

## WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING NOTICE AND AGENDA

### Members

Kitty Jung, Chair  
Julia Ratti, Vice Chair  
Neoma Jardon  
Dr. George Hess  
David Silverman  
Dr. John Novak  
Michael D. Brown

Thursday, July 23, 2015  
1:00 p.m.

Washoe County Administration Complex  
Health District South Conference Room  
1001 East Ninth Street  
Reno, NV

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**Items for Possible Action.** 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.

**1:00 p.m.**

1. **\*Roll Call and Determination of Quorum**
2. **\*Pledge of Allegiance**
3. **\*Public Comment**

Any person is invited to speak on any item on or off the agenda during this period. Action may not be taken on any matter raised during this public comment period until the matter is specifically listed on an agenda as an action item.

4. **Approval of Agenda**

July 23, 2015

5. **Approval of Draft Minutes**

June 25, 2015

6. **Recognitions**

- A. Years of Service

1. Melissa Bullock, 10 years hired 7/15/2005 – EPHP
2. Jennifer Howell, 15 years, hired 7/3/2000 – CCHS
3. Charlene Albee, 20 years, hired 7/31/1995 - AQM

7. **Consent Items**

Matters which the District Board of Health may consider in one motion. Any exceptions to the Consent Agenda must be stated prior to approval.

## **A. Budget Amendments/Interlocal Agreements**

1. Ratification of Interlocal Agreement between Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc., and University of Nevada School of Medicine Multispecialty Group Practice North, Inc., to provide physician consultative services for the Sexually Transmitted Disease clinic in the total amount of \$10,710 per year, for the period July 1, 2015 through June 30, 2016 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chairman to execute the Contract.  
Staff Representative: Patsy Buxton
2. Ratification of Interlocal Agreement between Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc., and University of Nevada School of Medicine Multispecialty Group Practice North, Inc., to provide medical director services for the Family Planning clinic in the total amount of \$9,000 per year, for the period July 1, 2015 through June 30, 2016 unless extended by the mutual agreement of the Parties; and if approved, authorize the Chairman to execute the Contract; Authorization of travel and travel reimbursements for non-County employee(s) to be determined by the School, in the amount not to exceed \$1,500.  
Staff Representative: Patsy Buxton

## **B. Donation Acceptance**

1. Accept cash donation in the amount of \$700 from Michael Maier and Dyana Ireland.

### **8. Air Pollution Control Hearing Board Cases Appealed to the District Board of Health:**

- A. Recommendation to Deny the Appeal and Uphold Citation No. 5460, Case No. 1174 – Mr. Khalid Ali – Desert Sunset Motel and Bar

### **9. Acceptance of the Truckee Meadows Fire Protection District Spring 2015 Open Burn Pilot Project Report and Direction on Future Pilot Projects**

Staff Representative: Charlene Albee

### **10. Regional Emergency Medical Services Authority**

Presented by Jim Gubbels

- A. Review and Acceptance of the REMSA Operations Reports for June, 2015

\*B. Update of REMSA's Community Activities during June, 2015

### **11. Presentation, discussion and possible approval of the Mutual Aid Evacuation Annex (MAEA) update**

Staff Representative: Brittany Dayton

### **12. Acknowledge receipt of the Health District Fund Financial Review for June Fiscal Year 2015**

Staff Representative: Anna Heenan

### **13. Discussion, and possible direction to staff regarding updating Environmental Health Services and Air Quality Management fees to include the most current salaries, benefits, indirect costs rates, and other operating expenses, present the updated fees to**

**the community and bring back to the Board the fees for consideration and possible adoption.**

Staff Representative: Erin Dixon

**14. Approval of authorization to travel and travel reimbursements for non-County employee Dr. John Novak in the approximate amount of \$1,505, to attend the 2015 NALBOH conference in Louisville, KY August 5-7, 2015.**

Staff Representative: Kevin Dick

**\*15. Staff Reports and Program Updates**

**A. Air Quality Management, Charlene Albee, Director**

Program Update, Divisional Update, Program Reports

**B. Community and Clinical Health Services, Steve Kutz, Director**

Divisional Update, Program Reports

**C. Environmental Health Services, Bob Sack, Director**

EHS Division Update, Program Updates - Food, IBD, Land Development, Safe Drinking Water, Vector-Borne Disease, Waste Management, and EHS Inspections / Permits / Plan Review

**D. Epidemiology and Public Health Preparedness, Dr. Randall Todd, Director**

Program Updates for Communicable Disease, Public Health Preparedness, and Emergency Medical Services

**E. Office of the District Health Officer, Kevin Dick, District Health Officer**

Community Health Improvement Plan, Truckee Meadows Healthy Communities, Quality Improvement, Fundamental Review, Other Events and Activities and Health District Media Contacts

**\*16. Board Comment**

Limited to announcements or issues for future agendas.

**17. Emergency Items**

**\*18. Public Comment**

Any person is invited to speak on any item on or off the agenda during this period. Action may not be taken on any matter raised during this public comment period until the matter is specifically listed on an agenda as an action item.

**19. Adjournment**

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**Possible Changes to Agenda Order and Timing.** 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 agenda.

**Special Accommodations.** 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.

**Public Comment.** During the "Public Comment" items, anyone may speak pertaining to any matter either on or off the agenda, to include items to be heard on consent. For the remainder of the agenda, public comment will only be heard during items that are not marked with an asterisk (\*). Any public comment for hearing items will be heard before action is taken on the item and must be about the specific item being considered by the Board. In order to speak during any public comment, each speaker must fill out a "Request to Speak" form and/or submit comments for the record to the Recording Secretary. Public comment and

presentations for individual agenda items are limited as follows: fifteen minutes each for staff and applicant presentations, five minutes for a speaker representing a group, and three minutes for individual speakers unless extended by questions from the Board or by action of the Chair.

**Response to Public Comment.** 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.”

**Posting of Agenda; Location of Website.** In accordance with NRS 241.020, this agenda has been posted at: <https://notice.nv.gov>, (i) Washoe County Administration Building (1001 E. 9th Street); (ii) State of Nevada Division of Public and Behavioral Health, Carson City, NV; (iii) Reno City Hall, 1 E. 1<sup>st</sup> St, Reno, NV; (iv) Sparks City Hall, 1675 Prater Way, Sparks, NV; (v) Washoe County Health District website [www.washoecounty.us/health](http://www.washoecounty.us/health); and (vi) State of Nevada Website: <https://notice.nv.gov>. Agendas and staff reports are posted four days prior to the meeting.

**How to Get Copies of Agenda and Support Materials.** 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. Ms. Dawn Spinola, 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. Ms. Spinola is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at [dspinola@washoecounty.us](mailto:dspinola@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.



## **WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING MINUTES**

### **Members**

Kitty Jung, Chair  
Julia Ratti, Vice Chair  
Neoma Jardon  
Dr. George Hess  
David Silverman  
Dr. John Novak  
Michael D. Brown

**Thursday, June 25, 2015  
1:00 p.m.**

**Washoe County Administration Complex  
Health District South Conference Room  
1001 East Ninth Street  
Reno, NV**

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### 1. \*Roll Call and Determination of Quorum

Acting Chair Chief Brown called the meeting to order at 1:00 p.m.

The following members and staff were present:

Members present: Chief Mike Brown, Acting Chair  
Dr. John Novak  
Julia Ratti, Vice Chair (via phone)  
Neoma Jardon (via phone)

Members absent: Kitty Jung, Chair  
Dr. George Hess  
David Silverman

Staff present: Kevin Dick, District Health Officer, ODHO  
Leslie Admirand, Deputy District Attorney  
Anna Heenan, Administrative Health Services Officer, AHS  
Steve Kutz, Division Director, CCHS  
Bob Sack, Division Director, EHS  
Christina Conti, EMS Program Manager, EPHP  
Brittany Dayton, EMS Coordinator, EPHP  
Phil Ulibarri, Public Information Officer, ODHO  
Dawn Spinola, Administrative Secretary/Recording Secretary, ODHO

Ms. Spinola verified a quorum was present.

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### 2. \*Pledge of Allegiance

**Dr. Novak led the pledge to the flag.**

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### 3. \*Public Comment

Any person is invited to speak on any item on or off the agenda during this period. Action may not be taken on any matter raised during this public comment period until the matter is specifically listed on an agenda as an action item. Limited to three (3) minutes per person.

**As there was no one wishing to speak, Acting Chair Brown closed the public comment period.**

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### 4. Approval of Agenda June 25, 2015

**Dr. Novak moved to approve the agenda for the June 25, 2015, District Board of Health regular meeting. Councilmember Jardon seconded the motion which was approved four in favor and none against.**

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### 5. Approval of Draft Minutes May 28, 2015

**Dr. Novak moved to approve the minutes of the May 28, 2015 District Board of Health regular meeting as written. Vice Chair Ratti seconded the motion which was approved four in favor and none against.**

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### 6. Recognitions

#### A. Years of Service

1. Mark Wickman, 10 years, hired 6/13/2005 – EHS

Mr. Wickman was not in attendance.

2. Maria Jimenez, 10 years, hired 6/30/2005 – CCHS

Mr. Dick congratulated Ms. Jimenez and presented her with a commemorative certificate.

3. Lisa Lottritz, 20 years, hired 6/26/1995 – CCHS

Mr. Dick congratulated Ms. Lottritz and presented her with a commemorative certificate.

4. Tony Macaluso, 25 years, hired 6/4/1990 – EHS

Mr. Dick congratulated Mr. Macaluso and presented him with a commemorative certificate.

#### B. New Hires

1. Stephen Shipman, - Public Health Emergency Response Coordinator, hired 6/15/15 – EPHP

Mr. Dick welcomed Mr. Shipman and reviewed his education and experience, which included prior employment with the Health District.

## C. Retirements

### 1. Beverly Bayan, 10/16/2000 - 06/25/2015 – CCHS/WIC

Mr. Dick thanked Ms. Bayan for her service to the State and Health District Women, Infants and Children programs and presented her with a commemorative clock.

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## 7. Consent Items

Matters which the District Board of Health may consider in one motion. Any exceptions to the Consent Agenda must be stated prior to approval.

### A. Budget Amendments/Interlocal Agreements

1. Approve Subgrant Amendment #1 from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health for the period January 1, 2015 through December 31, 2015 in the amount of \$224,570 for the Centers for Disease Control and Prevention (CDC) Immunization Program Grant (IOs 10028 & 10029); and if approved authorize the Chairman to execute.  
Staff Representative: Patsy Buxton
2. Ratification of Interlocal Agreement between the Washoe County Health District and the Truckee Meadows Fire Protection District to provide storage and emergency operation activation of the VoiceStar CMS-T300 Series Portable Changeable Message Sign and Highway Advisory Radio equipment for the period July 1, 2015 through June 30, 2016 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of three years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chair to execute.  
Staff Representative: Patsy Buxton
3. Approve Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period April 1, 2015 through March 31, 2017 in the total amount of \$374,953 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology & Laboratory Capacity (ELC) – Ebola Supplement Federal Grant Program, IO 11242; Approve amendments totaling an increase of \$163,023 in both revenue and expense to the FY16 CDC ELC – Ebola Supplement Federal Grant Program, IO 11242; and if approved authorize the Chair to execute.  
Staff Representative: Patsy Buxton
4. Approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, Funds for a Healthy Nevada, for the period July 1, 2015 through June 30, 2017 in the total amount of \$201,977 in support of the Comprehensive Tobacco Prevention Program; Approval of amendments totaling a net increase of \$14,247 in both revenue and expenses to the adopted FY 14 Comprehensive Tobacco Prevention Program Grant budget, IO 11128; and if approved, authorize the Chair to execute.  
Staff Representative: Patsy Buxton

**Dr. Novak moved to approve the Consent Agenda as presented. Councilmember Jardon seconded the motion which was approved four in favor and none against.**

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8. Regional Emergency Medical Services Authority  
Presented by Jim Gubbels

A. Review and Acceptance of the REMSA Operations Reports for May, 2015

Mr. Gubbels reported for the month Priority One compliance in Zone A was 92 percent. For Priority One Zones B, C and D, it was 98 percent. Year-to-date average for Priority One Zone A was 92 percent. For Priority One Zones B, C and D, it was 98 percent.

Average Priority One response time in minutes was 5:30 for Reno, 6:19 for Sparks and 9:58 for Washoe County. Average Priority Two response time in minutes was 6:21 for Reno, 7:27 for Sparks and 9:58 for Washoe County.

Year-to-date average for Priority One response was 5:19 for Reno, 6:02 for Sparks and 8:56 for Washoe County. Year-to-date average for Priority Two was 6:01 for Reno, 6:49 for Sparks and 9:24 for Washoe County.

Average bill for the month was \$1,080, bringing the year-to-date total to \$1,072.

There were fifteen time edits and four upgrades.

**Dr. Novak moved to accept the report as presented. Vice Chair Ratti seconded the motion which was approved four in favor and none against.**

\*B. Update of REMSA's Community Activities during May, 2015

Mr. Gubbels noted there were various articles related to REMSAs activities that had been included in the Board packet. He announced Heidi Weiss, Supervisor, had been honored by the Sparks Elk Lodge as the Emergency Medical Services (EMS) Supervisor of the year.

Mr. Gubbels made special note of a letter that had been written to REMSA to thank them for their assistance with fulfilling a citizen's last wish.

Dr. Novak commended and thanked REMSA for having performed that act, as it was above and beyond the call of duty. Acting Chair Brown stated that anyone reading the letter would also echo that sentiment.

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9. Presentation, discussion and possible approval of the Regional Emergency Medical Services Authority (REMSA) Compliance Checklist, which will be used to determine REMSA's Franchise compliance with the Amended and Restated Franchise Agreement for Ambulance Service

Staff Representative: Ms. Dayton

Ms. Dayton presented the staff report. She noted the checklist had been presented to the Board in May, and staff had been directed to include input from all of the local political jurisdictions and address measurable outcomes for Items 5.1.b., 5.2.d and 6.1.a.

Ms. Dayton noted that changes to the checklist had been made, affecting 5.1.b., 5.2.d., 5.2.e., 6.1.a., 6.1.b. and 6.1.e. She explained the item was being presented to request approval of those items, as the remaining items on the checklist had been approved in May.

Ms. Dayton noted she intended to add a date adopted in the footer of the approved document to avoid any confusion with multiple versions.

Ms. Dayton clarified that the language for 5.1.b., 5.2.d., 5.2.e., 6.1.a. and 6.1.b. had been

changed to include the suggested additions. They now included timelines and a checklist so that measurable outcomes could be established and tracked.

Dr. Novak noted he did not see any dates. Ms. Dayton explained the direction that was provided to staff was to have Mr. Dick work with the Emergency Medical Services Advisory Board (EMSAB), to include the measurable dates into the strategic plan, which is a requirement of the EMS Interlocal Agreement (ILA). Once that plan was developed, the dates will be established and the checklist will be brought back to the District Board of Health (DBOH) for approval.

Dr. Novak opined the current document still had pending work to be completed and asked if there was a way to reflect it needed to be revisited. Mr. Dick explained staff has had discussions with Chief Garrison of Sparks Fire about including the provisions in the checklist as they stand, with the understanding that there will be a subcommittee working on the strategic plan. There will be expedited activity around the communications elements which will result in agreement on the timelines. At that point the information could be provided to the DBOH. Mr. Dick went on to explain the checklist in its current form was considered sound for use for REMSA's compliance for the current fiscal year (FY) which would be over at the end of June.

Dr. Novak asked if there was an estimate as to how long it would take the subcommittee and EMSAB to provide dates. He reiterated the importance of revisiting the document to be sure it was complete. Mr. Dick opined the EMSAB members and the EMS community agreed with that. He stated the next EMSAB meeting was scheduled for October, so that would be the earliest that something could come to DBOH.

Councilmember Jardon asked if there might be an opportunity to expedite the timeline. Ms. Conti explained the subcommittee would meet prior to the next EMSAB to establish the mission, vision and short-term goals of the strategic plan, so a draft could be heard by EMSAB in October.

Mr. Gubbels clarified REMSA, under the reinstated franchise agreement, had committed to establish the CAD-to-CAD linkage, but it could not occur until the Reno/Washoe Public-Safety Answering Point (PSAP) is ready for the linkage, and they are currently working on upgrades. Sparks is also working on an upgrade. He emphasized that REMSA was prepared, but the connection would not occur until the other PSAPs were ready.

**Dr. Novak moved to accept the checklist as the criteria for the franchise. Vice Chair Ratti seconded the motion.**

**Vice Chair Ratti clarified that the Board was approving the current checklist for the period July 1, 2014 through June 30, 2015 and the next period would be represented by an updated checklist which the Board will review separately.**

**The motion was approved four in favor and none against.**

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10. Presentation, discussion and possible approval of Fire EMS training framework  
Staff Representative: Ms. Dayton

Ms. Dayton explained the EMSAB had approved a recommendation for REMSA to offer quarterly fire EMS training, as stated in the Amended and Restated Franchise Agreement for Ambulance Service. Specifically what had been approved were simulation trainings with response to real-world EMS calls, focusing on the types of calls that do not occur as often in

the area, such as drowning, MCI triage, hyperthermia, long bone fractures and full cardiac arrests. The trainings will begin upon DBOH approval of the framework.

Acting Chair Brown opined it was helpful for responders to receive training on less-common occurrences.

Ms. Dayton noted that REMSA does provide Continuing Education Units (CEUs) for all first responders, so they would be in compliance for that section of the franchise agreement (FA) for the current fiscal year, regardless of the fact that training concerning this section of the FA had not yet been approved by the DBOH.

**Dr. Novak moved to accept the EMS training framework. Vice Chair Ratti seconded the motion which was approved four in favor and none against.**

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\*11. Regional Emergency Medical Services Advisory Board June Meeting Summary  
Staff Representative: Ms. Conti

Ms. Conti presented her staff report. She noted the plan to develop a new response zone map had been approved, the Quarter 3 data report was approved for distribution, the fire training framework was recommended to be presented to DBOH for approval, the strategic planning committee was formed and issues surrounding the Omega protocols were requested to be addressed, so that proposed process had not gone forward.

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12 Acknowledge receipt of the Health District Fund Financial Review for May Fiscal Year 2015  
Staff Representative: Ms. Heenan

Ms. Heenan reviewed her report, pointing out there had been savings in some areas which would carry into the next fiscal year.

**Dr. Novak moved to accept the report as presented. Councilmember Jardon seconded the motion which was approved four in favor and none against.**

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13. Presentation, Discussion and Possible Acceptance of the final 2015 Nevada Legislative Session Report and Discussion and direction to staff regarding legislation or legislative issues as may be deemed by the Chair or the Board to be of critical significance to Washoe County Health District  
Staff Representative: Mr. Dick

Mr. Dick provided a summary of the bills that had passed that the District had been actively involved in or which were of significance to health districts.. They included smog check, rapid HIV testing, permitting and licensing through the Secretary of State portal, canning of acidified foods, opioid overdose prevention and good Samaritan policies, cigarette tax, stroke registry, breast feeding and physical activities in child care facilities, community Paramedicine services, chronic disease, e-cigarettes, cancer registry, changes to Health District composition in counties with a population greater than 700,000, and regulation of community health worker pools. He noted that the Clean Indoor Act amendments involving restrictions on e-cigarettes had not passed..

Mr. Dick commended all staff that had been involved in the process.



**Dr. Novak moved to accept the report. Vice Chair Ratti seconded the motion which was approved four in favor and none against.**

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\*14. Staff Reports and Program Updates

- A. Air Quality Management, Charlene Albee, Director  
Divisional Update, Program Reports

Ms. Albee presented a video summarizing Bike Week activities. She noted other divisions participate in Bike Week activities, supporting the overall healthy community mission.

- B. Community and Clinical Health Services, Steve Kutz, Director  
Divisional Update, Program Reports

Mr. Kutz stated he had nothing further to add but would be happy to answer questions.

- C. Environmental Health Services, Bob Sack, Director  
EHS Division Update, Program Updates - Food, IBD, Land Development, Vector-Borne Disease, Waste Management, and EHS Inspections/Permits/Plan Review

Mr. Sack stated the food regulations passed by the Board in May were approved by the State Board of Health and were officially in effect as of June 15. Staff has developed short-term and long-term priorities for implementation. Mr. Sack provided an overview of the activities that would support implementation of three of the major changes to the regulations.

Dr. Novak asked about current mosquito-control efforts. Mr. Sack explained there had been two applications in the spring and there was currently an active mosquito population. Surveillance has not shown any disease-bearing insects to date. The next targeted pesticide application is scheduled for early July. Flea activity is normal.

- D. Epidemiology and Public Health Preparedness, Dr. Randall Todd, Director  
Program Updates for Communicable Disease, Public Health Preparedness, and  
Emergency Medical Services

Mr. Dick offered to answer any questions on behalf of Dr. Todd. Ms. Conti stated she had nothing further to add but was happy to answer any questions about the EMS program.

- E. Office of the District Health Officer, Kevin Dick, District Health Officer  
District Health Officer Report – Legislature, Community Health Improvement Plan (CHIP), Truckee Meadows Healthy Communities (TMHC), Emergency Medical Services, Fundamental Review, Other Events and Activities and Health District Media Contacts

Mr. Dick provided an update on the CHIP. The Steering Committee had met to pare down the list of needs to a more manageable number that could be accommodated within their intended scope. Eight had been identified and the goal was three to five, so those would be selected at the next meeting. He presented infographics that had been developed to summarize each of the basic needs identified within the community. The final versions will be used in various forms in different settings to communicate the message about health needs in Washoe County.



Mr. Dick explained TMHC activities were proceeding. On July 22, there will be a Family Health Festival focused on the 89502 area, providing services, information and entertainment. It is the first of an intended series of events.

Mr. Dick noted that he, Chair Jung and Mr. Ulibarri had met with the Reno-Gazette Journal (RGJ Board) Editorial Board and they had expressed interest in the various initiatives being pursued by the Health District. Renown has also met with the RGJ Board and presented some of the same objectives and an explanation of the work they are doing in conjunction with the Health District.

Mr. Dick introduced the new brochure developed for the District, along with the 2014 Annual Report.

Dr. Novak asked if there might be a way for the RGJ Board to use the information or help in publicizing the annual report. Mr. Dick requested Mr. Ulibarri provide links to the documents and a press release to the RGJ.

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\*15. Board Comment

Limited to announcements or issues for future agendas.

Acting Chair Brown thanked Vice Chair Ratti and Councilmember Jardon for phoning in so that the meeting could proceed.

