compliance with subsection 1, including, without limitation, commencing proceedings in a court of competent jurisdiction, if appropriate.

5. As used in this section, “public accommodation” has the meaning ascribed to it in 42 U.S.C. § 12181.

(Added to NRS by [2001, 706](#))

**NRS 447.140 Ventilation of room containing water closet, bathtub or shower.**

1. In every hotel built after July 1, 1957, any room in which a water closet, bathtub or shower is installed must be ventilated to the outside air by means of a window of at least 3 square feet, unless satisfactory mechanical ventilation is provided.

2. In hotels built prior to July 1, 1957, without windows in the rooms containing water closets, bathtubs or showers, suitable ventilation shall be provided as required by the health authority.

[8b:136:1915; added 1945, 384; 1943 NCL § 3344b]—(NRS A 1957, 484; 1969, 1022)

**NRS 447.145 Systems for heating and ventilating hotels or other establishments for transient lodging.**

1. In every hotel and any other type of transient lodging establishment, the heating and ventilating systems must be constructed, installed and operated so as to reduce to a minimum the possibilities of fire, explosion, asphyxiation or gas poisoning.

2. Faultily constructed or installed heating and ventilating systems in hotels and other types of transient lodging establishments constructed before July 1, 1957, must be reconstructed, repaired or replaced upon order of the health authority whenever the continued operation of the faultily constructed or installed heating and ventilating systems will result in detriment to the health and life of the occupants of the building.

3. The health authority may adopt rules, regulations and codes governing the construction, installation and operation of heating and ventilating systems in hotels and other types of transient lodging establishments.

(Added to NRS by 1957, 484; A 1969, 1023; [1997, 1616](#))

**NRS 447.150 Exemption from requirement for number of water closets, bathtubs or showers in certain hotels.**

1. The health authority may exempt any hotel built prior to October 1, 1945, from having the number of water closets, bathtubs or showers required by this chapter for the following reason: The exemption will not result in detriment to the health of the occupants or to the sanitation of the building.

2. The health authority has no authority under this section to exempt any hotel or portion of a hotel built after October 1, 1945, from having the number of water closets, bathtubs or showers required by this chapter.

[8c:136:1915; added 1945, 384; 1943 NCL § 3344c]—(NRS A 1969, 1023)

**NRS 447.160 Disposal of sewage; disinfection of toilets.**

1. Every hotel in this state must have proper facilities for sewage disposal and must be kept free from effluvia arising from any sewer, drain, toilet or other source within the control of the proprietor, owner, manager, agent or other person in charge.

2. Any toilet in connection with any hotel must be disinfected as often as may be necessary to keep it in a sanitary condition at all times.

[9:136:1915; 1919 RL p. 2812; NCL § 3345]—(NRS A 1993, 2640)

**NRS 447.170 Supply of water; plumbing.** Every hotel shall be provided with a safe, sanitary water supply and there shall be no cross connection between the water system and the sewage collecting system. All plumbing fixtures shall be constructed so there will be no possibility of back siphonage from the plumbing fixtures into the water system.

[9a:136:1915; added 1945, 384; 1943 NCL § 3345a]

**NRS 447.180 Disposal of garbage and rubbish.** Every hotel shall have sanitary facilities for the storage and disposal of garbage, and no garbage or rubbish shall be permitted to accumulate and be or become a nuisance in a hotel or on the hotel premises.

[9b:136:1915; added 1945, 384; 1943 NCL § 3345b]

**NRS 447.185 Regulation of construction or reconstruction of hotel or other establishment for transient lodging.** The reconstruction of existing hotels, including all types of transient lodging establishments, and the construction of new hotels, including all types of transient lodging establishments, shall be in accord with pertinent state laws, rules and regulations of the State Board of Health or local board of health, and the latest editions of the *Uniform Building Code* and the *Uniform Plumbing Code* and such other codes as the State Board of Health may designate.

(Added to NRS by 1957, 484; A 1969, 1023; 1971, 235)

**NRS 447.190 Enforcement of chapter by health authority; records.** The health authority is charged with the enforcement of this chapter. The health authority shall keep a record of hotels inspected, and the record or any part thereof may, in the discretion of the health authority, be included in the biennial report to the Director of the Department of Health and Human Services.

[11:136:1915; A 1945, 384; 1943 NCL § 3347]—(NRS A 1963, 958; 1967, 1172; 1969, 1023; 1973, 1406)

**NRS 447.200 Access for inspection of hotel.** The health authority shall have access at any time to any hotel in this State for the purpose of making inspections and carrying out the provisions of this chapter.

[12:136:1915; A 1945, 384; 1943 NCL § 3348]—(NRS A 1969, 1023)

**NRS 447.210 Criminal penalty; each day of violation constitutes separate offense.**

1. Every proprietor, owner, manager, lessee or other person in charge of any hotel in this state who fails to comply with the provisions of [NRS 447.003](#) to [447.200](#), inclusive, or any of the provisions of the regulations hereby established whether through the acts of himself or herself, his or her agent or employees is guilty of a misdemeanor.

2. Every day that any hotel is in violation of any of the provisions of this chapter constitutes a separate offense.

[10:136:1915; A 1945, 384; 1943 NCL § 3346]—(NRS A 1967, 581; [2001, 707](#))

**NRS 461A.223 Construction, expansion or operation: Certification of safety of water and sewage systems required; annual inspections; fees.**

1. A person shall not construct or expand a mobile home park unless the person has obtained from the appropriate city, county or district board of health a permit certifying that the infrastructure of the park for the provision of water, septic and sanitation services does not endanger the safety or health of the tenants or the general public.

2. The city, county or district board of health shall annually inspect a park to ensure that the infrastructure of the park for the provision of water, septic and sanitation services does not endanger the safety or health of the tenants or the general public. Upon satisfactory completion of the inspection, the city, county or district board of health shall issue a permit to the owner of the park.

3. A person shall not operate a park without first obtaining a permit issued pursuant to subsection 2.

4. The governing body of a city or county or the city, county or district board of health may charge and collect reasonable fees to cover the costs of conducting inspections and issuing permits pursuant to this section.

(Added to NRS by [2005, 2331](#))



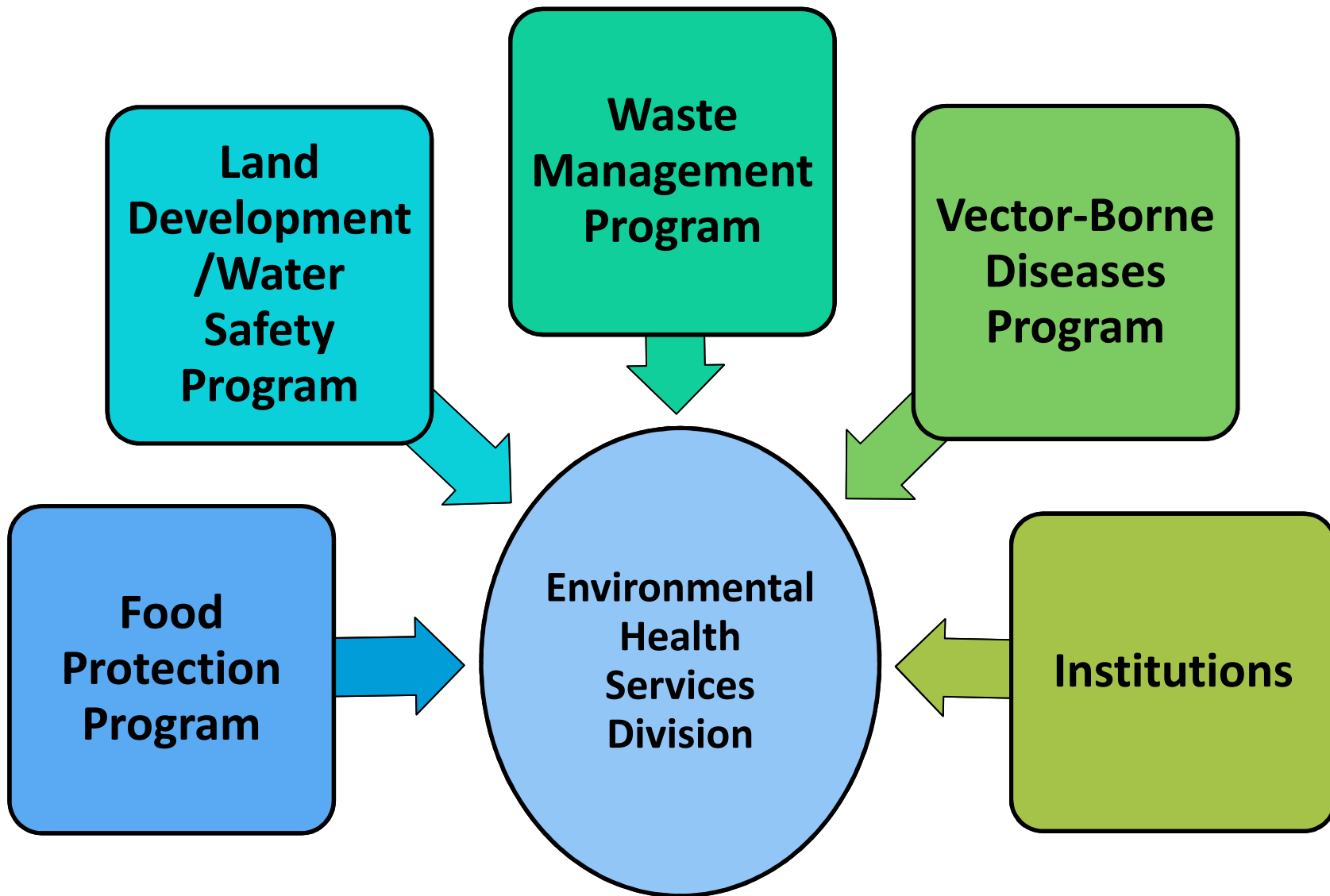


**Environmental Health (EHS)**  
– Institutions, Land  
**Development & Vector Program**  
**Overview**  
**Protecting Public Health**  
**and the Environment**

Washoe County District Board of Health

August 22, 2013

# Environmental Health

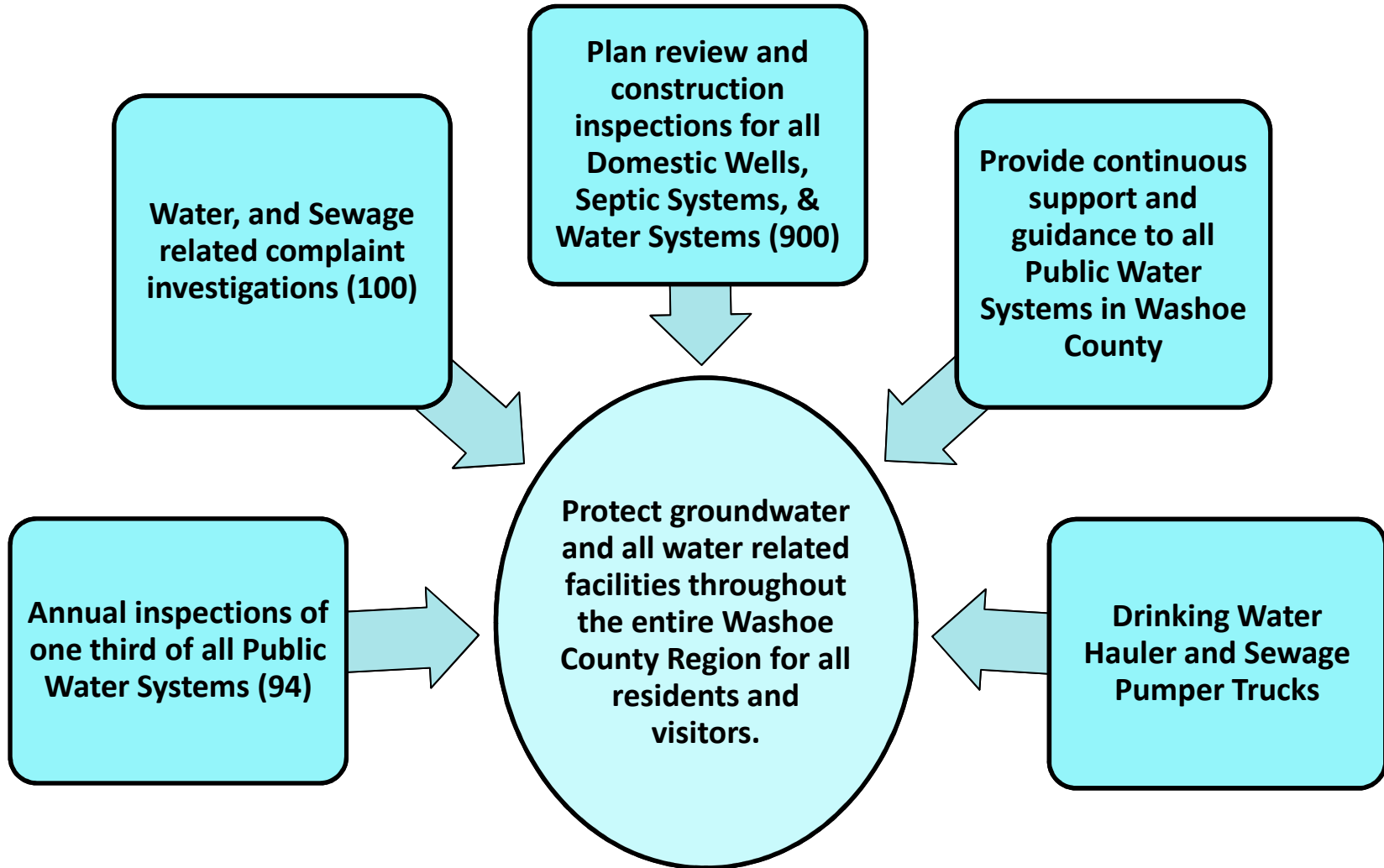


**Protecting Public Health and the Environment**

# Environmental Health

## Land Development & Drinking Water

(Fed SDWA USC 42, Chapter 6A, Sub XII; NRS 439.370, 439.410, 444.650, 445A.800–445A.955, 278.330–278.377, 278A.0.0–278A520; NAC 445A.450–445A.492, 445A.65505–445A.6731; NDEP Interlocal) Pools: NRS 444.003–444.120; NAC 444.010–444.306, 444.310–444.546

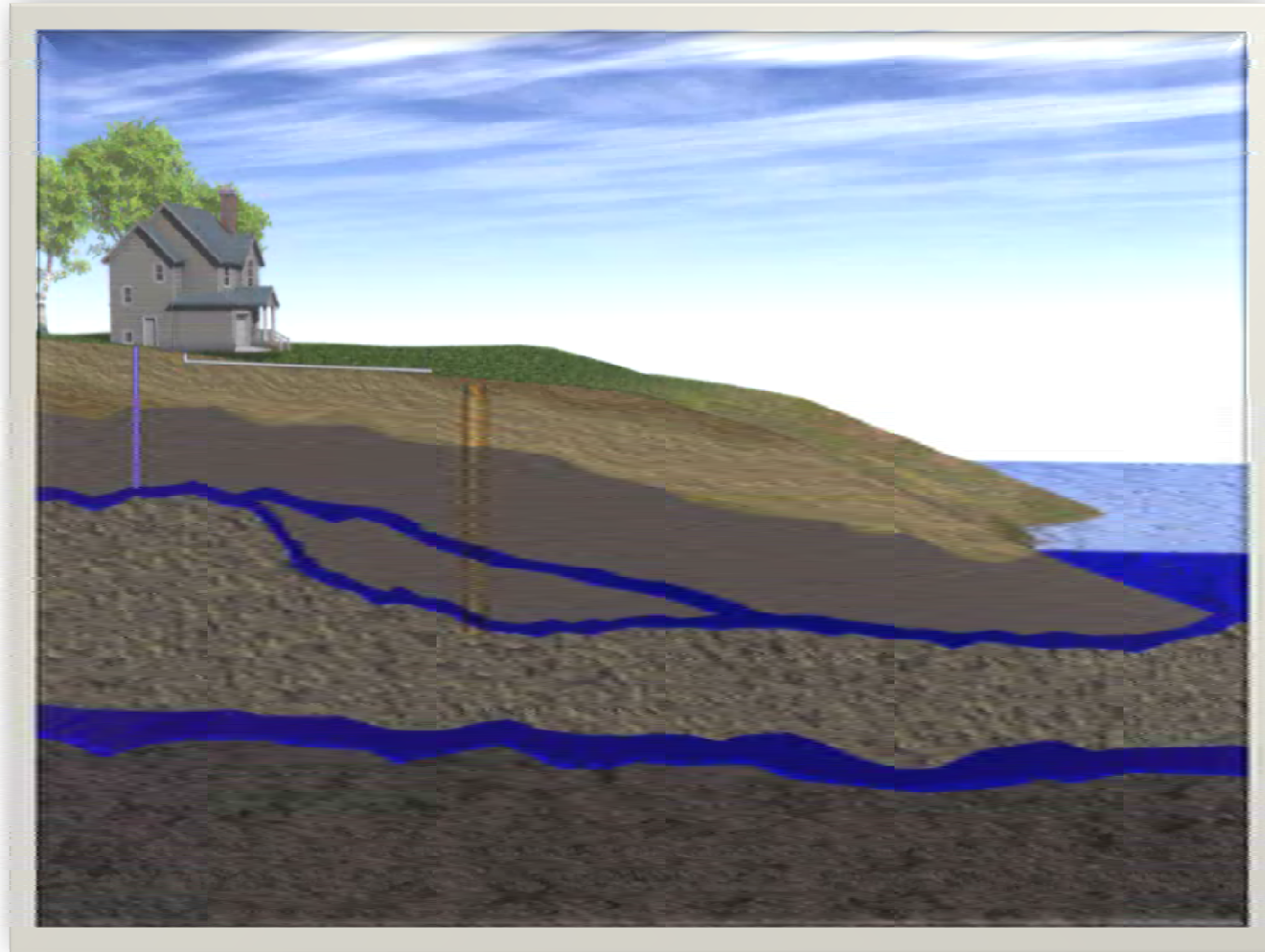


# Protecting Public Health and the Environment

# Environmental Health

## Land Development & Drinking Water

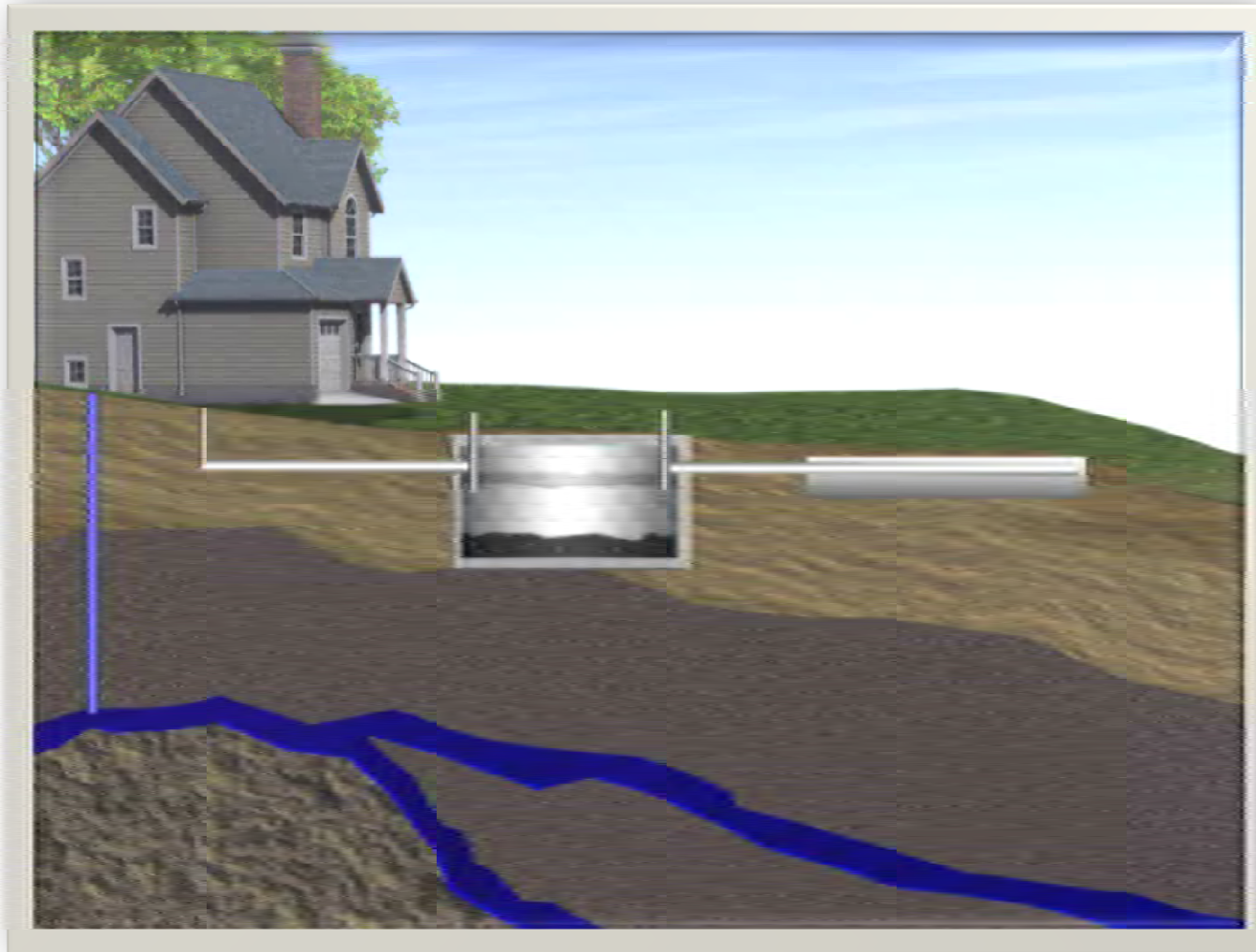
- Follow the RED color as it traces the contaminated groundwater
- Improperly installed septic contaminating groundwater and surface water with fecal matter



**Protecting Public Health and the Environment**

# Environmental Health

## Land Development & Drinking Water



- Follow the RED color as it identifies the flow of ground water and protects from contamination

- Properly installed septic system and well protecting consumers, groundwater, and water sources