Dr. Novak commended the EMS staff for the amount and quality of work that had gone into the compilation of the Quarter 3 Report.

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16. Emergency Items

None.

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\*17. Public Comment

Any person is invited to speak on any item on or off the agenda during this period. Action may not be taken on any matter raised during this public comment period until the matter is specifically listed on an agenda as an action item. Limited to three (3) minutes per person.

**As there was no one wishing to speak, Acting Chair Brown closed the public comment period.**

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18. Adjournment

**At 2:05 p.m., Dr. Novak moved to adjourn. Vice Chair Ratti seconded the motion which was approved four in favor and none against.**

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Respectfully submitted,



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Kevin Dick, District Health Officer  
Secretary to the District Board of Health



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Dawn Spinola, Administrative Secretary  
Recording Secretary

Approved by Board in session on \_\_\_\_\_, 2015.

**WASHOE COUNTY  
HEALTH DISTRICT**  
ENHANCING QUALITY OF LIFE

**STAFF REPORT  
BOARD MEETING DATE: 7/23/15**

**DATE:** July 10, 2015

**TO:** District Board of Health

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

**SUBJECT:** **Ratification of Interlocal Agreement between Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc., and University of Nevada School of Medicine Multispecialty Group Practice North, Inc., to provide physician consultative services for the Sexually Transmitted Disease clinic in the total amount of \$10,710 per year, for the period July 1, 2015 through June 30, 2016 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chairman to execute the Contract.**

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**SUMMARY**

The Washoe County District Board of Health must approve and execute Interlocal Agreements and amendments to the adopted budget. The District Health Officer is authorized to execute agreements on the Board of Health's behalf not to exceed a cumulative amount of \$50,000 per contractor; over \$50,000 up to \$100,000 would require the approval of the Chair or the Board designee. A copy of the Interlocal Agreement is attached.

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

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

**PREVIOUS ACTION**

This is an on-going Agreement that has been entered into annually for many years. The Interlocal Agreement that termed June 30, 2015 was approved by the Board on June 24, 2014.

**BACKGROUND**

The Washoe County Health District proposes to renew the contract with the University of Nevada School of Medicine Integrated Clinical Services, Inc. and University of Nevada School of Medicine Multispecialty Group Practice North for the period July 1, 2015 through June 30, 2016 unless extended by the mutual agreement of the Parties. The contract rate is \$892.50 per month not to exceed a total amount of \$10,710 per year.

The Interlocal Agreement provides for a physician consultant for the Sexually Transmitted Disease clinic. The School will also review and approve treatment protocols and clinical evaluations performed by nurses; conduct clinical examination of clinic patients as requested by the District Program staff; provide STD in-services and updates two to four times per year; and discuss and review problem clinic patients as requested by District Program staff.

Washoe County's Risk Manager and Deputy District Attorney have reviewed and approved this Contract.

### **FISCAL IMPACT**

Should the Board approve this Interlocal Agreement, there will no additional impact to the adopted FY 15 budget as expenses for this contract were anticipated and projected in the Sexually Transmitted Disease Program (cost centers 171300) under account 710108, MD Consulting.

### **RECOMMENDATION**

Staff recommends that the Washoe County District Board of Health ratify the Interlocal Agreement between Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc., and University of Nevada School of Medicine Multispecialty Group Practice North, Inc., to provide physician consultative services for the Sexually Transmitted Disease clinic in the total amount of \$10,710 per year, for the period July 1, 2015 through June 30, 2016 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chairman to execute the Contract.

### **POSSIBLE MOTION**

Move to ratify the Interlocal Agreement between Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc., and University of Nevada School of Medicine Multispecialty Group Practice North, Inc., to provide physician consultative services for the Sexually Transmitted Disease clinic in the total amount of \$10,710 per year, for the period July 1, 2015 through June 30, 2016 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chairman to execute the Contract.

## INTERLOCAL AGREEMENT

THIS AGREEMENT is made and entered into between the WASHOE COUNTY HEALTH DISTRICT, hereinafter referred to as "District," and the UNIVERSITY OF NEVADA SCHOOL OF MEDICINE INTEGRATED CLINICAL SERVICES, INC., AND UNIVERSITY OF NEVADA SCHOOL OF MEDICINE MULTISPECIALTY GROUP PRACTICE NORTH, INC., dba MEDSchool Associates North, hereinafter referred to as "School."

### WITNESSETH:

WHEREAS, the District conducts several clinical public health programs including a Sexually Transmitted Disease (STD) Clinic which requires the services of a physician consultant; and

WHEREAS, the School has faculty physicians who are licensed to practice medicine in the State of Nevada; and

WHEREAS, the School agrees to provide consultative and clinical services to the District for the STD Clinic as described herein;

Now, therefore, in consideration of the mutual promises contained herein, the parties agree as follows:

The School agrees to:

1. Designate a faculty member to serve as Medical Consultant to the District for the STD Clinic.
2. Review and approve the treatment protocols and clinical evaluations performed by District nurses.
3. Serve on District committees as requested.
4. Discuss and review problem clinic patients with District staff on site and by telephone.
5. Conduct clinical examination of clinic patients as requested by the District Program staff based on a schedule mutually agreed upon by both parties.
6. Provide STD in-services and updates two to four times per year, based on a schedule mutually agreed upon by both parties.
7. Provide physician coverage 52 weeks a year. The School will provide coverage when the assigned physician is on vacation, or out of town or otherwise unavailable and will advise the District of the process to contact the School's back-up physician.
8. Bill the District each month for consultative/clinical services provided.
9. Comply with all applicable laws, ordinances and regulations of governmental entities including but not limited to bloodborne pathogens, tuberculosis exposures, professional licensure, and confidentiality of District medical records.
10. Require the physician(s) to submit the following documentation to the program supervisor prior to beginning services at the District: proof of immunity to measles and rubella, proof of hepatitis B immunization or a declination form, and a negative two-step baseline Tuberculosis Skin Test (TST) within 30 days prior to beginning services at the District; or a negative TST within the last year with a second negative TST within 30

days prior to beginning services at the District; or other TB screening documentation as may be required by the District's TB program Coordinator.

11. Review and comply with District policies regarding infection control, blood borne pathogen exposures, TB exposure, confidentiality of records, and to practice standard precautions while on site at the District.
12. Comply with OSHA Blood borne Pathogen requirements for Medical Service Providers. The requirements of Exhibit A are attached and included by reference.
13. Have the medical consultants for the STD Clinic submit to a full background investigation pursuant to NRS 179.180 et seq., which includes a criminal history check and fingerprinting, and authorize the District to receive the records. The discovery of a) an undisclosed conviction for a sexual offense or a conviction based on an arrest or initial charge for a sexual offense, b) an undisclosed pending arrest or initial charge for a sexual offense, or c) two or more incidents resulting in arrest or initial charge of sexual offense which have not resulted in conviction and were not disclosed may be grounds for immediate termination of this Agreement without prior notice by the District, as may the arrest, initial charge or conviction of physician for a sexual offense during the term of this Agreement.

The District agrees to:

1. Pay School \$10,710.00 annually at the rate of \$892.50 per calendar month for the administrative services provided as Medical Consultant of the STD Clinic.
2. Pay the School any sums still owing should this Agreement be terminated as provided hereafter and if such termination occurs during a month, School shall be paid a pro-rated amount for the fee for the month.
3. Reserve the right to withhold any payment if it is determined that the services described herein have not been provided.
4. Be responsible for all fiscal and program responsibilities, records and reports for patients provided services through District programs.
5. Refer patients to other health care providers should they require medical treatment outside of the STD protocol.
6. Provide physician(s) with appropriate forms to obtain fingerprints at the Washoe County Sheriff's Office.

HIPAA. To the extent applicable to this Agreement, the parties agree to comply with the Health Insurance Portability and Accountability Act of 1996, as codified at 42 USC 1320d ("HIPAA") and any current and future regulations promulgated thereunder including without limitation the federal privacy regulations contained in 45 C.F.R. Parts 160 and 164 (the "Federal Privacy Regulations"), and the federal standards for electronic transactions contained in 45 C.F.R. Parts 160 and 162, all collectively referred to herein as "HIPAA Requirements.", including the Health Information Technology for Economic and Clinical Health Act ("HITECH") that was adopted as part of the American Recovery and Reinvestment Act of 2009. It is agreed that in addition to maintaining such records and data in accordance with HIPAA and any more restrictive provisions of state law, including but not limited to, chapters 441A of the Nevada Revised Statutes and the Nevada Administrative Code, the parties will require that all employees, contractors and agents with whom they share the records and data provide comparable protections to those provided by the parties. The parties agree not to use or further disclose any

Protected Health Information (as defined in 42 USC 1320d), other than as permitted by HIPAA Requirements and the terms of this Agreement. The parties shall make their internal practices, books, and records relating to the use and disclosure of Protected Health Information available to the Secretary of Health and Human Services to the extent required for determining compliance with the Federal Privacy Regulations.

INDEMNIFICATION.

- a. Consistent with the Limited Liability provision stated below, each party shall indemnify, hold harmless and defend, not excluding the other's right to participate, the other party from and against all liability, claims, actions, damages, losses, and expenses, including but not limited to reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of the indemnifying party, its officers, employees and agents. Such obligation shall not be construed to negate, abridge, or otherwise reduce any other right or obligation of indemnity, which would otherwise exist as to any party or person, described in this paragraph.
- b. The indemnification obligation under this paragraph is conditioned upon receipt of written notice by the indemnifying party within 30 days of the indemnified party's actual notice of any actual or pending claim or cause of action. The indemnifying party shall not be liable to hold harmless any attorneys' fees and costs for the indemnified party's chosen right to participate with legal counsel.
- c. In the event that the provisions of NRS Chapter 41 do not apply to a party, the party not covered by Chapter 41 shall indemnify the other party for any amount of damages in excess of the capped amount contained in Chapter 41 that may be awarded.

LIMITED LIABILITY. The parties will not waive and intend to assert available NRS chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages.

TERM. The term of this Agreement is from July 1, 2015 through June 30, 2016 unless extended by the mutual agreement of the Parties. The Agreement will automatically be renewed for successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year. The automatic renewal provision of this section shall not affect the right of the Health District to terminate the Agreement as provided.

TERMINATION. Either party may terminate this Agreement by giving the other party written notice of the intent to terminate. The notice will specify a date upon which termination will be effective, which date may not be less than thirty (30) calendar days from the date of the termination notice.

SEVERABILITY. The provisions of this Agreement shall be deemed severable and if any portion shall be held invalid, illegal or unenforceable for any reason, the remainder of the Agreement shall be in effect and binding upon the parties.

NON APPROPRIATION. In the event funds are not appropriated for the purposes specified in this Agreement, contractor hereby consents to the termination of this Agreement. In such event, Health District will notify contractor in writing and the Agreement will terminate on the date



specified in the notice. Both parties understand that this funding out provision is required by N.R.S. 354.626.

WAIVER OF PROVISION. Any waiver of any terms or conditions hereof must be in writing and signed by the parties hereto. A waiver of any of the terms or conditions hereof shall not be construed as a waiver of any other terms of conditions hereof.

AMENDMENTS. This Agreement may be amended at any time by mutual agreement of the parties without additional consideration, provided that before any amendment shall be operative or valid it shall be reduced to writing and signed by the parties. Ratification by the governing bodies shall be a condition precedent to its entry into force. This Agreement may be reviewed at any time by both parties to determine whether the Agreement is appropriate as it relates to individuals referred from the District.

ENTIRE AGREEMENT. This Agreement contains the entire agreement between the parties and shall be binding upon the parties and no other agreements, oral or written, have been entered into with respect to the subject of this Agreement.

ASSIGNMENT. Nothing contained in this Agreement shall be construed to permit assignment by School of any rights, duties or obligations under this Agreement and such assignment is expressly prohibited.

NOTICES. Official notices required under this Agreement shall be sent to the parties by certified or registered mail, return receipt requested, postage prepaid in the United States Postal Service to the addresses set forth below, or to such other addresses as the parties may designate in writing from time to time by notice given in accordance with the provisions of this section.

Notices to School shall be addressed to:

Gail Smith, Director of Contracting  
UNR - UNSOM  
1664 North Virginia Street  
Penn Bldg, M/S 0332  
Reno, Nevada 89557-0332

Notices to the District shall be addressed to:

District Health Officer  
Washoe County Health District  
P O Box 11130  
Reno NV 89520-0027

Witness whereof, the parties hereto or a representative of either have set their hands and subscribed their signatures as of the date and year indicated.

District Board of Health

By: \_\_\_\_\_  
Kitty Jung, Chair

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

University of Nevada School of Medicine Integrated Clinical Services, Inc., and University of Nevada school of Medicine Multispecialty Group Practice North, Inc., dba MEDSchool Associates North

By: \_\_\_\_\_  
Daniel Spogen, MD, FAAFP Chairman  
Director of Medical Education/Professor  
Family Medicine Center

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

By: \_\_\_\_\_  
Thomas Schwenk, MD  
Dean, University School of Medicine  
Vice President, University of Nevada, Reno Division of Health Sciences

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

**WASHOE COUNTY  
HEALTH DISTRICT**  
ENHANCING QUALITY OF LIFE

**STAFF REPORT  
BOARD MEETING DATE: 7/23/15**

**DATE:** July 10, 2015

**TO:** District Board of Health

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

**SUBJECT:** **Ratification of Interlocal Agreement between Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc., and University of Nevada School of Medicine Multispecialty Group Practice North, Inc., to provide medical director services for the Family Planning clinic in the total amount of \$9,000 per year, for the period July 1, 2015 through June 30, 2016 unless extended by the mutual agreement of the Parties; and if approved, authorize the Chairman to execute the Contract; Authorization of travel and travel reimbursements for non-County employee(s) to be determined by the School, in the amount not to exceed \$1,500.**

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**SUMMARY**

The Washoe County District Board of Health must approve and execute Interlocal Agreements and amendments to the adopted budget. The District Health Officer is authorized to execute agreements on the Board of Health's behalf not to exceed a cumulative amount of \$50,000 per contractor; over \$50,000 up to \$100,000 would require the approval of the Chair or the Board designee. A copy of the Interlocal Agreement is attached.

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

BCC Strategic Objective supported by this item: 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**

This is an on-going Agreement that has been entered into annually for many years. The Interlocal Agreement that termed June 30, 2015 was approved by the Board on December 18, 2014.

**BACKGROUND**

The Washoe County Health District proposes to renew the contract with the University of Nevada School of Medicine Integrated Clinical Services, Inc. and University of Nevada School of Medicine Multispecialty Group Practice North for the period July 1, 2015 through June 30, 2016 unless

extended by the mutual agreement of the Parties. The contract rate is \$750 per month not to exceed a total amount of \$9,000 per year.

The Interlocal Agreement provides for a medical director for the Family Planning clinic. The School will also provide consultation with the Family Planning Advanced Practice Registered Nurses (APRN) onsite for approximately four (4) hours per month and as needed by telephone, review and approve medical charts, provide consultation to the District on issues of family planning, conduct clinical examination of clinic patients or perform clinical procedures (IUD insertion) as necessary; review and approve the clinical protocols completed by the District's APRN's; provide written evaluation of services and staff performance on an annual basis or upon request.

The Health District will pay for one contraceptive focused training (Contraceptive technology or other approved by us) for the school's staff not to exceed \$1,500 in value. Reimbursement may include airfare, hotel, ground transportation, airport parking and mileage to the Reno airport and will follow GSA per diem rates consistent with Washoe County travel policy.

Washoe County's Risk Manager and Deputy District Attorney have reviewed and approved this Contract.

### **FISCAL IMPACT**

Should the Board approve this Interlocal Agreement, there will no additional impact to the adopted FY 15 budget as expenses for this contract were anticipated and projected in the Family Planning Grant Program (internal order 10025) under account 710108, MD Consultants.

### **RECOMMENDATION**

Staff recommends that the Washoe County District Board of Health ratify the Interlocal Agreement between Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc., and University of Nevada School of Medicine Multispecialty Group Practice North, Inc., to provide medical director services for the Family Planning clinic in the total amount of \$9,000 per year, for the period July 1, 2015 through June 30, 2016 unless extended by the mutual agreement of the Parties; and if approved, authorize the Chairman to execute the Contract; Authorization of travel and travel reimbursements for non-County employee(s) to be determined by the School, in the amount not to exceed \$1,500.

### **POSSIBLE MOTION**

Move to ratify the Interlocal Agreement between Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc., and University of Nevada School of Medicine Multispecialty Group Practice North, Inc., to provide medical director services for the Family Planning clinic in the total amount of \$9,000 per year, for the period July 1, 2015 through June 30, 2016 unless extended by the mutual agreement of the Parties; and if approved, authorize the Chairman to execute the Contract; Authorization of travel and travel reimbursements for non-County employee(s) to be determined by the School, in the amount not to exceed \$1,500.

## INTERLOCAL AGREEMENT

THIS AGREEMENT is made and entered into between the WASHOE COUNTY HEALTH DISTRICT, hereinafter referred to as "District," and the UNIVERSITY OF NEVADA SCHOOL OF MEDICINE INTEGRATED CLINICAL SERVICES, INC., AND UNIVERSITY OF NEVADA SCHOOL OF MEDICINE MULTISPECIALTY GROUP PRACTICE NORTH, INC., dba MEDSchool Associates North, hereinafter referred to as "School."

### WITNESSETH:

WHEREAS, the District conducts several clinical public health programs including a Family Planning Clinic which requires the services of a Medical Director ; and

WHEREAS, the School has faculty physicians who are licensed to practice medicine in the State of Nevada; and

WHEREAS, the School agrees to provide consultative and clinical services to the District for the Family Planning Clinic as described herein;

Now, therefore, in consideration of the mutual promises contained herein, the parties agree as follows:

The School agrees to:

1. Designate faculty member(s) to serve as Medical Director to the District for the Family Planning Clinic.
2. Provide consultation with the Family Planning Advanced Practice Registered Nurses (APRN) onsite for approximately four (4) hours per month and as needed by telephone, review and approve medical charts, provide consultation to the District on issues of Family Planning, conduct clinical examination of clinic patients or perform clinical procedures (IUD insertion) as necessary. (See attached job description)
3. Review and approve the clinical protocols completed by the District's Advanced Practice Registered Nurses.
4. Provide written evaluation of services and staff performance on an annual basis or upon request.
5. Discuss and review problem clinic patients with District staff on site and by telephone. Provide physician coverage 52 weeks a year. The School will provide coverage when the assigned physician is on vacation, or out of town or otherwise unavailable and will advise the District of the process to contact the School's back-up physician.
6. Bill the District each month for consultative/clinical services provided.
7. Comply with all applicable laws, ordinances and regulations of governmental entities including but not limited to bloodborne pathogens, tuberculosis exposures, professional licensure, and confidentiality of District medical records.

8. Require the physician(s) to submit the following documentation to the program supervisor prior to beginning services at the District: proof of immunity to measles and rubella, proof of hepatitis B immunization or a declination form, and a negative two-step baseline Tuberculosis Skin Test (TST) within 30 days prior to beginning services at the District; or a negative TST within the last year with a second negative TST within 30 days prior to beginning services at the District; or other TB screening documentation as may be required by the District's TB program Coordinator.
9. Review and comply with District policies regarding infection control, blood borne pathogen exposures, TB exposure, confidentiality of records, and to practice standard precautions while on site at the District.
10. Comply with OSHA Blood borne Pathogen requirements for Medical Service Providers. The requirements of Exhibit A are attached and included by reference.
11. Have the medical consultants for the Family Planning Clinic submit to a full background investigation pursuant to NRS 179.180 et seq., which includes a criminal history check and fingerprinting, and authorize the District to receive the records. The discovery of a) an undisclosed conviction for a sexual offense or a conviction based on an arrest or initial charge for a sexual offense, b) an undisclosed pending arrest or initial charge for a sexual offense, or c) two or more incidents resulting in arrest or initial charge of sexual offense which have not resulted in conviction and were not disclosed may be grounds for immediate termination of this Agreement without prior notice by the District, as may the arrest, initial charge or conviction of physician for a sexual offense during the term of this Agreement.

The District agrees to:

1. Pay School \$9,000 annually at the rate of \$750.00 per calendar month for the administrative services provided as Medical Consultant of the Family Planning Clinic.
2. Pay for one contraceptive focused training (Contraceptive Technology or other approved by District) for the School's staff not to exceed \$1,500 in value.
3. Pay the School any sums still owing should this Agreement be terminated as provided hereafter and if such termination occurs during a month, School shall be paid a pro-rated amount for the fee for the month.
4. Reserve the right to withhold any payment if it is determined that the services described herein have not been provided.
5. Be responsible for all fiscal and program responsibilities, records and reports for patients provided services through District programs.
6. Assume all fiscal and program responsibilities, records, and reports for patients.
7. Provide physician(s) with appropriate forms to obtain fingerprints at the Washoe County Sheriff's Office.

#### HIPAA.

To the extent applicable to this Agreement, the parties agree to comply with the Health Insurance Portability and Accountability Act of 1996, as codified at 42 USC 1320d ("HIPAA") and any current and future regulations promulgated thereunder including without limitation the federal privacy regulations contained in 45 C.F.R. Parts 160 and 164 (the "Federal Privacy Regulations"), and the federal standards for electronic transactions contained in 45 C.F.R. Parts 160 and 162, all collectively referred to herein as "HIPAA Requirements.", including the Health

Information Technology for Economic and Clinical Health Act (“HITECH”) that was adopted as part of the American Recovery and Reinvestment Act of 2009. It is agreed that in addition to maintaining such records and data in accordance with HIPAA and any more restrictive provisions of state law, including but not limited to, chapters 441A of the Nevada Revised Statutes and the Nevada Administrative Code, the parties will require that all employees, contractors and agents with whom they share the records and data provide comparable protections to those provided by the parties. The parties agree not to use or further disclose any Protected Health Information (as defined in 42 USC 1320d), other than as permitted by HIPAA Requirements and the terms of this Agreement. The parties shall make their internal practices, books, and records relating to the use and disclosure of Protected Health Information available to the Secretary of Health and Human Services to the extent required for determining compliance with the Federal Privacy Regulations.

INDEMNIFICATION.