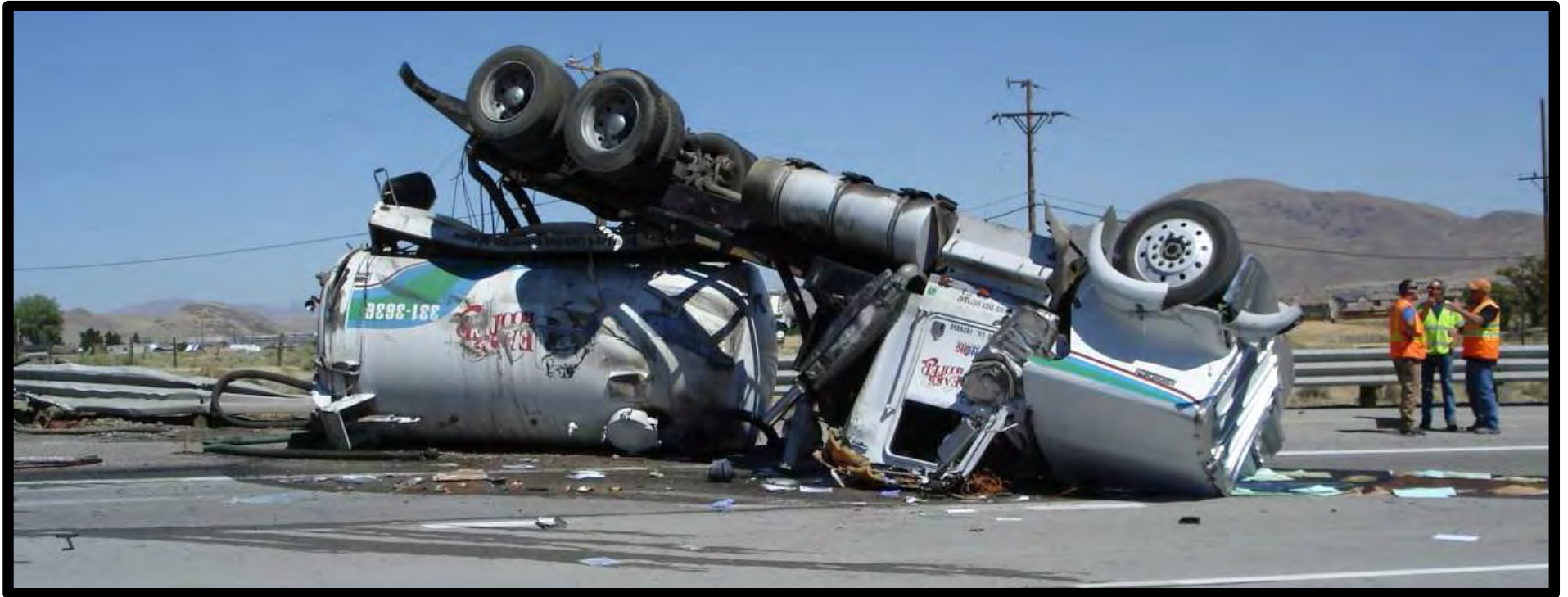


## Protecting Public Health and the Environment



# Environmental Health

## Land Development & Drinking Water



Sewage pumping truck at Mt. Rose Highway and Virginia Street



# Protecting Public Health and the Environment

# Environmental Health

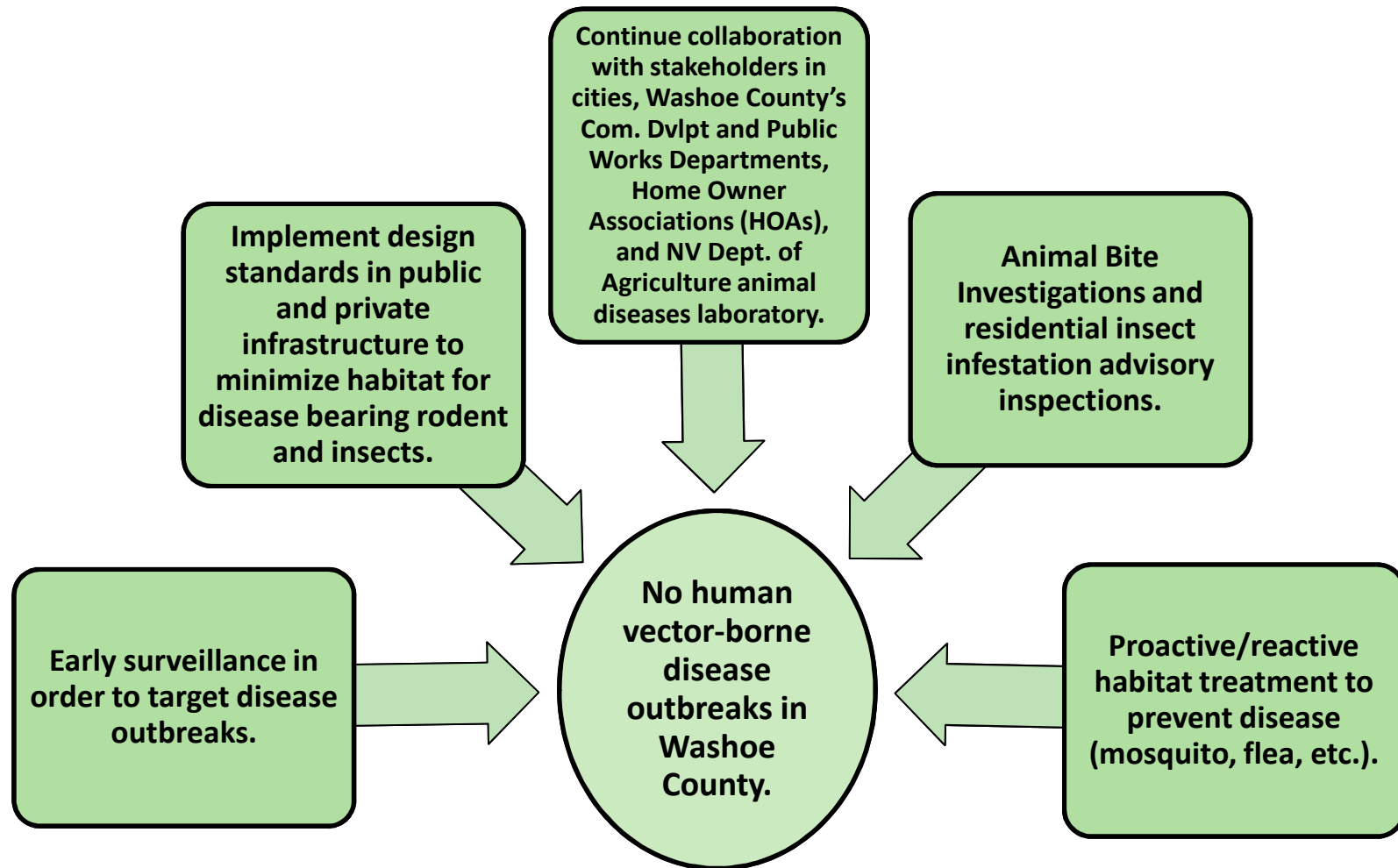
## Land Development & Drinking Water

Efficiencies Due to Funding	Benefits to Staff and Public
1. Streamlined submittal requirements.	1. Reduced submittal cost and reduced redundant workload.
2. Implemented a Health Information Systems (HIS).	2. Intranet access to GIS for internal staff, reducing old systems (microfiche, paper).
3. Eliminated multiple staff positions.	3. Based on reduction in current workload due to economic and building downturn.
4. Negotiated with TMWA and the state whereby small water projects no longer require our review or fees.	4. Reduces workload and streamlines process for public.



# Environmental Health Vector

(NRS 439.170, 439.490, 441A.410; NAC 441A225, 441A280, 441A.410, 441A.410, 441A.415, 441A.420, 441A.460, 441A.520, 441A.557, 441A.595, 441A.605, 441A.635, 441A.650, 441A.655, 441A.665, 441A.715)





# Environmental Health

## Vector-Borne Diseases Program

- Mosquito Control Program
- Aerial Larvicides
- Aerosol Fog Applications
- Adult Mosquito Surveillance

Year	Aerial Acres Treated	Aerial Treatments	Acres Fogged	Fog Applications	Mosquito Pools
2007	6,760.38	11	1,617.8	25	324
2008	7,582.12	10	1,594.7	6	438
2009	6,092.41	11	353.08	1	220
2010	6,305.96	6	2,040.3	10	266
2011	4,806.03	5	7,224.7	32	406
2012	2,971.77	4	6,808.0	33	558

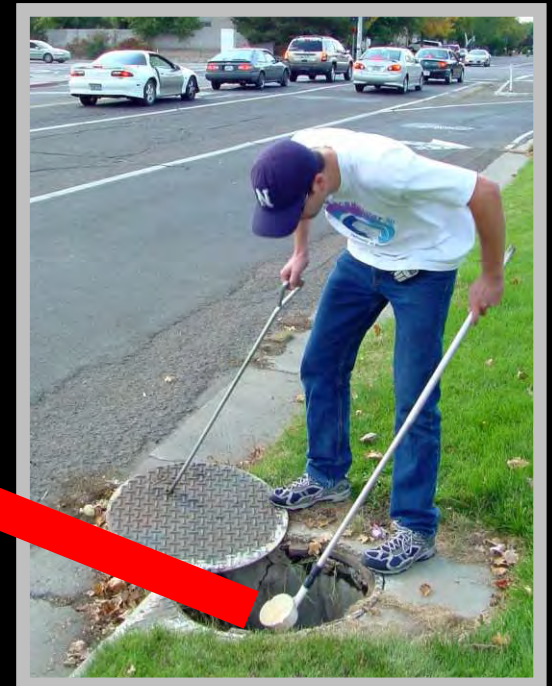


**Protecting Public Health and the Environment**

# Identifying Potential Health Risks



Staff sampling one of over 25,000 catch basins



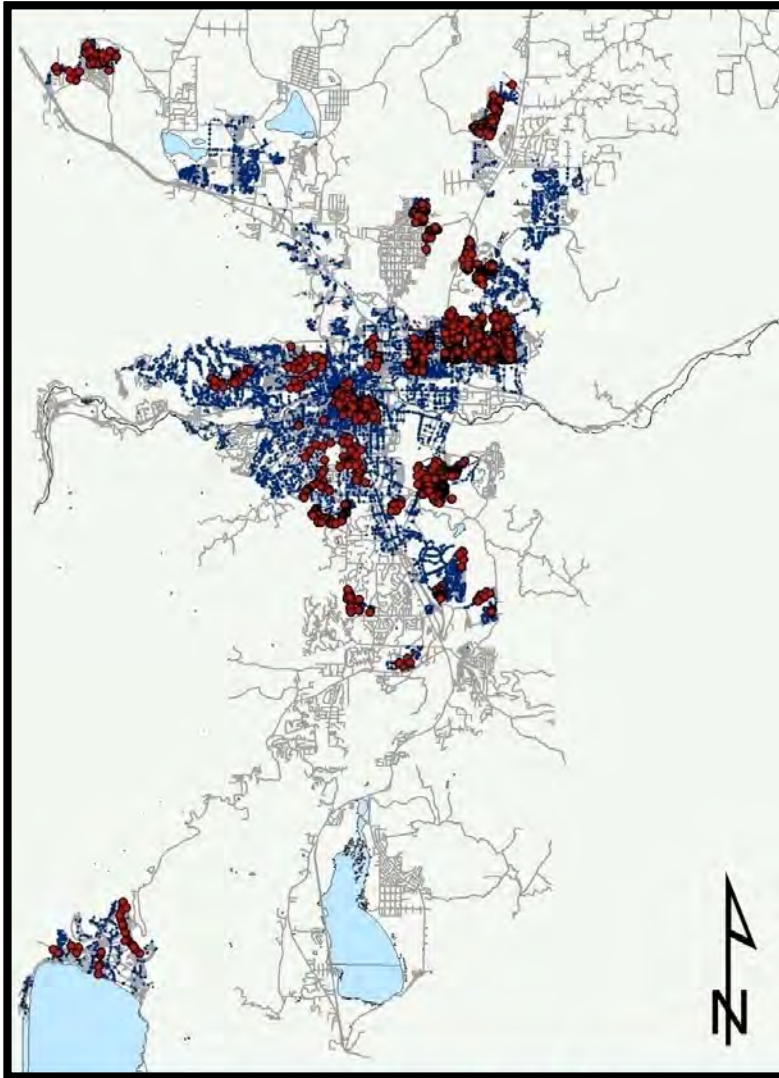
Mosquito Larvae Identified



## Protecting Public Health and the Environment

# Catch Basin Database

(database created and maintained by EHS Vector Program)



- Over 25,000 catch basins in Washoe County
- 1 in 3 catch basin breeds mosquitoes (2 out of 3 in some Washoe County communities)
- Every mapped catch basin within Washoe County
- Every known and identified breeding area for mosquitoes within urban interfaces



Public Health  
Prevent. Promote. Protect.

## Protecting Public Health and the Environment



# Detention Basin Design Impacts Vector Control



- Eliminates ponding water to reduce mosquito and midge habitat
- Reduces decaying vegetation and potential odors



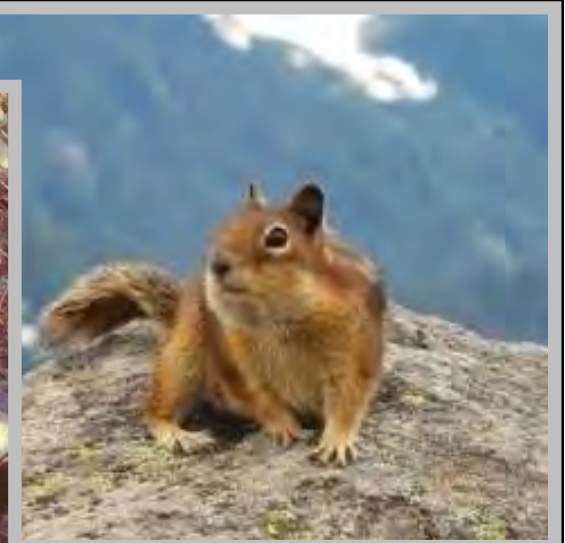
- Current Design Standards implemented vs. previous



# Vector Control Plague Suppression



- **2007 and prior:** Flea surveys were conducted pre and post pesticide treatment to gauge efficacy of application. If no reduction in flea load detected, a second application was made.
- **2008-2012:** Only pre-treatment surveys conducted to determine if an initial pesticide application is warranted.



# Environmental Health

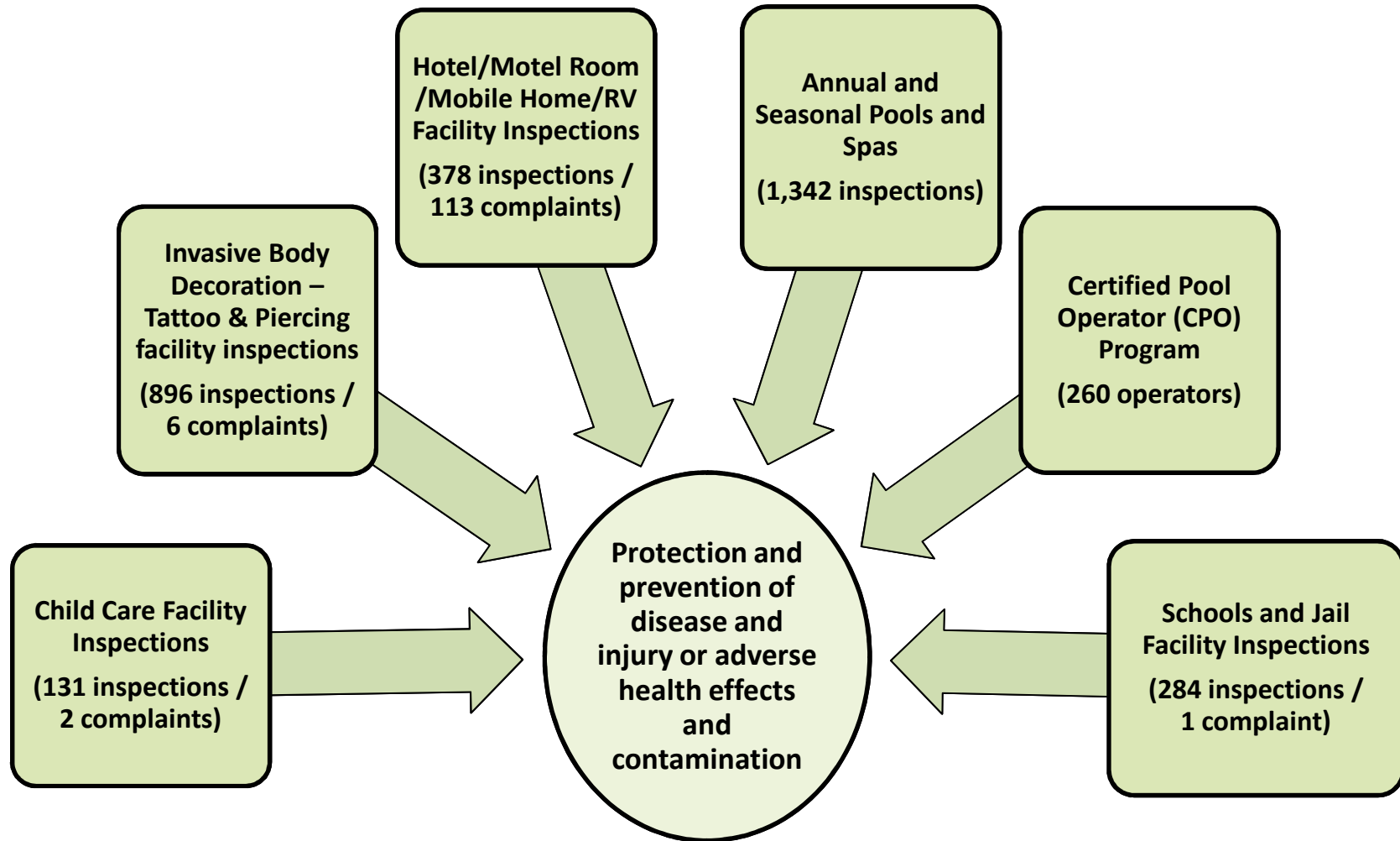
## Vector

Efficiencies Due to Funding	Benefits to Staff and Public
1. Acres treated with larvicide decreased from 7,582.12 in 2008 to 2,971.77 in 2012 (61% decrease).	1. Treating maximum acres due to budget reductions.
2. Changes to survey and treatment procedures for plague reduction.	2. Reduction to staff and pesticide due to budget reductions.
3. Engineering controls to reduce vector habitat.	3. Permanently reduce ongoing treatment costs (product and staff) while continuing to protect citizens.
4. Increased use of handheld GIS devices.	4. Saves time - digitize data in field then download upon return to office. No need to record on paper then type into a computer.



# Environmental Health Institutions

(NRS 432A.180, 444.335, 447, 461A.223)



## Protecting Public Health and the Environment

# Environmental Health

## Invasive Body Decoration – Tattoo & Piercing



- Tattoo infected with *Mycobacterium chelonae* Associated with a Tattoo Ink
- Identified by Health Inspections

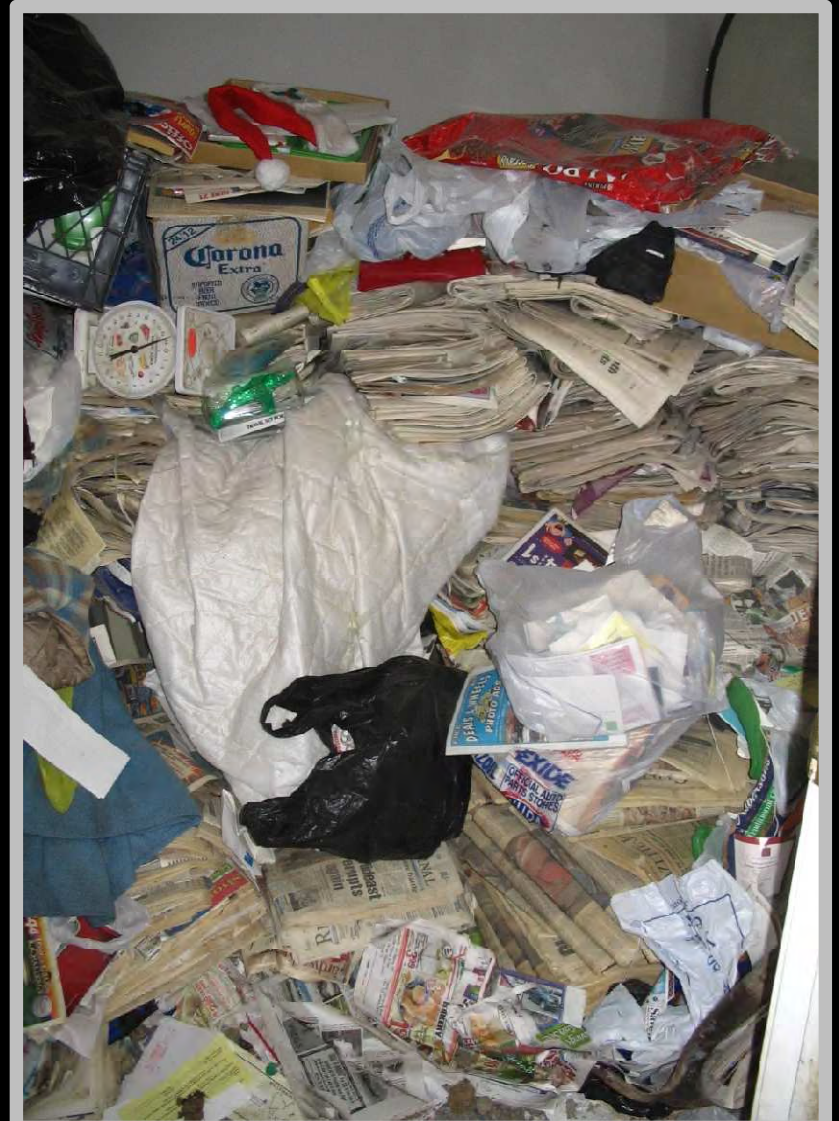


- Piercing infection (lower lip)

Either non-sterile equipment and/or cross-contamination may cause infection



# Housing Complaint Investigations



**Protecting Public Health and the Environment**

# Environmental Health Institutions

Efficiencies Due to Funding	Benefits to Staff and Public
1. Created a CPO program allowing approved businesses to open seasonal facilities.	1. Provided quicker response for inspections, and utilized less staff to meet demands.
2. Reduced Pool & Spa inspections by 75% (12 to 3/yr).	2. Reduced to meet staffing levels.
3. Streamlined the change of ownership inspections of all institution facilities.	3. Reduced duplicative work between agencies.
4. Focusing on disease prevention in major resort properties.	4. Reduced rooms inspected annually, but keeps focus on disease prevention.
5. Schools and child care facility inspections focus on disease prevention and child safety.	5. Protecting public safety in schools and childcare.



# Environmental Health Services

**EHS functions in an incredibly complex regulatory environment and is vital to the public health and safety of this community and its visitors.**

## Questions?



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

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**Protecting Public Health and the Environment**



# Potential Economic Impact

EHS staff keep this...



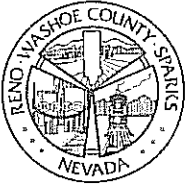
- **429,000 residents**
- **Annual Tourism:  
5 million visitors**

...from becoming this.



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

## Protecting Public Health and the Environment



# Washoe County Health District



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

August 13, 2013

To: Members District Board of Health  
 From: Eileen Stickney  
 Subject: Health Fund Revenue and Expenditure Report for July 2013

**Recommendation**

Staff recommends that the District Board of Health accept the attached report of revenues and expenditures for the Health Fund for July 2013 of fiscal year 14.

**Background**

The attached reports are for the accounting period 1/14 and the percentages should approximate 8% of the year. The total revenues and expenditures for the current year (FY14) compared to last year (FY13) are as follows:

July 2013	FY14 – REV	FY13 – REV	FY14 – EXP	FY13 – EXP
GFTtransfer	-0-	-0-	\$241,502.83	-0-
Overhead	0%	0%	8%	0%
AHS	-0- 0%	-0- 0%	\$197,943.76 8%	\$195,850.23 8%
AQM	\$98,175.25 4%	\$74,338.00 3%	\$174,782.11 9%	\$218,333.35 8%
CCHS	\$14,168.02 1%	\$15,912.81 1%	\$297,623.19 6%	\$350,303.76 7%
EHS	\$96,968.96 5%	\$81,219.00 5%	\$528,943.34 11%	\$615,476.06 11%
EPHP	\$42,578.00 3%	\$41,362.00 2%	\$164,926.77 8%	\$140,956.29 6%
Adjustments			\$36.00	
<b>TOTAL</b>	<b>\$251,890.23</b> 3%	<b>\$212,831.81</b> 2%	<b>\$1,605,722.00</b> 8%	<b>\$1,520,919.69</b> 7%

The Environmental Oversight Account for July 2013 is \$108,312.29.

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

*Eileen Stickney*  
 Administrative Health Services Officer

Enclosure

**WASHOE COUNTY HEALTH DISTRICT  
REVENUE  
PD 1, FY14**

<b>Accounts</b>	<b>2014 Plan</b>	<b>2014 Actuals</b>	<b>Balance</b>	<b>Act%</b>	<b>2013 Plan</b>	<b>2013 Actual</b>	<b>Balance</b>	<b>Act%</b>
422503 Environmental Permits	63,177.00-	5,411.00-	57,766.00-	9	51,500.00-	3,682.00-	47,818.00-	7
422504 Pool Permits	74,690.00-	1,897.00-	72,793.00-	3	68,000.00-	1,448.00-	66,552.00-	2
422505 RV Permits	13,306.00-	734.00-	12,572.00-	6	10,500.00-	986.00-	9,514.00-	9
422507 Food Service Permits	492,181.00-	35,134.00-	457,047.00-	7	369,000.00-	34,116.00-	334,884.00-	9
422508 Wat Well Const Perm	23,567.00-	5,006.00-	18,561.00-	21	20,000.00-	3,467.00-	16,533.00-	17
422509 Water Company Permits	3,200.00-	297.00-	2,903.00-	9	2,500.00-		2,500.00-	
422510 Air Pollution Permits	584,012.00-	61,377.25-	522,634.75-	11	448,037.00-	34,729.00-	413,308.00-	8
422511 ISDS Permits	66,522.00-	11,105.00-	55,417.00-	17	49,000.00-	3,415.00-	45,585.00-	7
422513 Special Event Permits	99,623.00-	16,090.00-	83,533.00-	16	79,000.00-	12,689.00-	66,311.00-	16
422514 Initial Applic Fee	35,226.00-	2,156.00-	33,070.00-	6	27,000.00-	2,376.00-	24,624.00-	9
<b>* Licenses and Permits</b>	<b>1,455,504.00-</b>	<b>139,207.25-</b>	<b>1,316,296.75-</b>	<b>10</b>	<b>1,124,537.00-</b>	<b>96,908.00-</b>	<b>1,027,629.00-</b>	<b>9</b>
431100 Federal Grants	5,122,806.01-		5,122,806.01-		5,860,619.51-		5,860,619.51-	
431105 Federal Grants - Indirect	243,178.41-		243,178.41-		125,376.00-		125,376.00-	
432100 State Grants	72,652.00-		72,652.00-		281,857.00-		281,857.00-	
432310 Tire Fee NRS 444A.090	468,548.00-		468,548.00-		418,766.00-		418,766.00-	
432311 Pol Ctrl 455B.830	300,000.00-		300,000.00-		300,000.00-		300,000.00-	
<b>* Intergovernmental</b>	<b>6,207,184.42-</b>		<b>6,207,184.42-</b>		<b>6,986,618.51-</b>		<b>6,986,618.51-</b>	
460500 Other Immunizations	89,000.00-	5,028.82-	83,971.18-	6	89,000.00-	6,363.00-	82,637.00-	7
460501 Medicaid Clinical Services	8,200.00-	334.25-	7,865.75-	4	36,200.00-	44.46	36,244.46-	0-
460503 Childhood Immunizations	20,000.00-	1,322.25-	18,677.75-	7	30,000.00-	1,946.00-	28,054.00-	6
460508 Tuberculosis	4,100.00-	309.20-	3,790.80-	8	4,100.00-	504.82-	3,595.18-	12
460510 IT Overlay	35,344.00-	3,903.00-	31,441.00-	11	113,400.00-	10,178.00-	103,222.00-	9
460511 Birth and Death Certificates	450,000.00-	42,578.00-	407,422.00-	9	400,000.00-	41,362.00-	358,638.00-	10
460512 Duplication Service Fees		8.96-	8.96			3.00-	3.00	
460513 Other Healt Service Charges					2,700.00-	919.00-	1,781.00-	34
460514 Food Service Certification	19,984.00-	1,490.00-	18,494.00-	7	13,900.00-	1,233.00-	12,667.00-	9
460516 Pgm Inc-3rd Prty Rec	1,750.00-	155.30-	1,594.70-	9	2,250.00-		2,250.00-	
460517 Influenza Immunization	7,000.00-	16.50-	6,983.50-	0	7,000.00-	29.00-	6,971.00-	0
460518 STD Fees	21,000.00-	1,888.52-	19,111.48-	9	23,000.00-	1,729.76-	21,270.24-	8
460520 Eng Serv Health	50,707.00-	3,793.00-	46,914.00-	7	44,000.00-	709.00-	43,291.00-	2
460521 Plan Review - Pools & Spas	3,816.00-	954.00-	2,862.00-	25	2,500.00-		2,500.00-	
460523 Plan Review - Food Services	18,765.00-	1,304.00-	17,461.00-	7	17,000.00-	1,599.00-	15,401.00-	9
460524 Family Planning	27,000.00-	2,267.81-	24,732.19-	8	44,000.00-	2,181.35-	41,818.65-	5
460525 Plan Review - Vector	36,021.00-	5,293.00-	30,728.00-	15	30,000.00-	1,523.00-	28,477.00-	5
460526 Plan Review-Air Quality	65,272.00-	2,941.00-	62,331.00-	5	40,000.00-	1,739.00-	38,261.00-	4
460527 NOE-AQM	113,934.00-	8,066.00-	105,868.00-	7	100,000.00-	11,557.00-	88,443.00-	12
460528 NESHAP-AQM	135,389.00-	12,321.00-	123,068.00-	9	84,000.00-	7,104.00-	76,896.00-	8
460529 Assessments-AQM	57,888.00-	3,658.00-	54,230.00-	6	41,000.00-	5,197.00-	35,803.00-	13
460530 Inspector Registr-AQ	14,655.00-	2,113.00-	12,542.00-	14	2,600.00-	2,492.00-	108.00-	96
460531 Dust Plan-Air Quality	187,690.00-	7,699.00-	179,991.00-	4	95,000.00-	11,520.00-	83,480.00-	12
460532 Plan Rvw Hotel/Motel						410.00-	410.00	
460534 Child Care Inspection	10,560.00-	738.00-	9,822.00-	7	8,500.00-	1,026.00-	7,474.00-	12
460535 Pub Accomod Inspectn	22,540.00-	1,590.00-	20,950.00-	7	17,300.00-	1,440.00-	15,860.00-	8
460570 Education Revenue	2,900.00-	200.00-	2,700.00-	7	5,700.00-	6.00-	5,694.00-	0
<b>* Charges for Services</b>	<b>1,403,515.00-</b>	<b>109,972.61-</b>	<b>1,293,542.39-</b>	<b>8</b>	<b>1,253,150.00-</b>	<b>112,726.47-</b>	<b>1,140,423.53-</b>	<b>9</b>
484050 Donations Federal Pgm Income	37,550.00-	2,710.37-	34,839.63-	7	41,934.00-	3,197.34-	38,736.66-	8
484195 Non-Govt'l Grants	55,988.00-		55,988.00-		114,750.00-		114,750.00-	
485300 Other Misc Govt Rev	69,558.75-		69,558.75-					
<b>* Miscellaneous</b>	<b>163,096.75-</b>	<b>2,710.37-</b>	<b>160,386.38-</b>	<b>2</b>	<b>156,684.00-</b>	<b>3,197.34-</b>	<b>153,486.66-</b>	<b>2</b>
<b>** Revenue</b>	<b>9,229,300.17-</b>	<b>251,890.23-</b>	<b>8,977,409.94-</b>	<b>3</b>	<b>9,520,989.51-</b>	<b>212,831.81-</b>	<b>9,308,157.70-</b>	<b>2</b>

**WASHOE COUNTY HEALTH DISTRICT  
EXPENSES  
PD 1, FY14**

<b>Accounts</b>	<b>2014 Plan</b>	<b>2014 Actuals</b>	<b>Balance</b>	<b>Act%</b>	<b>2013 Plan</b>	<b>2013 Actual</b>	<b>Balance</b>	<b>Act%</b>
701110 Base Salaries	9,184,929.10	710,954.04	8,473,975.06	8	9,442,227.37	713,220.92	8,729,006.45	8
701120 Part Time	565,939.67	33,537.60	532,402.07	6	529,904.89	43,373.80	486,531.09	8
701130 Pooled Positions	344,792.18	21,794.92	322,997.26	6	522,298.86	32,965.33	489,333.53	6
701140 Holiday Work	2,818.65	2,050.25	768.40	73	1,450.00	106.52	1,343.48	7
701200 Incentive Longevity	165,403.00		165,403.00		158,292.00	346.16	157,945.84	0
701300 Overtime	56,703.00	4,284.44	52,418.56	8	50,325.11	1,921.27	48,403.84	4
701406 Standby Pay		100.00-	100.00					
701408 Call Back	1,000.00		1,000.00		1,000.00		1,000.00	
701412 Salary Adjustment	233,727.40-		233,727.40-		52,986.54		52,986.54	
701413 Vac Payoff/Sick Pay-Term						19,371.68	19,371.68-	
701417 Comp Time						9,544.52	9,544.52-	
<b>* Salaries and Wages</b>	<b>10,087,858.20</b>	<b>772,521.25</b>	<b>9,315,336.95</b>	<b>8</b>	<b>10,758,484.77</b>	<b>820,850.20</b>	<b>9,937,634.57</b>	<b>8</b>
705110 Group Insurance	1,418,327.59	113,251.64	1,305,075.95	8	1,449,189.10	113,523.99	1,335,665.11	8
705210 Retirement	2,513,907.30	176,704.27	2,337,203.03	7	2,410,125.05	179,002.94	2,231,122.11	7
705230 Medicare April 1986	136,185.22	10,375.34	125,809.88	8	139,962.64	10,712.33	129,250.31	8
705320 Workmens Comp	66,138.03	5,511.51	60,626.52	8	64,187.41	5,327.72	58,859.69	8
705330 Unemploy Comp	15,179.22	3,794.85	11,384.37	25	15,533.45	15,533.45		100
705360 Benefit Adjustment					10,656.00		10,656.00	
<b>* Employee Benefits</b>	<b>4,149,737.36</b>	<b>309,637.61</b>	<b>3,840,099.75</b>	<b>7</b>	<b>4,089,653.65</b>	<b>324,100.43</b>	<b>3,765,553.22</b>	<b>8</b>
710100 Professional Services	230,010.22	6,305.00	223,705.22	3	1,091,804.38	508.00	1,091,296.38	0
710105 Medical Services	9,173.00	895.00	8,278.00	10	9,264.00	110.00	9,154.00	1
710108 MD Consultants	46,950.00	1,000.00	45,950.00	2	46,900.00	1,000.00	45,900.00	2
710110 Contracted/Temp Services	39,727.71	2,676.64	37,051.07	7	71,051.00	445.17	70,605.83	1
710200 Service Contract	58,593.00	3,835.22	54,757.78	7	105,243.00	4,140.17	101,102.83	4
710205 Repairs and Maintenance	6,470.00		6,470.00		20,549.91	1,676.29	18,873.62	8
710210 Software Maintenance	15,636.00	12,000.00	3,636.00	77	16,200.00	3,000.00	13,200.00	19
710300 Operating Supplies	113,149.00	5,190.78	107,958.22	5	132,737.55	1,323.94	131,413.61	1
710302 Small Tools & Allow	1,685.00		1,685.00		3,685.00		3,685.00	
710308 Animal Supplies	1,600.00		1,600.00		2,000.00	26.50	1,973.50	1
710319 Chemical Supplies	232,300.00	168,220.00	64,080.00	72	231,950.00	231,489.88	460.12	100
710334 Copy Machine Expense	27,247.00	1,612.21	25,634.79	6	28,274.89	1,594.36	26,680.53	6
710350 Office Supplies	38,956.00	706.73	38,249.27	2	44,171.01	2,298.02	41,872.99	5
710355 Books and Subscriptions	7,594.00	1,059.93	6,534.07	14	8,413.00	443.07	7,969.93	5
710360 Postage	19,155.00	1,313.06	17,841.94	7	21,954.00	1,576.26	20,377.74	7
710361 Express and Courier	685.00		685.00		610.75	191.50	419.25	31
710391 Fuel & Lube	100.00		100.00		100.00		100.00	
710500 Other Expense	22,560.96	108.95	22,452.01	0	45,973.51		45,973.51	
710502 Printing	19,655.00	1,436.49	18,218.51	7	31,499.00	239.06	31,259.94	1
710503 Licenses & Permits	7,887.00	120.00	7,767.00	2	8,870.00	1,180.00	7,690.00	13
710505 Rental Equipment	1,900.00		1,900.00		5,178.00	142.00	5,036.00	3
710506 Dept Insurance Deductible		33.86	33.86-					
710507 Network and Data Lines	5,530.00	831.20	4,698.80	15	6,486.00		6,486.00	
710508 Telephone Land Lines	42,359.00	2,761.26	39,597.74	7	46,535.00	2,708.94	43,826.06	6
710509 Seminars and Meetings	23,765.00	1,432.50	22,332.50	6	32,320.00	3,570.50	28,749.50	11
710512 Auto Expense	18,484.20	1,061.79	17,422.41	6	19,784.00	757.97	19,026.03	4
710514 Regulatory Assessments	11,920.00	2,980.00	8,940.00	25	11,920.00	2,980.00	8,940.00	25
710519 Cellular Phone	15,660.00	38.74	15,621.26	0	18,447.00		18,447.00	
710529 Dues	10,756.01	1,230.00	9,526.01	11	11,926.00	2,985.00	8,941.00	25
710535 Credit Card Fees	11,925.00	1,500.91	10,424.09	13	11,455.00	1,131.13	10,323.87	10
710546 Advertising	29,965.00	491.00	29,474.00	2	44,728.86		44,728.86	
710577 Uniforms & Special Clothing	2,000.00	100.46	1,899.54	5	3,000.00		3,000.00	



**WASHOE COUNTY HEALTH DISTRICT  
EXPENSES  
PD 1, FY14**

<b>Accounts</b>	<b>2014 Plan</b>	<b>2014 Actuals</b>	<b>Balance</b>	<b>Act%</b>	<b>2013 Plan</b>	<b>2013 Actual</b>	<b>Balance</b>	<b>Act%</b>
710585 Undesignated Budget	62,228.75		62,228.75		71,077.00		71,077.00	
710600 LT Lease-Office Space	109,115.00	9,711.85	99,403.15	9	113,439.00	9,353.44	104,085.56	8
710703 Biologicals	243,420.00	5,929.76	237,490.24	2	249,583.98	7,444.40	242,139.58	3
710714 Referral Services					9,040.00		9,040.00	
710721 Outpatient	93,092.55	4,173.44	97,265.99	4	110,399.15	701.70	109,697.45	1
710872 Food Purchases	8,888.00		8,888.00		11,675.00	492.98	11,182.02	4
711010 Utilities	180.00		180.00		2,700.00		2,700.00	
711100 ESD Asset Management	47,436.00	4,087.00	43,349.00	9	17,040.00	1,584.00	15,456.00	9
711113 Equip Srv Replace	27,084.14	2,300.60	24,783.54	8	25,938.64	38,937.05	12,998.41	150
711114 Equip Srv O & M	46,868.56	2,911.81	43,956.75	6	42,163.13	38,937.05	3,226.08	92
711115 Equip Srv Motor Pool	16,741.00		16,741.00		18,346.00		18,346.00	
711117 ESD Fuel Charge	55,492.05	4,223.77	51,268.28	8	51,253.35		51,253.35	
711119 Prop & Liab Billings	74,502.09	6,208.53	68,293.56	8	80,283.41	6,690.28	73,593.13	8
711210 Travel	174,046.00	7,061.64	166,984.36	4	251,954.25	3,795.73	248,158.52	2
711400 Overhead - General Fund	2,898,034.00	241,502.83	2,656,531.17	8	2,553,372.00		2,553,372.00	
711504 Equipment nonCapital	49,342.00	1,135.06	48,206.94	2	155,955.08	2,514.67	153,440.41	2
* Services and Supplies	4,979,868.24	499,841.14	4,480,027.10	10	5,897,250.85	375,969.06	5,521,281.79	6
781004 Equipment Capital	104,499.47	23,722.00	80,777.47	23	397,107.01		397,107.01	
* Capital Outlay	104,499.47	23,722.00	80,777.47	23	397,107.01		397,107.01	
** Expenses	19,321,963.27	1,605,722.00	17,716,241.27	8	21,142,496.28	1,520,919.69	19,621,576.59	7
621001 Transfer From General	8,603,891.00		8,603,891.00		8,623,891.00		8,623,891.00	
* Transfers In	8,603,891.00		8,603,891.00		8,623,891.00		8,623,891.00	
** Other Financing Src/Use	8,603,891.00		8,603,891.00		8,623,891.00		8,623,891.00	
*** Total	1,488,772.10	1,353,831.77	134,940.33	91	2,997,615.77	1,308,087.88	1,689,527.89	44

**WASHOE COUNTY HEALTH DISTRICT**  
**Administrative Health Services**  
**Pd 1 - FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
431100 Federal Grants	1,109,048.06-		1,109,048.06-		1,109,658.25-		1,109,658.25-	
431105 Federal Grants - Indirect	1,921.50-		1,921.50-					
* Intergovernmental	1,110,969.56-		1,110,969.56-		1,109,658.25-		1,109,658.25-	
484195 Non-Govt'l Grants	55,988.00-		55,988.00-		114,750.00-		114,750.00-	
485300 Other Misc Govt Rev	67,353.75-		67,353.75-					
* Miscellaneous	123,341.75-		123,341.75-		114,750.00-		114,750.00-	
** Revenue	1,234,311.31-		1,234,311.31-		1,224,408.25-		1,224,408.25-	
701110 Base Salaries	1,610,653.89	127,757.76	1,482,896.13	8	1,620,335.85	123,657.33	1,496,678.52	8
701130 Pooled Positions	5,000.00	1,352.07	3,647.93	27	5,000.00	840.27	4,159.73	17
701200 Incentive Longevity	33,265.00		33,265.00		30,755.00	57.70	30,697.30	0
701300 Overtime	1,200.00	461.16	738.84	38	1,200.00	245.58	954.42	20
701412 Salary Adjustment					10,554.54		10,554.54	
701413 Vac Payoff/Sick Pay-Term						3,173.40	3,173.40-	
701417 Comp Time						18.92	18.92-	
* Salaries and Wages	1,650,118.89	129,570.99	1,520,547.90	8	1,667,845.39	127,993.20	1,539,852.19	8
705110 Group Insurance	258,484.26	21,155.94	237,328.32	8	254,302.59	19,940.89	234,361.70	8
705210 Retirement	421,998.67	30,342.35	391,656.32	7	384,397.43	29,383.31	355,014.12	8
705230 Medicare April 1986	22,856.87	1,721.47	21,135.40	8	22,639.74	1,772.28	20,867.46	8
705320 Workmens Comp	11,691.26	974.28	10,716.98	8	11,339.00	944.92	10,394.08	8
705330 Unemploy Comp	2,683.24	670.81	2,012.43	25	2,755.00	2,755.00		100
* Employee Benefits	717,714.30	54,864.85	662,849.45	8	675,433.76	54,796.40	620,637.36	8
710100 Professional Services	23,500.00	1,250.00	22,250.00	5	45,500.00		45,500.00	
710105 Medical Services	150.00		150.00		350.00		350.00	
710200 Service Contract	500.00	0.10	499.90	0	1,500.00		1,500.00	
710205 Repairs and Maintenance	200.00		200.00		400.00	80.00	320.00	20
710300 Operating Supplies	9,397.00		9,397.00		9,100.00		9,100.00	
710334 Copy Machine Expense	3,500.00	554.58	2,945.42	16	4,500.00	506.05	3,993.95	11
710350 Office Supplies	10,246.00	250.59	9,995.41	2	9,993.00	527.46	9,465.54	5
710355 Books and Subscriptions	1,000.00	76.00	924.00	8	1,000.00	24.94	975.06	2
710360 Postage	1,430.00	24.24	1,405.76	2	1,625.00	72.45	1,552.55	4
710361 Express and Courier	100.00		100.00		100.00		100.00	
710500 Other Expense	1,600.00		1,600.00		1,600.00		1,600.00	
710502 Printing	3,115.00		3,115.00		4,780.00		4,780.00	
710503 Licenses & Permits	1,992.00	120.00	1,872.00	6	2,340.00	80.00	2,260.00	3
710507 Network and Data Lines	630.00	78.75	551.25	13	630.00		630.00	
710508 Telephone Land Lines	9,580.00	535.55	9,044.45	6	10,080.00	422.31	9,657.69	4
710509 Seminars and Meetings	2,800.00	712.50	2,087.50	25	5,300.00	1,401.50	3,898.50	26
710512 Auto Expense	2,118.00	82.96	2,035.04	4	3,336.00	77.84	3,258.16	2
710519 Cellular Phone	1,520.00		1,520.00		1,470.00		1,470.00	
710529 Dues	4,030.02		4,030.02		2,850.00	2,485.00	365.00	87
710546 Advertising	150.00		150.00		150.00		150.00	
710600 LT Lease-Office Space	67,464.00	6,341.85	61,122.15	9	71,788.00	5,983.44	65,804.56	8
710872 Food Purchases	1,438.00		1,438.00		2,725.00		2,725.00	
711010 Utilities					1,000.00		1,000.00	
711100 ESD Asset Management						24.00	24.00-	
711119 Prop & Liab Billings	13,169.78	1,097.48	12,072.30	8	14,239.00	1,186.59	13,052.41	8