- a. Consistent with the Limited Liability provision stated below, each party shall indemnify, hold harmless and defend, not excluding the other's right to participate, the other party from and against all liability, claims, actions, damages, losses, and expenses, including but not limited to reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of the indemnifying party, its officers, employees and agents. Such obligation shall not be construed to negate, abridge, or otherwise reduce any other right or obligation of indemnity, which would otherwise exist as to any party or person, described in this paragraph.
- b. The indemnification obligation under this paragraph is conditioned upon receipt of written notice by the indemnifying party within 30 days of the indemnified party's actual notice of any actual or pending claim or cause of action. The indemnifying party shall not be liable to hold harmless any attorneys' fees and costs for the indemnified party's chosen right to participate with legal counsel.
- c. In the event that the provisions of NRS Chapter 41 do not apply to a party, the party not covered by Chapter 41 shall indemnify the other party for any amount of damages in excess of the capped amount contained in Chapter 41 that may be awarded.

LIMITED LIABILITY. The parties will not waive and intend to assert available NRS chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages.

TERM. The term of this Agreement is from July 1, 2015 through June 30, 2016. This Agreement may be further extended for a term of up to one year, by agreement in writing between the parties within 60 days prior to the end of this Agreement. Ratification by the governing bodies shall be a condition precedent to its entry into force.

TERMINATION. This Agreement and any amendments may be terminated by either party at any time, without cause or penalty upon 30 days written notice to the other party.

SEVERABILITY. The provisions of this Agreement shall be deemed severable and if any portion shall be held invalid, illegal or unenforceable for any reason, the remainder of the Agreement shall be in effect and binding upon the parties.



NON APPROPRIATION. In the event funds are not appropriated for the purposes specified in this Agreement, contractor hereby consents to the termination of this Agreement. In such event, Health District will notify contractor in writing and the Agreement will terminate on the date specified in the notice. Both parties understand that this funding out provision is required by N.R.S. 354.626.

WAIVER OF PROVISION. Any waiver of any terms or conditions hereof must be in writing and signed by the parties hereto. A waiver of any of the terms or conditions hereof shall not be construed as a waiver of any other terms of conditions hereof.

AMENDMENTS. This Agreement may be amended at any time by mutual agreement of the parties without additional consideration, provided that before any amendment shall be operative or valid it shall be reduced to writing and signed by the parties. Ratification by the governing bodies shall be a condition precedent to its entry into force. This Agreement may be reviewed at any time by both parties to determine whether the Agreement is appropriate as it relates to individuals referred from the District.

ENTIRE AGREEMENT. This Agreement contains the entire agreement between the parties and shall be binding upon the parties and no other agreements, oral or written, have been entered into with respect to the subject of this Agreement.

ASSIGNMENT. Nothing contained in this Agreement shall be construed to permit assignment by School of any rights, duties or obligations under this Agreement and such assignment is expressly prohibited.

NOTICES. Official notices required under this Agreement shall be sent to the parties by certified or registered mail, return receipt requested, postage prepaid in the United States Postal Service to the addresses set forth below, or to such other addresses as the parties may designate in writing from time to time by notice given in accordance with the provisions of this section.

Notices to School shall be addressed to:  
Director of Contracting  
UNSOM  
1664 N. Virginia Street. M/S 1332  
Reno, Nevada 89557-1332

Notices to the District shall be addressed to:  
Kevin Dick, District Health Officer  
Washoe County District Health Department  
P O Box 11130  
Reno NV 89520-0027

Witness whereof, the parties hereto or a representative of either have set their hands and subscribed their signatures as of the date and year indicated.

District Board of Health

By: \_\_\_\_\_  
Kitty Jung, Chair

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

University of Nevada School of Medicine Integrated Clinical Services, Inc., and University of Nevada School of Medicine Multispecialty Group Practice North, Inc., dba MEDSchool Associates North

By: \_\_\_\_\_  
Thomas L. Schwenk, MD  
Vice President, Division of Health Sciences  
Dean, School of Medicine  
President Integrated Clinical Services, Inc.

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

## **Collaborating Physician Job Description**

**Job Summary:** Serve as Medical Director for Family Planning/Teen Health Mall Clinics. The collaborating physician acts as a consultant to the APRNs and monitors the quality of care provided by the APRNs.

### **Essential Functions:**

1. Provides direction to APRNs regarding clinical protocol and reviews and signs annually.
2. Participates in APRNs evaluation in order to ensure competency, which includes direct observation of an APRN while taking a medical history from a patient and performing an examination of patients' representative of those cared for by APRNs at the WCHD.
3. APRNs will consult with collaborating physician regarding the following:
  - Whenever situations arise which go beyond the intent of the protocols or the competence, scope of practice or experience of the APRN.
  - Whenever patient requests or conditions fail to respond to the management plan in appropriate time.
  - Any uncommon, unfamiliar or unstable patient conditions.
  - All emergency situations that require administration of medications, oxygen or that require transport, after initial stabilizing care has been started.
4. Oversees Quality Assurance (QA) by reviewing APRN client charts as indicated by QA protocol and reviews a representative sample of referrals or consultation made by the APRN with another health care professional as required by the condition of the patient.
5. Ensures the APRNs protocols reflect national standards for the APRNs medical specialty and comply with all relevant state and federal laws.
6. Collaborates on the creation and updating of the treatment protocols performed by District nurses.
7. Provides direct patient care as deemed appropriate by the APRNs.

### **Qualifications/Basic Job Requirements:**

1. Holds an active license in good standing to practice medicine and has experience in family planning care provision.
2. Practices medicine in the state.
3. Spends a part of a day at the Washoe County Health District WCHD on a monthly basis.
4. Is available at all times the APRN is providing medical services. Consultation by phone as acceptable.
5. Designates a qualified substitute physician to act as a temporary collaborating physician if the collaborating physician is unable to act as the collaborating physician for the APRNs. The scope of practice or medical competence of the temporary collaborating physician must be the same as the scope of practice or medical competence of the original collaborating physician.
6. Documents direct patient care and/or consultations with APRNs in Electronic Medical Record system.

**STAFF REPORT**  
**BOARD MEETING DATE:** July 23, 2015

**TO:** District Board of Health  
**FROM:** Kevin Dick, District Health Officer  
775.328.2416, kdick@washoecounty.us  
**SUBJECT:** Accept cash donation in the amount of \$700 from Michael Maier and Dyana Ireland.

---

**SUMMARY**

Accept cash donation in the amount of \$700 from Michael Maier and Dyana Ireland in gratitude for services provided by WIC.

**District Health Strategic Objective supported by this item:** Demonstrate the value and contribution of public health.

**PREVIOUS ACTION**

None.

**BACKGROUND**

Mr. Maier utilized WIC services during the early 1990s and wishes to express his gratitude to the Health District by providing a fiscal donation.

**FISCAL IMPACT**

Should the Board approve this donation, the adopted FY16 budget will be **increased by \$700** in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-CC-174600 -484000	Donations, Contributions	\$700
	Total Revenue	\$700
2002-CC-174600 -710500	Other Expense	\$700
	Total Expenditures	\$700

**RECOMMENDATION**

Staff recommends the Board accept cash donation in the amount of \$700 from Michael Maier and Dyana Ireland.

**POSSIBLE MOTION**

Should the Board agree with the staff recommendation, a possible motion would be: "Move to accept cash donation in the amount of \$700 from Michael Maier and Dyana Ireland."

## Submitted form data [\(reply with email\)](#)

Name	Michael Maier
Email	<a href="mailto:maier.michael.j@gmail.com">maier.michael.j@gmail.com</a>
Phone	7758151555
Comments	<p>Trying to settle my debts. When I was very young and out on my own, WIC helped me survive. I think it was about 1990 or 91. I make good money now, but I used your services back then at least a couple of times or more.</p> <p>Is there a direct place to donate. I just want to give 500\$ or something. I can't find it directly for the WIC program. I live in Oregon now, but I lived in Reno then. I needed to eat, you were there.</p> <p>Thank You Michael Maier</p>

## Additional Lead information

Is Customer?	No
New Lead?	Yes
Assigned To	No one

## Recent Activities

Name	Type	Activity	Time
<a href="mailto:maier.michael.j@gmail.com">maier.michael.j@gmail.com</a>	Lead	Created	Jun 26, 2015 01:22 PM
<a href="mailto:maier.michael.j@gmail.com">maier.michael.j@gmail.com</a>	Form Lead	Completed form: <a href="#">Health Community and Clinical Health Services Contact Us</a>	Jun 26, 2015 01:22 PM

To see more information, please visit [maier.michael.j@gmail.com](mailto:maier.michael.j@gmail.com).

[Hannon Hill Corp. - Spectate](#)

3423 Piedmont Rd.  
Suite 520  
Atlanta, GA 30305

To change your email preferences please visit [settings](#) and go to "Edit my information."



**STAFF REPORT**  
**BOARD MEETING DATE:** July 23, 2015

**TO:** District Board of Health  
**FROM:** Charlene Albee, Division Director, Air Quality Management  
**SUBJECT:** Recommendation to Deny the Appeal and Uphold Citation No. 5460, Case No. 1174 – Mr. Khalid Ali – Desert Sunset Motel and Bar

**SUMMARY**

Mr. Khalid Ali, owner of the Desert Sunset Motel and Bar, is appealing the decision of the Air Pollution Control Hearing Board to uphold Notice of Violation Citation No. 5460 for violations of Section 030.107 (A), (B) and (C) with a fine in the amount of \$5,600.

**District Health Strategic Objective supported by this item:** Demonstrate the value and contribution of public health, and achieve targeted improvements in health outcomes and health equity.

**PREVIOUS ACTION**

- On May 1, 2015, Air Quality Specialist II Suzanne Dugger issued Notice of Violation Citation No. 5460 for major violations of Section 030.107 (A) Asbestos Sampling and Notification (B) Improper work practices and (C) Asbestos Contamination and Abatement.
- On June 9, 2015, the Air Pollution Control Hearing Board unanimously approved to deny the appeal of Mr. Ali and uphold Notice of Violation Citation No. 5460 for violations of Section 030.107 (A), (B) and (C) with a fine in the amount of \$5,600.
- On June 16, 2015, AQMD received notification of appeal to the District Board of Health from Mr. Ali specific to the APCHB recommendation.

**BACKGROUND**

On April 30, 2015, Air Quality Specialist II Suzanne Dugger received a complaint from Jim English, of Washoe County Health District Environmental Health Services. According to Mr. English possible asbestos containing building materials had been disturbed due to water damage from a motel room located above a bar, located at the Desert Sunset Motel and Bar located at 1435 East Fourth Street in Reno, Nevada.

Upon arrival at the 1435 East Fourth Street site Specialist Dugger met with Mr. Khalid Ali, owner of the Desert Sunset Motel and Bar. Specialist Dugger entered the bar and observed that the ceiling area above the bar was severely damaged with portions of the ceiling having fallen down scattering debris over much of the floor. The damaged ceiling showed there was a hole in the bar ceiling that penetrated to the motel room above the bar. Specialist Dugger noticed that other areas of the walls and ceiling outside of the water damaged area had recently been repaired (acoustic ceiling scraped and walls cut out). Specialist Dugger questioned Mr. Ali if the repairs were performed by a licensed

**AIR QUALITY MANAGEMENT**

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contractor and if the building materials were sampled for asbestos prior to the repairs being made. Mr. Ali stated he did not know who made the repairs, and further stated that yes the entire facility had an asbestos survey performed by Converse Consultants in July, 2013. Mr. Ali stated according to the asbestos survey no asbestos containing material was found in any of the building materials tested at the Desert Sunset Motel and Bar. Specialist Dugger requested a copy of the asbestos survey but was denied. At that time Specialist Dugger posted a "STOP WORK" order on the entry door to the bar and informed Mr. Ali that until a copy of the asbestos survey was reviewed no further work was to be performed and no other personnel was allowed to enter the bar area or the motel rooms above the bar.

On May 1, 2015, Specialist Dugger arrived at the Desert Sunset Motel and Bar and again verbally requested a copy of the asbestos survey. Mr. Ali stated he would not provide a copy of the survey unless Specialist Dugger put the request in writing. Specialist Dugger then requested Mr. Ali allow a copy of the Converse Consultants July, 2013 survey to be released to the Specialist. Mr. Ali agreed to this request and a copy was finally obtained. A full review of the survey indicated there were asbestos containing materials located throughout the motel and bar areas. Specific materials included joint taping compound 1-3% Chrysotile; wall and hard ceiling surfaces 1-3% Chrysotile; and sprayed on acoustical ceiling material 1-10% Chrysotile. After review of the entire survey report Specialist Dugger requested Mr. Ali have a certified asbestos contractor remove all of the water damaged materials in the bar as soon as possible. The bar was to remain closed until the abatement was completed and proper air clearance samples were taken demonstrating the bar area and the rooms above the bar were clear of any asbestos particles and ready to reopen.

Based on the results of the file review and investigation, AQ Specialist Dugger issued Notice of Violation Citation No. 5460 for major violations of Section 030.107 (A) Asbestos Sampling and Notification (B) Improper work practices and (C) Asbestos Contamination and Abatement.

On May 5, 2015, Senior AQ Specialist Dennis Cerfoglio conducted a negotiated settlement meeting, attended by AQ Specialist Dugger and Mr. Khalid Ali. After careful consideration of all the facts in the case, AQ Specialist Cerfoglio recommended Citation No. 5460 be upheld with a fine of \$5,600, which represents a reduction from the original \$7,600, for a major violation of District Health Department Regulations Governing Air Quality Management. At that time, Mr. Ali stated he would not sign the memorandum of understanding and left the meeting. Mr. Ali was informed he had ten days to appeal the settlement offer, otherwise the case would be sent to the District Board of Health. On May 12, 2015, AQMD received an appeal form from Mr. Ali requesting a hearing of his case before the Air Pollution Control Hearing Board.

On June 9, 2015, the Air Pollution Control Hearing Board convened to consider Case No. 1174, Citation No. 5460. The case was presented by Air Quality Management staff with testimony from Mr. Khalid Ali, representing the Desert Sunset Motel and Bar. After consideration of all of the facts and testimony, the Air Pollution Control Hearing Board (APCHB) recommended the appeal of Mr. Khalid Ali, owner of the Desert Sunset Motel and Bar be **denied** and Citation No. 5460 be **upheld** and a fine of **\$5,600** be levied for the removal of potential asbestos containing materials without notification, failure to obtain an acknowledgement of asbestos assessment, and failure to follow asbestos control work practices in a commercially regulated facility. Failure to obtain an asbestos acknowledgement form, as well as submit notification and follow proper asbestos control work practices and containment/abatement, are all **major violations** of the District Board of Health

Regulations Governing Air Quality Management, specifically Section 030.107(A), (B) and (C) National Emission Standards for Hazardous Air Pollutants (NESHAP), Subpart M - Asbestos, which is implemented through Section 030.107 Hazardous Air Pollutants. A copy of the APCHB meeting minutes are enclosed for reference.

**Recommendation**

1. Staff recommends the District Board of Health deny the appeal and uphold Citation No. 5460, Case No. 1174 – Mr. Khalid Ali – Desert Sunset Motel and Bar.

**Alternatives**

2. The District Board of Health may determine that no violation of the regulations has taken place and dismiss Citation No. 5460, Case No. 1174.
3. The Board may determine to uphold Citation No. 5460, Case No. 1174, but levy any fine in the range of \$0 to \$10,000 per day for each violation.

**Possible Motion(s)**

Should the Board agree with staff recommendation or the alternatives, possible motions would be:

1. “Move to deny the appeal and uphold Citation No. 5460, Case No. 1174 – Mr. Khalid Ali – Desert Sunset Motel and Bar.”
  2. “Move to dismiss Citation No. 5460, Case No. 1174, as it cannot be clearly determined that a violation of the regulations has taken place.”
- Or
3. “Move to uphold Citation No. 5460, Case No. 1174, and levy a fine in the {amount of *(range of \$0 to \$10,000)*} per day for each violation.”









DRAFT

MCS







CASE NO. 1174 – AS REVIEWED BY THE AIR POLLUTION CONTROL HEARING BOARD

In Re: Appeal of KHALID )  
ALI, DESERT SUNSET MOTEL )  
& BAR, located at 1435 e 4<sup>th</sup> Street, )  
Reno, for violation of Section 030.107 )  
(Hazardous Air Pollutants), Subsections )  
A (Asbestos Sampling and Notification); )  
B (Asbestos Control Work Practice); and )  
C (Asbestos Containment and Abatement), )  
of the Washoe County District Board of )  
Health Regulations Governing Air )  
Quality Management. )

**CASE NO. 1174**  
**KHALID ALI – DESERT SUNSET**  
**MOTEL AND BAR**

At a hearing of the Air Pollution Control  
Hearing Board at Wells Avenue at Ninth  
Street, Reno, Nevada  
June 9, 2015

PRESENT: Chairman David Rinaldi  
Member Cathleen Fitzgerald, DEnv, PE  
Member Richard Harris, Esquire  
Member Jim Kenney  
Charlene Albee, Director, Air Quality Management  
Michael Wolf, Branch Chief, Permitting and Enforcement  
Dennis Cerfoglio, Senior Air Quality Specialist  
Suzanne Dugger, Air Quality Specialist II  
Janet Smith, CAP-OM, Recording Secretary

ABSENT: Vice Chairman Jon Greene  
Member Jeanne Rucker, REHS  
Member Joe Serpa



**STATEMENT OF THE FACTUAL QUESTION**

**SECTION 030.105 NATIONAL EMISSION STANDARDS FOR HAZMAT AIR POLLUTANTS**

B. The National Emission Standards for Hazardous Air Pollutants for those Subparts of 40CFR61 listed below, along with all the duly promulgated revisions are herewith adopted by reference.

10. Subpart M – Asbestos

**SECTION 030.107 Hazardous Air Pollutants**

A. Asbestos Sampling and Notification

No permit for demolition or for the renovation of any NESHAP regulated facility may be issued by any public agency within the Health District until such time as an asbestos survey, conducted by a person qualified to make such a survey is made on the premises. No potential asbestos containing materials may be disturbed until such a survey is performed. The person performing the survey must possess US EPA AHERA certification. The survey must be completed to the satisfaction of the Control Officer or additional samples may be required. A complete, signed copy of an asbestos survey report must be filed at the Washoe County District Health Department and an “Asbestos Assessment Acknowledgement Form” obtained before any permit for demolition or renovation, as noted above, is issued. Failure to conduct an asbestos survey, or obtain a completed “Asbestos Assessment Acknowledgement Form”, may result in a citation or other enforcement action, including the issuance of a Stop Work Order if a reasonable possibility for the release of asbestos fibers exists. If the survey indicates the presence of asbestos, the permit applicant must adhere to the requirements of Sections 030.105 and this section prior to and during the removal of any asbestos. The owner, operator or his representative shall submit to the Control Officer notice of intent in compliance with 40CFR61.145. Such notice shall be required for the following operations.

1. All renovations disturbing regulated asbestos containing materials (RACM), which exceed, in aggregate, more than 160 feet square, 260 lineal feet or 35 cubic feet whichever is most restrictive.
2. Notice shall be required for any building demolitions, including single residential dwellings.

This notification shall contain all information as requested by the Control Officer, including a plan of action as to the methods of techniques to be used for removal. Standard fees as set by the Board of Health must be submitted with all such notifications before they can be considered valid.

**B. Asbestos Control Work Practice**

For the purpose of this regulation, in addition to the requirements of the NESHAP, acceptable work practices for RACM removal shall include, but are not limited to, adequate wetting, containment of materials in glove bags or containment areas, negative air systems, decontamination areas, double bag disposal or other methods as required by the Control Officer. Acceptable work practices for commercial ACM roofing removal shall include adequate wetting of the material and removal in covered chutes. As an alternative, ACM roofing materials may be removed by bagging or careful wrapping and lowering. The Control Officer may require separate removal of friable roofing materials prior to demolition. All asbestos removal work which is done with barriers isolating the work area shall include transparent viewing ports which allow observation of stripping and removal of ACM from outside the barrier. Sufficient view ports shall be installed to make at least 90 percent of the work area visible from outside the barrier, except in unusual situations as approved by the Control Officer. Air clearance testing after removal work is complete may be required by the Control Officer for the protection of public health.

### C. Asbestos Containment and Abatement

Under no condition may any person store, remove, transport or destroy any asbestos containing materials in a manner which is likely to release asbestos fibers into the atmosphere. Safe asbestos removal work practices, sufficient to prevent a danger to public health as defined below, shall be required for any remodeling or demolition of NESHAP regulated facilities which disturbs any quantity of RACM. The Control Officer may require cleanup or abatement of damaged or degraded asbestos containing materials where their storage, handling, or continued presence represents a danger to public health. Unsafe work practices or danger to public health as noted above shall be concluded only when testing results demonstrate asbestos levels exceeding one of the following limits: 1) 0.01 asbestos fibers per cubic centimeter as determined by any method of air sampling as specified by the Control Officer; or 2) greater than one percent asbestos as determined by vacuum, bulk or wipe sampling of surfaces. The Control Officer may require such sampling to be performed at the owner's expense by a qualified person when unsafe work practices or a danger to public health are suspected. The Control Officer shall approve procedures for sample collection, including the type of sampling as listed above, sample duration and volume, or analytical methods, such as the use of TEM or PCM depending on the type of suspected contamination and building materials present. Failure to use acceptable work practices during RACM removal or disturbance may result in the issuance of a Stop Work Order, a citation, or both.

### **GENERAL COMMENTS**

On June 9, 2015, the Hearing Board for the referenced Regulations held a public hearing to consider all evidence and testimony concerning the appeal of **KHALID ALI, DESERT SUNSET MOTEL AND BAR, Citation No. 5460, Case No. 1174**, for violation of Section 030.105 (National Emission Standards for Hazardous Air Pollutants – NESHAP), Subsection A (Asbestos Sampling and Notification); B (Asbestos Control Works Practices); and C (Asbestos Contamination And Abatement), of the Washoe County District Board of Health Regulations Governing Air Quality Management.

Mr. Mike Wolf, Permitting and Enforcement Branch Chief, being duly sworn, advised Mr. Khalid Ali, Desert Sunset Motel and Bard, 1435 East 4<sup>th</sup> Street, Reno, was issued a Notice of Violation for failure to obtain an Asbestos Acknowledgement form, Subsection A; Subsection B for failure to perform proper work practices; and Subsection C for transporting and disposal of asbestos improperly,

of Section 030.107 (Hazardous Air Pollutants) of the Washoe County District Board of Health Regulations Governing Air Quality Management.