**WASHOE COUNTY HEALTH DISTRICT**  
**Administrative Health Services**  
**Pd 1 - FY14**

<b>Accounts</b>	<b>2014 Plan</b>	<b>2014 Actuals</b>	<b>Balance</b>	<b>Act%</b>	<b>2013 Plan</b>	<b>2013 Actual</b>	<b>Balance</b>	<b>Act%</b>
711210 Travel	27,333.00	2,383.32	24,949.68	9	41,165.00		41,165.00	
711504 Equipment nonCapital	1,000.00		1,000.00		4,275.00	189.05	4,085.95	4
* Services and Supplies	187,962.80	13,507.92	174,454.88	7	241,796.00	13,060.63	228,735.37	5
** Expenses	2,555,795.99	197,943.76	2,357,852.23	8	2,585,075.15	195,850.23	2,389,224.92	8
*** Total	1,321,484.68	197,943.76	1,123,540.92	15	1,360,666.90	195,850.23	1,164,816.67	14

**WASHOE COUNTY HEALTH DISTRICT**  
**Air Quality Management**  
**Pd 1 - FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
422510 Air Pollution Permits	584,012.00-	61,377.25-	522,634.75-	11	448,037.00-	34,729.00-	413,308.00-	8
* Licenses and Permits	584,012.00-	61,377.25-	522,634.75-	11	448,037.00-	34,729.00-	413,308.00-	8
431100 Federal Grants	708,173.00-		708,173.00-		912,531.00-		912,531.00-	
431105 Federal Grants - Indirect	29,372.00-		29,372.00-		30,224.00-		30,224.00-	
432100 State Grants					182,000.00-		182,000.00-	
432311 Pol Ctrl 455B.830	300,000.00-		300,000.00-		300,000.00-		300,000.00-	
* Intergovernmental	1,037,545.00-		1,037,545.00-		1,424,755.00-		1,424,755.00-	
460526 Plan Review-Air Quality	65,272.00-	2,941.00-	62,331.00-	5	40,000.00-	1,739.00-	38,261.00-	4
460527 NOE-AQM	113,934.00-	8,066.00-	105,868.00-	7	100,000.00-	11,557.00-	88,443.00-	12
460528 NESHAP-AQM	135,389.00-	12,321.00-	123,068.00-	9	84,000.00-	7,104.00-	76,896.00-	8
460529 Assessments-AQM	57,888.00-	3,658.00-	54,230.00-	6	41,000.00-	5,197.00-	35,803.00-	13
460530 Inspector Registr-AQ	14,655.00-	2,113.00-	12,542.00-	14	2,600.00-	2,492.00-	108.00-	96
460531 Dust Plan-Air Quality	187,690.00-	7,699.00-	179,991.00-	4	95,000.00-	11,520.00-	83,480.00-	12
* Charges for Services	574,828.00-	36,798.00-	538,030.00-	6	362,600.00-	39,609.00-	322,991.00-	11
** Revenue	2,196,385.00-	98,175.25-	2,098,209.75-	4	2,235,392.00-	74,338.00-	2,161,054.00-	3
701110 Base Salaries	1,275,216.35	101,341.01	1,173,875.34	8	1,345,462.49	95,212.10	1,250,250.39	7
701130 Pooled Positions	8,063.85	1,120.43	6,943.42	14	93,151.68	1,626.84	91,524.84	2
701140 Holiday Work	418.65		418.65		250.00	106.52	143.48	43
701200 Incentive Longevity	20,530.00		20,530.00		19,210.00		19,210.00	
701300 Overtime	3,400.00	533.96	2,866.04	16	10,045.11	77.12	9,967.99	1
* Salaries and Wages	1,307,628.85	102,995.40	1,204,633.45	8	1,468,119.28	97,022.58	1,371,096.70	7
705110 Group Insurance	176,696.79	14,817.97	161,878.82	8	172,127.11	11,940.93	160,186.18	7
705210 Retirement	332,632.51	23,834.85	308,797.66	7	324,109.95	22,603.53	301,506.42	7
705230 Medicare April 1986	18,136.32	1,426.64	16,709.68	8	19,385.69	1,368.06	18,017.63	7
705320 Workmens Comp	8,275.26	689.61	7,585.65	8	7,585.40	632.12	6,953.28	8
705330 Unemploy Comp	1,899.24	474.82	1,424.42	25	1,843.00	1,843.00		100
* Employee Benefits	537,640.12	41,243.89	496,396.23	8	525,051.15	38,387.64	486,663.51	7
710100 Professional Services	1,312.95	75.00	1,237.95	6	385,103.78		385,103.78	
710105 Medical Services	1,525.00		1,525.00		1,416.00		1,416.00	
710200 Service Contract	1,600.00		1,600.00		500.00		500.00	
710205 Repairs and Maintenance	1,000.00		1,000.00		10,741.91	1,596.29	9,145.62	15
710210 Software Maintenance	3,386.00		3,386.00		4,200.00		4,200.00	
710300 Operating Supplies	1,000.00		1,000.00		11,079.55		11,079.55	
710334 Copy Machine Expense	4,400.00	240.44	4,159.56	5	4,400.00	240.44	4,159.56	5
710350 Office Supplies	3,500.00	36.60	3,463.40	1	4,000.00	614.68	3,385.32	15
710355 Books and Subscriptions	100.00	288.03	188.03-	288	224.00	289.23	65.23-	129
710360 Postage	3,000.00	295.71	2,704.29	10	2,900.00	260.07	2,639.93	9
710361 Express and Courier	75.00		75.00		80.75	191.50	110.75-	237
710500 Other Expense	100.00	50.00	50.00	50	100.00		100.00	
710502 Printing	800.00	34.66	765.34	4	800.00	26.19	773.81	3
710503 Licenses & Permits					135.00		135.00	
710505 Rental Equipment	1,800.00		1,800.00		1,800.00		1,800.00	
710506 Dept Insurance Deductible		33.86	33.86-					
710507 Network and Data Lines		480.00	480.00-					
710508 Telephone Land Lines	5,500.00	316.96	5,183.04	6	6,500.00	326.68	6,173.32	5
710509 Seminars and Meetings					3,005.00	275.00	2,730.00	9
710512 Auto Expense	500.00	61.59	438.41	12	1,000.00		1,000.00	
710519 Cellular Phone	4,700.00		4,700.00		4,700.00		4,700.00	

**WASHOE COUNTY HEALTH DISTRICT**  
**Air Quality Management**  
**Pd 1 - FY14**

<b>Accounts</b>	<b>2014 Plan</b>	<b>2014 Actuals</b>	<b>Balance</b>	<b>Act%</b>	<b>2013 Plan</b>	<b>2013 Actual</b>	<b>Balance</b>	<b>Act%</b>
710529 Dues	3,250.00		3,250.00		4,435.00		4,435.00	
710535 Credit Card Fees	2,300.00	470.64	1,829.36	20	1,600.00	240.47	1,359.53	15
710546 Advertising	1,650.00	491.00	1,159.00	30	1,000.00		1,000.00	
710577 Uniforms & Special Clothing	100.00	100.46	0.46-	100	1,100.00		1,100.00	
710585 Undesignated Budget	25,879.62		25,879.62					
711100 ESD Asset Management	6,432.00	670.00	5,762.00	10	2,592.00	216.00	2,376.00	8
711113 Equip Srv Replace	9,523.78	793.78	8,730.00	8	8,499.58	37,139.85	28,640.27-	437
711114 Equip Srv O & M	11,981.33	728.01	11,253.32	6	10,384.74	37,139.85	26,755.11-	358
711117 ESD Fuel Charge	12,156.58	861.26	11,295.32	7	10,687.05		10,687.05	
711119 Prop & Liab Billings	9,321.78	776.82	8,544.96	8	9,525.40	793.78	8,731.62	8
711210 Travel	16,000.00	16.00	15,984.00	0	36,088.25	2,906.68	33,181.57	8
711504 Equipment nonCapital	500.00		500.00		37,117.08	666.42	36,450.66	2
* Services and Supplies	133,394.04	6,820.82	126,573.22	5	565,715.09	82,923.13	482,791.96	15
781004 Equipment Capital	74,121.47	23,722.00	50,399.47	32	342,770.01		342,770.01	
* Capital Outlay	74,121.47	23,722.00	50,399.47	32	342,770.01		342,770.01	
** Expenses	2,052,784.48	174,782.11	1,878,002.37	9	2,901,655.53	218,333.35	2,683,322.18	8
*** Total	143,600.52-	76,606.86	220,207.38-	53-	666,263.53	143,995.35	522,268.18	22

**WASHOE COUNTY HEALTH DISTRICT**  
**Community and Clinical Health Services**  
**Pd 1 - FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
431100 Federal Grants	1,875,162.86-		1,875,162.86-		2,131,855.53-		2,131,855.53-	
431105 Federal Grants - Indirect	92,460.00-		92,460.00-		15,300.00-		15,300.00-	
432100 State Grants	22,652.00-		22,652.00-		24,857.00-		24,857.00-	
* Intergovernmental	1,990,274.86-		1,990,274.86-		2,172,012.53-		2,172,012.53-	
460500 Other Immunizations	89,000.00-	5,028.82-	83,971.18-	6	89,000.00-	6,363.00-	82,637.00-	7
460501 Medicaid Clinical Services	8,200.00-	334.25-	7,865.75-	4	36,200.00-	44.46	36,244.46-	0-
460503 Childhood Immunizations	20,000.00-	1,322.25-	18,677.75-	7	30,000.00-	1,946.00-	28,054.00-	6
460508 Tuberculosis	4,100.00-	309.20-	3,790.80-	8	4,100.00-	504.82-	3,595.18-	12
460516 Pgm Inc-3rd Prty Rec	1,750.00-	155.30-	1,594.70-	9	2,250.00-		2,250.00-	
460517 Influenza Immunization	7,000.00-	16.50-	6,983.50-	0	7,000.00-	29.00-	6,971.00-	0
460518 STD Fees	21,000.00-	1,888.52-	19,111.48-	9	23,000.00-	1,729.76-	21,270.24-	8
460524 Family Planning	27,000.00-	2,267.81-	24,732.19-	8	44,000.00-	2,181.35-	41,818.65-	5
460570 Education Revenue	2,400.00-	135.00-	2,265.00-	6	4,500.00-	6.00-	4,494.00-	0
* Charges for Services	180,450.00-	11,457.65-	168,992.35-	6	240,050.00-	12,715.47-	227,334.53-	5
484050 Donations Federal Pgm Income	37,550.00-	2,710.37-	34,839.63-	7	41,934.00-	3,197.34-	38,736.66-	8
485300 Other Misc Govt Rev	2,205.00-		2,205.00-					
* Miscellaneous	39,755.00-	2,710.37-	37,044.63-	7	41,934.00-	3,197.34-	38,736.66-	8
** Revenue	2,210,479.86-	14,168.02-	2,196,311.84-	1	2,453,996.53-	15,912.81-	2,438,083.72-	1
701110 Base Salaries	2,046,242.25	157,683.22	1,888,559.03	8	2,237,201.94	175,818.01	2,061,383.93	8
701120 Part Time	541,787.10	31,983.10	509,804.00	6	505,752.32	41,377.28	464,375.04	8
701130 Pooled Positions	204,802.33	11,279.18	193,523.15	6	175,944.41	17,888.80	158,055.61	10
701200 Incentive Longevity	47,486.00		47,486.00		48,012.00		48,012.00	
701300 Overtime	1,280.00		1,280.00		1,280.00	83.59	1,196.41	7
701406 Standby Pay		100.00-	100.00					
701412 Salary Adjustment	34,459.06-		34,459.06-		75.00-		75.00-	
* Salaries and Wages	2,807,138.62	200,845.50	2,606,293.12	7	2,968,115.67	235,167.68	2,732,947.99	8
705110 Group Insurance	414,555.78	31,335.08	383,220.70	8	433,968.28	34,985.04	398,983.24	8
705210 Retirement	651,180.47	45,021.91	606,158.56	7	658,011.56	51,487.69	606,523.87	8
705230 Medicare April 1986	34,770.23	2,588.50	32,181.73	7	36,909.75	3,068.29	33,841.46	8
705320 Workmens Comp	18,911.83	1,575.98	17,335.85	8	18,435.65	1,536.30	16,899.35	8
705330 Unemply Comp	4,340.42	1,085.13	3,255.29	25	4,479.25	4,479.25		100
* Employee Benefits	1,123,758.73	81,606.60	1,042,152.13	7	1,151,804.49	95,556.57	1,056,247.92	8
710100 Professional Services	66,232.00	42.00	66,190.00	0	75,150.71		75,150.71	
710105 Medical Services	850.00		850.00		850.00		850.00	
710108 MD Consultants	46,950.00	1,000.00	45,950.00	2	46,900.00	1,000.00	45,900.00	2
710110 Contracted/Temp Services	1,000.00	1,098.91	98.91-	110	1,000.00		1,000.00	
710200 Service Contract	3,798.00	2,269.86	1,528.14	60	6,048.00	2,278.29	3,769.71	38
710205 Repairs and Maintenance	3,770.00		3,770.00		3,800.00		3,800.00	
710300 Operating Supplies	72,402.00	35.41	72,366.59	0	76,719.00	835.03	75,883.97	1
710334 Copy Machine Expense	14,497.00	691.79	13,805.21	5	13,847.00	678.53	13,168.47	5
710350 Office Supplies	12,360.00	119.85	12,240.15	1	13,520.01	351.50	13,168.51	3
710355 Books and Subscriptions	2,250.00		2,250.00		2,060.00		2,060.00	
710360 Postage	3,600.00	184.95	3,415.05	5	4,490.00	289.07	4,200.93	6
710361 Express and Courier	285.00		285.00		245.00		245.00	
710500 Other Expense	14,595.96	9.95	14,586.01	0	30,602.51		30,602.51	
710502 Printing	10,000.00	1,333.58	8,666.42	13	9,675.00	146.96	9,528.04	2
710503 Licenses & Permits	3,055.00		3,055.00		3,555.00	1,100.00	2,455.00	31
710507 Network and Data Lines	2,080.00	117.49	1,962.51	6	2,560.00		2,560.00	

**WASHOE COUNTY HEALTH DISTRICT**  
**Community and Clinical Health Services**  
**Pd 1 - FY14**

<b>Accounts</b>	<b>2014 Plan</b>	<b>2014 Actuals</b>	<b>Balance</b>	<b>Act%</b>	<b>2013 Plan</b>	<b>2013 Actual</b>	<b>Balance</b>	<b>Act%</b>
710508 Telephone Land Lines	13,229.00	893.08	12,335.92	7	13,975.00	905.60	13,069.40	6
710509 Seminars and Meetings	5,650.00	195.00	5,455.00	3	4,750.00		4,750.00	
710512 Auto Expense	13,566.20	772.61	12,793.59	6	13,318.00	511.12	12,806.88	4
710519 Cellular Phone	360.00	38.74	321.26	11	540.00		540.00	
710529 Dues	800.00	1,050.00	250.00-	131	1,350.00	500.00	850.00	37
710535 Credit Card Fees	3,215.00	212.58	3,002.42	7	3,245.00	195.11	3,049.89	6
710546 Advertising	26,845.00		26,845.00		34,903.86		34,903.86	
710577 Uniforms & Special Clothing	200.00		200.00		200.00		200.00	
710585 Undesignated Budget					15,300.00		15,300.00	
710703 Biologicals	243,370.00	5,882.76	237,487.24	2	246,163.19	7,444.40	238,718.79	3
710714 Referral Services					9,040.00		9,040.00	
710721 Outpatient	90,957.55	4,173.44-	95,130.99	5-	108,264.15	701.70	107,562.45	1
710872 Food Purchases	6,450.00		6,450.00		6,550.00	492.98	6,057.02	8
711010 Utilities					1,700.00		1,700.00	
711100 ESD Asset Management	1,608.00	67.00	1,541.00	4	288.00	24.00	264.00	8
711114 Equip Srv O & M	546.37	32.75	513.62	6	550.44		550.44	
711117 ESD Fuel Charge	711.35	71.37	639.98	10	711.35		711.35	
711119 Prop & Liab Billings	21,303.49	1,775.30	19,528.19	8	23,150.65	1,929.21	21,221.44	8
711210 Travel	33,713.00	1,449.55	32,263.45	4	28,184.00	196.01	27,987.99	1
711504 Equipment nonCapital	5,850.00		5,850.00		6,530.00		6,530.00	
* Services and Supplies	726,099.92	15,171.09	710,928.83	2	809,735.87	19,579.51	790,156.36	2
781004 Equipment Capital	30,378.00		30,378.00		17,000.00		17,000.00	
* Capital Outlay	30,378.00		30,378.00		17,000.00		17,000.00	
** Expenses	4,687,375.27	297,623.19	4,389,752.08	6	4,946,656.03	350,303.76	4,596,352.27	7
*** Total	2,476,895.41	283,455.17	2,193,440.24	11	2,492,659.50	334,390.95	2,158,268.55	13



**WASHOE COUNTY HEALTH DISTRICT**  
**Environmental Health Services**  
**Pd 1 - FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
422503 Environmental Permits	63,177.00-	5,411.00-	57,766.00-	9	51,500.00-	3,682.00-	47,818.00-	7
422504 Pool Permits	74,690.00-	1,897.00-	72,793.00-	3	68,000.00-	1,448.00-	66,552.00-	2
422505 RV Permits	13,306.00-	734.00-	12,572.00-	6	10,500.00-	986.00-	9,514.00-	9
422507 Food Service Permits	492,181.00-	35,134.00-	457,047.00-	7	369,000.00-	34,116.00-	334,884.00-	9
422508 Wat Well Const Perm	23,567.00-	5,006.00-	18,561.00-	21	20,000.00-	3,467.00-	16,533.00-	17
422509 Water Company Permits	3,200.00-	297.00-	2,903.00-	9	2,500.00-		2,500.00-	
422511 ISDS Permits	66,522.00-	11,105.00-	55,417.00-	17	49,000.00-	3,415.00-	45,585.00-	7
422513 Special Event Permits	99,623.00-	16,090.00-	83,533.00-	16	79,000.00-	12,689.00-	66,311.00-	16
422514 Initial Applic Fee	35,226.00-	2,156.00-	33,070.00-	6	27,000.00-	2,376.00-	24,624.00-	9
* Licenses and Permits	871,492.00-	77,830.00-	793,662.00-	9	676,500.00-	62,179.00-	614,321.00-	9
431100 Federal Grants	310,530.00-		310,530.00-		340,000.00-		340,000.00-	
431105 Federal Grants - Indirect	27,470.00-		27,470.00-					
432100 State Grants	50,000.00-		50,000.00-		75,000.00-		75,000.00-	
432310 Tire Fee NRS 444A.090	468,548.00-		468,548.00-		418,766.00-		418,766.00-	
* Intergovernmental	856,548.00-		856,548.00-		833,766.00-		833,766.00-	
460510 IT Overlay	35,344.00-	3,903.00-	31,441.00-	11	113,400.00-	10,178.00-	103,222.00-	9
460512 Duplication Service Fees		8.96-	8.96			3.00-	3.00	
460513 Other Healt Service Charges					2,700.00-	919.00-	1,781.00-	34
460514 Food Service Certification	19,984.00-	1,490.00-	18,494.00-	7	13,900.00-	1,233.00-	12,667.00-	9
460520 Eng Serv Health	50,707.00-	3,793.00-	46,914.00-	7	44,000.00-	709.00-	43,291.00-	2
460521 Plan Review - Pools & Spas	3,816.00-	954.00-	2,862.00-	25	2,500.00-		2,500.00-	
460523 Plan Review - Food Services	18,765.00-	1,304.00-	17,461.00-	7	17,000.00-	1,599.00-	15,401.00-	9
460525 Plan Review - Vector	36,021.00-	5,293.00-	30,728.00-	15	30,000.00-	1,523.00-	28,477.00-	5
460532 Plan Rvw Hotel/Motel						410.00-	410.00	
460534 Child Care Inspection	10,560.00-	738.00-	9,822.00-	7	8,500.00-	1,026.00-	7,474.00-	12
460535 Pub Accomod Inspectn	22,540.00-	1,590.00-	20,950.00-	7	17,300.00-	1,440.00-	15,860.00-	8
460570 Education Revenue	500.00-	65.00-	435.00-	13	1,200.00-		1,200.00-	
* Charges for Services	198,237.00-	19,138.96-	179,098.04-	10	250,500.00-	19,040.00-	231,460.00-	8
** Revenue	1,926,277.00-	96,968.96-	1,829,308.04-	5	1,760,766.00-	81,219.00-	1,679,547.00-	5
701110 Base Salaries	2,975,071.19	222,782.38	2,752,288.81	7	3,018,372.82	229,790.98	2,788,581.84	8
701130 Pooled Positions	124,026.00	8,043.24	115,982.76	6	236,872.77	9,386.45	227,486.32	4
701140 Holiday Work	2,400.00	2,050.25	349.75	85	1,200.00		1,200.00	
701200 Incentive Longevity	50,500.00		50,500.00		50,800.00	288.46	50,511.54	1
701300 Overtime	49,123.00	2,347.52	46,775.48	5	36,600.00	1,514.98	35,085.02	4
701408 Call Back	1,000.00		1,000.00		1,000.00		1,000.00	
701412 Salary Adjustment	199,268.34-		199,268.34-					
701413 Vac Payoff/Sick Pay-Term						16,198.28	16,198.28-	
701417 Comp Time						9,525.60	9,525.60-	
* Salaries and Wages	3,002,851.85	235,223.39	2,767,628.46	8	3,344,845.59	266,704.75	3,078,140.84	8
705110 Group Insurance	411,488.13	33,449.37	378,038.76	8	434,110.13	34,130.80	399,979.33	8
705210 Retirement	776,699.80	53,407.95	723,291.85	7	728,879.94	54,452.11	674,427.83	7
705230 Medicare April 1986	41,720.32	3,162.18	38,558.14	8	41,940.99	3,234.68	38,706.31	8
705320 Workmens Comp	19,168.03	1,597.34	17,570.69	8	18,838.38	1,569.87	17,268.51	8
705330 Unemply Comp	4,399.22	1,099.81	3,299.41	25	4,577.10	4,577.10		100
* Employee Benefits	1,253,475.50	92,716.65	1,160,758.85	7	1,228,346.54	97,964.56	1,130,381.98	8
710100 Professional Services	10,050.00	800.00	9,250.00	8	325,401.67		325,401.67	
710105 Medical Services	6,548.00	895.00	5,653.00	14	6,548.00	110.00	6,438.00	2
710110 Contracted/Temp Services	21,227.71	1,444.85	19,782.86	7	65,000.00	445.17	64,554.83	1

**WASHOE COUNTY HEALTH DISTRICT**  
**Environmental Health Services**  
**Pd 1 - FY14**

<b>Accounts</b>	<b>2014 Plan</b>	<b>2014 Actuals</b>	<b>Balance</b>	<b>Act%</b>	<b>2013 Plan</b>	<b>2013 Actual</b>	<b>Balance</b>	<b>Act%</b>
710200 Service Contract	50,300.00	70.26	50,229.74	0	95,300.00	366.88	94,933.12	0
710205 Repairs and Maintenance	500.00		500.00		4,600.00		4,600.00	
710210 Software Maintenance	250.00		250.00					
710300 Operating Supplies	15,650.00	6,438.80	9,211.20	41	20,100.00	488.91	19,611.09	2
710302 Small Tools & Allow	1,685.00		1,685.00		3,685.00		3,685.00	
710308 Animal Supplies	1,600.00		1,600.00		2,000.00	26.50	1,973.50	1
710319 Chemical Supplies	232,300.00	168,220.00	64,080.00	72	231,950.00	231,489.88	460.12	100
710334 Copy Machine Expense	1,900.00		1,900.00		2,250.00	33.03	2,216.97	1
710350 Office Supplies	6,250.00		6,250.00		9,100.00	148.23	8,951.77	2
710355 Books and Subscriptions	2,100.00		2,100.00		2,400.00		2,400.00	
710360 Postage	8,175.00	749.00	7,426.00	9	9,775.00	725.27	9,049.73	7
710361 Express and Courier	175.00		175.00		175.00		175.00	
710391 Fuel & Lube	100.00		100.00		100.00		100.00	
710500 Other Expense	200.00	49.00	151.00	25	8,300.00		8,300.00	
710502 Printing	3,350.00	68.25	3,281.75	2	11,525.00	58.21	11,466.79	1
710503 Licenses & Permits	2,690.00		2,690.00		2,690.00		2,690.00	
710507 Network and Data Lines	2,220.00	116.22	2,103.78	5	2,500.00		2,500.00	
710508 Telephone Land Lines	8,960.00	654.30	8,305.70	7	9,710.00	689.50	9,020.50	7
710509 Seminars and Meetings	9,015.00	525.00	8,490.00	6	13,415.00	1,894.00	11,521.00	14
710512 Auto Expense	50.00		50.00		100.00		100.00	
710514 Regulatory Assessments	11,920.00	2,980.00	8,940.00	25	11,920.00	2,980.00	8,940.00	25
710519 Cellular Phone	6,600.00		6,600.00		6,600.00		6,600.00	
710529 Dues	1,565.99	180.00	1,385.99	11	1,661.00		1,661.00	
710535 Credit Card Fees	4,410.00	615.13	3,794.87	14	4,610.00	523.40	4,086.60	11
710546 Advertising	1,200.00		1,200.00		6,050.00		6,050.00	
710577 Uniforms & Special Clothing	1,700.00		1,700.00		1,700.00		1,700.00	
710585 Undesignated Budget	36,349.13		36,349.13					
710600 LT Lease-Office Space	41,651.00	3,370.00	38,281.00	8	41,651.00	3,370.00	38,281.00	8
711100 ESD Asset Management	32,964.00	2,546.00	30,418.00	8	11,856.00	1,128.00	10,728.00	10
711113 Equip Srv Replace	17,182.42	1,475.32	15,707.10	9	17,061.11	1,765.70	15,295.41	10
711114 Equip Srv O & M	32,731.24	1,989.75	30,741.49	6	30,573.49	1,765.70	28,807.79	6
711115 Equip Srv Motor Pool	16,741.00		16,741.00		16,741.00		16,741.00	
711117 ESD Fuel Charge	42,624.12	3,291.14	39,332.98	8	39,776.37		39,776.37	
711119 Prop & Liab Billings	21,592.09	1,799.34	19,792.75	8	23,656.38	1,971.37	21,685.01	8
711210 Travel	46,000.00	2,739.54	43,260.46	6	81,150.00	827.00	80,323.00	1
711504 Equipment nonCapital	40,242.00	13.60	40,255.60	0	62,544.00		62,544.00	
* Services and Supplies	740,768.70	201,003.30	539,765.40	27	1,184,175.02	250,806.75	933,368.27	21
781004 Equipment Capital					25,000.00		25,000.00	
* Capital Outlay					25,000.00		25,000.00	
** Expenses	4,997,096.05	528,943.34	4,468,152.71	11	5,782,367.15	615,476.06	5,166,891.09	11
*** Total	3,070,819.05	431,974.38	2,638,844.67	14	4,021,601.15	534,257.06	3,487,344.09	13

**WASHOE COUNTY HEALTH DISTRICT**  
**Epidemiology Public Health Preparedness**  
**Pd 1 - FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
431100 Federal Grants	1,119,892.09-		1,119,892.09-		1,366,574.73-		1,366,574.73-	
431105 Federal Grants - Indirect	91,954.91-		91,954.91-		79,852.00-		79,852.00-	
* Intergovernmental	1,211,847.00-		1,211,847.00-		1,446,426.73-		1,446,426.73-	
460511 Birth and Death Certificates	450,000.00-	42,578.00-	407,422.00-	9	400,000.00-	41,362.00-	358,638.00-	10
* Charges for Services	450,000.00-	42,578.00-	407,422.00-	9	400,000.00-	41,362.00-	358,638.00-	10
** Revenue	1,661,847.00-	42,578.00-	1,619,269.00-	3	1,846,426.73-	41,362.00-	1,805,064.73-	2
701110 Base Salaries	1,277,745.42	101,389.67	1,176,355.75	8	1,220,854.27	88,742.50	1,132,111.77	7
701120 Part Time	24,152.57	1,554.50	22,598.07	6	24,152.57	1,996.52	22,156.05	8
701130 Pooled Positions	2,900.00		2,900.00		11,330.00	3,222.97	8,107.03	28
701200 Incentive Longevity	13,622.00		13,622.00		9,515.00		9,515.00	
701300 Overtime	1,700.00	941.80	758.20	55	1,200.00		1,200.00	
701412 Salary Adjustment					42,507.00		42,507.00	
* Salaries and Wages	1,320,119.99	103,885.97	1,216,234.02	8	1,309,558.84	93,961.99	1,215,596.85	7
705110 Group Insurance	157,102.63	12,493.28	144,609.35	8	154,680.99	12,526.33	142,154.66	8
705210 Retirement	331,395.85	24,097.21	307,298.64	7	314,726.17	21,076.30	293,649.87	7
705230 Medicare April 1986	18,701.48	1,476.55	17,224.93	8	19,086.47	1,269.02	17,817.45	7
705320 Workmens Comp	8,091.65	674.30	7,417.35	8	7,988.98	644.51	7,344.47	8
705330 Unemploy Comp	1,857.10	464.28	1,392.82	25	1,879.10	1,879.10		100
705360 Benefit Adjustment					10,656.00		10,656.00	
* Employee Benefits	517,148.71	39,205.62	477,943.09	8	509,017.71	37,395.26	471,622.45	7
710100 Professional Services	128,915.27	4,138.00	124,777.27	3	260,648.22	508.00	260,140.22	0
710105 Medical Services	100.00		100.00		100.00		100.00	
710110 Contracted/Temp Services	17,500.00	132.88	17,367.12	1	5,051.00		5,051.00	
710200 Service Contract	2,395.00	1,495.00	900.00	62	1,895.00	1,495.00	400.00	79
710205 Repairs and Maintenance	1,000.00		1,000.00		1,008.00		1,008.00	
710210 Software Maintenance	12,000.00	12,000.00		100	12,000.00	3,000.00	9,000.00	25
710300 Operating Supplies	14,700.00	1,283.43-	15,983.43	9-	15,739.00		15,739.00	
710334 Copy Machine Expense	2,950.00	125.40	2,824.60	4	3,277.89	136.31	3,141.58	4
710350 Office Supplies	6,600.00	299.69	6,300.31	5	7,558.00	656.15	6,901.85	9
710355 Books and Subscriptions	2,144.00	695.90	1,448.10	32	2,729.00	128.90	2,600.10	5
710360 Postage	2,950.00	59.16	2,890.84	2	3,164.00	229.40	2,934.60	7
710361 Express and Courier	50.00		50.00		10.00		10.00	
710500 Other Expense	6,065.00		6,065.00		5,371.00		5,371.00	
710502 Printing	2,390.00		2,390.00		4,719.00	7.70	4,711.30	0
710503 Licenses & Permits	150.00		150.00		150.00		150.00	
710505 Rental Equipment	100.00		100.00		3,378.00	142.00	3,236.00	4
710507 Network and Data Lines	600.00	38.74	561.26	6	796.00		796.00	
710508 Telephone Land Lines	5,090.00	361.37	4,728.63	7	6,270.00	364.85	5,905.15	6
710509 Seminars and Meetings	6,300.00		6,300.00		5,850.00		5,850.00	
710512 Auto Expense	2,250.00	144.63	2,105.37	6	2,030.00	169.01	1,860.99	8
710519 Cellular Phone	2,480.00		2,480.00		5,137.00		5,137.00	
710529 Dues	1,110.00		1,110.00		1,630.00		1,630.00	
710535 Credit Card Fees	2,000.00	202.56	1,797.44	10	2,000.00	172.15	1,827.85	9
710546 Advertising	120.00		120.00		2,625.00		2,625.00	
710585 Undesignated Budget					55,777.00		55,777.00	
710703 Biologicals	50.00	47.00	3.00	94	3,420.79		3,420.79	
710721 Outpatient	2,135.00		2,135.00		2,135.00		2,135.00	
710872 Food Purchases	1,000.00		1,000.00		2,400.00		2,400.00	

**WASHOE COUNTY HEALTH DISTRICT**  
**Epidemiology Public Health Preparedness**  
**Pd 1 - FY14**

<b>Accounts</b>	<b>2014 Plan</b>	<b>2014 Actuals</b>	<b>Balance</b>	<b>Act%</b>	<b>2013 Plan</b>	<b>2013 Actual</b>	<b>Balance</b>	<b>Act%</b>
711010 Utilities	180.00		180.00					
711100 ESD Asset Management	6,432.00	804.00	5,628.00	13	2,304.00	192.00	2,112.00	8
711113 Equip Srv Replace	377.94	31.50	346.44	8	377.95	31.50	346.45	8
711114 Equip Srv O & M	1,609.62	161.30	1,448.32	10	654.46	31.50	622.96	5
711115 Equip Srv Motor Pool					1,605.00		1,605.00	
711117 ESD Fuel Charge					78.58		78.58	
711119 Prop & Liab Billings	9,114.95	759.59	8,355.36	8	9,711.98	809.33	8,902.65	8
711210 Travel	51,000.00	473.23	50,526.77	1	65,367.00	133.96-	65,500.96	0-
711504 Equipment nonCapital	1,750.00	1,148.66	601.34	66	45,489.00	1,659.20	43,829.80	4
* Services and Supplies	293,608.78	21,835.18	271,773.60	7	542,456.87	9,599.04	532,857.83	2
781004 Equipment Capital					12,337.00		12,337.00	
* Capital Outlay					12,337.00		12,337.00	
** Expenses	2,130,877.48	164,926.77	1,965,950.71	8	2,373,370.42	140,956.29	2,232,414.13	6
*** Total	469,030.48	122,348.77	346,681.71	26	526,943.69	99,594.29	427,349.40	19

**WASHOE COUNTY HEALTH DISTRICT**  
**Undesignated**  
**Pd 1 - FY14**

<b>Accounts</b>	<b>2014 Plan</b>	<b>2014 Actuals</b>	<b>Balance</b>	<b>Act%</b>	<b>2013 Plan</b>	<b>2013 Actual</b>	<b>Balance</b>	<b>Act%</b>
711400 Overhead - General Fund	2,898,034.00	241,502.83	2,656,531.17	8	2,553,372.00		2,553,372.00	
** Expenses	2,898,034.00	241,502.83	2,656,531.17	8	2,553,372.00		2,553,372.00	
621001 Transfer From General	8,603,891.00-		8,603,891.00-		8,623,891.00-		8,623,891.00-	
* Transfers In	8,603,891.00-		8,603,891.00-		8,623,891.00-		8,623,891.00-	
** Other Financing Src/Use	8,603,891.00-		8,603,891.00-		8,623,891.00-		8,623,891.00-	
*** Total	5,705,857.00-	241,502.83	5,947,359.83-	4-	6,070,519.00-		6,070,519.00-	



# Washoe County Health District



Public Health  
Prevent. Promote. Protect.

**TO:** District Board of Health Members

**FROM:** Kevin Dick  
Interim District Health Officer

**DATE:** August 22, 2013

**SUBJECT:** Fundamental Review Update

## Summary:

I contacted the two consultants referred by NACCHO which I mentioned during the July 25<sup>th</sup> DBOH and a conference call was scheduled with for August 1<sup>st</sup>. Interim County Manager, John Berkich, provided me contact information for the President of Management Partners. He did not respond to two calls and voice mails left seeking information on firms with experience conducting reviews of health departments.

The scope of the review envisioned for the Health District was discussed initially on separate calls Eileen and I conducted with Mr. Matt Stefanak and Dr. Les Beitsch on August 1<sup>st</sup>. We mentioned the concept of them working together and the strengths we thought they could bring to the review through their respective expertise with public health department turnarounds and Performance Management / Quality Improvement. They both expressed interest in a collaborative project. Dr. Beitsch suggested that we might engage the Public Health Foundation and that he does projects with them as a consultant. This would bring additional staff support that he felt was advisable.

On August 15<sup>th</sup>, Eileen and I conducted a joint call with Mr. Stefanak, Dr Beitsch, and Ms. Margie Beaudry of the Public Health Foundation. We discussed the project with them in further detail. They were willing to work together to provide the Fundamental Review we are seeking and agreed to provide a scope of work for consideration.

Information on Mr. Stefanak's and Dr. Beitsch' qualifications are attached. A paper on the Mahoning County Public Health Department turnaround authored by Mr. Stefanak is available at:

<http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/lhd/PHFAnatomy%20of%20PH%20Agency%20Turnaround%20Mahoning%20Co%20HD.ashx>. A paper on how the Public Health Accreditation Framework was used to direct public health service delivery during a severe budget reduction which we discussed by Dr. Beitsch is available at:

[http://www.instituteforwihealth.org/uploads/1/2/7/8/12783470/tough\\_choices\\_in\\_tough\\_times\\_\\_\\_enhancing\\_public.99989.pdf](http://www.instituteforwihealth.org/uploads/1/2/7/8/12783470/tough_choices_in_tough_times___enhancing_public.99989.pdf).

**Previous Action:**

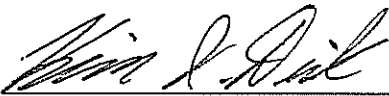
During the May 23, 2013 meeting, Washoe County District Board of Health authorized the Interim District Health Officer to expend up to \$80,000 for review and analysis of the Health District. During the July 25, 2013 DBOH meeting, the Board directed the Interim District Health Officer to continue seeking possible consultants for the review and bring a recommendation to the Board for approval.

**Recommendation:**

I recommend the Board direct the Interim District Health Officer to proceed with a Fundamental Review that engages the professional services of Mr. Stefanak and those of the Public Health Foundation (including Dr. Beitsch) through professional services contracts.

**Possible Motion:**

Move to direct the Interim District Health Officer to proceed with a Fundamental Review that engages the professional services of Mr. Stefanak and those of the Public Health Foundation (including Dr. Beitsch) through professional services contracts.



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Kevin Dick  
Interim District Health Officer



### **Leslie M. Beitsch, MD, JD**

Leslie M. Beitsch, MD, JD joined the faculty at the Florida State University College of Medicine in November 2003 as Professor of Health Policy and Director of the Center for Medicine and Public Health.

From June 2001 until November 2003, Dr. Beitsch was the Commissioner of the Oklahoma State Department of Health. In that role he provided oversight for 2500 employees and a budget of \$260,000,000. Dr. Beitsch served as Deputy Secretary and Assistant State Health Officer for the Florida Department of Health from 1997-2001. He provided guidance and direction for public health programs, the county health departments, the state laboratory and pharmacy. Prior to this appointment, Dr. Beitsch served as Assistant State Health Officer and Division Director for Family Health Services from October 1991 through August 1997, focusing on maternal and child health. From October 1989 through October 1991, Dr. Beitsch was Medical Director of the Broward County Health Department in Ft. Lauderdale.

Dr. Beitsch has been an active member in several organizations. Recent interests have focused on accreditation and quality improvement for state and local health departments through the Multi-State Learning Collaborative and the Centers for Disease Control. He recently completed service on an Institute of Medicine committee studying the future of public health, which issued three reports. Dr. Beitsch served as a Steering Committee member for the Exploring Accreditation Project, and as its Research and Evaluation Workgroup Chair. He is a member of the executive committee of the Public Health Accreditation Board. He has participated as a member of committees representing the Association of State and Territorial Health Officials (ASTHO) and committees advising the Centers for Disease Control and Prevention. He is past chair of the board of directors for the Public Health Foundation (PHF) and the Public Health Leadership Society. He has recently been recognized for his contributions by ASTHO (2007 Alumni Award) and PHF (2008 Theodore Erwin Award).

## **BIOGRAPHY - MATTHEW STEFANAK**



Matthew Stefanak received his MPH from the Johns Hopkins University School of Public Health in 1985 and is an alumnus of the U.S. Centers for Disease Control and Prevention and Ohio Public Health Leadership Institutes. He is currently a faculty member and career advisor in the College of Public Health at Kent State University. From 1988 to 2012, he served as Health Commissioner of the General Health District in Mahoning County, Ohio and chief executive officer of the Mahoning County District Board of Health, a public health agency providing services to 240,000 residents in Mahoning County.

Mr. Stefanak also serves as a public health finance course instructor at the Ohio State University College of Public Health, a member of the Ethics Advisory Committee to the Director of the CDC, and as one of the Principal Investigators for two Robert Wood Johnson Foundation funded studies of local health department financing. He volunteers with many professional and civic organizations, including the National Association of County and City Health Officials, the Public Health Accreditation Board, the Public Health Foundation, and his township land use planning commission, which he chairs.



## WASHOE COUNTY HEALTH DISTRICT

### EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS DIVISION



August 13, 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, August 2013

#### **Communicable Disease - Pertussis**

Communicable Disease staff are investigating two separate clusters of pertussis (whooping cough). In each cluster there is an index case plus two symptomatic contacts. In the first cluster both the index case and the contacts have been laboratory confirmed. In the second cluster specimens are pending lab results. A concern in this investigation is the fact that symptomatic and lab confirmed individuals are presenting with a history of having received appropriate immunization with pertussis-containing vaccine. This investigation is currently ongoing.

#### **Novel Influenza**

Although we are currently outside the normal influenza season, novel strains of influenza with pandemic potential often do not follow the typical seasonal patterns of the more common strains. For this reason, Communicable Disease staff continue to conduct scaled back flu surveillance and monitor CDC, WHO, and other sources for information regarding influenza activity in other parts of the world.

Currently the H7N9 virus is of interest. To date, the World Health Organization (WHO) reports a total of 135 laboratory confirmed human cases including 44 deaths. Fortunately, there has been no evidence of sustained human-to-human transmission. Sustained human-to-human transmission is one of the elements necessary for a novel virus to trigger a pandemic. However, CDC is aware of a small number of cases in which limited person-to-person spread could not be ruled out. This virus has not been detected in the United States.

#### **Middle East Respiratory Syndrome (MERS)**

Another condition that staff are monitoring through CDC is MERS. This viral respiratory illness was first reported in Saudi Arabia in 2012. It is caused by a coronavirus and causes symptoms of fever, cough, and shortness of breath. About half of the people with this illness have died. So far, all cases have been linked to four countries in or near the Arabian Peninsula and no cases have yet been identified in the United States. It has only been shown to spread between people who are in close contact.

Questions have arisen as to whether or not MERS could be a form of SARS (Severe Acute Respiratory Syndrome). SARS was first reported in Asia in 2003 and spread to more than two dozen countries in North America, South America, Europe, and Asia. Since 2004 there have not been any known cases of SARS. Although both SARS and MERS are caused by a coronavirus, each condition is caused by a different coronavirus. However, it is interesting to note that both coronaviruses are similar to coronaviruses found in bats.

The following chart shows the current number of MERS cases and deaths by country as of August 13, 2013.

<b>Country</b>	<b>Cases (Deaths)</b>
France	2 (1)
Italy	3 (0)
Jordan	2 (2)
Qatar	2 (1)
Saudi Arabia	74 (39)
Tunisia	2 (0)
United Kingdom	3 (2)
United Arab Emirates	6 (1)
<b>TOTAL</b>	<b>94 (46)</b>

### **Public Health Preparedness – Training**

PHP staff, in collaboration with Carson City Health and Human Services (CCHHS) and the Southern Nevada Health District (SNHD), provided Point of Dispensing (POD) training to Washoe County health care facilities interested in becoming private POD partners.

PHP is working with community response partners to coordinate two community trainings this grant period. The first is a community resiliency training tentatively scheduled for January 14-15, 2014, in which WCHD is collaborating with the Northern Nevada Regional Intelligence Center. The second training is in collaboration with the Northern Nevada Public Information / Public Warning Taskforce on the topic of working with the media during an emergency. This training is tentatively scheduled for November 21, 2013. Details for both trainings are to be determined.