Mr. Wolf advised on April 30, 2015, Ms. Suzanne Dugger, Air Quality Specialist II, responded to a complaint from Mr. Jim English, Supervisor, Environmental Health Specialist, who had responded to reported water damage at the Desert Sunset Motel and Bar. Mr. Wolf stated upon her arrival, Ms. Dugger noted the ceiling had collapsed (photographs have been provided to the Hearing Board members); and that there had been extensive work performed throughout the bar, including the removal of sheet rock and acoustic ceiling materials. Mr. Wolf stated Ms. Dugger further noted “a passage way had been cut into the wall; that Ms. Dugger immediately questioned “if an asbestos survey had been conducted on the space.” Mr. Wolf stated Mr. Ali advised Ms. Dugger ‘there had been a survey and there was no asbestos present’; that Ms. Dugger then questioned Mr. Ali as to “all the work that had been performed, who had performed it; and whether (Mr. Ali) had obtained an Asbestos Acknowledgment form from Air Quality.” Mr. Wolf stated Mr. Ali advised Ms. Dugger ‘he did not know who performed the work; and did not know if Asbestos Acknowledgement forms had been obtained.’ Mr. Wolf stated during the discussion specific to the asbestos testing, Mr. Ali twice indicated he wouldn’t/couldn’t provide Ms. Dugger a copy of the survey; that upon the third request he agreed to have Converse Consultants release the survey to Staff. Mr. Wolf stated the survey results indicated the “there was asbestos throughout the bar”; that portions of the acoustic ceiling tested 10% positive for Chrysotile asbestos-containing materials. Mr. Wolf stated based on the photographs of the ceiling area that collapsed there was approximately 90-100 square feet; that Staff immediately issued a Stop Work Order. Mr. Wolf stated there “was space between the bar and the two (2) rooms being inspected by Environmental Health, which was “open air”; therefore, Staff issued a Stop Work Order for that portion also.

Mr. Wolf advised Mr. Cerfoglio inspected the site on Thursday and noted the Stop Work Orders were still posted; that to Staff’s knowledge no one has been “in those areas.”

Mr. Wolf reiterated the three (3) Subsections of the Regulations, which were violated, advising Staff has no knowledge of how the contaminated material was removed or how it was disposed of as there was no waste hauler’s manifest.

In response to Dr. Fitzgerald regarding the increase of the \$5,600 proposed negotiated settlement fine and the \$7,600 fine currently recommended to the Hearing Board, Mr. Wolf advised because Mr. Ali met with Mr. Cerfoglio and Ms. Dugger for approximately an hour it was the decision to offer Mr. Ali a reduction of the recommended fine from \$7,600 to \$5,600. Mr. Wolf stated when Mr. Ali made the determination not to accept the offered settlement the proposed reduction is no longer offered and the recommended fine is reestablished to the original amount, thus the \$7,600.

In response to Mr. Rinaldi regarding the “adjusted base penalty of \$9,500, Mr. Wolf stated the \$9,500 was the calculated fee prior to the settlement meeting.

In response to Dr. Fitzgerald regarding Staff’s recommendation indicating ‘no previous violations’; however, there is reference to a \$1200 violation in 2012, Mr. Wolf advised that reference is in regard to an OSHA (Occupational Safety and Health Administration) violation; and not a Health District Air Quality violation.

In response to Mr. Kenney regarding reference to “...Mr. Ali obtaining a Notice of Assessment for work...in March 28, 20014”, Mr. Wolf advised Mr. Ali did obtain an Asbestos Acknowledgement form due to structural damage to the motel from a car hitting the outside. Mr. Wolf stated Staff referenced this to demonstrate Mr. Ali is aware it is necessary to obtain an Asbestos Acknowledgement form for repairs of damages of this type. In response to Dr. Fitzgerald regarding those repairs being performed properly, Mr. Wolf stated to Staff’s knowledge those repairs were properly performed in accordance with Air Quality Management Regulations. Mr. Wolf stated the previous incident is not related to this case; that, as he stated, it was to indicate Mr. Ali’s awareness of the necessary requirements.

Ms. Suzanne Dugger, Air Quality Specialist II, being duly sworn, reviewed the photographs, advising the “first few photographs depict previous damage to the ceiling which had been repaired. Ms. Dugger advised the fourth photograph depicts the damage for which Mr. English contacted her after he had responded to the Desert Sunset Motel and Bar. Ms. Dugger stated the damage was apparently the result of water leaking from one of the rooms above the bar.

In response to Mr. Rinaldi regarding the ‘patching’ depicted in the pictures, Ms. Dugger stated the previous patching had no “acoustic popcorn” on the ceiling; that it had been repaired with drywall, mud, tape and texture; and it had been painted.” Ms. Dugger stated the patchwork was above the pool table; that it is same (acoustic) material; that according to the report from Converse Consultants, the materials did test positive for asbestos.

Ms. Dugger stated the remaining pictures depict the debris she noted throughout the area of the bar, which she was advised contained no asbestos; that fortunately the material was very wet.

Mr. Rinaldi, as Chairman of the Hearing Board, advised Mr. Ali the Hearing Board will accept testimony specific to the facts of the case and Mr. Ali’s rebuttal to the information presented by Air Quality Management Staff.

Mr. Khalid Ali, owner of Desert Sunset Motel and Bar, being duly sworn, stated he “may appear as he is being very aggressive”; however, “he has to be because as a Muslim he has been continually targeted.” Mr. Ali stated this targeting has occurred for the past six (6) years ever since 9/11.

Mr. Ali stated he is a highly educated man; that currently he owns three (3) motels; however, he will be selling every one of these. Mr. Ali stated he is continually being targeted for violations. Mr. Ali compared his business operations to the Reno Aces Ballpark referencing the payment of property taxes and operating without a Certificate of Occupancy (C of O), stating there is a different standard of operation between those types of businesses and for himself as a Muslim. Mr. Ali stated this is “an issue of discrimination and nothing to do with the facts.” Mr. Ali reiterated he has been targeted by Reno Code Enforcement and the Health District with the purpose to “close the place.”

Mr. Ali stated he has people vandalize his property; that when the automobile crashed into one of the rooms he contacted a contractor to properly conduct the repairs, which is a standard process in business. Mr. Ali stated he has been “in this business for twenty-five (25) years; that when he received the insurance check for the damages to the room he hired a contractor to “test the room.” Mr. Ali stated he followed the same procedure for this damage as he did for the damage from the car crashing into the room(s). Mr. Ali stated “there is nothing he can do for the vandalism, which is more like domestic terrorism.” Mr. Ali reiterated he is continually being notified regarding violations, which have to be corrected, which he has done.

Mr. Ali stated his bar has been closed for the past eight (8) months due to “domestic vandalism.” Mr. Ali stated when the water leak occurred he knew nothing about it until he was notified of drug dealing in the motel. Mr. Ali stated the water leak “was not his fault” as it was from water damage from the room above. Mr. Ali reiterated that when the car collision into the motel room occurred he followed procedure and hired a contractor to properly perform the repairs. Mr. Ali stated he has been in the business twenty-five (25) years; that he will be selling the property.

Mr. Ali stated he followed the same procedure to repair the damage from the water leak; that he contacted Mokofisi Construction; that he has insurance to allow him to pay for the repairs; and he has police reports.

Mr. Ali stated he submitted an application for the “pink sheet” [the Asbestos Acknowledgement verification form which is submitted to the Building Departments to obtain a permit], to the Air Quality Division today and was advised he would not be issued one. Mr. Ali stated he has the paper work to show he is attempting to comply with the requirements for the repairs. Mr. Ali stated he also has the \$62 check to pay for the Asbestos Acknowledgement; however, he was advised by Air Quality

an Asbestos Acknowledgement would not be issued until such time as the “work was done.” Mr. Ali stated he agree with “that position.”

In response to Mr. Ali regarding the application and check presented at Air Quality Management today, Mr. Wolf stated an Asbestos Acknowledgement was issued to Mr. Ali in March 2014, due to the car colliding into one of the room 109. Mr. Wolf advised he did review Mr. Ali’s application for the work Mr. Ali is proposing to have performed. Mr. Wolf advised during the first review he noted the proposed work only included the abatement to be performed by a company, which is not certified to perform asbestos-abatement. Mr. Wolf stated when Mr. Ali submitted the application the second time, it did not include the scope of the work to be performed; therefore, he utilized the information Mr. Ali submitted the first time. Mr. Wolf stated upon a review Mr. Ali only provided information specific to the removal of the asbestos-containing materials on the floor; and did not include any information specific to the repairs and build-back. Mr. Wolf stated he further advised Mr. Ali that “all materials, which are not homogenous and would be disturbed in the repairs/build-back would also have to be sampled for asbestos-containing materials. Mr. Wolf stated Air Quality Management does not accept payment until such time as the ‘pink sheet’ is issued.

In response to Mr. Rinaldi regarding the submission of information, Mr. Ali stated Mr. Wolf was not willing to accept his application today; that he has been in contact with Mr. Cerfoglio for approximately a month. Mr. Ali stated ‘the more paper work he has to back up his claim the better off he is’; that he ‘has the same problem in the court system; that he has to appear all the time and he has to provide all necessary details to the judge.’

Dr. Fitzgerald noted Mr. Ali utilized the same contractor; therefore, the contractor should have been familiar with proper procedure.

In response to Mr. Kenney regarding the Asbestos Acknowledgment form, Mr. Wolf delineated the process when an application is received; that the payment receipt is validated with the date on which it was processed.

In response to Mr. Kenney regarding the date of the water damage, Mr. Ali stated “they would know more than he would”; that he didn’t know anything about it; that someone called in about it; that he was “off the property” at the bank. Mr. Ali stated he was notified that the Health Department, Code Enforcement; and the police department were on-site at this property.

In response to Mr. Rinaldi regarding the damage she had noted and any demolition work which had already been performed, Ms. Dugger advised that upon her arrival on-site she noted the debris on the floor from the water damage; however, it was obvious that some demolition work had already been performed. Ms. Dugger stated there had been previous patch work performed in the ceiling.

Mr. Rinaldi stated the photographs presented “attest to not only the ceiling caving-in causing damage, but there is a ladder visible going between the rafters; that areas of the popcorn ceiling had been denuded of the acoustic material or removed.”

Mr. Ali stated “with the bar being closed he has brought nothing over there; that it has been closed for eight (8) months because of constant attacks and people wanting him to be out of business.” Mr. Ali stated he has owned the Desert Sunset Motel and Bar since 1994.

In response to Mr. Rinaldi regarding “who removed some of the ceiling materials as noted in the pictures, Mr. Ali stated “he does not know; that he know nothing about it.”

Mr. Rinaldi stated the photographs indicate the materials were removed in an orderly manner.

Mr. Ali stated ‘he is getting charged again [by Staff]; that he had made-up his mind when he came to the office a couple of months ago, as he had paid a \$6,000 fine a couple of years ago; that he “is getting hurt by these people; that this is a trend.” Mr. Ali stated “this is about constantly attacking the motel making him financially bankrupt; that this is what it is all about.”

Mr. Rinaldi stated the law is very specific regarding the disturbance of asbestos “you have to have had a survey and you have to have it removed by a certified contractor.”

Mr. Ali stated he has “followed the law”; that he has shown the Hearing Board his “three (3) certified bids; the police report; and the insurance information”; that he “has followed the intent of the law”; and would question “where has he gone wrong?” Mr. Ali again reiterated he followed the standard processes in obtaining his permits when the motel room was damaged by the car.

Mr. Rinaldi stated “had this job been done properly a contractor would have set-up the proper containment to keep the asbestos from flying around in the environment; that this was not the case.”



Mr. Ali stated “when something happens [at the motel] and he knows nothing about it, such as the ceiling falling down.”

In response to Mr. Ali Mr. Rinaldi stated, “he understands things can happen, which {Mr. Ali may not be aware of immediately}; however, the photographs of what Ms. Dugger observed at the motel/bar depict “an intentional removal of the popcorn material.”

Mr. Ali questioned “why he would have had intentional removal when he has insurance?” Mr. Ali stated an inspection of his bar will “show the cooling system for the bar has been cut completely so he cannot open the bar anymore.” Mr. Ali stated the air conditioning system is gone due to vandalism; that people due stuff”; that when he evicts people “they do these things.”

Dr. Fitzgerald stated Mr. Ali was issued an Asbestos Acknowledgement form in March 2014 for the damage to room 109; that Mr. Ali indicated he was utilizing the same contractor for the current damage as he had utilized last year; therefore, she would question who the abatement contractor was for last year’s damage.

In response to Dr. Fitzgerald, Mr. Ali stated “this has nothing to do with his contractor”; that he is following the same process that he did previously. Mr. Ali stated he obtained three (3) bids, from Advanced Installations; Mokifisi Construction; and one other; that he has not yet “made up his mind” who the contractor will be, as he has to submit the name of the contractor to the insurance company.

Dr. Fitzgerald stated Staff advised the contractor Mr. Ali indicated on his application for the Asbestos Acknowledgement form is not a certified abatement contractor.

Mr. Ali stated he received a bid from Advanced; that he “won’t let anybody touch it until he got an okay from these people; that he just submitted the paper work.”

Mr. Rinaldi stated the proposed bid presented by Mr. Ali is dated May 5, 2015; however, Staff’s investigation, with the photographs, was April 30, 2015; therefore, the violation had already occurred.

In response to Mr. Rinaldi, Mr. Ali stated “that is her (Ms. Dugger) side of the story”; that he “is presenting his side.” Mr. Ali stated he asked Ms. Dugger what he needed to do and she requested a copy of the asbestos survey performed by Converse Consultants. Mr. Ali stated Ms. Dugger further

instructed him “not to go into the room [the bar] at all and to contact people to see who could do the asbestos” abatement. Mr. Ali stated he then started “contacting people.”

In response to Mr. Ali, Mr. Rinaldi reiterated Mr. Ali’s actions “were all after the fact.” Mr. Rinaldi stated as a property owner, Mr. Ali should be aware of what the regulatory requirements are.

In response to Dr. Fitzgerald regarding Converse Consulting performing the asbestos testing of all areas positive for asbestos, Mr. Ali stated a previous girlfriend of his made the arrangements for the work to be performed. Mr. Ali stated he “did not testify regarding the last violation and \$6,000 fine,, as he was advised by the City of Reno, who was attacking him, that that was the only way he would get out of it.”

Mr. Ali stated he was asked to get the report from Converse, “which is \$2,500 evidence, so he got the Converse report”; that “once he got the Converse report he thought they would be satisfied, but they were still not satisfied as they were after the money.” Mr. Ali stated because he did not have the money he asked to pay \$300 a month in installments. Mr. Ali stated he decided then “if this happened again he had no choice but to sell the place and get out of the business; that that is what he will be doing.” Mr. Ali stated “because he is responsible, he is responsible because it’s his property, he cannot take it anymore.” Mr. Ali stated “there are two (2) different people two (2) sets of rules; that the people next door do the same thing and don’t go through this kind of hassle.” Mr. Ali stated he is “put through excess scrutiny.”

Mr. Rinaldi stated Mr. Ali has not yet addressed “that Converse determined the materials were positive for asbestos.”

In response to Mr. Rinaldi, Mr. Ali stated the Converse report was sent to his ex-girlfriend.

In response to Mr. Harris regarding any residents living in the motel at this time, Mr. Ali stated he has twenty-six (26) rooms at this facility and usually maintains 100% occupancy, as he “does not charge too much money.” Mr. Ali stated currently twenty-two (22) rooms are open and occupied.

Mr. Harris questioned if it is necessary for the tenants “to pass through a lobby area in which there may be exposure to the asbestos-containing materials in the bar.”

In response to Mr. Harris Mr. Ali stated there is a laundry room in the back area of the motel; however, the tenants can access their rooms directly; that they are not exposed to the asbestos containing materials.

In response to Mr. Rinaldi regarding the configuration of the motel/bar, Ms. Dugger stated the tenants do not have to pass through the bar area to access the rooms. Ms. Dugger advised there are two (2) rooms directly above the bar, which have also been “red-tagged” due to the ceiling collapse resulting in “open space between the bar and the floors. Ms. Dugger advised Environmental Health Services and Reno Code Enforcement had also “red-tagged” these rooms as that area of the building is not structurally sound. Ms. Dugger stated these are the only two (2) rooms which would have contact with the bar; that all of the other rooms are separate.

In response to Dr. Fitzgerald regarding the water damage occurring eight (8) months ago when the bar was closed, Mr. Ali stated he believes a former tenant who was selling drugs caused the water damage; that when he was advised about the drug dealing the told “them they had to go.”

In response to Dr. Fitzgerald as when the water damage occurred, Mr. Ali stated he “would say the 30<sup>th</sup> of April.” Mr. Ali stated he is provided inadequate security; that “even the police won’t do anything about it”; that “if the police don’t do anything about it don’t shift the burden to him; that he is an innocent bystander.” Mr. Ali stated he is suffering; that he is paying for police enforcement and the police don’t do anything. Mr. Ali stated Reno Code Enforcement is the one determining these violations.

Mr. Ali reiterated there are three (3) points he is presenting: 1) he has the police reports; 2) the insurance report; and 3) the bid from Mokifisi Construction, which is not a qualified contractor. Mr. Ali stated he is contacting qualified contractors. Mr. Ali stated he was directed to contact a demolition contractor – “done deal.” Mr. Ali stated he was advised “once the asbestos was removed he would be given a certificate of clearance.” Mr. Ali stated he “went to the Code Enforcement hearing, he spoke with the Code Enforcement Officer providing all of his paperwork; and was told ‘he was on the right track and he was following what was to be done; and it was fine.’”

In response to Mr. Kenney regarding the ex-girlfriend being a co-owner of the property, Mr. Ali stated “she claims to be but is not.”

Mr. Ali stated “the whole Health Department is coming this Tuesday to inspect every room.”

Mr. Kenney stated there were obvious violations of the Regulations at the time Air Quality Staff was notified and conducted the investigation of the Desert Sunset Motel and Bar.

### **MOTION**

Mr. Kenney moved based upon the testimony and evidence presented, a violation of Section 303.107 (Hazardous Air Pollutants), Subsections A (Asbestos Sampling and Notification); B (Asbestos Control Work Practice); and C (Asbestos Containment and Abatement), of the Washoe County District Board of Health Regulations did occur and that it be recommended to the District Board of Health that the **appeal of KHALID ALI, DESERT SUNSET MOTEL AND BAR**, be denied and **Citation No. 5460, Case No. 1174** be **upheld** and a fine in the amount of **\$7,600** be levied against Mr. Ali, Desert Sunset Motel and Bar, for a **major violation**.

In the discussion that followed, Mr. Harris stated there was no immediate containment of the asbestos containing materials; and evidence there “may have been some effort of clean-up and disposal of materials; therefore, there was a violation. Mr. Harris stated “he does not have a sense of any immediate or continuing danger to the public, as the two (2) rooms affected were cleared-out and red-tagged.” Mr. Harris stated “this didn’t present an actual health hazard; that he is sympathetic to Mr. Ali; and Mr. Ali has expressed some concerns as to his treatment, even though Mr. Ali is a citizen. Mr. Harris stated he would prefer the monies be utilized to abate this case as soon as possible with a proper contractor. Mr. Harris stated “Mr. Ali has gone through a number of correct steps; that he would recommend holding the fine in abeyance and direct Mr. Ali to proceed as quickly as possible to abate this violation.

Mr. Wolf reviewed the requirements of the notification for abatement; that should it be determined there is an EPA reportable amount to be abated Staff requires a ten (10) day notification period.

Mr. Harris reiterated the recommendation of upholding the Citation; and holding the fine in abeyance depending upon Mr. Ali’s compliance “with all proper orders of the Washoe County Health Department.”

Mr. Rinaldi stated previous there have been cases in which the Hearing Board recommended reducing a fine with the monies being utilized for educational purposes for the responsible individuals; however, the Hearing Board has not recommended placing the recommended fine in abeyance pending compliance.

Mr. Rinaldi stated he believes the appellant “knew of the asbestos hazards”; that there is question as to when the damage occurred; that Mr. Ali indicated he didn’t know when the damage occurred, then he indicated it was the day of the inspection of April 30<sup>th</sup>; Mr. Rinaldi stated Mr. Ali’s testimony that is “just happened to coincide with the inspection just does not make sense.” Mr. Rinaldi stated the Hearing Board may consider recommending a reduction of the proposed amount of the fine.

Mr. Harris stated he concurs with Mr. Rinaldi that there is some degree culpability by Mr. Ali; that Mr. Ali had knowledge of the presence of asbestos; that Mr. Ali should have addressed the problem immediately. Mr. Harris stated he would recommend the appeal be denied, the Citation be upheld and the recommended fine be reduced to \$3,500.

In response to Mr. Rinaldi regarding withdrawing his motion, Mr. Kenney stated his concern would be one of whether such a large recommended reduction would be incentive enough to complete the necessary work.

Mr. Harris stated Mr. Ali indicated a desire to sell the property; that he does not foresee the property being sold without the proper removal of the asbestos and completion of the necessary repairs. Mr. Harris reiterated his concern is abatement of the asbestos and repairs as quickly as possible.

In response to Mr. Rinaldi regarding the Health Department being aware of the status of the property should Mr. Ali sell it, Ms. Dugger stated there are two (2) Stop Work Orders attached to this property; that those Stop Work Orders cannot be removed until such time as the work is complete and properly done. Ms. Dugger stated Staff will continue to monitor this project until such time as it is complete. Ms. Dugger stated the “only way in which the Stop Work Orders will be removed is when Mr. Ali abates the recent damage properly; that Staff “does not know what has happened to any previous damage which was done.”

In response to Mr. Rinaldi regarding Mr. Ali having repairs performed prior to Staff removing the Stop Work Orders, Mr. Wolf stated none of the Building Departments are to issue building permits for commercial properties without an Acknowledgement of Asbestos from the Air Quality Division. Mr. Wolf stated this was the previous problem specific to the work which was performed, there was no permit issued; therefore, Staff does not know how the materials were abated, etc.

Mr. Rinaldi stated these are the reasons he has serious concerns regarding attempting to hold the fine in abeyance. In response to Dr. Fitzgerald regarding recommending a fine reduction requiring the work to be completed within a specific time frame, Mr. Rinaldi stated there are concerns with that

type of recommendation. Mr. Rinaldi stated the Hearing Board could recommend a reduction in the fine; and if the work is not completed properly it is an issue of Code Enforcement.

Mr. Harris requested Staff continually monitor this violation and if the materials are not properly abated and repairs properly performed it would constitute another violation.

Mr. Wolf reminded the Hearing Board that Staff did offer Mr. Ali a fine reduction during the settlement meeting, which Mr. Ali rejected.

Mr. Rinaldi stated he could not support a recommended fine less than what Staff offered during the settlement meeting.

Mr. Kenney withdrew his motion.