The PHP program continues to promote free online preparedness trainings on the WCHD website to WCHD staff, MRC volunteers and other community response partners. Topics covered include:

- Incident Command System (ICS) Refresher
- Self-Care for Disaster Responders
- Assisting Persons with Disabilities During an Emergency
- Resiliency in Disasters

### **Staff Preparedness**

All WCHD staff received preparedness kits to keep at their desk in the event of an emergency, or to take with them in the event they must respond to an emergency. Sample items within these kits include: a flashlight, emergency food rations, water, emergency whistle, etc. Furthermore, WCHD vehicles have been equipped with emergency kits. Sample items within the vehicle kits include: flashlights, flares, reflective triangle, fire extinguishers, water, shovel, etc. Finally, PHP purchased 10 wall mounted first aid kits for Health District staff. These kits will be placed strategically within Building B and at additional work locations such as Vector, WIC and the TB clinic.

### **Media Coverage**

The Nevada Broadcasters Association (NBA) public affairs television program "Observations" hosted by Bob Fischer, invited the WCHD to tape a program as a result of his recent conversations with the Medical Reserve Corps Program and the ad campaign to recruit more volunteers. "Observations" is the most viewed public affairs program on Reno television and currently airs on KRXI, KAME KTVN, KOLO and the CW.

The taping occurred on August 8<sup>th</sup> and included Kevin Dick, Interim District Health Officer who discussed the role of WCHD in assuring the health of the public; Sara Dinga, Emergency Response Coordinator discussed the process of Private and Public Points of Dispensing (PODs) in the event of an emergency; and David Gamble, Medical Reserve Corps Coordinator discussed MRC volunteer deployments and the need for more volunteers.

The program "Observations" is scheduled to air the WCHD program August 17<sup>th</sup>, on the FOX Channel 11(KRXI) station 6:00AM & 6:30AM, and 11:00AM on KAME "My TV" Channel 7; and again on August 18<sup>th</sup>, 6:00AM on KAME "My TV" Channel 7.

### **Federal Site Visit**

The project officers for both CDC and ASPR (Assistant Secretary for Preparedness and Response) conducted a site visit in Carson City on July 31. This included staff from the State PHP Program as well as the local preparedness partners. Major concerns brought up by the project officers included the level and quality of information provided in the reports received from the State, funding for the State Public Health Laboratory, funding for rural counties and the funding formula in general. It was pointed out that the local health authorities are providing significantly more information to the State than what has been included in the reports submitted to CDC and ASPR by the State. There was robust discussion of how the funding formula was derived and how the State establishes priorities for that portion of the funding that is not distributed locally.



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



# Washoe County Health District



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

## Staff Report

**DATE:** August 22, 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](mailto:skutz@washoecounty.us)

**SUBJECT:** Community and Clinical Health Services (CCHS) Division Report,  
August 2013 District Board of Health Meeting

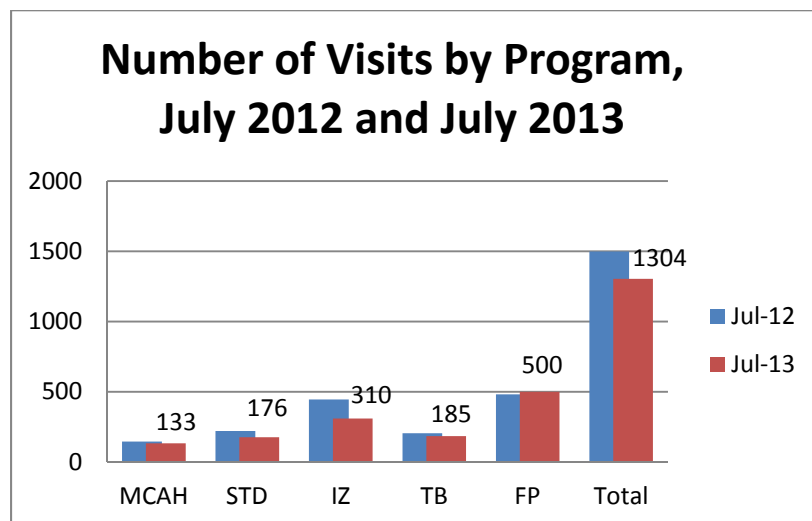
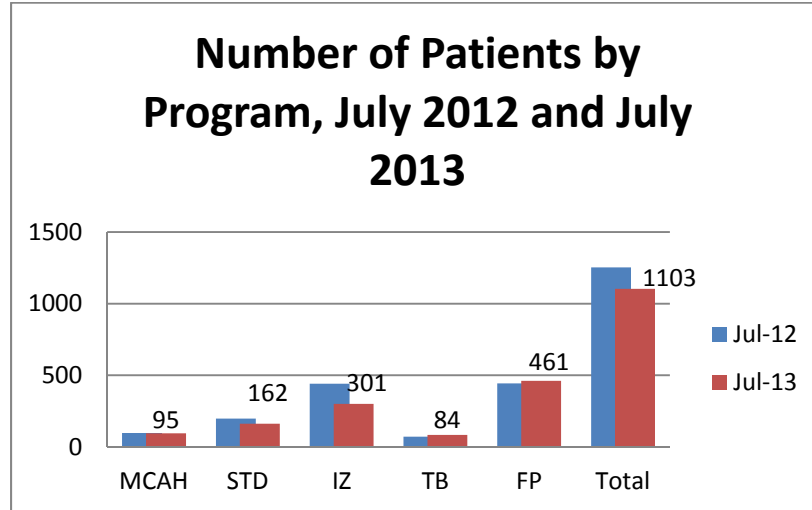
1. Divisional Update
2. Program Reports

### 1. Divisional Update –

- a. The Division Director and the Family Planning Program Manger recently attended the 2013 Title X National Grantee Meeting. This meeting was very informational, not only for the Family Planning Program, but also for the CCHS Division. Much discussion was had regarding the Affordable Care Act (ACA), and how public health programs, such as Title X Family Planning, are considered an Essential Community Provider, i.e. the programs are needed and a necessary part of healthcare for the community. It was also made clear that access to health insurance is an opportunity for public health programs to realize improved reimbursement, which is expected to lead to enhanced sustainability for clinical programs.

Additionally, management plans to implement changes to the Family Planning Program based on U.S. Selected Provider Recommendations that are expected to provide increased efficiency in client services, and offer additional service options.

b. Data/Metrics –



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** – The HIV program CDC Project Officer, Kevin Ramos, met with program management and staff in early August. Mr. Ramos will provide the program with a report and recommendations. Staff is in the process of obtaining approval to offer rapid HIV testing offsite. Medical residents have been working with program staff this month.



- b. **Immunizations** – The first statewide bidirectional Health Level 7 (HL7) interface between the Insight Immunization module and the Nevada WebIZ registry successfully launched August 1<sup>st</sup>. Using Insight as the only database benefits both staff and the public with a more efficient, faster data entry process. This switch occurred just in time for the annual “Back to School” rush, which was earlier this year with children returning to school August 12<sup>th</sup>. Staffing was increased to meet the increased demand for immunizations, and “walk in” slots were available. Program staff gave immunizations at two back to school immunization clinics in collaboration with Immunize Nevada. Both events were well attended, immunizing over 400 children total.
- c. **Tuberculosis Prevention and Control Program** – Staff is currently working on two large investigations. Staff also continues to evaluate new immigrants arriving in Washoe County. Based on the higher rate of TB in foreign born, those who officially immigrate to the US receive a full evaluation to rule out possible TB cases. Staff continues to evaluate persons with abnormal chest x-rays referred by civil surgeons.
- d. **Family Planning/Teen Health Mall** – Management is working with Administration on a revised staffing plan to better meet program needs and provide improved client service, which in turn improves reproductive health outcomes for program clients. Also, please see Title X meeting information in the Divisional update, above.
- e. **Chronic Disease Prevention Program** – The Tobacco Cessation Program applied for funding under the Master Settlement Agreement (MSA) and hopes to successfully realize \$225,000 in funding to increase tobacco use cessation and reduce exposure to secondhand smoke.

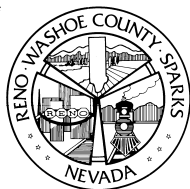
Registration for the 5<sup>th</sup> annual Obesity Forum scheduled September 19, 2013 at UNR is underway with the goal of the event to educate individuals and motivate organizations to support efforts to prevent and reduce obesity. Registration information can be found online at [www.gethealthywashoe.com](http://www.gethealthywashoe.com).

In conjunction with the Obesity Forum is the Healthy Families Night, which will be hosted by Boys and Girls Club. This event will provide education and tools that parents can use to keep their children healthy, including nutrition and exercise tips. This event is free and in addition to the information received, parents and families will be served a healthy dinner.

The program will soon release a Chronic Disease Report Card using data to illustrate the incidence of chronic diseases in the Washoe County population.

- f. **Maternal, Child and Adolescent Health (MCAH)** –A letter of compliance for Fetal Infant Mortality Review was received from Nevada State Health Division. There will be a planning meeting with state leadership to move forward with

implementation of this program which identify and address health concerns preceding fetal and infant deaths. The Pregnancy Connection program continues to meet grant deliverables and high risk home visitation referrals continue to be received.



# Washoe County Health District



**Public Health**  
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## ENVIRONMENTAL HEALTH SERVICES DIVISION

**DATE:** August 13, 2013

**TO:** District Board of Health Members

**FROM:** Robert O. Sack, Division Director, Environmental Health Services (EHS)

**SUBJECT:** Environmental Health Services Division Report for August 2013

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### Food Program

- A contractor was awarded the bid on the FDA grant. They will commence working on the Food Standards Program immediately.
- A lemonade stand operated by two teenagers was shut down for operating without a permit. The incident occurred after on-site inspectors received several complaints from permitted vendors that a stand was being operated within the Reno-Tahoe Open venue and had not secured the required permits to operate within the venue as they had been required. While creating nationwide press coverage (6 articles attached), the teenagers and their families have been cooperative. Staff is currently working with them to obtain a permit (\$38 fee) in order to operate at future venues. Phil Ulibarri relayed to all media contacts "Because of our standards, we have never had a major event in Reno that has had an outbreak of a foodborne illness."

### Vector-Borne Disease Program

- Northern Nevada is active with West Nile virus with Douglas, Carson, Churchill, Lyon and Washoe counties all having positive adult mosquito samples. The first human case in northern Nevada occurred last week in Douglas County in a 50 year old man with the milder form of West Nile fever. Within the past several weeks traps have turned up five positive samples of adult mosquitoes, 4 occurring at Damonte Ranch area and one positive sample at Rosewood Lakes Golf Course. Staff having been fogging these areas and extending the radius to knock down and kill these positive adult mosquitoes (articles attached).
- A fourth helicopter application on August 7, covered 775 acres using Altosid pellets. Seventy-five acres were treated in Gerlach on Thursday, August 8, for the local community and the 55,000 visitors attending the upcoming Burning Man event. The program depleted the Altosid product purchased in July 2013 with the July and August helicopter applications. The final aerial application is scheduled for September 4, using Vectolex product.
- In conjunction with aerial applications, catch basins are being surveyed and treated to reduce areas where some of these positive mosquitoes may colonize in the infrastructure. One of our public health interns suggested the use of bikes for the catch basins after using her own last year. The program purchased bikes this spring to allow for more efficiency and reduced vehicle fuel consumption. Salt Lake City, Minneapolis, St. Paul and Chicago are a few cities that currently utilize bikes for this work. The vector program typically surveys and treats approximately 8,000 catch basins annually. We anticipate possibly doubling the amount surveyed and treated from last year (article attached).

- Thirteen bats have been collected this year with two confirmed for rabies (15% positive rate). No human involvement or interaction occurred with these positive bats.
- Staff met with Reno Fire Battalion Chief Dana Tucker to discuss the use of the new Fire Station #12 as a future staging site for helicopter applications. The Station is located at the southeast corner of Steamboat and Veterans Parkway. The program currently utilizes the east end of South Meadows Parkway as one of the staging areas but with future urban growth this site may not be available to the program.
- Staff has been busy signing off on commercial and residential building projects. The new Apple facility and the Nature Conservancy plans near the Tracy Power Plant in expanding the flood plain of the Truckee River are ongoing.
- The Windsor Inn remained open despite a bed bug infestation (article attached).

**Waste Management Program**

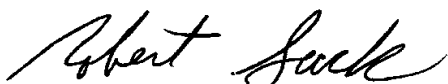
- The issue of human-bear conflicts related to wildlife accessibility to trash and related ordinances will not be heard during the upcoming Board of County Commissioners meeting Tuesday, August 13. The agenda item and staff report providing a summary of the issues and related ordinances will be delayed to allow partnering agencies to further consider regulations specific to the Tahoe Basin (articles attached).
- Senior Registered Environmental Health Specialist recruitment closes August 15. An incumbent is anticipated to be on board mid September. The under-fill announcement will be released immediately as filling this position creates a vacancy.
- Waste Management Public Service Intern position has been approved. As soon as Technology Services delivers the new GIS workstation, recruitment can begin.
- Senior Licensed Engineer position is currently in HR for reclassification to Licensed Engineer.

**EHS 2013 Inspections**

The numbers listed below do not represent all programs and inspections conducted by staff in EHS.

	JAN	FEB	MAR	APR	MAY	JUNE	JULY	YTD
Child Care	15	9	11	6	15	19	18	93
Complaints	144	90	149	120	137	78	115	833
Food	239	404	438	383	378	365	397	2,604
General *	103	62	109	83	217	170	225	969
Plans (Comm. Food/ Pools/Spas)	9	11	11	19	10	6	13	79
Plans (Residential Septic)	18	15	19	45	36	44	19	196
Wells	4	13	4	14	0	15	14	64
Waste Management	8	17	8	18	9	16	11	87
<b>TOTAL</b>	<b>540</b>	<b>621</b>	<b>749</b>	<b>688</b>	<b>802</b>	<b>713</b>	<b>812</b>	<b>4,925</b>

\*General Inspections Include: Invasive Body Decorations; Mobile Homes/RVs; Public Accommodations; Pools; Spas; RV Dump stations; and Sewage/Wastewater Pumping.



Robert O. Sack, Division Director  
 Environmental Health Services Division

Reno Gazette-Journal

Lemonade stand shut down at Reno-Tahoe Open

Aug. 9, 2013



An image from the championship round of the Reno-Tahoe Open. / Ross Brinkerhoff/RGJ

Written by Megan Ortiz

The Washoe County Health District said Friday it is working with two girls and their family on permitting for future events after shutting down the kids' lemonade stand during the Reno-Tahoe Open.

On Aug. 3, 12-year-old Emma Farrell and 14-year-old Alex Farrell were cited by the district for selling food without a permit, according to Robert Fernandes of the website Lemonade Freedom.

Phil Ulibarri, public information officer for the district, said that while normally they wouldn't concern themselves with a children's lemonade stand, this one happened to be operating within the Montreux Golf and Country Club during the Reno-Tahoe Open where surrounding vendors had paid event fees.

"It happened on the main thoroughfare, surrounded by vendors on both sides," Ulibarri said.

After multiple general complaints passed by word-of-mouth among permitted vendors, the health department cited the girls and their parents and shut them down, he said.

According to Ulibarri, the girls and their parents were very understanding of the situation and are currently working with the health department to get permitted for other public events in the future, a permit that costs \$38.

“We applaud the girls and their cooperation and encourage this kind of entrepreneurship,” Ulibarri said.

The girls and their parents were not able to be reached for comment.

Lemonade Freedom also reported that the RTO invited the girls to move to the 18th hole in 2014.

For large public events such as the RTO, the health department has an inspector present to make sure that all event fees have been paid and everything is being operated up to code. One in every 10 inspections from these temporary vendor checks results in a citation, according to Ulibarri.

The health department’s job is to protect the general health and sanitation, making it illegal for any vendor, at any age, to operate at an event of this scale without a permit. Ulibarri said public safety is the No. 1 concern, and said the girls are on the right track to being certified to operate legally.

“Because of our standards, we have never had a major event in Reno that has had an outbreak of a foodborne illness,” Ulibarri said.



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## Reno Nevada Health Inspector Shuts Down... text siz

**Updated: Thursday, August 8 2013, 01:25 PM CDT**

By: Robert Fernandes - [www.lemonadefreedom.com](http://www.lemonadefreedom.com)

**RENO --** A summer cannot go by without hearing more news reports of kids' lemonade stands being shut down by a health bureaucrat. And this summer is no different. This time the "illegal" lemonade stand was in Reno Nevada and the "perps" who were running the stand were 12 year old Emma Farrell and 14 year old Alex Farrell.

The family lives inside the housing development where the Reno Tahoe Open PGA Tournament is held every August. Alex and Emma sell ice cold lemonade, homemade cookies, and gently used golf balls that they decorate for customers. They have been operating this stand in front of their house for the past five years and have received nothing but compliments and support from the community. They have even built a loyal and established customer base that returns year after year.

But this year on August 3rd, they were shocked to receive a visit from the Washoe County Health Inspector. They were told to cease operations immediately. They received a written warning and were told that they would be fined if they did not comply.



they did not comply.

According to the girls' mother Kelly, the Washoe County Health Inspector stated that the girls' stand was down this year because another vendor launched a complaint claiming that sales were low because of the lemonade stand.

Like many entrepreneurs, these two girls took advantage of an opportunity, and decided to do something about it. They decided to set up a stand and make some money. According to their mother Kelly, the girls usually make anywhere between \$100-\$150 at their stand. After running their stand, they like to treat themselves to some of their earnings. They save some of the money, use some to invest in new equipment, and donate some to their church. A few years ago, they purchased their "official" lemonade stand, and this year they purchased a new 5-gallon lemonade container.

At Lemonade Freedom, we applaud these girls' actions, but the state bureaucrats obviously do not appreciate the motivated girls' contributions to society. Maybe it is because the agents of the state have absolutely no respect for the free market and voluntary exchange. How could they? They "earn" a living on taxpayer money. Their livelihood is funded at the expense of the productive members of society.

You see... 14 year old Alex, and 12 year old Emma understand more about the free market and voluntary exchange than any bureaucrat or government employee will ever know. In the last 5 years of their young lives, they have been operating a business. They have learned important messages about providing a good product at a reasonable price. They have learned about the importance of re-investing into the business to make it grow. They have learned the importance of keeping a good reputation and to remain in good standing in their community. They have learned the importance of being accountable to their customers.

A private business, such as Alex and Emma's lemonade stand has to cater to its' customers. If a private business does not provide quality products at a reasonable price, then the customers will go elsewhere. This promotes innovation, efficiency, and accountability in the marketplace.

The "public" sector doesn't understand this, because they will receive funding whether they provide high quality service, or poor service. Money doesn't enter the "public" sector because they provide such great service that people demand it. Money comes into the "public" sector because they demand it from taxpayers. This is why innovation, efficiency, and accountability will always be lacking, at best, when services are provided by the government.

You see... Alex and Emma are peaceful girls. They weren't harming anyone. Nobody in their right mind would disagree with that. Yet, because of the law, this government employee believed that it was necessary to shut down these two young girls for providing a beneficial service to others. Think about the message that this sends to Emma, as well as many other creative and motivated kids across the country.

If you are as outraged as I am, I expect that you will all show your support for these two young entrepreneurs. This weekend is the perfect time to show your support for them by setting up a lemonade stand. August is Lemonade Freedom Day. For more information please visit [lemonadefreedom.com](http://lemonadefreedom.com).

# Washoe Co. health officials offer permit after closing lemonade stand at tournament

THE ASSOCIATED PRESS

First Posted: August 11, 2013 - 5:33 pm

Last Updated: August 11, 2013 - 5:35 pm

Reno Gazette-Journal

Lemonade stand shut down at Reno-Tahoe Open

Original article August 9, 2013

RENO, Nevada — County health officials say they're working on a permit solution for two girls whose lemonade stand was shut down at the Reno-Tahoe Open earlier this month.

Emma Farrell, 12, and Alex Farrell, 14, were cited Aug. 3 for selling food without a permit at the event, the Reno Gazette-Journal reported (<http://on.rgj.com/15rq2Lo>).

The Washoe County Health District doesn't normally regulate children's lemonade stands, but this one was operating inside the Montreux Golf and Country Club where the golf tournament was taking place, health department spokesman Phil Ulibarri said Friday.

Other food and drink vendors near the lemonade stand had paid event fees to set up shop inside, Ulibarri said.

After receiving complaints from the other vendors, the health department cited the girls and their parents and shut down the lemonade stand.

Ulibarri said the family was understanding and are working with the health department to obtain permits for future events, which will cost \$38.

"We applaud the girls and their cooperation and encourage this kind of entrepreneurship," he said.

The family could not be reached for comment, the newspaper reported.

Health inspectors attend large public events such as the Reno-Tahoe Open to ensure vendors have paid all necessary fees and they're operating within the health code. Ulibarri said health officials are looking out for the general health and sanitation of the public, so even temporary vendors must have permits at events open to large crowds.

Only about one in every 10 inspections of temporary vendors results in a citation, Ulibarri said.

"Because of our standards, we have never had a major event in Reno that has had an outbreak of a foodborne illness," he said.

Also printed in:

The Republic, a division of Home News Enterprises unless otherwise noted.

August 11, 2013 – 5:35 pm EDT

NECN.com

August 11, 2013 – 5:33 pm

Las Vegas Sun

August 11, 2013 – 1:36 pm



## West Nile Virus Found in Washoe County, Carson City, Mason Valley

Posted: Jul 29, 2013 5:53 PM PDT

Updated: Aug 05, 2013 4:04 PM PDT

The Nevada Department of Agriculture has confirmed the presence of West Nile Virus in Washoe County, Carson City and Mason Valley.

Officials tested dozens of areas including wetlands, ditches and other small bodies of water.

West Nile Virus is transmitted when mosquitoes feed on infected birds and pass it on to other birds, animals and people. It is not spread by person-to-person contact.

West Nile was first detected in this area in 2004.

Mosquito season in this area usually ends with the first killing frosts in October.

Until then, 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). Four effective vaccines exist for horses, but vaccine development for humans is still underway with currently no available product in sight.
- Report night-time mosquito activity to the District Health Department at 328-2434

The Dept. of Agriculture says products containing the below active ingredients typically provide reasonably long-lasting protection:

- DEET (Chemical Name: N,N-diethyl-m-toluamide or N,N-diethyl-3-methyl-benzamide)
- Picaridin (KBR 3023, Chemical Name: 2-(2-hydroxyethyl)-1-piperidinecarboxylic acid 1-methylpropyl ester )
- Oil of Lemon Eucalyptus\* or PMD (Chemical Name: para-Menthane-3,8-diol) the synthesized version of oil of lemon eucalyptus
- IR3535 (Chemical Name: 3-[N-Butyl-N-acetyl]-aminopropionic acid, ethyl ester)

EPA characterizes the active ingredients DEET and Picaridin as "conventional repellents" and Oil of Lemon Eucalyptus, PMD, and IR3535 as "biopesticide repellents", which are derived from natural materials. For more information on repellent active ingredients, please visit:

[http://www.epa.gov/pesticides/health/mosquitoes/ai\\_insectrp.htm](http://www.epa.gov/pesticides/health/mosquitoes/ai_insectrp.htm).

For other information, visit the WCHD web site at [www.washoecounty.us/health](http://www.washoecounty.us/health) or the Centers for Disease Control and Prevention at [www.CDC.gov](http://www.CDC.gov).

In response, the Washoe County Health District will target certain areas to prevent the virus from spreading.

Crews with the district's Vector-Borne Disease Control Program will conduct mosquito "fogging" bright and early Wednesday morning. They'll be working in south Reno bordered by South Meadows Parkway, Rio Wrangler Road, Gieger Grade and U.S. Highway 395.



UPDATE: Tuesday, the state veterinarian with the Nevada Department of Agriculture confirmed at least one positive test for West Nile Virus in a mosquito pool in Carson City, adding to recent cases in Washoe, Douglas and Lyon counties.

At the same time, Phil Ulibarri with the Washoe County Health District says only two mosquito pools have been confirmed to have West Nile in Washoe based on recent tests, and those two come from more than a thousand tested bodies of water. He says both are in the Damonte Ranch area in south Reno, and health officials will be there doing mosquito spraying Wednesday morning at 5.

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RENO, NV - The Nevada Department of Agriculture confirms West Nile virus was found in several Washoe County bodies of water Monday.

State Veterinarian Dr. Anette Rink says mosquito testing of 54 ditches, wetlands and other small bodies of water confirmed the virus present in insects in six of them. There had been no positive tests for West Nile in Washoe County this year until now.

Three water areas in Mason Valley, in Lyon County, also tested positive.

Now it's up to the individual counties to spray and continue monitoring to keep the virus from spreading.

No humans have been diagnosed with the virus in our area, but people are being urged to take extra precautions.

If you're bitten by an infected mosquito, you'll start feeling like you have the flu. In most cases, people will start feeling better after several days. But in severe cases, people can develop a deadly neurological illness, and there are no medications to treat, or vaccines to prevent, the infection.

To protect your family, health officials suggest you try to avoid going out at dawn or dusk. If you do, make sure you wear long sleeves and use bug spray with deet in it.

If there is any standing water around your house, get rid of it. Mosquitos can breed in just a half inch of water, and it only takes about a week for hundreds of them to emerge.

## **West Nile Virus confirmed in Carson, Washoe and Mason Valley**

The Nevada Department of Agriculture's Animal Disease and Food Safety Laboratory has detected additional cases of West Nile Virus in northern Nevada.

After detection of West Nile Virus positive mosquito pools in Douglas County earlier this month, the presence of infected mosquitoes, and therefore the potential for viral transmission to humans and animals, has been confirmed in Washoe County, Carson City and Mason Valley, the NDA stated in a press release.

Climate conditions have been conducive for arbo-viral (arthropod-borne) transmission for weeks in the northern part of the state. West Nile Virus established itself in this area in 2004, and detection of viral transmission either in positive mosquito pools, birds or horses usually starts in mid- to late-July in northern Nevada. Mosquito season in this area usually ends with the first killing frosts in October.

"All horse owners should update their animal's West Nile Virus vaccination," Dr. Annette Rink, acting state veterinarian and supervisor of the Animal Disease and Food Safety Laboratory, stated in the release.

Four effective vaccines exist for horses, but vaccine development for humans is still under way with currently no available product in sight.

“Nevada has had cases of West Nile Virus since 2003,” Rink said. “This should serve as a reminder, especially to people 50 years and older, to use repellent containing DEET and to wear long sleeves, pants and socks when outside, especially during dawn and dusk. Also, remove any standing water from around your house and check to make sure your window screens fit properly.”

CDC evaluation of information contained in peer-reviewed scientific literature, and data available from the Environmental Protection Agency, have identified several registered products that provide repellent activity sufficient to help people avoid the bites of disease-carrying mosquitoes.

Products containing these active ingredients typically provide reasonably long-lasting protection: DEET, Picaridin, oil of lemon eucalyptus or the synthesized version of oil of lemon eucalyptus called PMD, or IR3535.

KOLO 8 News Now  
A Mosquito's Code to Biting  
Friday, July 26, 2013 8:40pm

RENO, Nev. -- Have you ever wondered why it seems like mosquitoes are attracted to some people more than others? It is all in your genes and habits. Not only can mosquitoes cause allergic reactions, they can transmit deadly diseases. With the recent discovery of West Nile Virus in Northern Nevada, it's important to know why you might be a mosquito magnet.



"We went camping near Yuba Pass and I was literally getting attacked the whole time I was there. It was crazy!" A local Reno resident said.

"They are horrible, they are itchy and you're lucky if you don't get them," another woman said.

Mosquitoes are out for blood and they aren't too picky when it comes to their next meal, but they do have a preference.

"Mosquitoes tend to be more attracted to people with Blood type O rather than Blood type A," Dr. Maria Reyes of Northern Nevada Allergy said.

They're drawn by their sense of smell. Carbon dioxide and lactic acid can be rather enticing. According to a study in Gambia, pregnant women are at a higher risk because they exhale more carbon dioxide.

"When we exert ourselves or have a lot of exercise, sweat can attract them, heat, light and sometimes even body odor," Dr. Reyes said.

Studies also show beer drinkers attract more mosquitoes.

Bites can be annoying, but they could lead to more serious conditions.

"If it's one of the first times that you're getting bitten, maybe you won't get any sort of reaction, but unfortunately as you get older and as you get more bites, it has an additive effect and you can end up getting bigger reactions that are more bothersome," she said.

If you don't want to be her next victim, avoid being outside between dusk and dawn because that's when they're most active. However, if you do get bitten, Dr. Reyes suggests using an over-the-counter cream without Benedryl in it or take antihistamine pills.

"The discomfort can start within hours to days after the bite and can actually last for a few days," she said.

Experts also say mosquitoes are attracted to dark colors, so stick to wearing whites, grays and yellows. Also, if you eat a lot of food with high amounts of potassium or salt, you might attract them more, so try eating more berries, watermelon and apples.

Unfortunately, nobody is immune to the pesky critters.

Washoe County Vector Control will have another mosquito abatement on August 7 from 6 a.m. to noon. It will cover areas from Stead to the Washoe Valley.

Reno Gazette-Journal  
July 30, 2013

## **Mosquito fogging planned for Friday in Washoe County**

The Washoe County Health District Vector-borne Disease Control Program will conduct insecticide fogging on July 31, 2013, to reduce mosquito activity, the county announced Tuesday in a news release.

Fogging applications will begin at 5 a.m. and continue throughout the early morning.

The insecticide application will be conducted between U.S. 395 (west), Rio Wrangler Road (east), South Meadows Parkway (north), and Geiger Grade (south).

The fogging application will target adult mosquitoes in areas of Washoe County that have recently tested positive for West Nile virus.

The application will consist of a pyrethrum adulticide, a natural botanical chrysanthemum extract, and Anvil, a synthetic pyrethroid product. Both products are applied early in the morning using an ultra fine fog or mist that kills mosquitoes.

The insecticides have low potential for systemic toxicity in mammals.

Reno Gazette-Journal  
August 6, 2013

## **Mosquito-fighting effort set for Wednesday in Washoe County**

<http://www.rgj.com/article/20130806/NEWS/130806021/Mosquito-fighting-effort-set-W...>

The Washoe County Health District Vector-Borne Disease Control Program's fourth seasonal aerial mosquito larvicide treatment for the Truckee Meadows area will take place on Wednesday, the health district said in a news release.

The helicopter application will begin at 6 a.m. and continue throughout the morning, the district said.

The aerial biological pesticide application will be conducted at Kiley Ranch, Wingfield Springs, Rosewood Lakes wetlands, South Meadows, Bella Vista and Damonte Ranch.

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 which has been identified in the area, the district said.

The application will cover 775 acres and will consist of Altosid pellets and Vectolex. Both biological products are applied to mosquito larvae in standing water and target the mosquito larvae preventing their maturation to adults.

The Washoe County Health District Vector-borne Disease Control Program's helicopter will be staging at Rosewood Lakes Golf Course.

More mosquito abatement information can be found at: <http://www.washoecounty.us/health/ehs/vector/mma.html>





## Washoe County Health District to Conduct Insecticide Fogging

Posted: Aug 08, 2013 6:28 PM PDT

Updated: Aug 09, 2013 6:38 PM PDT

The Washoe County Health District will conduct insecticide fogging early Friday morning.

The insecticide application will be conducted near Rosewood Lakes, Mira Loma Park, the pastures of Damonte Ranch, the area south of Steamboat and Damonte Ranch Parkway, east of 395, and both east and west of Rio Wrangler Parkway from 5:30am to 6:30am.

Staff will apply a pyrethrum fog using foggers mounted in the back of pickup trucks to eradicate adult mosquitoes.

Pyrethrum is a biological product produced primarily from the flowers of the Chrysanthemum plant. The Health District says the insecticide has low potential for systemic toxicity in mammals.

West Nile was first detected in this area in 2004.

Mosquito season in this area usually ends with the first killing frosts in October.

Until then, 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). Four effective vaccines exist for horses, but vaccine development for humans is still underway with currently no available product in sight.
- Report night-time mosquito activity to the District Health Department at 328-2434

The Dept. of Agriculture says products containing the below active ingredients typically provide reasonably long-lasting protection:

- DEET (Chemical Name: N,N-diethyl-m-toluamide or N,N-diethyl-3-methyl-benzamide)
- Picaridin (KBR 3023, Chemical Name: 2-(2-hydroxyethyl)-1-piperidinecarboxylic acid 1-methylpropyl ester )
- Oil of Lemon Eucalyptus\* or PMD (Chemical Name: para-Menthane-3,8-diol) the synthesized version of oil of lemon eucalyptus
- IR3535 (Chemical Name: 3-[N-Butyl-N-acetyl]-aminopropionic acid, ethyl ester)

EPA characterizes the active ingredients DEET and Picaridin as "conventional repellents" and Oil of Lemon Eucalyptus, PMD, and IR3535 as "biopesticide repellents", which are derived from natural materials. For more information on repellent active ingredients, please visit:

[http://www.epa.gov/pesticides/health/mosquitoes/ai\\_insectrp.htm](http://www.epa.gov/pesticides/health/mosquitoes/ai_insectrp.htm).

For other information, visit the WCHD web site at [www.washoecounty.us/health](http://www.washoecounty.us/health) or the Centers for Disease Control and Prevention at [www.CDC.gov](http://www.CDC.gov).





## **Mosquito fogging planned for Friday in Washoe County**

The Washoe County Health District Vector-borne Disease Control Program will conduct insecticide fogging Friday to reduce mosquito activity, the district announced in a news release. Fogging applications will be conducted between 5:30 a.m. and 6:30 a.m., the district said.

The insecticide application will be conducted near Rosewood Lakes, Mira Loma Park, the pastures of Damonte Ranch, the area south of Steamboat and Damonte Ranch Parkway, east of U.S. I-580, and both east and west of Rio Wrangler Parkway.

Staff will be applying a pyrethrum fog using foggers mounted in the back of pickup trucks to eradicate adult mosquitoes. Pyrethrum is a biological product produced primarily from the flowers of the Chrysanthemum plant. The insecticide has low potential for systemic toxicity in mammals.

KOLO 8 NEWS NOW – <http://www.kolotv.com/>  
August 12, 2013

## **Vector Control Cracking Down on Mosquitoes Via Storm Drains**

Storm Drain Abatement - <http://www.kolotv.com/news/headlines/Storm-Drain-Abatement--219052121.html>

RENO, NV - Washoe County's Vector Control is working from the air and ground to keep mosquito populations at bay. For the last couple of months, a helicopter has dropped pellets into wetland areas to stop mosquitoes from breeding. A fog machine was used Friday morning. The abatement program is also covering local neighborhoods, by lifting storm drains and treating free standing water.

Nursing Student McCain Smith looks like she may be on a nice bike ride.

But she's an intern with a mission.

During the last couple of months she's been opening up and collecting water from neighborhood storm drains.

She's looking for mosquito larvae.

"People are always asking me about what we put in the drains because there are kids, and pets, and raccoons in the area. You know, no one wants any poison around or anything dangerous. And luckily this is a safe product," says McCain.

"Take a look and sample these catch basins and they are like little incubators. They produce hundreds of mosquito larvae that will turn into adults," says Jim Schafer, Vector Control Coordinator.

The program has been going on for the last ten years locally.

McCain believes she's treated thousands and thousands of storm drains in her past three summers.

The pellets she uses are not harmful to the water supply, humans or pets.

They instead act like the flea collar and prevent mosquito eggs from maturing.

"If you keep them in the water, you won't have a flying, biting, West Nile-spreading adult mosquito," says Jeff Jeppson, Vector Borne Disease Specialist.

The bike McCain uses is a new addition to the storm drain project.

This is the second year interns have used it and they say they are able to treat twice as many storm drains when compared to walking the neighborhoods.

## Windsor Inn remains open despite bed bug infestation



Reported by: Madison Corney

Email: [mcorney@mynews4.com](mailto:mcorney@mynews4.com)

Published: 7/25 11:25 pm

Updated: 7/25 11:48 pm

Sparks, NV (KRNV & MyNews4.com) -- The Windsor Inn on Victorian Avenue in Sparks is infested with bed bugs, but the Washoe County Health District says the Inn can remain open.

According to Robert Sack with the Washoe County Health District bed bugs are a common issue in Washoe County and across the country.

A local family who had to move out of the home they were renting in Spanish Springs, decided to stay at the Windsor Inn until they could find an apartment, but they say their temporary stay has turned into a nightmare.

Don and Jenebeth Campbell along with their two young sons are looking for a new place to stay after waking up at the Windsor Inn with multiple bed bug bites all over their bodies. Don Campbell says, "It's affected my wife quite a bit, she scratches and itches a lot from the bites."

Once the Health District confirmed the bites were from bed bugs the Campbell family was moved to a new room, but Don says it didn't help the situation, "It's turned out to be even worse than the first one we were in. They were afraid we would contaminate the room, even though we got the bed bugs here."

According to employees the Windsor Inn has been dealing with bed bugs for months now. A change in ownership was supposed to take place today, but something went wrong with the paperwork. The current manager did not want to comment on the bed bug infestation, which has hit multiple rooms.

Sack says, "There's a change of ownership going on out there, which we do inspections associated with that and we discovered there was a bad bug problem out there, which isn't uncommon in a lot of our hotels."

Sack confirmed the Campbell family did file a complaint against the Windsor Inn, but he says for now the Inn will remain open. Sack added that bed bugs do not carry any diseases, but agrees that they are a nuisance, "They have become resistant to treatment methods."

The Campbell family did leave the Inn, but they had to leave behind all of their belongings to avoid the same problem somewhere else.

To find out how to check for bed bugs visit: <http://www.washoecounty.us/health/ehs/vector/bedbug.html>



# Director's Report

JULY 2013

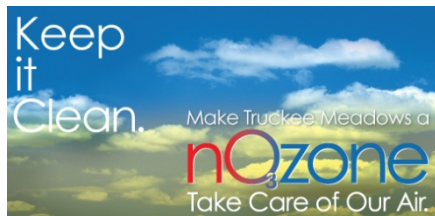
In October, 2012, the Air Quality Management Division announced our new brand "Keep It Clean". Under this new brand, staff has worked to produce a series of campaigns to focus on keeping our air clean and, in the process, promoting chronic disease prevention. With the release of the nOzone campaign in July, the Keep it Clean banner now includes a campaign for every season to increase the public awareness of air quality in the Truckee Meadows.



**Know the Code** – The first campaign in the series is promoted from November through February to inform the public when it is alright to burn and when it is not. The Red-Yellow-Green burn codes are correlated to the Air Quality Index (AQI) and emailed to the media daily.



**Rack Em Up** – The second campaign is promoted year round to encourage alternative transportation. Earlier in the year, Air Quality Staff participated in several national bicycling events and developed the Rack Em Up at School contest encouraging kids to ride their bikes to school.



**nO<sub>3</sub>zone** - The third campaign is nOzone. nOzone is promoted during the summer months when ozone concerns are the greatest. During the ozone season the AQI is provided to the public via social media, email and the AQI hotline. EPA health statements are provided with the daily AQI if it is in the moderate range or above.

Informational flyers have been produced for each of the campaigns to be distributed at community events. The flyers include information on the specific air pollutants associated with each of the campaigns, health effects, solutions and tips as well as what the AQMD is doing to help reduce air pollution levels in the community.

*Charlene Albee, Acting Division Director*

### AIR QUALITY COMPARISON FOR JULY

Air Quality Index Range		# OF DAYS JULY 2013	# OF DAYS JULY 2012
<b>GOOD</b>	<b>0 to 50</b>	<b>15</b>	<b>7</b>
<b>MODERATE</b>	<b>51 to 100</b>	<b>16</b>	<b>23</b>
<b>UNHEALTHY FOR SENSITIVE GROUPS</b>	<b>101 to 150</b>	<b>0</b>	<b>1</b>
<b>UNHEALTHY</b>	<b>151 to 200</b>	<b>0</b>	<b>0</b>
<b>VERY UNHEALTHY</b>	<b>201 to 300</b>	<b>0</b>	<b>0</b>
<b>TOTAL</b>		<b>31</b>	<b>31</b>

Air Quality

HIGHEST AQI NUMBER BY POLLUTANT

POLLUTANT	JULY 2013	YTD for 2013	JULY 2012	Highest for 2012
CARBON MONOXIDE (CO)	10	24	8	29
OZONE 8 hour (O3)	93	93	104	104
PARTICULATES (PM <sub>2.5</sub> )	61	112	49	105
PARTICULATES (PM <sub>10</sub> )	56	82	28	74

For the month of July 2013, the highest Air Quality Index (AQI) value reported was ninety-three (93) for Ozone. There were no exceedances of Carbon Monoxide, PM<sub>2.5</sub> or PM<sub>10</sub>. There were fifteen (15) days the air quality was in the good range, and sixteen (16) days the air quality was in the moderate range.

Planning & Monitoring Activity

Monitoring

EPA Region IX will be conducting a Technical Systems Audit (TSA) of the AQMD Monitoring program on September 4-6, 2013. The purpose of the audit is to improve the quality and performance of the ambient air monitoring program. EPA will be reviewing quality assurance documents such as the Quality Assurance Project Plan and Standard Operating Procedures to ensure the program is meeting federal requirements. EPA conducts TSAs every three years and last audited the AQMD's program in September 2010.

Social Media

The AQMD is now on Facebook and Twitter. Social media will provide the AQMD another tool to quickly share air quality information to a large audience. This also meets the AQMD's strategic goal of improving delivery of information to the public. You can like and follow the AQMD by using the social media links at [www.ourcleanair.com](http://www.ourcleanair.com).

*Dan Inouye, Branch Chief  
Planning and Monitoring*

Permitting Activity

TYPE OF PERMIT	2013		2012	
	JULY	YTD	JULY	ANNUAL TOTAL
Renewal of Existing Air Permits	116	869	113	1339
New Authorities to Construct	7	51	6	88
Dust Control Permits	12 (62 acres)	75 (689 acres)	12 (103 acres)	105 (1420 acres)

Wood Stove Certificates	28	188	31	329
WS Dealers Affidavit of Sale	1 (1 replacements)	45 (29 replacements)	7 (1 replacements)	134 (83 replacements)
WS Notice of Exemptions	1185 (9 stoves removed)	4945 (49 stoves removed)	780 (15 stoves removed)	7346 (83 stoves removed)

<i>Combined Total for both: Asbestos Assessments and Asbestos Demo and Removal (NESHAP)</i>	85	632	98	1148
Asbestos Assessments	67	495	-	-
Asbestos Demo and Removal (NESHAP)	18	137	-	-

Compliance &  
Inspection Activity

Staff reviewed twenty-three (23) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

Staff conducted forty-one (41) stationary source renewal inspections and fifty-six (56) gas station inspections in July 2013. Staff also conducted inspections on asbestos removal and construction/dust projects.

Permitting & Enforcement Activity

The Permitting Staff has been experiencing a significant increase in contacts from a variety of industries regarding relocation and expansion of industrial facilities. During July, staff received confirmation that a plastic extrusion company was coming back to the area after leaving in 2009. Myers Industries had consolidated their operations in Waco, Texas but have now realized the business opportunities were greater in the Reno-Sparks area. Fortunately, they still owned their building so they will be coming back to their original location and expanding the operation. Staff also has confirmation on both a flexographic printing company and a spice grinding and distribution company that will be relocating to our area.

With the steady increase in construction activities, the Enforcement Staff has also seen an increase in activities. With the retirement of one of their members, the four remaining staff members are seeing a significant increase in assignments. The request to fill the vacant position was approved and a list of qualified candidates has been compiled with interviews scheduled for August 13<sup>th</sup> and 14<sup>th</sup>.

*Charlene Albee, Branch Chief  
Permitting & Enforcement*



Enforcement Activity

COMPLAINTS	2013*		2012		
	JULY	YTD	JULY	YTD	Annual Total
Asbestos	2	13	1	12	18
Burning	0	3	1	5	8
Construction Dust	5	14	3	23	30
Dust Control Permit	3	9	0	4	7
General Dust	8	33	6	27	46
Diesel Idling	0	1	1	4	8
Odor	1	10	2	6	16
Spray Painting	0	6	1	2	5
Permit to Operate	0	11	3	33	55
Woodstove	1	9	1	14	16
<b>TOTAL</b>	<b>20</b>	<b>109</b>	<b>19</b>	<b>130</b>	<b>209</b>
NOV'S	JULY	YTD	JULY	YTD	Annual Total
Warnings	2	15	4	31	46
Citations	3	18	2	20	40
<b>TOTAL</b>	<b>5</b>	<b>33</b>	<b>6</b>	<b>51</b>	<b>86</b>

\* Discrepancies in totals between monthly reports can occur because of data entry delays.

Notices of Violation (NOVs):

There were five (5) Notice of Violations (NOV's) issued in the month of July, 2013. There were two (2) NOV Warnings and three (3) NOV Citations.