### **MOTION**

Dr. Fitzgerald moved that based upon the testimony and evidence presented, a violation of Section 303.107 (Hazardous Air Pollutants), Subsections A (Asbestos Sampling and Notification); B (Asbestos Control Work Practice); and C (Asbestos Containment and Abatement), of the Washoe County District Board of Health Regulations did occur and that it be recommended to the District Board of Health that the **appeal of KHALID ALI, DESERT SUNSET MOTEL AND BAR**, be denied and **Citation No. 5460, Case No. 1174** be **upheld** and a fine in the amount of **\$5,600** be levied against Mr. Ali, Desert Sunset Motel and Bar, for a **major violation**.

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

Mrs. Janet Smith, CAP-OM, Recording Secretary, advised Mr. Ali, Desert Sunset Motel and Bar, of his right to appeal the Hearing Board's recommendation to the District Board of Health, in writing, within five (5) days of today's hearing.

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DAVID RINALDI, CHAIRMAN  
AIR POLLUTION CONTROL HEARING BOARD

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JANET SMITH, CAP-OM  
RECORDER

**STAFF REPORT****BOARD MEETING DATE:** July 23, 2015

**TO:** District Board of Health

**FROM:** Charlene Albee, Director  
(775) 784-7211, calbee@washoecounty.us

**SUBJECT:** Acceptance of the Truckee Meadows Fire Protection District Spring 2015 Open Burn Pilot Project Report and direction on future pilot projects.

**SUMMARY**

In response to a request by the Truckee Meadows Fire Protection District (TMFPD) through the Air Quality Management Division (AQMD), the District Board of Health (DBOH) approved a pilot project to allow open burning, with conditional approval, for a 15-day period prior to the AQMD regulatory start date of March 1. This staff report is an evaluation of the pilot project.

**Health District Strategic Objective supported by this item:** Achieve targeted improvements in health outcomes and health equity.

**PREVIOUS ACTION**

Jan 9, 2015 Approved a pilot project to allow open burning within the TMFPD jurisdiction and outside the Truckee Meadows Hydrographic Area from February 14-28, 2015.

Aug 25, 1993 Amended DBOH Regulations Governing Air Quality Management Section 040.035, "Open Fires".

Apr 1988 Amended DBOH Regulations Governing Air Quality Management Section 040.035, "Open Fires".

**BACKGROUND**

District Board of Health Regulations Governing Air Quality Management (AQM Regulation) Section 040.035, "Open Fires", prohibits burning, with limited exceptions, year-round in the Truckee Meadows Hydrographic Area. Limited open burning is allowed outside of this area from March 1 through October 31.

TMFPD determines when conditions are safe to allow open burning between March and October. In recent years, the drought has forced the TMFPD to close the burn season earlier in the spring and open it later in the fall. Over the last three seasons, the TMFPD spring burn season has averaged approximately ten days.

In January 2015, the DBOH approved a pilot project to allow the TMFPD to begin the 2015 spring open burn season up to 15 days earlier than the March 1 start date specified in AQM Regulation 040.035.D.1. Weather conditions in the first half of February 2015 were wetter than normal. Between February 1 and 13, measurable precipitation was recorded on five days for a total of 1.21 inches. Because of the favorable weather conditions in February, TMFPD allowed open burning on all 15 days of the pilot project. TMFPD received 395 applications for open burn permits during the pilot project.

In order for the pilot project to be considered successful, four conditions needed to be demonstrated. Following are the four conditions and an evaluation of each condition.

Condition 1: No significant increases of air pollutants are monitored.

Evaluation: Condition demonstrated. The table below summarizes air quality and meteorological conditions during recent seasons (2012-14) and the pilot project (2015).

	Ave (2012-14)	Actual 2015
Air Quality Data (Feb 14-28)		
- Max PM <sub>2.5</sub> (ug/m3)	16.6	13.1
- Max PM <sub>2.5</sub> (AQI)	60	58
- Days when AQI >= 50	4.3	3
- Days of Yellow/Red	0.0	0
- Date of last Yellow/Red	Jan 18	Jan 16
Weather Data (Feb 14-28)		
- Days >= 0.01 in. precipitation	2.0	2
- Total precipitation (in.)	0.28	0.22

Although the precipitation days and total amount of precipitation in 2015 was similar to the 2012-14 period, weather conditions between February 1 and 13 were very favorable when 1.21 inches of precipitation fell over five days.

Condition 2: The open fires do not cause a public nuisance.

Evaluation: Condition demonstrated. The AQMD did not receive any formal complaints regarding smoke from open burns during the pilot project.

Condition 3: Compliance with the Yellow and Red burn codes is demonstrated.

Evaluation: Unknown. Weather conditions during the pilot project were favorable for good atmospheric dispersion, which helped prevent buildup of air pollutants. The burn code was Green during the entire pilot project period.



Condition 4: Compliance with AQM Regulation 040.035 is demonstrated, specifically subsections D.2 through D.10.

Evaluation: Condition not met.

1. Sections B and C.6: Of the 395 requests received, 30 (7.6 percent) were for properties located within the Truckee Meadows Hydrographic Area. This geographic area is currently designated as “Serious” non-attainment for the 24-hour PM10 National Ambient Air Quality Standard.
2. Sections D.2 and D.6: Of the 395 requests received, 49 (12.4 percent) did not provide information on type or amount of material to be burned. No documentation was provided demonstrating that inspections were conducted to ensure prohibited materials were not burned.

### **FISCAL IMPACT**

There will be no fiscal impacts from the Board accepting this report.

### **RECOMMENDATION**

Staff recommends the Board accept the pilot project report and provide AQMD staff direction on potential future pilot projects. If the Board supports conducting another pilot project, staff will provide recommendations to improve outcomes at a future Board meeting.

Alternatives to directing staff to evaluate and provide recommendations on another pilot project include:

1. The Board may decide to not implement another pilot project and direct staff to enforce AQM Regulation 040.035 as currently adopted.

### **POSSIBLE MOTION**

Should the Board concur with staff’s recommendation, a possible motion would be:

Option 1 (in favor of considering an extended open burn season)

“Move to accept the spring 2015 pilot project report and direct staff to further evaluate impacts of an extended open burn period. Staff shall prepare a report with the evaluation and options to the DBOH by the September 24, 2015 meeting.”

Option 2 (in opposition to an extended open burn season)

“Move to accept the pilot project report and direct staff to continue enforcement of AQM Regulation 040.035 as currently adopted.”

ID	Address	City	ZIP	Burn Address (if different)	APN	Size, or of piles,	or, Tons	Date	Notes
001	130 Sunlit Terrace	Sparks	89441		53405214	4x4x4		2/22/2015	
002	14005 N Red Rock Road	Reno	89508		07806106			2/14/2015	
003	500 Two Forty Road	Reno	89510		07611005	2 yds		2/14/2015	
004	5335 Cedarwood Drive	Reno	89511		04557204	10 ft <sup>3</sup>		2/14/2015	Actually burned more like 40 ft <sup>3</sup> on 2 separate mornings
005	9275 Wigwam Way	Reno	89506		55204046	1 yd		2/14/2015	
006	5722 Ursula	Sun Valley	89433		08822032			2/16/2015	
007	3600 Amy Road	Reno	89510		07722014			2/14/2015	sage brush
008	500 Ironwood Road	Reno	89510		07622022	2 yds		2/14/2015	
009	753 Loudon Court	Sparks	89441		07636120	2 yds		2/16/2015	
010	229 Virgil Drive	Sparks	89441		53413306	varied		2/20/2015	garden/yard/tree shrubs
011	25 Suez Court	Sparks	89441		08936111			2/23/2015	weeds, small tree limbs
012	260 Agua Fria Drive	Sparks	89441		*no match found	3 yds		2/23/2015	
013	10495 Palm Desert Drive	Sparks	89441		08927304			2/20/2015	
014	8330 Eaglenest Road	Sparks	89436		08435225	1 yd		2/19/2015	
015	385 Ember	Sparks	89436		08952111	1 yd		2/19/2015	
016	5650 Dolores Drive	Sparks	89436		08919707	3 yds		2/19/2015	
017	30 Hercules	Sparks	89441		53409404	2 yds		2/19/2015	
018	115 Virgil Drive	Sparks	89441		53408113	3-4 yds		2/19/2015	
019	11600 Campo Rico Lane	Sparks	89441	3990 Bobolink/same	08717301/534 60007	10 yds		2/19/2015	sage brush

ID	Address	City	ZIP	Burn Address (if different)	APN	Size, or	Quantity number of piles, or, Tons	Date	Notes
020	8945 Jedediah Smith Drive	Sparks	89441		53415216	6 yds		2/14/2015	
021	295 Veronica Avenue	Sparks	89436		08949102	2 yds		2/19/2015	
022	315 Monumental Circle	Sparks	89436		53007101	1-2 yds		2/19/2015	brush
023	9560 Benedict Drive	Sparks	89441		53418312	2 yds		2/18/2015	
024	15 Desert Peak Court	Sparks	89441		53424201	5-10 yds		2/18/2015	
025	4055 Amy Road	Palomino Valley	89510		07717009	20 yds		2/18/2015	
026	6400B Lost Springs Road	Reno	89510		07612013	2 yds		2/18/2015	
027	6400 Lost Spring Road	Reno	89510	400 Lemmon Drive	55219011	2 yds		2/18/2015	
028	61 Marilyn Mae Drive	Sparks	89441		53439201	1 yd		2/18/2015	
029	60 Starburst Court	Sparks	89441		53421306			2/18/2015	tree branches
030	70 Virgil Drive	Sparks	89441		53410104	6 yd <sup>3</sup>		2/17/2015	
031	160 Leo Drive	Sparks	89441		53411105	2 yds		2/17/2015	
032	175 Leo Drive	Sparks	89441		53411208			2/17/2015	weeds
033	2137 Cielo Vista Drive	Sparks	89441		07639155		multiple	2/17/2015	tree limbs
034	205 Carlene Drive	Sparks	89436		08955203	3 yds		2/17/2015	
035	1237 Fuggles Drive	Sparks	89441		53084307		a bunch	2/17/2015	
036	2225 Piedras Drive	Sparks	89441		07639134	1 acre		2/17/2015	
037	20 Rayo Del Sol Court	Sparks	89441		07639163	4 yds <sup>3</sup>		2/16/2015	
038	30 Morning Mist Court	Sparks	89441		53421314			2/16/2015	

ID	Address	City	ZIP	Burn Address (if different)	APN	Size, or of piles,	Quantity number or, Tons	Date	Notes
039	25 Harrison Place	Sparks	89441		53426302	medium amout		2/16/2015	
040	4700 Amy Road	Reno	89510		07713005			2/16/2015	
041	20 Saint George Court	Sparks	89441		53423124	3x4 ft	6	2/16/2015	
042	9200 Cordoba Boulevard	Sparks	89441		53430105	.5 yds		2/16/2015	
043	65 East Sky Ranch Boulevard	Sparks	89441		53406210			2/16/2015	
044	2328 Soar Drive	Sparks	89441		53076312		2	2/16/2015	
045	60 Stags Leap Circle	Sparks	89441		53435302			2/16/2015	
046	230 Virgil Drive	Sparks	89441		53412216		3	2/16/2015	
047	5200 Wilcox Ranch Road	Reno	89510		07718005		several	2/16/2015	
048	35 Virgil Drive	Sparks	89441		53407214	4x4 ft	2 to 3	2/16/2015	
049	40 Lindbergh	Sparks	89441		53407211	truck load		2/16/2015	tree branches
050	80 Stags Leap Circle	Sparks	89441		53435304			2/14/2015	brush, garden debris
051	10730 Abilene Road	Reno	89508		08620520		1	2/20/2015	
052	850 Lampe Road	Reno	89511		04935308	pick up load		2/18/2015	tumble weeds ditches, weeds, tule H-87 exception under code 040.35-C4 - per Julie Hunter - WC Air Quality Control
053	9835 Dixon Lane	Reno	89511		04307018			2/19/2015	
054	340 Jimmy Court	Sparks	89436		53007420	2 yds		2/15/2015	
055	5375 Golden Red Drive	Reno	89511		04557308			2/21/2015	
056	2175 W Plumb Avenue	Reno	89509		01044241			2/21/2015	15785 listed under different burn address, but no street name listed
057	13135 Fellowship Way	Reno	89511		04918411	100 lbs		2/20/2015	

ID	Address	City	ZIP	Burn Address (if different)	APN	Size, or of piles, or, Tons	Quantity number of piles, or, Tons	Date	Notes
058	4965 Callahan Ranch Trail	Reno	89511		14828206			2/21/2015	
059	725 Sierra Manor Drive	Reno	89511		04437211	.5 acres		2/20/2015	
060	10755 Osage Road	Reno	89500		08617301	4 yd <sup>3</sup>		2/21/2015	
061	805 Buckbrush	Verdi	89439	100 Morton Lane	03889103			2/15/2015	brush
062	2800 Erminia Road	Reno	89523		03867308	10 ft <sup>3</sup>		2/15/2015	irigation ditch
063	2305 Warrior Lane	Reno	89523		03813208			2/15/2015	
064	11405 Mogul Road	Reno	89523		03814013	10 yds		2/14/2015	
065	435 South Verdi Road	Verdi	89439		03889101	20 yds		2/14/2015	
066	2560 Erminia Road	Reno	89523		03865504	10 yds		2/14/2015	
067	155 Bridge Street	Verdi	89439		03840102	1 yd		2/14/2015	
068	545 South Verdi Road	Verdi	89439		03842001			2/14/2015	tree limbs
069	10455 Red Rock Road	Reno	89508		08736507			2/15/2015	weeds
070	260 Utah Street	Reno	89506		08028204		3	2/14/2015	mail back after feb 28
071	10100 Crocket Drive	Reno	89508		08617111	pick up load		2/24/2015	
072	2365 Eastlake Boulevard	Washoe Valley	89704	2315 Eastlake Boulevard	05038506		>1	2/28/2015	piles of sage brush
073	661 Highway 40	Verdi	89439		03840113			3/3/2015	
074	440 Barrel Street	Wadsworth	89442		08434303	3x2 feet high	50	3/4/2015	sage brush
075	20448 Cooke Drive	Reno	89521		04528037	3x2 feet high	2	2/28/2015	
076	11965 Canyon Dawn Drive	Sparks	89441		53806503	high	3	2/25/2015	2/26 burn day permissable according to burn line ext 3

ID	Address	City	ZIP	Burn Address (if different)	APN	Size, or	Quantity number of piles, or, Tons	Date	Notes
077	15445 Balsawood Drive	Reno	89511		04555326		4	3/2/2015	
078	5565 Sidehill Drive	Sun Valley	89433		08520336		3	2/27/2015	
079	2575 Trails End Lane	Reno	89511		14224219	4x2x3 feet	5	2/25/2015	
080	10105 Bodie Drive	Reno	89508		08617402	7 yd <sup>3</sup>		3/1/2015	
081	1464 Nightingale Way	Sparks	89441		53026408	very small amount		2/23/2015	tumble weeds
082	3270 White Pine Drive	New Washoe	89704		05044305	17 yd <sup>3</sup>		2/16/2015	over 5 days; we still have another 5 cubic yds of tumble weeds to dispose of
083	3756 Erin Court	Sparks	89436		08939116			2/14/2015	brush & weeds
084	14756 Pine Knolls Lane	Reno	89521		01649065	4 yd <sup>3</sup>		2/27/2015	
085	2350 Parkway Drive	Reno	89502		05107402	5x5 ft	1	2/24/2015	
086	10805 Plata Mesa	Reno	89508		08617502	25 yd <sup>3</sup>		2/19/2015	
087	375 McClellan Drive	Washoe Valley	89704		05037129			2/15/2015	
088	1315 Brenda Way	Washoe Valley	89704		05025117	2-3 yd <sup>3</sup>		2/16/2015	
089	200 Drake Way	Washoe Valley	89704		05039111	4 yd <sup>3</sup>		2/19/2015	
090	7595 Marie Way	Sparks	89436		08344062			2/14/2015	
091	150 Quarterhorse Circle	Reno	89508		07820111		2	2/18/2015	debris
092	10685 Plata Mesa	Reno	89508		08616203	2-3 yd <sup>3</sup>		2/16/2015	tumble weeds
093	10185 Bodie Drive	Reno	89508		08617406			2/16/2015	weeds/tumble weeds
094	1392 Antelope Valley Road	Reno	89506		07947093	330 ft <sup>3</sup>		2/18/2015	if compacted

ID	Address	City	ZIP	Burn Address (if different)	APN	Size, or of piles, or, Tons	Date	Notes
095	22872 Carriage Drive	Reno	89521		05011310	2 yds	2/15/2015	
096	10805 Plata Mesa	Reno	89508	10200 Silver Knolls Boulevard	08619210	20 yd <sup>3</sup>	2/19/2015	
097	139 Oregon Boulevard	Reno	89506		08029402		2/19/2015	
098	4365 Gander Lane	Washoe Valley	89704		05043524		2/18/2015	
099	125 Leo Drive	Sparks	89441		53406414	20x20 ft 4-5 pick	2/19/2015	
100	10650 Whitehawk Drive	Reno	89508		08620115	up loads	2/18/2015	weeds
101	2155 Lakeshore Drive	Wahoe Valley	89704		05053001	10x15x4 ft	2/18/2015	
102	3465 Jenna Way	Reno	89511		14224140	<3 yd <sup>3</sup>	2/15/2015	
103	305 Nikki Lane	Wahoe Valley	89704		05508140	30 yds	2/14/2015	
104	5620 Marlowe Drive	Washoe Valley	89704		05516714	8 yds	2/16/2015	
105	1745 Slide View Way	Washoe Valley	89704		05029206	3x5 m	2/16/2015	
106	2030 Ron Way	Reno	89521		01744313		2/24/2015	weeds and debris
107	1165 Dunbar Drive	Washoe Valley	89704		05025209	5 yds	2/14/2015	
108	10350 Thomas Creek Road	Reno	89511		04427002		2/20/2015	irrigation ditches, debris
109	14430 North Red Rock Road	Reno	89508		07809202		2/24/2015	
110	1306 Brenda Circle	Washoe Valley	89704		05025116	6x6x6 ft	2/20/2015	
111	2150 Alphabet Drive	Reno	89502		05106211	2 yds	2/25/2015	
112	4290 Gander Lane	Washoe Valley	89704		05043603		2/23/2015	

ID	Address	City	ZIP	Burn Address (if different)	APN	Size, or	Quantity number of piles,	or, Tons	Date	Notes
113	135 Sunlit Terrace	Sparks	89441		53405101		3		2/14/2015	vegetation
114	3410 Nye Drive	Washoe Valley	89704		05046324	5 wheel barrow loads			2/24/2015	
115	3105 Old US Highway 395 North	Washoe Valley	89704		04603148	10x10	2		2/14/2015	
116	4195 Partridge Lane	Washoe Valley	89704		05041315	3 yd <sup>3</sup>			2/24/2015	
117	16460 Jefte Court	Reno	89511		04908005				2/18/2015	
118	8965 Jedediah Smith Drive	Sparks	89441		53415214				2/20/2015	
119	3285 White Pine Drive	Carson City Washoe	89704		05044216				2/19/2015	
120	380 Linnet Way	Valley	89704		05039402				2/19/2015	
121	10970 Birch Street	Reno Washoe	89506		08027111				2/20/2015	
122	2975 Lakeshore Drive	Valley Washoe	89704		05034002				2/14/2015	
123	4725 Blazer Circle	Valley	89704		05030225				2/18/2015	
124	165 Cottontail Lane	Carson City Washoe	89704		05036604				2/21/2015	
125	1345 East Guffey Drive	Valley	89704		05027504				2/18/2015	
126	4235 Partridge Lane	Carson City	89704		05043121				1/14/2015	
127	3355 Mario Road	Reno	89523		03866115				2/16/2015	
128	3460 Mario Road	Reno	89523		03868204				2/16/2015	
129	6755 Franktown Road	Washoe Valley	89704		05520095				2/17/2015	
130	7510 Tamra Drive	Reno Washoe	89506		55220107				2/16/2015	
131	1490 Brenda Way	Valley	89704		05027806				2/14/2015	



ID	Address	City	ZIP	Burn Address (if different)	APN	Size, or of piles, or, Tons	Date	Notes
132	4705 Cavataio Road	Washoe Valley	89704		05030234		2/13/2015	
133	35 Chuckwagon Road	Reno	89508		07809206		2/13/2015	
134	14450 Chariot Road	Reno	89508		07809208		2/14/2015	
135	365 Sparrow Way	Carson City	89704		05039209		2/18/2015	
136	120 Pershing Lane	Washoe Valley	89704		05041907		2/17/2015	
137	3730 Pershing Lane	Washoe Valley	89704		05046416		2/17/2015	
138	375 Linnet Way	Washoe Valley	89704	390 Sparrow Washoe Valley 89704	05039302		2/16/2015	
139	2998 Eastlake Boulevard	Washoe Valley	89704		05038415		2/15/2015	
140	5100 Franktown Road	Washoe Valley	89704		05506035		2/17/2015	ditches/AG burn
141	15 Nicole Court	Sparks	89436		08942502	1 yd <sup>3</sup>	2/16/2015	
142	4825 Wedekind Road	Sparks	89431		02704207	4 yd <sup>3</sup>	2/25/2015	
143	6040 Mountain Shadow Lane	Reno	89511		14804113	15	2/25/2015	
144	18134 Rio Court	Reno	89508		08769216	2-50 gallon trash cans worth +/- 1 10x10x3	2/25/2015	tumble weeds
145	259 Quartz Lane	Sun Valley Washoe	89433		50602127	~600 lbs	2/22/2015	
146	125 Monarch Drive	Washoe Valley	89704		05038409	5-8	2/24/2015	
147	785 Old Ophir Road	Washoe Valley	89704		05023308	not a lot	2/23/2015	
148	240 Andrew Lane	Reno	89521		01735036	large pile	2/19/2015	