# Washoe County Health District



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

August 13, 2013

TO: Members District Board of Health

FROM: Eileen Stickney

SUBJECT: Report for June 2013 Administrative Health Services Division

**WIC Program Update:**

**Mission of Special Supplemental Nutrition Program for Women, Infants and Children (WIC):**

WIC, A short term nutrition intervention program yielding lifelong results, improves the health of low-income at risk infants and children up to age five, pregnant and post-partum women through free health assessments, nutrition education, referrals, and monthly provision of healthy foods.

**Number of WIC Participants Served - June 2013:**

It takes a full month after the last day of the reporting month for final caseload counts as WIC operates daily and participants have 30 days to purchase their WIC foods.

Women Prenatal	Women Postpartum	Women Postpartum Breastfeeding	Infants 0-12 Months	Children 1-5 Years	TOTAL
556	411	378	1,328	3,193	<b>5,866</b>

Food purchases by WIC participants at local grocery stores brought an additional \$413,864 into the Washoe County economy in June. A separate grant from USDA pays for WIC foods. Money is paid directly to vendors through the State of Nevada within 24 hours of WIC food purchases.

**South Reno WIC Clinic Lease Renegotiated**

When Washoe County restored the 3.7% reductions to all employees salaries last year from cuts made previously, it put WIC significantly over budget. In order to balance its budget without cutting services to the public, WIC renegotiated the South Reno WIC Clinic lease to half the lease amount effective February through June 2013. The same price and terms were recently extended for an additional 2 years. The landlord cited his willingness to drastically reduce the lease amount was attributed to WIC staff's commitment and WIC's impact on the community.

District Board of Health  
August 13, 2013  
Page Two

The South Reno WIC Clinic serves 2,281 participants per month, or 40% of its caseload, primarily from the high density low income areas North of Moana Lane from Plumas to Virginia Streets. This location addresses the #1 barrier to the public accessing WIC services, transportation, identified through a needs assessment completed December 2011. The cost of the lease was \$1.23 per participant in June to address this need.

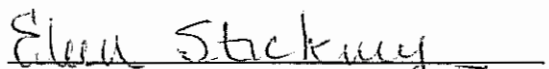
### **WIC Among Those Credited with Recent Dip in Childhood Obesity Rates**

The Centers for Disease Control and Prevention (CDC) reported on NPR 8/7/13 there is evidence of a turning point in the childhood obesity epidemic. According to NPR, CDC Director Tom Frieden credited "lots of factors likely contributing to the downward trend in child obesity rates – everything from community-based wellness initiatives to increases in the number of women breast-feeding; and improved access to fresh food, especially for those enrolled in the Women, Infants and Children federal assistance program, known as WIC."

<http://www.npr.org/2013/08/07/209715770/cdc-reports-dip-in-obesity-rates-among-some-preschoolers>

### **Upcoming WIC Program Operations Review with Evaluation Criteria**

The State of Nevada will be conducting a thorough program operations review August 13 and August 14, 2013. It will cover clinic operations versus financial (done separately). Evaluation criteria follow but do not preclude citing Federal Regulation or State Policies and Procedures. Samples of documents reviewed are attached.

  
Administrative Health Services Officer

#### **Attachments:**

Local Agency Program Administration & Log Review Form  
Local Agency Certification & Nutrition Education Review Form  
Local Agency Facilitated Discussion/Group Class Review Form  
Local Agency Terminated/Suspended Files Review Form



## Local Agency Program Administration & Log Review Form

Agency: \_\_\_\_\_ Clinic: \_\_\_\_\_ Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Program Review  T/A

1.	Program Integrity	Up-to-Date if applicable	Comments/Observation Result
	All EBT cards are stored in a locked storage area		
	All boxes of EBT cards received are correctly recorded Bulk EBT Card Stock Inventory Log. Log is up to date.		
	The EBT Card Issuance/ Inventory Log is up to date <ul style="list-style-type: none"> <li>• Each EBT card is accounted for/signed for</li> <li>• Log does not have any missing information</li> </ul>		
	Does the quantity of EBT cards on hand per inventory report match the quantity on hand per physical count? <ul style="list-style-type: none"> <li>• EBT Card Issuance/Inventory Log</li> <li>• Bulk EBT Card Stock Inventory Log</li> </ul>		
	The Returned EBT Card Register is up to date.		
2.	Participant Abuse	Up-to-Date if applicable	Comments/Observation Results
	Does the Local Agency have a system/policy for handling vendor complaints by participants?		
3.	EBT Issuance	Up-to-Date if applicable	Comments/Observation Results
	The Local Agency complies with policy GP: 1, <i>Certification and Issuing F.I. for Employees and Relatives.</i>		
	Are any Local Agency staffs or staff family members receiving WIC benefits at the local clinic site where staff is employed?		
	Is there a list which indicates any relatives of staff, or staff working for the local clinic that are receiving WIC benefits?		
4.	Logs	Up-to-Date if applicable	Comments/Observation Results
	Application List log		
	Discrimination Complaint log		
	Hemocue log		
	Waiting list log		

✓ = Complete, done completely

N/A = Not Applicable

X= incorrectly done or not done

Rev. 4/13

4.	Logs Cont'd	Up-to-Date if applicable	Comments/Observation Results
	Outreach log <ul style="list-style-type: none"> <li>• Last outreach complete</li> <li>• Next outreach complete</li> </ul>		
	Electronic Breastfeeding Pump Issuance log		
	Staff training log		
	Scale Calibration log		
	Agency referral list		
5.	Civil Rights	Up-to-Date if applicable	Comments/Observation Results
	Staff receives Civil Rights Training annually and is documented.		
	Civil Rights Poster ("And Justice for All") posted		
	Non-discrimination statement is included on outreach materials		
	Discrimination Complaint P & P and Fair Hearing Procedure posted in clinic		
	Agency in compliance with NVRA Act <ul style="list-style-type: none"> <li>• Register to vote posters displayed in area visible by all participants</li> <li>• Participants are provided opportunity to vote &amp; documented on R&amp;R</li> </ul>		
6.	Customer Service	Up-to-Date if applicable	Comments/Observation Results
	Environment is comfortable for participants (i.e. seating, room space, friendly atmosphere, etc)		
	Posters and wall displays are in good condition and up-to-date		
	Signage exists informing participants about clinic operations and flow		
	Staff are professional and courteous to participants		
	Emergency Exists <ul style="list-style-type: none"> <li>• Emergency exists are accessible <input type="checkbox"/></li> <li>• Emergency exit signs are posted in a visible area <input type="checkbox"/></li> </ul>		
	Clinic hours are posted		
	Activities for kids (coloring books, toys, books)		
	Clinic environment considers cultural needs of participants with posters/handouts		
	Local Agency is within compliance for No Show Rate ( <10% of caseload) <ul style="list-style-type: none"> <li>• Agency policy/procedures to manage No show rate ( i.e. reminder calls, calling missed appointments or 60 day terminations)</li> </ul>		

✓ = Complete, done completely

N/A = Not Applicable

X= incorrectly done or not done

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7.	Breastfeeding Friendly	Up-to-Date if applicable	Comments/Observation Results
	Breastfeeding friendly environment, such as breastfeeding promotional materials visible, videos, lactation room		
	A person is designated as the breastfeeding coordinator for the agency/clinic		
	No formula company logos or promotional items on display or in sight		
8.	Miscellaneous	Up-to-Date if applicable	Comments/Observation Results
	Local Agency Developed Class Lesson plans on file		
	Time and Effort Study on file		
	Yearly Local Agency Self Evaluation on file		

Best Practices	Needs Improvement



## Local Agency Certification & Nutrition Education Review Form

Agency: \_\_\_\_\_ Clinic: \_\_\_\_\_ Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_

Family No: \_\_\_\_\_ Category: | C WP WBF WPP Reviewer: \_\_\_\_\_

Type of Appointment (check one):    New Certification:     Re-Certification:     2<sup>nd</sup> or 4<sup>th</sup> NE Contact:     CHA:     IHA:

Program Review

T/A

1.	Determine WIC Eligibility	Observation Result	Comments
	Cordial Introduction		
	Participant confidentiality is maintained throughout intake process		
	Participant being certified is physically present for the visit		
	Rights and Responsibilities are explained to the participant		
	Voter Registration services are verbally offered to participant		
	Infant/child participants are screened for Immunization status using a documented record and referred if at risk for under-immunization		
2.	<b>Anthropometric Assessment</b>	<b>Observation Result</b>	<b>Comments</b>
	<b>Weight (Recumbent or Standing)</b>		
	Sanitary covering used (infant scale only)		
	Weighed in light clothes/dry diaper/no shoes		
	Scale balanced to zero before each weight taken		
	<b>Recumbent Length</b>		
	Sanitary covering used		
	Participant's headwear and footwear are removed		
	Both legs are grasped and straightened for measurements		
	Footboard is positioned against both heels with feet flat		
	<b>Standing Height (Stature)</b>		
	Participant's headwear/footwear removed		
	Elements of proper measurement are followed: <ul style="list-style-type: none"> <li>• Feet flat, knees or feet together</li> <li>• Legs straight, knees not bent</li> <li>• Head, shoulders, buttocks and heels are against the wall/board</li> <li>• Arms at sides</li> <li>• Headboard is lowered until it touched the crown (top) of head</li> </ul>		

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3.	Hematologic Assessment	Observation Result	Comments
<b>Hemoglobin/HemoCue</b>			
	Hemoglobin tests are conducted according to policy (CT:13) based on ages and adhere to OSHA standards		
<b>Safety and Sanitation</b>			
	Hands are washed or sanitized before and after each sample		
	Gloves are worn during entire process		
	Blood samples, lancet and contaminated objects are discarded correctly		
	Work area is properly cleaned and sanitized		
4.	Health/Nutrition Information Questionnaire	Observation Results	Comments
	Listened actively and allowed time for participant to talk		
	Collected missing information from questionnaire in a non-judgmental manner		
	Validated participants concern while collecting information		
5.	Counseling and Education	Observation Results	Comments
	Elements of participant centered education are demonstrated: <ul style="list-style-type: none"> <li>• Sets the agenda, opens the conversation <input type="checkbox"/></li> <li>• Establishes rapport <input type="checkbox"/></li> <li>• Asks open-ended questions - Asks probing questions <input type="checkbox"/></li> <li>• Actively listens - Supports participant talk time <input type="checkbox"/></li> <li>• Gives affirmations <input type="checkbox"/></li> <li>• Uses reflections <input type="checkbox"/></li> </ul>		
	Counseling and education occurs after assessment is completed (VENA)		
	Growth chart or prenatal weight gain grid is explained in a non-judgmental manner		
	Hemoglobin is explained in non-judgmental manner		
	Nutrition risk is explained in non-judgmental manner		
	Comments are made concerning progress of last visit following up on previously set goals		
	Tailored nutrition messages based upon participants interests and concerns, and limited number of nutrition messages given		
	Offered at most 1-2 nutrition related handouts and reviewed with participant		
	Pregnant/Postpartum women were encouraged to breastfeed		
	Breastfeeding education provided is current and relevant		

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	Tailored breastfeeding messages and education based upon participants interests and concerns		
	Steps taken to assist with goal setting for the future		
	Participant is actively involved in determining next steps for improving health outcomes		
	2 <sup>nd</sup> or 4 <sup>th</sup> nutrition education contact is offered/discussed with participant		
<b>6.</b>	<b>Food Instrument Issuance</b>	<b>Observation Results</b>	<b>Comments</b>
	Food package is prescribed after nutrition assessment and tailored for participant (i.e. asked participant about preferences)		
	Food package is issued correctly		
	Elements of Food Instrument education are demonstrated: <ul style="list-style-type: none"> <li>• Authorized food list <input type="checkbox"/></li> <li>• Explanation of benefit cycle <input type="checkbox"/></li> <li>• Separate WIC foods from other foods at checkout <input type="checkbox"/></li> <li>• Inform cashier that you are using WIC benefits <input type="checkbox"/></li> <li>• Use benefits after issue date and before following benefit date is up <input type="checkbox"/></li> <li>• No exchanges for cash, unauthorized food items or store credit <input type="checkbox"/></li> </ul>		
	Separation of duties exists according to policy		
<b>7.</b>	<b>Documentation-Chart Review</b>	<b>Observation Results</b>	<b>Comments</b>
	Current certification accurate		
	Right and Responsibilities signed by participant		
	Voter Registration marked and signed by participant		
	Proof of ID/Proxy ID Documented		
	Proof of Residency Documented		
	Income Accurately Determined and Documented/Adjunctive Eligibility/Self Declared Income Documented		
	Immunization Documented for infant/child		
	Weight measurements are documented correctly (weight in ¼ lb)		
	Height measurements are documented correctly (height in 1/8")		
	Health History Questionnaire is completed		
	Hemoglobin documented		
	Risk codes assigned correctly		
	Growth Charts/Prenatal weight gain grid plotted and complete		
	High Risk Referral (if applicable)		

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	Breastfeeding Education documented		
	Breast Pump Loan or User Agreements Completed (if applicable)		
	Prescriptions are obtained for special formulas, or Medical Food Pkg		
	Nutrition Education documented		
	Handouts given documented		
	Referrals documented		
	Care Plan written (if applicable)		
	Progress Notes utilized		
	Required number of contacts made/IHA-Infant Health Assessment		
	CPA Signature/Client Record Signature/Questionnaire Signature		
	<b>Best Practices</b>		<b>Needs Improvement</b>

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## Local Agency Facilitated Discussion/Group Class Review Form

Agency: \_\_\_\_\_ Clinic: \_\_\_\_\_ Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Class Name: \_\_\_\_\_ Reviewer: \_\_\_\_\_

Program Review  T/A

Facilitated Discussion	Observation Results	Comments
Class is facilitated by a qualified, trained staff member		
Class utilized a facilitated discussion model: <ul style="list-style-type: none"> <li>• Sets the agenda and is interactive throughout the class <input type="checkbox"/></li> <li>• Learners and facilitator share problems, knowledge, and experiences <input type="checkbox"/></li> <li>• Supportive group leader style <input type="checkbox"/></li> </ul>		
Staff uses OARS (open-ended questions, affirmations, reflections, summarizes)		
Staff involved the group and: <ul style="list-style-type: none"> <li>• Is accepting and non-judgmental of all view points <input type="checkbox"/></li> <li>• Allows time for everyone to talk by pausing for answers <input type="checkbox"/></li> <li>• Asks group to respond to questions before providing info <input type="checkbox"/></li> </ul>		
Class utilized relevant supportive training and education materials (i.e. videos, handouts, incentive items)		
Audiovisuals were properly used to reinforce information		
Room set-up was conducive to group learning		
Participants were scheduled for appropriate classes taking into account preferences, category, risk conditions, cultural identity, etc.		
Best Practices	Needs Improvement	



## Local Agency Terminated/Suspended Files Review Form

Agency: \_\_\_\_\_ Clinic: \_\_\_\_\_ Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Program Review  T/A

Category:	P	PP	BF	I	C	P	PP	BF	I	C	P	PP	BF	I	C	P	PP	BF	I	C	
Family No.:																					
Termination Code*:																					
Accurate Determination of Ineligibility:	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No					
Timely Notice of Ineligibility provided and in file (if applicable):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
1 Month of benefits provided from date of termination (if applicable):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
<b>Disqualification/Suspension (if applicable):</b>																					
Reason for disqualification/suspension indicated (if applicable):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
Advance written notice provided (15 days from date of action) in timely manner and complete (if applicable):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
Disqualification or Suspension period appropriate (if applicable):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
EBT Card Status was updated (if applicable):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
<div style="display: flex; justify-content: space-between; font-size: small;"> <span>1-Moved out of Area/Transfer to another clinic</span> <span>2-Deceased</span> <span>3-Income Ineligibility**</span> <span>4-Dual Participation/Program Abuse**</span> <span>5- Wrong Agency/Family or Client#</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>6-Categorically Ineligible</span> <span>7-Failure to Participate</span> <span>8-Voluntarily Withdraws</span> <span>9-Placed on Waiting list**</span> <span>(**Requires 15 days written notification)</span> </div>																					



# Washoe County Health District



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

**TO:** District Board of Health Members

**FROM:** Kevin Dick  
Interim District Health Officer

**DATE:** August 22, 2013

**SUBJECT:** August 2013 Interim District Health Officer Report

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## REMSA / EMS

I continue to participate in the EMS working group to proceed with negotiations on changes to the REMSA franchise agreement. I have been meeting with the City and County Managers for their representatives to coordinate on approaches to modernize the franchise agreement, and to discuss and develop possible regional EMS Oversight structures. Additional information is contained in the EMS / REMSA DBOH Agenda item.

## Fundamental Review

Ms. Stickney and I further discussed the fundamental review project with two qualified individuals referred by NACCHO on August 1<sup>st</sup> and 15<sup>th</sup>. Two calls were placed to the President of Management Partners seeking information on organizations that have experience conducting reviews of Health Departments. The calls were not returned. Further information is contained in the Agenda item for Fundamental Review.

## Staffing

Recruitments are in progress for an Air Quality Specialist in AQM, two Public Health Nurse II positions in CCHS, a Senior Environmental Health Specialist in EHS, a Human Services Support Specialist II in WIC, and a Fiscal Compliance Officer in AHS. These positions are being filled as a result of vacancies due to retirements or promotions. In addition, the Senior Licensed Engineer position is being reclassified to a Licensed Engineer prior to recruitment for the position.

## Permit Software Project

I continue to participate in the Executive Committee for the regional business licensing and permitting software project. Accela Automation was selected as the top ranking vendor following the Request for Proposal process. The Executive Committee is 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 (QI) initiative for the Health District. Margot Jordan and I have been working with Veronica Frenkel, Organizational Development Manager for Washoe County, to launch the Health District's QI Initiative. An on-line survey was distributed to staff to gather information on current status of QI within the District and information to guide the initiative implantation efforts. A series of QI Sessions are scheduled with the District management team over the coming month.

### Other Events and Activities

Regularly scheduled meetings with Division Directors were held on August 5<sup>th</sup> and 19<sup>th</sup>. I also conduct individual meetings with the Division Directors on a bi-weekly schedule.

I met with Center for Disease Control, Office of the Assistant Secretary for Preparedness and Response, Nevada Division of Public and Behavioral Health, Nevada State Laboratory, Southern Nevada Health District, Southern Nevada Health Laboratory, Carson City Health and Community Services, and Washoe County Health District Epidemiology and Public Health Preparedness Staff on July 31<sup>st</sup> to discuss implementation of preparedness programs in Nevada, federal funding and allocations, and collaboration and coordination of program activities.

I met with the CDC HIV Prevention Project Officer, Nevada Division of Public and Behavioral Health, and Community and Clinical Health Services staff on August 5<sup>th</sup> to discuss redirection of prevention programs to align with the National HIV / AIDS Strategy (NHAS) and High Impact Prevention (HIP).

I participated in media interviews conducted on August 7<sup>th</sup> regarding the Washoe County Health District, public health, preparedness planning, and the Medical Reserve Corp. Bob Fisher conducted the interviews with Sara Dinga, David Gamble and myself for the "Observations" show which is aired on Fox Channel 11 and KAME. Mr. Fisher decided to tape two shows based on the extent of information and content available from the Health District rather than the one half hour show originally planned.

On August 12<sup>th</sup>, I spoke at the Builders Association of Northern Nevada (BANN) meeting. I provided an update on the Health District, explained the Fundamental Review which we will be conducting, and answered questions. Dave Solaro and Don Jeppson of the Community Services Division were also speakers at the BANN meeting.

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: July 18 - August 15, 2013**

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
8/15/2013	Reno Gazette - Journal	Emerson Marcus	Air Quality American Fire - Inouye
8/14/2013	Sparks Tribune	Andrea Tyrell	Air Quality American Fire - Inouye
8/12/2013	KUNR FM Radio - NPR Reno	Jordan Mitchell	Air Quality American Fire - Inouye
8/12/2013	UNIVISION	Yeraldin Deavila	Air Quality American Fire - Inouye
8/12/2013	Associated Press	Scott Sonner	Air Quality American Fire - Inouye/Ulibarri
8/12/2013	KRNV-CH 4 NBC - Reno	Samantha Boatman	Air Quality American Fire - Inouye Air Quality American Fire - Inouye/Petterson
8/12/2013	KOLO-CH8 ABC - Reno	Colin Lygren	Air Quality American Fire - Inouye
8/12/2013	KTVN-CH 2 CBS - Reno	Paul Nelson	Air Quality American Fire - Inouye
8/9/2013	Reno Gazette - Journal	Megan Ortiz	Lemonade - Ulibarri Mosquito Control Methods – Smith/Jeppson/Shaffer Mosquitoes Abatement & WNV – Sack/Ulibarri
8/9/2013	KOLO-CH8 ABC - Reno	Terri Russell	Childhood Obesity - Seals
8/7/2013	KOH AM Radio ABC-Reno	John Summers	Mosquitoes Abatement & WNV - Ulibarri
8/6/2013	UNIVISION	Yeraldin Deavila	Mosquitoes Abatement & WNV - Ulibarri
7/31/2013	UNIVISION	Laura Calzada	Mosquitoes Abatement & WNV - Ulibarri
7/30/2013	Reno Gazette - Journal	David Jacobs	Mosquitoes Abatement & WNV - Ulibarri
7/30/2013	KOLO-CH8 ABC - Reno	Pat Thomas	Mosquitoes Abatement & WNV - Ulibarri
7/29/2013	KOLO-CH8 ABC - Reno	Rebecca Kitchen	Immunizations - Ulibarri/Shore
7/25/2013	KTVN-CH 2 CBS - Reno	Wendy Damonte	Cyclospora - Ulibarri
7/25/2013	KRNV-CH 4 NBC - Reno	Madison Cortney	Bed Bugs - Sack/Ulibarri
7/25/2013	KOLO-CH8 ABC - Reno	Catherine Van	Mosquitoes - Sack/Ulibarri
7/19/2013	KOLO-CH8 ABC - Reno	Ed Pierce	Heat Stroke Prevention - Dick/Ulibarri

**Press Releases/Media  
 Advisories/Editorials**

8/15/2013	Media Advisory	PIO Ulibarri	Air Quality
8/8/2013	Media Advisory NV Broadcasters Assn	PIO Ulibarri	Mosquito Abatement - Fogging
8/7/2013	<b>Observations</b>	Dick/Dinga/Gamble	Health District & PHP
8/6/2013	Media Advisory	PIO Ulibarri	Mosquito Abatement - Larvicide
8/1/2013	Press Release	PIO Ulibarri	Sobrio and Howell Honored
7/30/2013	Media Advisory	PIO Ulibarri	Mosquito Abatement - Fogging
7/19/2013	Media Advisory	PIO Ulibarri	Coxsackie A6 (EMBARGOED)



Kevin Dick  
 Interim District Health Officer

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<http://www.washoecounty.us/health>

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