ID	Address	City	ZIP	Burn Address (if different)	APN	Size, or of piles,	or, Tons	Date	Notes
149	605 Oro Loma Road	Washoe City	89704		05023514	2 yd <sup>3</sup>		2/18/2015	
150	3590 Craviasco Lane	Reno	89502		02114031	12 yds		2/17/2015	
151	45 Lonesome Polecat	Carson City	89704		05531011	10 yds		2/14/2015	
152	5440 Eastlake Boulevard	Washoe Valley	89704	235 Flicker Circle	05041326	10 yds		2/21/2015	
153	5440 Eastlake Boulevard	Washoe Valley	89704		05035157	20 yds		2/21/2015	
154	325 Flicker Circle	New Washoe City	89704		05041331	lots		2/17/2015	lots and lots and lots because open burning has been so limited these past few years
155	380 West Coyote Drive	Washoe Valley	89704		05040307			2/23/2015	
156	10120 Bodie Drive	Reno Washoe	89508		08617305	8x8x5 ft		2/23/2015	
157	43 Bellevue Road	Washoe Valley	89704		05516902	12x1		2/22/2015	bush
158	150 Thoroughbred Circle	Reno	89508		07807105			2/22/2015	
159	12150 Georgian Circle	Reno	89511		04411107	1/12th acre		2/24/2015	
160	725 Alaska Way	Reno Washoe	89506		08027915			2/26/2015	
161	2190 Ox Circle	Washoe Valley	89704		05036221	12 yd <sup>3</sup>		2/26/2015	
162	5 Chuckwagon	Reno	89508		07809203	1 yd		2/16/2015	
163	22890 Carriage Drive	Reno	89521		05011414	4x4	6-8	2/23/2015	a very lot due to not being able to burn
164	108 Cottontail Lane	Carson City Washoe	89704		05036112	a lot		2/14/2015	last couple years!
165	3625 Ormsby Lane	Washoe Valley	89704		05048225	1 cord		2/16/2015	brush
166	2945 Hawk Street	Washoe Valley	89704		05040609	small		2/26/2015	tumble weeds
167	10765 Osage Road	Reno	89508		08617311	10x10x4 ft		2/25/2015	
168	388 Omni Drive	Sparks	89441		53421204			2/25/2015	tree cuttings, branches, roses

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169	2100 Crossover Road	Reno	89510		07716026			2/25/2015	
170	1600 Slide View Way	Washoe Valley	89704		05029901			2/20/2015	weeds and sage brush
171	PO Box 12622	Reno	89510	6535 Tanana Court Sun Valley 89433	50825131	4x4		2/16/2015	vegetation burn complete 2/25/2015
172	50 Starburst Circle	Sparks	89441		53421305	2 yd <sup>3</sup>		2/14/2015	weeds
173	990 Alaska Street	Reno	89506		08027505	20 yd <sup>3</sup>		2/24/2015	uncompacted
174	2940 Falcon Street	Washoe Valley	89704		05040805			2/25/2015	
175	70 Lewers Creek Road	Washoe Valley	89704		05514013			2/15/2015	leaves, tumble weeds
176	22900 Carriage Drive	Reno	89521		05011413	2 yd <sup>2</sup>		2/19/2015	
177	1705 South Irving Place	Washoe Valley	89704		05029506	2 pickup loads		2/26/2015	
178	11510 Osage Road	Reno	89508		08621116	5-20 yd <sup>3</sup>		2/24/2015	
179	2250 Holcomb Ranch Lane	Reno	89511		23008001	2 yds		2/23/2015	
180	3245 Churchill Drive	Washoe Valley	89704		05042415	2 pickup loads		2/21/2015	
181	225 West Coyote Drive	Washoe Valley	89704		05038513	10x10x4 ft		2/19/2015	tree trimmings, small branches
182	11250 Brich Street	Reno	89506		08026505	4 yds		2/19/2015	
183	3450 Nye Drive	Washoe Valley	89704		05046310	1 yd <sup>3</sup>		2/19/2015	
184	185 Old Mill Place	Washoe Valley	89704		04604104			2/17/2015	primarily sage, manzinta, bitter brush
185	35 Lewers Creek Road	Carson City Washoe	89704		05514012	6x6x3 ft	1	2/18/2015	
186	745 Old Ophir Road	Valley	89704		05023306			2/18/2015	limb, leaves
187	18875 Roper Lane	Reno	89508		08704462	300 lbs		2/17/2015	

ID	Address	City	ZIP	Burn Address (if different)	APN	Size, or of piles, or, Tons	Quantity number of piles, or, Tons	Date	Notes
188	11450 Picken's Drive	Reno Washoe	89511		04402009			2/18/2015	ditches
189	395 US Highway 395 North	Valley	89704		04608010		6	2/20/2015	
190	PO Box 483	Washoe Valley	89702	1450 East Lake Boulevard Washoe Valley 89704	05027906	truckload		2/21/2015	sage
191	17175 South Virginia Street	Reno	89521		04522214			2/20/2015	brush
192	2450 Argonaught Way	Reno	89506		07946014	2 yd <sup>3</sup>		2/19/2015	
193	9380 Ogden Trail Drive	Sparks	89441		53416113	2 yds		2/14/2015	
194	2320 Chipmunk Drive	Washoe Valley	89704		05036405	3 pick up trucks full		2/19/2015	
195	230 Finch Way	Washoe Valley	89704		05039602	100 lbs/week		2/21/2015	
196	160 Monarch Drive	Carson City	89704		05038106	10 yds		2/21/2015	
197	155 West Guffey Drive	Carson City	89704		05029909	1/2 yd		2/18/2015	
198	3235 Sun Cloud Circle	Reno	89506		55208212			2/19/2015	
199	5742 Side Hill Drive	Sun Valley	89433		08566003			2/19/2015	several tree branches, leaf, and weeds
200	850 Zolezzi Lane	Reno	89511		04935107	3-4 yds		2/20/2015	
201	210 Esmerelda Drive	Carson City	89704		05041201	3 yds 2 pick up		2/19/2015	
202	500 Thoroughbred	Reno	89508		07810112	load		2/17/2015	brush mat'l
203	447 Meagan Drive	Sparks	89436	7470 Baldwin Way	52441118	20 yds		2/15/2015	
204	1340 Brenda Way	Washoe Valley	89704		05025203	8x2 ft	1	2/19/2015	outside debris

ID	Address	City	ZIP	Burn Address (if different)	APN	Size, or of piles, or, Tons	Quantity number of piles, or, Tons	Date	Notes
205	19605 Paddlewheel Lane	Reno	89521		01738006	4 yd <sup>3</sup>		2/23/2015	
206	12880 Thunderbolt Drive	Reno	89511		14205314	multiple		2/20/2015	bush prunings
207	4200 Old Highway 395 North	Carson City	89704		05504220	2 days worth		2/18/2015	
208	1437 Kinglet Drive	Sparks	89441		53052102	truck bed		2/21/2015	weeds/trimmings
209	1436 Wagtail Drive	Sparks	89441		53054304	4 yds		2/23/2015	dry vegetation
210	11505 Vicksburg Road	Reno	89508		08622402	1 yd <sup>3</sup>		2/22/2015	
211	PO Box 17252	Reno	89511	2401 Holcomb Ranch Lane	04041207		6	2/20/2015	Rentor of Rob Eikelberger
212	2240 Honey Lane	Reno Washoe	89511	2280 Honey Lane	23008002	50 yds		2/21/2015	
213	445 Puma Drive	Valley	89704		05040320	5 yd <sup>3</sup>		2/22/2015	
214	5565 Franktown Road	Carson City	89704		05544105	3x3 ft	24+	2/14/2015	
215	255 Desatoya Court	Reno	89511		14225002	5 yd <sup>3</sup>		2/22/2015	
216	4095 Woodcock Way	Washoe Valley	89704		05041703			2/23/2015	trimmed 15 severely overgrown russian olive, cut down 2 massive junipers, 7500 ft <sup>2</sup> of sage brush
217	5375 Eastlake Boulevard	Washoe Valley	89704		05035151	10-15 yds		2/20/2015	
218	1540 Butterfly	Reno	89523	3285 Old US 395 South	04603110	10-30 yd <sup>3</sup>		2/17/2015	
219	1975 Eastlake Boulevard	Washoe Valley	89704		05036805	5 yds		2/20/2015	
220	PO Box 907	Verdi	89439	950 Silverfox Circle Verdi NV	03829102	pick up bed full		2/20/2015	
221	11335 Maverick Lane	Reno	89511		04074016			2/18/2015	irrigation ditches

ID	Address	City	ZIP	Burn Address (if different)	APN	Size, or of piles, or, Tons	Date	Notes
				west of 16133 Mt. Ranch Road				
222	PO Box 19460	Reno	89511		15025045	10 yd <sup>3</sup>	2/20/2015	
223	IR 80 East 31600 Cantlon Drive	Wadsworth	89442		08428208		2/20/2015	weeds/ leaves
224	220 Pintail Way	Washoe Valley	89704		05041714	10 yd <sup>3</sup>	2/18/2015	sage and tumbleweed
225	16426 Jefte Court	Reno	89511		04908006	2-3 hours	2/18/2015	
226	175 East Sky Ranch Boulevard	Sparks	89441		53411304	100 lbs	2/20/2015	
227	11625 Osage Road	Reno	89508		08625062	20 yds	2/20/2015	debris, branches, etc... not all at once
228	10720 Plata Mesa Drive	Reno	89508		08616113	15-20 ft <sup>3</sup>	2/20/2015	
229	4955 Franktown Road	Washoe Valley	89704		05503221	20 yd <sup>3</sup>	2/14/2015	
230	380 Linnet Way	Washoe Valley	89704		05039402	multiple	2/15/2015	sage brush, needles, and pine cones
231	1008 Sage View Drive	Sparks	89434	16160 Winnemucca Ranch Road	07958004	20 yds	2/14/2015	
232	4380 Jumbo Grade	Washoe Valley	89704		05043310	21 ft <sup>3</sup>	2/18/2015	
233	6190 Franktown Road	Washoe Valley	89704		05511032	1/2	2/16/2015	irrigation ditch
234	PO Box 789	Verdi	89439	550 Dog Valley Road	03829313	20 ft <sup>3</sup>	2/15/2015	
235	22881 Carriage Drive	Reno	89521	Vacant Lot across street	05011408	1 yd <sup>3</sup>	2/15/2015	
236	7585 Old US Highway 395 North	Washoe Valley	89704	7585 Service Berry Road	05531004	12-15	2/15/2015	sage brush and other growth
237	2540 Holcomb Lane	Reno	89511		02127020		2/16/2015	creek and pasture
238	3190 Holly Lane	Washoe Valley	89704		05045011		2/14/2015	
239	135 West Guffey Drive	Washoe Valley	89704		05029908	6	2/16/2015	

ID	Address	City	ZIP	Burn Address (if different)	APN	Size, or	Quantity number of piles, or, Tons	Date	Notes
240	4145 Old Highway US 395 North	Washoe Valley	89704		05504109	30x20x3 ft		2/14/2015	
241	1495 Dunbar Drive	Washoe Valley	89704		05027805	3 yds		2/15/2015	
242	3995 Bacon Rind Road	Reno	89510		07616206	50 yds		2/15/2015	
243	4280 Eastlake Boulevard	Carson City Washoe	89704		05043113	5 ft high	2	2/15/2015	
244	4870 Gray's Starlight Court	Valley Washoe	89704		05049002			2/15/2015	drainage ditch
245	50 Lonesome Polecat Lane	Valley	89704		05531016	10 yds		2/16/2015	debris
246	20555 Fetlock Drive	Reno	89508		07828142		50	2/15/2015	sage brush bushes
247	255 Shetland Circle	Reno	89508		07816103	20 yds		2/15/2015	
248	10505 San Fernando Road	Reno Washoe	89508		08736322		1	2/14/2015	brush pile
249	400 William Brent	Valley	89704		05506042	2x4x8 ft		2/18/2015	
250	6135 Franktown Road	Carson City	89704		05511030	20-30 ft <sup>3</sup>		2/17/2015	pine needles and leaves
251	665 Washoe Drive	Carson City	89704		05023419		15-20	2/18/2015	
252	10805 Abilene Road	Reno Washoe	89508		08620313	1 1/2 pickup truck load		2/18/2015	
253	800 Washoe Drive	Valley	89701		05023213		1	2/17/2015	
254	2655 Holcomb Ranch Lane	Reno Washoe	89511	04041211		4x10x3 ft couple		2/17/2015	
255	4155 Partridge Lane	Valley	89704		05041316	yards		2/15/2015	
256	425 West Laramie Drive	Reno	89521		04531091		few	2/14/2015	
257	945 Monte Vista Drive	Reno	89511	04438306		+/- 50 yds		2/15/2015	

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258	540 Matterhorn Boulevard	Reno	89506		08039304	10x10	1	2/15/2015	
259	155 Andrew Lane	Reno	89521		01734238	5x5	1	2/17/2015	
260	165 Sunlit Terrace	Sparks	89441		53405104	1 yd <sup>3</sup>		2/15/2015	
261	11300 Carlsbad Road	Reno	89508		08621206	5 yds		2/16/2015	
262	9732 Pyramid Way #334	Sparks	89441	5300 Pasture View Road Reno NV 89510	07711019		20-25	2/17/2015	
263	275 Monarch Drive	New Washoe City	89704		05037141	5-7 yds		2/17/2015	
264	188 Peponita Court	Washoe Valley	89704		05030303		5-6	2/14/2015	per requirement
265	PO Box 17031	Reno	89511	335 Viola Way	05023432	2 yd <sup>3</sup>		2/16/2015	
266	3380 Churchill Drive	Washoe Valley	89704		05044504	4 yd <sup>3</sup>		2/16/2015	
267	2450 Chipmunk Drive	Washoe Valley	89704		05036402	3 yd <sup>3</sup>		2/14/2015	
268	3800 Lakeshore Drive	Washoe Valley	89704		05048104		3	2/15/2015	
269	22205 North Red Rock Road	Reno	89508		07830104	1/4 acre		2/16/2015	sage brush and tree trimmings
270	1550 Eastlake Boulevard	Washoe Valley	89704		05029817	2 m <sup>3</sup>		2/16/2015	suggestion: this year the burn dates are good- normally it would be too wet to burn and could be under snow. When the leaves/limbs are very wet a lot of particulate would be generated. Washoe Valley contributes very little or nothing to the truckee meadows inversion and should not be subject to truckee meadows burn controls.



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271	3005 Lyon Lane	Washoe Valley	89704	& 3975 Churchill Drive Washoe Valley	05042106 & 05048512	small to moderate			2/16/2015	broken/dead tree branches, twigs
272	20900 Fetlock Drive	Reno	89508		07831112		8		2/14/2015	legal piles
273	3635 Machen Circle	Washoe Valley	89704		05046422				2/16/2015	tumble weeds
274	3040 Chipmunk Drive	Washoe Valley	89704		05038203		6		2/16/2015	vegetation
275	20 Sunbeam Lane	Reno	89521		04561111	10 yds			2/14/2015	brush
276	460 Puma Drive	Washoe Valley	89704		05040401	20 yd <sup>3</sup>	1		2/14/2015	brush
277	3990 Churchill Drive	Washoe Valley	89704		05048601		3		2/13/2015	
278	1920 Viewcrest Drive	Reno	89511		04059121		6		2/14/2015	
279	1150 Dunbar Drive	Washoe Valley	89704		05025305	20 yds			2/14/2015	
280	450 Branding Iron Road	Reno	89508		07825408	3x3	several		2/14/2015	
281	22020 North Red Rock Road	Reno	89508		07829218	2 yds			2/12/2015	
282	10600 Silver Spur Drive	Reno	89508		08736210		1		2/14/2015	dead tree
283	10455 Silver Spur Drive	Reno	89508		08736307	10x15 ft	1		2/13/2015	sage brush
284	10830 Red Rock Road	Reno	89508		08618108	2 yds			2/13/2015	
285	2275 Lakeshore Drive	Washoe Valley	89704		05033001	50 ft <sup>3</sup>			2/14/2015	
286	215 Sunlit Terrace	Sparks	89441		53405108	30x5x10 ft	1		2/13/2015	
287	1470 Brenda	Washoe Valley	89704	1490 Brenda	05027807	several truck loads			2/14/2015	
288	3030 Brenda Way	Washoe Valley	89704		05038306	1 yd			2/14/2015	

ID	Address	City	ZIP	Burn Address (if different)	APN	Size, or	Quantity number of piles, or, Tons	Date	Notes
289	1219 Alum Rock Road	Reno	89506		07950035	25 ft	1	2/13/2015	
290	5590 Goldenrod Drive	Reno	89511		04554303	25 yd <sup>3</sup>		2/13/2015	
291	22000 Bain Spring Road	Reno	89521		05003015	3 yds	1	2/13/2015	
292	10 Horseshoe Circle	Reno	89508		07813107	5 yds		2/13/2015	debris-sage
293	269 Bridge Street, PO Box 293	Verdi	89439	269 Bridge Street	03804522	2 yd <sup>3</sup>		2/13/2015	
294	PO Box 293	Verdi	89439	4360 Drake Way Washoe Valley NV 89704	05043509	4 yd <sup>3</sup>		2/14/2015	
295	4735 Cavataio Road	Valley	89704		05030223	5 yd <sup>3</sup>		2/14/2015	
296	1715 Monte Vista Drive	Reno	89511		04436207	100x60 ft	3	2/16/2015	
297	3590 Churchill Drive	Washoe Valley	89704		05046505	300		2/15/2015	
298	1013 Bodie Drive	Reno	89508		08617309	10 yd <sup>3</sup>		2/18/2015	
299	100 Rodeo Drive	Reno	89508		07829117	5 ft <sup>3</sup>		2/16/2015	
300	14515 North Red Rock Road	Reno	89508		07809109	2-3 yds		2/17/2015	
301	11125 Osage Road	Reno	89508		08621212	4 yds		2/18/2015	
302	1395 Argonaught Way	Reno	89506		07944036		7	2/16/2015	limbs and leaves and sage brush
303	PO Box 295	Gerlach	89412	88 Jackson Lane	06603023	150 ft <sup>3</sup>	multiple	2/18/2015	
304	12590 Oak Glen Drive	Reno	89511		16208102	5 yds		2/17/2015	
305	85 West Laranie Drive	Reno	89521		04532103		4	2/17/2015	
306	5980 Pembroke Drive	Reno	89502		02114009	1 1/2 - 2 yds		2/17/2015	
307	362 Omni Drive	Sparks	89441		53402204	6x5x3 1/2 ft		2/13/2015	

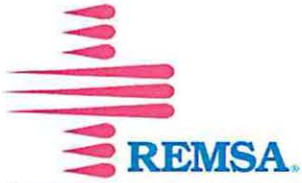
ID	Address	City	ZIP	Burn Address (if different)	APN	Size, or of piles,	or, Tons	Date	Notes
308	7405 Patrina Way	Sparks	89436		08344071	6x10x4 ft		2/15/2015	
309	9305 Ogden Trail Drive	Sparks	89441		53416206	5-8 yd <sup>3</sup>		2/15/2015	
310	10235 Oregon Boulevard	Reno	89506		08902008	multiple		2/17/2015	small piles of dead broken up sage brush depends on how open burn
311	12950 Silver Wolf Road	Reno	89511		14220032	2 yd <sup>3</sup>		2/15/2015	
312	4795 Franktown Road	Washoe Valley	89704		05509202	10/15 yds		2/14/2015	various; you should set up a system that people who burn must call in and notify the county that they will burn that day. So the county can track who and how many actually burn on a given day. This short window will cause more to burn per day than is "normal" and this makes air quality readings skewed
313	5340 Broken Spur Road	Reno	89510		07755003	8x15x3 ft		2/16/2015	
314	13255 Welcome Way	Reno	89511		04917301	6-10 yds		2/13/2015	
315	1440 Lord Street	Washoe Valley	89704		05027502	4 yds		2/17/2015	
316	1440 Lord Street	Washoe Valley	89704	225 Hickock Washoe Valley	05027704	5-6 yds		2/17/2015	
317	10615 Plata Mesa Drive	Reno	89508		08616204	4 yds		2/15/2015	garden vegetation
318	2300 Warrior Lane	Reno	89523		03813410	<1 yd <sup>3</sup>		2/15/2015	
319	10750 Silver Knolls Boulevard	Reno	89508		08618119	12 yd <sup>2</sup>		2/15/2015	
320	600 Lemmon Drive	Reno	89506		55219005	10x20x3	5	2/16/2015	80% tumble weeds 20% sage/grass/leaves
321	15446 Balsawood Drive	Reno	89511		04555505	2 yds		2/14/2015	
322	10 Sunbeam Lane	Reno	89521		04561112	10-20 yds		2/16/2015	
323	155 Mer Mac Way	Reno	89506		08103122		1	2/14/2015	

ID	Address	City	ZIP	Burn Address (if different)	APN	Size, or	Quantity number of piles, or, Tons	Date	Notes
324	215 Jackdaw Lane	Washoe Valley	89704		05041901	5 yds		2/15/2015	weeds & misc. vegetables
325	3295 White Pine Drive	Carson City	89704		05044217	3 yds		2/15/2015	
326	3875 White Pine Drive	Washoe Valley	89704		05048227	1 yd		2/15/2015	weeds
327	PO Box 60235	Reno	89508	1210 Argosy Rd	07936202	30 yds		2/14/2015	
328	595 Dog Valley Road	Verdi	89439		03829101	<1 yd <sup>3</sup>		2/14/2015	
329	1175 Holcomb Ranch Lane	Reno	89511		04306105	200 lbs		2/14/2015	
330	1110 Dunbar Drive	Washoe Valley	89704		05025306	2 yd <sup>3</sup>		2/17/2015	
331	15935 Rocky Vista Road	Reno	89521		01720031	10x10x6 ft		2/17/2015	
332	11790 Mistletoe Street	Reno	89506		08032116	4 yds			
333	245 Finch Way	Washoe Valley	89704		05039509	2-3 yds		2/14/2015	
334	11635 Juniper Street	Reno	89506		08041404	3 yds		2/14/2015	
335	11630 Overland Road	Reno	89506		08039420	2 yds		2/14/2015	
336	210 Mae Anne Avenue	Reno	89523		21212205		several medium	2/14/2015	
337	210 Marion Street	Wadsworth	89442		08422019		1 medium	2/14/2015	
338	200 Steptoe Lane	Washoe Valley	89704		05528105		2	2/12/2015	pineneedles and brush
339	225 W. Coyote Drive	Washoe Valley	89704		05038513	10x10x4 ft		2/19/2015	tree trimmings, small branches
340	10140 Blackhawk Drive	Reno	89508		08623233	medium		2/20/2015	
341	6000 Peak Road	Reno	89510		07611016	<41 acres		2/19/2015	only the dead brush
342	8500 Osage Road	Reno	89508		08636010	10 ft		2/20/2015	
343	15050 Red Rock Road	Reno	89508		07955107	4 pickup loads		2/20/2015	

ID	Address	City	ZIP	Burn Address (if different)	APN	Size, or of piles,	or, Tons	Date	Notes
344	4305 Eastlake Boulevard 14200 Virginia Foothills Drive	Washoe Valley	89704		05043306	4 years worth		2/15/2015	because burning was prohibited
345		Reno	89521		01647506	12 yd <sup>3</sup>		2/19/2015	
346	7854 Treasure Cove Court	Reno	89506		09028105	3x2 ft pick up	2	2/20/2015	
347	90 Bobcat Drive	Reno	89523		03844109	load		2/19/2015	yard waste
348	524 Highway 395 North	Washoe Valley	89704		05023451	5-6 yd <sup>3</sup>			
349	7680 Jay's Place	Reno	89506		55220118	4-5 yd <sup>2</sup>		2/18/2015	weeds
350	3490 Deer Foot Lane	Reno	89506		55208417	4 yd <sup>2</sup>		2/18/2015	
351	1735 Eastlake Boulevard	Washoe Valley	89704		05029907	small	3	2/16/2015	
352	11254 Dixon Lane	Reno	89511		16225104	1 acre		2/14/2015	over multiple days
353	11795 Osage Road	Reno	89508		08625005	10 yds		2/18/2015	
354	870 Matterhorn Boulevard	Reno	89506		08041103	1 yd		2/16/2015	
355	12060 Lemmon Drive	Reno			08628102	12 ft <sup>2</sup>		2/17/2015	
356	11650 Fir Drive	Reno	89506		08039106			2/17/2015	weeds
357	14874 Lemmon Drive	Reno	89506		08911025	medium	1	2/18/2015	
358	3780 Lyon Lane	Washoe Valley	89704		05048218	1 yd <sup>3</sup>		2/13/2015	
359	4025 Eastlake Boulevard	Washoe Valley	89704		05041608		3	2/15/2015	weeds and brush
360	2135 Lakeshore Drive	Washoe Valley	89704		05053021	400 lbs		2/16/2015	
361	6995A Franktown Road	Washoe Valley	89704		05518027	16 yd <sup>3</sup>		2/14/2015	
362	20 Maranatha Road	Washoe Valley	89704		04603130	4 yd <sup>3</sup>		2/16/2015	
363	1064 Greenwing Drive	Sparks	89441		53044404			2/14/2015	leaves and brush

ID	Address	City	ZIP	Burn Address (if different)	APN	Size, or	Quantity number of piles,	or, Tons	Date	Notes
364	10300 Silver Knolls Boulevard	Reno	89508		08619301	2 yd <sup>3</sup>			2/14/2015	
365	11625 Overland Road	Reno	89506		08039507	12 ft <sup>3</sup>	5		3/2/2015	
366	3405 Joy Lake Road	Reno	89511		04703138	10-20 ft <sup>3</sup>			2/13/2015	
367	150 El Molino Drive	Sparks	89441		07638161	1 yd <sup>3</sup>			3/15/2015	compacted
368	255 W. Laramie Drive	Reno	89521		04532107	0			3/19/2015	bad weather
369	10755 Bighorn Drive	Reno	89508		08737209	small	1		3/3/2015	
370	17390 Highway 395 North	Reno	89508		08118102	30x30x5 ft			2/26/2015	
371	17735 East Aspen Circle	Reno	89508		08704510	15 yd <sup>3</sup>			2/24/2015	
372	18845 Mesquite Avenue	Reno	89508		08704307		12		2/21/2015	
373	17170 Aquamarine	Cold Spring	89508		08754301				2/21/2015	
374	3745 Peregrine Circle	Reno	89508		08707109		2		2/20/2015	
375	17231 Desert Lake Court	Reno	89508		55644125	1/4 yd			2/19/2015	
376	3905 Brant Street	Reno	89508		08731309	40			2/14/2015	
377	17875 West Aspen	Reno	89508		08704302				2/19/2015	
378	400 Flicker	Washoe Valley	89704		05041402	4 yds			2/20/2015	
379	18530 Kaylee Circle	Reno	89508		08121004	6x15x2 ft			2/18/2015	
380	17790 West Aspen Circle	Reno	89508		08704517	2 pickups			2/18/2015	
381	1435 Brenda Way	Washoe Valley	89704		05027902				2/14/2015	
382	18840 Pinion Pine Avenue	Reno	89508		08704317	4x8 ft	2		2/18/2015	
383	17760 West Aspen Circle	Reno	89508		08704516	10x10			2/18/2015	

ID	Address	City	ZIP	Burn Address (if different)	APN	Size, or Quantity number of piles, or, Tons	Date	Notes
384	18005 Northridge	Reno	89508		08120301		2/17/2015	
385	18008 Northridge	Reno	89508		08120204		2/17/2015	
386	17160 West Crystal Canyon Court	Reno	89508		08744207	3 yd <sup>3</sup>	2/15/2015	
387	17505 Highway 395 North	Reno	89508		08118101	2 yds	2/15/2015	
388	17575 Black Bird Drive	Reno	89508		08745105	4	2/14/2015	
389	18120 Northridge Avenue	Reno	89508		08120201	300 lbs	2/13/2015	brush and pine
390	3585 Siskin Lane	Reno	89508		08724205	medium 1	2/13/2015	weeds
391	17130 Magnetite Drive	Reno	89508		08751102	1/4 acre	2/13/2015	vegetation
392	15355 Dry Valley Road	Reno	89508		07813202	6X20 ft	2/20/2015	brush
393	825 Browning Drive	Reno	89506		55212408	2-10 yds	2/14/2015	
394	2710 Valley View Drive	Reno	89506		55217408	20 yds	3/22/2015	
395	5605 Old US 395	Washoe Valley	89704		05516802	30x10x10 ft	3/22/2015	



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*Regional Emergency Medical Services Authority*

**REMSA**

**OPERATIONS REPORTS**

**FOR**

**JUNE 2015**



Fiscal 2015

Month	Priority 1 System-Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul. 2014	5 mins. 41 secs.	93%	93%
Aug.	5 mins. 58 secs.	92%	96%
Sept.	5 mins. 35 secs.	92%	97%
Oct.	5 mins. 54 secs.	92%	98%
Nov.	5 mins. 59 secs.	93%	100%
Dec.	6 mins. 5 secs.	93%	97%
Jan. 2015	5 mins. 53 secs.	93%	99%
Feb.	6 mins. 6 secs.	92%	98%
Mar.	6 mins. 11 secs.	91%	99%
Apr.	6 mins. 9 secs.	91%	97%
May	6 mins. 21 secs.	92%	98%
June 2015	6 mins. 10 secs.	91%	96%

Year to Date: July 2014 through June 2015

Priority 1 Zone A	Priority 1 Zones B,C,D
92%	98%

Average Response Times by Entity				
Month/Year	Priority	Reno	Sparks	Washoe County
July 2014	P-1	5:07	5:59	8:34
	P-2	6:33	6:55	9:53
Aug. 2014	P-1	6:06	6:11	9:07
	P-2	6:54	6:51	10:03
Sept. 2014	P-1	5:23	6:01	10:29
	P-2	5:54	7:02	10:19
Oct. 2014	P-1	5:20	5:56	9:23
	P-2	5:46	6:57	9:22
Nov. 2014	P-1	5:17	5:56	8:40
	P-2	5:54	6:21	9:00
Dec. 2014	P-1	5:20	6:07	9:16
	P-2	5:49	6:43	9:15
Jan. 2015	P-1	5:13	5:55	9:42
	P-2	5:27	6:42	9:53
Feb. 2015	P-1	5:28	6:06	9:36
	P-2	6:04	6:50	9:59
Mar. 2015	P-1	5:19	6:17	10:10
	P-2	5:56	6:52	10:40
Apr. 2015	P-1	5:30	6:19	9:30
	P-2	6:02	7:16	9:51
May 2015	P-1	5:30	6:19	9:57
	P-2	6:21	7:27	9:58
June 2015	P-1	5:19	6:31	8:15
	P-2	5:25	6:18	8:35

Year to Date: July 2014 through June 2015

Priority	Reno	Sparks	Washoe County
P-1	5:19	6:04	9:30
P-2	6:01	6:50	9:55

## REMSA

Fiscal 2015

Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
July 2014	3767	\$4,028,488	\$1,069	\$1,069
Aug.	3965	\$4,234,791	\$1,068	\$1,069
Sept.	3674	\$3,942,547	\$1,073	\$1,070
Oct.	3806	\$4,059,917	\$1,067	\$1,069
Nov.	3535	\$3,791,791	\$1,073	\$1,070
Dec.	3843	\$4,119,979	\$1,072	\$1,070
Jan. 2015	3870	\$4,142,489	\$1,070	\$1,070
Feb.	3372	\$3,614,031	\$1,072	\$1,070
Mar.	3872	\$4,151,828	\$1,072	\$1,071
Apr.	3710	\$4,006,356	\$1,080	\$1,072
May	3984	\$4,300,782	\$1,080	\$1,072
June 2015	3875	\$4,161,687	\$1,074	\$1,072
<b>Totals</b>	<b>45273</b>	<b>\$48,554,687</b>	<b>\$1,072</b>	
Allowed ground avg bill - \$1,076.00				



# REMSA OCU Incident Detail Report

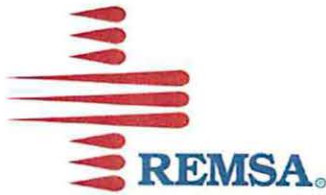
Period: 06/01/2015 thru 06/30/2015

12. 1 Monthly Reports (b) CAD Edits & Call Priority Reclassification

Response Area	Zone	Clock Start	Clock Stop	Stop Clock Unit	Threshold	Response Time	Overage
A-08-IC Reno	Zone A	06/03/2015 14:05:05	06/03/2015 14:09:09	321	00:08:59	00:04:04	-00:04:55
A-08-IC Reno	Zone A	06/05/2015 21:44:35	06/05/2015 21:49:43	411	00:08:59	00:05:08	-00:03:51
A-08-IC Sparks	Zone A	06/07/2015 09:23:13	06/07/2015 09:28:33	331	00:08:59	00:05:20	-00:03:39
A-08-IC Washoe Co N-NW	Zone A	06/12/2015 22:03:03	06/12/2015 22:12:16	425	00:12:59	00:09:13	-00:03:46
A-08-IC Washoe Co N-NW	Zone A	06/13/2015 20:30:24	06/13/2015 20:30:32	437	00:12:59	00:00:08	-00:12:51
A-08-IC Sparks	Zone A	06/15/2015 02:01:31	06/15/2015 02:01:38	436	00:12:59	00:00:07	-00:12:52
A-08-IC Sparks	Zone A	06/15/2015 08:56:06	06/15/2015 08:58:42	305	00:08:59	00:02:36	-00:06:23
A-08-IC Reno	Zone A	06/15/2015 15:04:47	06/15/2015 15:13:00	313	00:08:59	00:08:13	-00:00:46
A-08-IC Reno	Zone A	06/16/2015 09:48:36	06/16/2015 09:48:46	337	00:12:59	00:00:10	-00:12:49
A-08-IC Reno	Zone A	06/16/2015 16:12:20	06/16/2015 16:16:37	435	00:12:59	00:04:27	-00:08:32
A-08-IC Washoe Co N-NW	Zone A	06/18/2015 02:30:59	06/18/2015 02:31:04	429	00:12:59	00:00:05	-00:12:54
A-08-IC Reno	Zone A	06/19/2015 14:45:17	06/19/2015 14:50:57	332	00:12:59	00:05:40	-00:07:19
A-08-IC Reno	Zone A	06/21/2015 10:24:02	06/21/2015 10:37:02	315	00:08:59	00:13:00	00:04:01
A-08-IC Sparks	Zone A	06/22/2015 15:24:49	06/22/2015 15:35:40	332	00:12:59	00:10:51	-00:02:08
A-08-IC Reno	Zone A	06/22/2015 16:01:02	06/22/2015 16:01:08	309	00:08:59	00:00:06	-00:08:53
A-08-IC Reno	Zone A	06/26/2015 13:38:24	06/26/2015 13:43:10	301	00:08:59	00:04:46	-00:04:13
A-08-IC Sparks	Zone A	06/26/2015 15:39:26	06/26/2015 15:45:40	334	00:08:59	00:06:14	-00:02:45
A-08-IC Sparks	Zone A	06/28/2015 17:02:14	06/28/2015 17:10:40	326	00:08:59	00:08:26	-00:00:33
A-08-IC Reno	Zone A	06/28/2015 17:17:41	06/28/2015 17:30:40	306	00:12:59	00:12:59	00:00:00
A-08-IC Sparks	Zone A	06/30/2015 17:12:48	06/30/2015 17:19:24	320	00:08:59	00:06:36	-00:02:23

Call Priority Reclassification				
Incident	City	Zone	Incident Date	Exemption
169019-15	Reno	Zone A	06/18/2015	Upgrade
170077-15	Reno	Zone A	06/19/2015	Upgrade
170218-15	Washoe Valley	Zone C	06/19/2015	Upgrade
171258-15	Reno	Zone A	06/20/2015	Upgrade
172185-15	Reno	Zone A	06/21/2015	Upgrade





## GROUND AMBULANCE OPERATIONS REPORT

June 2015

### 1. OVERALL STATISTICS:

Total Number Of System Responses	5834
Total Number Of Responses In Which No Transport Resulted	1916
Total Number Of System Transports	3918

### 2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests	2%
Medical	50%
OB	1%
Psychiatric/Behavioral	5%
Transfers	11%
Trauma – MVA	7%
Trauma – Non MVA	20%
Unknown/Other	4%

Total Number of System Responses 100%

### 3. MEDICAL DIRECTOR'S REPORT:

The Clinical Director or designee reviewed:

- 100% of cardiopulmonary arrests
- 100% of pediatric patients (transport and non-transport patients)
- 100% of advanced airways (outside cardiac arrests)
- 100% of STEMI Alert or STEMI rhythms
- 100% of deliveries and neonatal resuscitation
- 100% Advanced Airway Success rates for nasal/oral intubation and King Airway placement for adult and pediatric patients.
- 100% of TAP (paramedic orientee) charts during orientation period and 10% in the first month post orientation clearance.

Total number of ALS calls resulting in a system transport: 3929

Total number of above calls receiving QA reviews: 323

Percentage of charts reviewed from the above ALS transports: 8%

**EDUCATION AND TRAINING REPORT**



REMSA Education  
 Monthly Course and Student Report  
 Month: June 2015

Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
ACLS	8	53	3	37	5	16
ACLS EP	0	0	0	0	0	0
ACLS EP I	0	0	0	0	0	0
ACLS I	0	0	0	0	0	0
ACLS P	1	2	1	2	0	0
ACLS R	16	71	4	43	12	28
ACLS S	9	10	5	5	4	5
AEMT	0	0	0	0		
AEMT T	0	0	0	0		
BLS	52	325	12	110	40	215
BLS I	0	0	0	0	0	0
BLS R	50	199	21	116	29	83
BLS S	42	70	12	12	30	58
CE	0	0	0	0	0	0
EMAPCT	0	0	0	0	0	0
EMPACT I	0	0	0	0	0	0
EMR	1	8	1	8		
EMR R	0	0	0	0		
EMS I	0	0	0	0		
EMT	2	40	2	40		
EMT T	0	0	0	0		
FF CPR	6	58	0	0	6	58
FF CPR FA	0	0	0	0	0	0
FF FA	0	0	0	0	0	0
HS BBP	4	49	3	29	1	20
HS CPR	41	248	5	26	36	222
HS CPR FA	59	386	12	89	47	297
HS CPR FA S	2	2	1	1	1	1
HS CPR PFA	0	0	0	0	0	0
HS PFA S	0	0	0	0	0	0
HS CPR S	0	0	0	0	0	0
HS FA	18	101	2	12	16	89
HS FA S	1	1	1	1	0	0
HS PFA	4	24	1	14	3	10
ITLS	1	10	1	10	0	0
ITLS A	0	0	0	0	0	0
ITLS I	0	0	0	0	0	0
ITLS P	0	0	0	0	0	0
ITLS R	1	1	1	1	0	0
ITLS S	0	0	0	0	0	0
PALS	3	16	2	11	1	5
PALS I	0	0	0	0	0	0
PALS R	6	43	2	26	4	17
PALS S	4	8	2	2	2	6
PEARS	0	0	0	0	0	0
PM	2	24	2	24		
PM T	0	0	0	0		

Discipline	Total Classes	Total Students Legend	REMSA Classes	REMSA Students	Site Classes	Site Students Classes w/ CPR
ACLS		Advanced Cardiac Life Support				252
ACLS EP		Advanced Cardiac Life Support for Experience Providers				
ACLS P		Advanced Cardiac Life Support Prep				CPR Students
ACLS R		Advanced Cardiac Life Support Recert				
ACLS S		Advanced Cardiac Life Support Skills				1288
ACLS I		Advanced Cardiac Life Support Instructor				
AEMT		Advanced Emergency Medical Technician				REMSA CPR Classes
AEMT T		Advanced Emergency Medical Technician Transition				
BLS		Basic Life Support				63
BLS I		Basic Life Support Instructor				
BLS R		Basic Life Support Recert				REMSA CPR Students
BLS S		Basic Life Support Skills				
CE		Continuing Education:				354
EMAPCT		Emergency Medical Patients Assessment, Care, & Transport				
EMPACT I		Emergency Medical Patients Assessment, Care, & Transport Instructor				REMSA CPR Classes
EMR		Emergency Medical Responder				
EMR R		Emergency Medical Responder Recert				REMSA CPR Students
EMS I		Emergency Medical Services Instructor				
EMT		Emergency Medical Technician				354
EMT T		Emergency Medical Technician Transition				
FF CPR		Family and Friends CPR				REMSA CPR Classes
FF CPR FA		Family and Friends CPR and First Aid				
FF FA		Family and Friends First Aid				REMSA CPR Students
HS BBP		Heartsaver Bloodborne Pathogens				
HS CPR		Heartsaver CPR and AED				REMSA CPR Classes
HS CPR FA		Heartsaver CPR, AED, and First Aid				
HS CPR FA S		Heartsaver CPR, AED, and First Aid Skills				REMSA CPR Students
HS CPR PFA		Heartsaver Pediatric CPR, AED, and First Aid				
HS CPR S		Heartsaver CPR and AED Skills				REMSA CPR Classes
HS FA		Heartsaver First Aid				
HS FA S		Heartsaver First Aid Skills				REMSA CPR Students
HS PFA		Heartsaver Pediatric First Aid				
HS PFA S		Heartsaver Pediatric First Aid Skills				REMSA CPR Classes
ITLS		International Trauma Life Support				
ITLS A		International Trauma Life Support Access				REMSA CPR Students
ITLS I		International Trauma Life Support Instructor				
ITLS P		International Trauma Life Support - Pediatric				REMSA CPR Classes
ITLS R		International Trauma Life Support Recert				
ITLS S		International Trauma Life Support Skills				REMSA CPR Students
PALS		Pediatric Advanced Life Support				
PALS I		Pediatric Advanced Life Support Instructor				REMSA CPR Classes
PALS R		Pediatric Advanced Life Support Recert				
PALS S		Pediatric Advanced Life Support Skills				REMSA CPR Students
PEARS		Pediatric Emergency Assessment, Recognition, and Stabilization				
PM		Paramedic				REMSA CPR Classes
PM T		Paramedic Transition				



<b>COMMUNITY RELATIONS</b>
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Community Outreach: June 2015

**Point of Impact**

6/5/2015	Statewide Child Passenger Safety Advisory Board Meeting via conference call	1 staff; 8 participants from Northern Nevada
6/13/2015	Child Safety Seat Checkpoint, The Children's Cabinet; 14 cars and 16 seats inspected.	11 volunteers; 3 staff

**Safe Kids Washoe County**

6/5/2015	Cribs for Kids presents at the 14th Annual Nevada State Child Abuse Prevention and Safety Conference, Las Vegas NV	1 staff, 80 attendees
6/9/2015	Safe Kids Monthly Coalition Meeting, Sparks	1 staff, 7 volunteers
6/17/2015	Fetal Infant Mortality Meeting, Reno	1 staff
6/28/2015	Cribs for Kids host booth at Baby Bump & Mingle Event at Renown Children's Hospital, Reno	1 staff, 10 attendees





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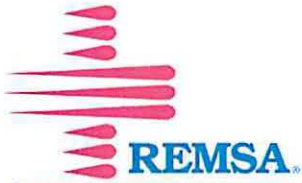
*Regional Emergency Medical Services Authority*

**INQUIRIES  
FOR  
JUNE 2015**

**INQUIRIES**

**JUNE 2015**

There are no inquiries for the month of June.



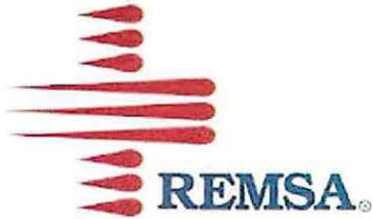
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*Regional Emergency Medical Services Authority*

**CUSTOMER SERVICE  
FOR  
JUNE 2015**

REMSA

Reno, NV  
Client 7299



1515 Center Street  
Lansing, Mi 48096  
1 (877) 583-3100  
service@EMSSurveyTeam.com  
www.EMSSurveyTeam.com

# EMS System Report

June 1, 2015 to June 30, 2015

Your Score

**92.75**

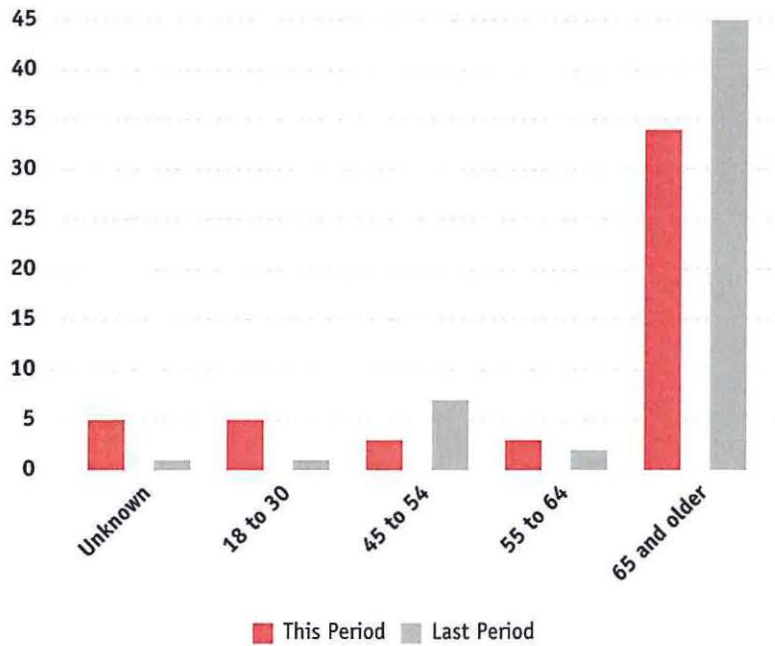




**Demographics** — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will approximate your service population.

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Unknown	1	0	1	0	5	2	2	1
18 to 30	1	0	1	0	5	2	2	1
45 to 54	7	4	3	0	3	3	0	0
55 to 64	2	2	0	0	3	0	3	0
65 and older	45	16	29	0	34	13	19	2
<b>Total</b>	<b>56</b>	<b>22</b>	<b>34</b>	<b>0</b>	<b>50</b>	<b>20</b>	<b>26</b>	<b>4</b>

### Age Ranges



### Gender





### Monthly Breakdown

Below are the monthly responses that have been received for your service. It details the individual score for each question as well as the overall company score for that month.

	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015
Helpfulness of the person you called for ambulance service	93.52	96.55	94.83	93.24	93.88	92.26
Concern shown by the person you called for ambulance service	92.00	97.41	94.83	94.40	93.88	91.25
Extent to which you were told what to do until the ambulance	91.67	95.54	96.00	92.54	91.30	91.67
Extent to which the ambulance arrived in a timely manner	94.70	92.50	95.00	94.46	90.18	91.84
Cleanliness of the ambulance	97.66	96.34	94.17	95.18	92.73	96.11
Comfort of the ride	89.84	92.68	91.67	91.96	88.21	100.00
Skill of the person driving the ambulance	94.70	94.51	95.00	94.20	92.45	94.15
Care shown by the medics who arrived with the ambulance	96.88	92.33	92.86	92.34	96.94	94.32
Degree to which the medics took your problem seriously	97.58	93.62	94.83	91.16	96.50	94.77
Degree to which the medics listened to you and/or your family	98.28	93.45	94.64	90.74	94.50	91.86
Skill of the medics	96.88	96.05	93.52	93.85	94.39	95.35
Extent to which the medics kept you informed about your	95.69	91.47	93.27	91.25	92.93	90.63
Extent to which medics included you in the treatment decisions	96.74	90.03	91.67	90.57	94.23	95.45
Degree to which the medics relieved your pain or discomfort	93.52	91.94	92.71	88.70	91.11	91.67
Medics' concern for your privacy	94.64	95.00	90.38	91.12	94.64	93.75
Extent to which medics cared for you as a person	95.97	94.11	93.75	90.98	95.21	95.83
Professionalism of the staff in our ambulance service billing	92.71	90.48	88.24	90.91	89.13	85.87
Willingness of the staff in our billing office to address your	90.63	92.50	85.94	91.18	89.29	86.36
How well did our staff work together to care for you	94.53	94.08	92.24	92.08	94.27	93.75
Extent to which our staff eased your entry into the medical	94.53	94.87	93.10	91.83	96.11	90.70
Appropriateness of Emergency Medical Transportation treatment	95.00	91.67	92.86	92.98	94.32	94.51
Extent to which the services received were worth the fees	88.39	86.03	85.00	90.78	89.40	86.83
Overall rating of the care provided by our Emergency Medical	95.31	93.62	93.97	91.38	95.65	92.86
Likelihood of recommending this ambulance service to others	96.88	92.59	94.83	93.42	94.57	94.23
Your Master Score	94.62	93.35	92.99	92.19	93.31	92.75
Your Total Responses	35	41	33	71	58	50

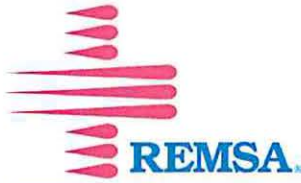


## Ground Ambulance Customer Comments June,2015

Date of Service	What could we do better to serve you the next time?	If you had any problems with our Emergency Medical Transp...	Description / Comments
04/20/2015	"So far you do it all right. Always tell patient what you are doing"		"I have never received anything but excellent care!!!"
04/18/2015	"Nothing"		"Excellent! Love you people"
04/17/2015	"Just like you did the last time"		
04/18/2015			
04/19/2015	"Just keep doing their jobs"		
04/19/2015			"Medics were great, hospital not!"
04/18/2015	"Keep up the excellent work. Very professional approach"		
04/17/2015			"They really were great. I had chest pain and they treated it immediately like possible, heart attack even though I told the nurse it didn't feel like one."
04/18/2015			"Medics very concerned. I was impressed"
04/17/2015	"Nothing"		
04/18/2015			"The medic was very helpful & showed concern. Explained everything he was doing"
04/17/2015			"Medics were very nice. Tried to help"
04/18/2015			"My contact was only transportation from airport to hospital"
04/19/2015	"less time to see a doctor"		
04/20/2015			

04/18/2015	"For me to stand up & not fall!"		"Thanks for being there!"
04/17/2015	"Read the above"		
04/20/2015	"They all did a good job"		
04/17/2015			"Excellent care given and a calming manner"
04/17/2015	"NONE"	"Ambulance was one time and a great service"	
04/17/2015	"Everything was perfect. Bobby bear was a great addition as well"		"the medics made my daughter smile & laugh while she was being transported. She was crying previously. They were amazing!"
04/20/2015	"We have had the ambulance 5 times in the last 3 months. The date line on this form it doesn't give an actual date. The responses are for the 5 calls impressive service each time"		





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*Regional Emergency Medical Services Authority*

**REMSA  
PUBLIC RELATIONS REPORT  
FOR  
JUNE 2015**

## PUBLIC RELATIONS

June 2015

ACTIVITY	RESULTS
Attended weekly PR meeting to assist in on-going public relations efforts.	NA
Wrote and distributed press release regarding CPR week.	Channels 2, 8 and the RGJ ran stories on CPR week and the events REMSA was a part of.
Wrote and distributed press release regarding heat stroke in children.	KOH radio and the RGJ ran stories on heatstroke for children.
Coordinated ride along with Channel 8 to do a story on heat-related injuries/illnesses.	Story ran on Channel 8 on June 25

Regional Emergency Medical Services Authority  
450 Edison Way  
Reno, NV 89502  
775-858-5700

June 23, 2015

Dear REMSA,

On Friday, June 12, 2015, I suffered cardiac arrest at Huffaker Elementary. I want to please recognize the life saving efforts of Kristie Hilton and her crew. The definitive thing that all medical personnel can agree on is that I am lucky to be alive.

If you know the feeling of having a second chance on life, you will know that it is emotional and not to be taken lightly. I want to thank REMSA for being there on that fateful day. I want to thank Kristie Hilton and her remarkable crew that kept me alive. It meant so much when she visited me in the hospital.

In closing, I have a state of the art defibrillator. My husband, family, students, and colleagues share an enormous sense of love for Kristie Hilton and her crew. I wish I could adequately express how I feel. Everything seems so minute after you have had a life-changing event. Please let Kristie and her crew know how grateful I am for another day.

With sincere love and gratitude,

Sara Schweppe  My new,  
improved  
heart!







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# Help is on the Way

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Nurse triage enhances alternative emergency care

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Audrey Fraizer



**R**EGIONAL EMERGENCY MEDICAL SERVICES Authority (REMSA) nurses were the first line of defense for many patients reeling from the fever, body aches, and cough due to a flu strain made even more troublesome because of a vaccine that did not fully meet the target strain.

While they never met a single one of their patients face-to-face, they were ready and able to get them to the right level of care through an over-the-phone assessment and triage process that benefits everyone involved.

REMSA's medical communications center is an Accredited Center of Excellence (ACE) and among the first centers in the U.S. to offer safe and effective pre-hospital care through the Academy's Emergency Communications Nurse System™ (ECNS™). REMSA is an emergency medical service based in Reno, Nev.

The comprehensive nurse triage system—comprising more than 200 symptom-based algorithms, taking into account gender, age, and previous medical history—has far surpassed expectations in combination with a 10-digit Nurse Health Line, said Elaine Messerli, registered nurse, Manager, Clinical Operations, REMSA.

"We are amazed at the call volume," she said. "This was a needed resource in our community, particularly for people who don't know how to maneuver the health care system."

#### **Nurse triage**

A hand in navigating at REMSA begins with a call to the 24/7 non-emergency Nurse Health Line. The registered nurse—there are eight on staff—answering the call assesses the patient's illness or injury.

The Nurse Health Line averages 2,100 calls a month; the nurses complete an ECNS protocol on about half of these callers.

The Emergency Communication Nurse (ECN) uses the ECNS LowCode™ software, which integrates with ProQA®, to triage the caller/patient's symptoms, provide further assessment, and determine the level of care appropriate for that patient. A patient with a critical, life-threatening condition surfacing at any time during the conversation is transferred to a REMSA EMD. In this case, an ambulance is sent immediately and the caller is directly and seamlessly transferred to the 9-1-1 Public Service Answering Point (PSAP) and certified emergency medical dispatchers (EMD).



The registered nurses do not offer advice for definitive treatment, Messerli said.

They rely on proven protocols when giving instructions to the patient; although, as with an EMD, the ECN offers recommendations for managing symptoms until a primary care provider sees the patient, and the patient is diagnosed and prescribed treatment.

"This is an evidence-based program," Messerli said. "The nurses are depending on their experience and a results-driven program to provide health care benefits to our community."

REMSA has also started to implement the OMEGA Determinant Descriptor, a group of codes within the Medical Priority Dispatch System™ (MPDS) that provide an evidence-based guideline for determining the most appropriate type of care for patients calling 9-1-1 with a request that is not an urgent medical emergency.

The Omega codes allow very low acuity 9-1-1 calls to be transferred out of the EMS system to an alternate, more appropriate level of care. This protocol does not result in a "non-response" but, rather, leads to an alternative avenue of care for the patient. A service directory of available health care resources generated for the community served provides addresses, phone numbers, and directions to the selected health care resource nearest the patient.

The advantages so far, Messerli said, have been huge in terms of patient care and cost savings.

According to the protocols, a patient referred to an alternative out-of-hospital setting, such as the primary care physician's office or urgent care facility, is at far less risk of exposure to infections acquired in the hospital. EMS resources are reserved for the more critically ill patients, and the same applies to a hospital's emergency department.

"When people don't know what to do, they call 9-1-1," Messerli said. "This gives them options and gets them to the right level of care."

A similar program has been offered in the UK for the past 12 years, and several other centers in the U.S., Australia, and Africa have introduced nurse triage. But as the next example indicates, it's not a one-size-fits-all process.

#### Louisville Metro EMS (LMEMS)

Finding alternatives to sending an ambulance and the subsequent ER visit for patient care was a priority for LMEMS. The decision to look at what was available was based on practical analysis. The patient population was growing and wasn't going to stop, so it came down to either asking the city council for funding to buy more ambulances or taking a step back to evaluate what else they could do.

"We knew we had to look at options for managing the non-emergent patients," said LMEMS Chief of Staff Kristen Miller. "We put a premium on identifying pieces of the pie, and ECNS had the clinical judgment we wanted. It's a well-thought-out system."

EMDs in the MetroSafe Communications Center are first in line to process LMEMS' low-acuity calls. There isn't a seven- or 10-digit number to call. A patient assigned an OMEGA code or a subset of selected ALPHA codes during EMD interrogation is transferred to the ECN for further assessment.

The thought of talking to a nurse when calling 9-1-1, however, was not an immediate success for most patients. People didn't know what the EMD meant when asking, "would you like to speak to a nurse" after assigned an OMEGA or subset ALPHA code. They generally said "no," preferring the ambulance response expected when calling 9-1-1.

"We were asking for permission," Miller said. "The EMD now explains that the caller is being transferred to a nurse for further assessment."

The strategy empowered callers; patients learned ways to self-manage care from a registered nurse who listened and engaged in actual conversation. The interaction also brought a new perspective regarding frequent callers or callers whose conditions were non-emergency.

"A lot of folks don't know where to turn," she said. "They are not intentionally misusing the system. They need help and don't know their options so the safest way to get help is by calling 9-1-1"



As one of the first medical emergency services of its kind to offer prehospital care, REMSA uses nurses' expertise and proven protocols to instruct patients.



Satisfaction levels have since gone through the roof, Miller said, and ECNS has opened their eyes to a whole new world of alternative care.

"We looked at ECNS as a means to an end," she said. "This was the solution. But instead it opened our eyes to many more alternative care ideas, programs, and projects we can offer to our community."

#### ECNS

ECNS is the fourth pillar of pre-hospital care offered by the Academy, alongside the Medical Priority Dispatch System™ (MPDS®), Fire Priority Dispatch System™ (FPDS®), and Police Priority Dispatch System™ (PPDS®). Its objective, however, goes beyond providing instructions while callers await response by EMS, fire, or law enforcement personnel.

ECNS defies the idiom of putting the cart before the horse. The "you call we haul" tradition is rapidly changing.

ECNS was developed as a logical, feasible, and economical approach to EMS resource allocation. The higher the acuity, the further the patient is pulled along the continuum toward a more immediate response, such as ambulance transport if the patient's condition deteriorates dramatically over the course of the conversation. ECNS is not a substitute for the MPDS—the closest allied protocol system. ECNS complements pre-hospital care that begins with the 9-1-1 caller seeking emergency medical assistance.

"ECNS is a single component of a comprehensive system," said Mark Rector, Director—New Business, Priority Dispatch Corp.™ (PDC™). "It adds an additional tier of resource allocation."

He also mentioned that ECNS is an important element to an integrated Mobile Healthcare-Community Paramedic program.

#### A nurse in the comm. center

In addition to the upfront elements—such as the symptom-based algorithms—there's a lot going on in the background. ECNS incorporates the skills and experience of registered nurses into EMS, and that brings an overlay of professional care relatively new to the system.

"My position at Priority Solutions offers the best of both worlds," said Gigi Marshall, RN, ECNS Program Administrator. "It has allowed me to use my nursing care skills and my experience in education."

Marshall was an emergency room nurse for more than 20 years, taught nursing students in the academic setting for the past decade, and then decided to take on a multi-faceted role that combines her professional background into pre-hospital nurse triage.

ECNS pairs her skill of "thinking like a nurse" to the multiple steps she met daily on the floor. She is a critical thinker. She is logical and systematic. She applies reasoning as her guide to clinical decision-making to ensure safe nursing practices and quality care.

"Nurses approach a problem with the idea of what we hope to accomplish on behalf of our patients," Marshall said. "We develop the pattern of recognition and ap-



Gigi Marshall, RN, and Conrad Fivaz, M.D., of Priority Solutions Inc., have both played a critical role in the success of ECNS, the fourth pillar of prehospital care the Academy offers.

propriate responses over the course of our work. We know what needs to be done for patients and direct their care."

The skill set can be explained in stages of performance: information gathering, focusing, remembering, organizing, analyzing, generating, integrating, and evaluating. They are the same skills inherent in ECNS.

"When we input patient responses to the questions we ask while using ECNS, a determinant is made," Marshall said. "The more urgent the patient's presentation, the faster the determinant is identified. There is a built-in rationale. ECNS is a very versatile and useful tool."

Similar to the other IAED pillars of care, ECNS is vibrant, evolving to meet the demands of EMS, 9-1-1 centers, and their callers, said Conrad Fivaz, M.D., Emergency Response Operations Director, Priority Solutions Inc. (PSI) and Chair, ECNS Council of Standards.

And, as he emphasized, ECNS relies on established well-defined metrics to draw the user through a predictable, repeatable, and verifiable process. A time stamp feature added to ECNS Version 4.5 complements the demonstrable element in secondary





nurse triage by recording time in relation to an event's particular starting point.

"The data is produced in a consistent, reliable manner," he said. "We can measure outcomes against the system's recommendations to improve performance."

#### Results win awards

A research study focusing on the efficacy of the emergency center nurse triage system was selected as the recipient of the 2014 Sophus Falck Scientific Abstract Award for pre-hospital care at the European Society for Emergency Medicine's 8th European Congress in September 2014.

The study, titled "Using EMS Telephone Triage Data to Assess the Amount of Ambulance Resources Saved through Telephone Triage," found that out of more than 2.6 million emergency 9-9-9 calls in the U.K. that received a phone or face-to-face response between April 2011–April 2012, nearly 90,000 were resolved through "hear and treat" secondary triage response.

More telling, the study found that those secondary triage responses resulted in deployment savings of 22.5 million British pounds (or nearly \$29 million) and saved the British ambulance services 134,935 total unit hours.

Fivaz credits the results—the evidence-based success potential of secondary triage response—as the reason the Interna-

in payments by directing patients away from the emergency department to alternative points of care. The vast majority of patients—91.2 percent—ranked their experience with the service as "highly satisfied."

#### Evidence = allies

Evidence-based EMS programs are also an ideal model for attracting participants and funders through innovative programs, grants, and partnering with hospital systems and care providers.

LMEMS applied for a grant through Passport Health Plan, which provides one-year \$50,000 grants for innovative programs that improve the health and well-being of Medicaid patients in a 16-county service area.

The grant became the seed money for ECNS implementation at LMEMS. Based on the program's success at the end of the first year's operation—estimated 30 percent savings to patients in their medical transportation costs—LMEMS made the program permanent and in the next year received a Bloomberg Foundation grant to add a second nurse and management services for patients with chronic conditions who frequently call 9-1-1.

The sky is the limit it seems from talking to Miller.

LMEMS has already added a paramedicine outreach program and, for the future, is considering a stretcher van system to assist patients who have mobility concerns and need transportation to an appointment or urgent care clinic. They're also considering a 7-digit nurse help line.

"ECNS is the most wonderful program in the world," Miller said. "It made so much sense to us from the start, and it now has led us to planning the addition of other spokes we can add to the hub of our EMS system."

The REMSA Nurse Health Line is part of REMSA's Community Health Program which was launched in July 2012 as part of a \$9.8 million Health Care Innovation Awards grant funded by the Center for Medicare & Medicaid Services (CMS), Department of Health and Human Services.

Messerli believes nurse triage is the wave of the future.

"This will become the norm," she said. "Avoiding overuse of ambulance and ER, when appropriate, is key to decreasing health care costs while still providing the best level of care to the patient." ●

tional Academies of Emergency Dispatch® captured the international stage.

"Emergency medical services (EMS) all over the world are looking for ways to conserve resources without jeopardizing patient care," he said. "The award recognizes telephone triage as a very viable alternative. It's a system gaining international momentum."

Another study, published in the March/April 2015 *Annals of Emergency Dispatch and Response (AEDR)*, presented an analysis of cost savings based on centers using ECNS: LMEMS and the MetroSafe 911 Communications Center and Medstar EMS in Fort Worth, Texas. According to the results, patient records from a combined 3,976 cases analyzed saved nearly \$12 million





## Nothing taxing about April 15

REMSA achieves world's first ECNS ACE

April 15 has a way of stressing out Americans or, at least, making them a bit on edge. As you know, April 15 is that day your federal tax return must be postmarked and in the mail. Dates past the postmark deadline can add penalties to what might be an already onerous payment due.

April 15, however, also holds a different meaning, albeit a positive one, for Regional Emergency Medical Services Authority (REMSA), Reno, Nev. On that day, the REMSA communication center went down in International Academies of Emergency Dispatch® (IAED) history as the first Accredited Center of Excellence (ACE) for the Emergency Communication Nurse System™ (ECNS™).

### Not about being first

Similar to tax day, Elaine Messerli, Registered Nurse, REMSA, Clinical Operations Manager Community Health Program, had set a deadline for achieving an ACE for the protocol-based nurse triage system that provides alternative referral options to callers with non-life-threatening symptoms.

The deadline, however, had nothing to do with achieving ECNS accreditation before any other agency, Messerli said.

"Sure, it was an honor to be first,

and I had heard that we might be first," she said. "But that wasn't our goal. Our goal was accreditation and within the time of our grant. Once we started getting close to submitting our information, the momentum was there and we knew we were the first ECNS users to submit."

REMSA was awarded a \$9.8 million Health Care Innovation (HCI) Award in 2012 from the U.S. Department of Health and Human Services (HHS) to develop a program that would respond to lower acuity and chronic disease conditions in urban, suburban, and rural areas of Washoe County. Outcomes included reducing unnecessary ambulance transports and reducing unnecessary visits and hospital admissions and readmissions while, at the same time, improving patients' health care experiences and saving costs and providing jobs. It had to be community-centered.

The Centers for Medicaid and Medicare Services (CMS) administered the award for a three-prong approach featuring a Nurse Health Line—coupled with ECNS—and community paramedicine and ambulance transport alternatives.

Similar to all grants, fulfilling the requirements took data collection, proven quality performance measures,

and reaching (if not exceeding) objectives. ECNS provides real-time evidence through use of the LowCode™ software, which integrates with ProQA®, to triage the caller's/patient's symptoms, provide further assessment, and determine the level of care appropriate for that patient.

Secondly, as Messerli explained, REMSA is accreditation-oriented. Every department within the organization is tasked with attaining performance bars specific to the operation.

"ACE fit into what the grant required and what REMSA expects," she said. "Being first was icing on the cake."

An ACE stamp of approval on the innovative approach also speaks to health care policymakers, Messerli said.

"An ACE is part of the strategy to make sure this is sustainable," she said. "The success of a program can keep it alive because others will follow the lead."

To achieve accreditation, Messerli put together a small team—the center's CQI Coordinator who audits calls and gives feedback to the nurses, and an administrative assistant who downloaded data into the Academy's online system. Other REMSA team members were pulled into the team to collect essential information and data specific to the Twenty Points of Accreditation as well as set goals and deadlines. She also met well in advance with IAED Associate Director Carlynn Page.

Page attributes their success to the center's foundation, resolve, and leadership.

"ACE is all about compliance and about the structure behind it, and REMSA is an agency that excels," she said.

The Twenty Points for the fire, police, medical, and nurse triage protocols are consistent, with one exception: An agency using ECNS must have a process in place for the Emergency Communication Nurse (ECN) to send calls back to the Emergency Medical Dispatcher (EMD) if the condition escalates and emergency dispatch (ambulance) is necessary.

REMSA reports quarterly data as part of the HCI Award project. ●

**STAFF REPORT**  
**BOARD MEETING DATE:** July 23, 2015

**TO:** District Board of Health  
**FROM:** Brittany Dayton, EMS Coordinator  
775-326-6043, [bdayton@washoecounty.us](mailto:bdayton@washoecounty.us)  
**SUBJECT:** Presentation, discussion and possible approval of proposed revisions to the Mutual Aid Evacuation Annex.

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**SUMMARY**

On an annual basis staff reviews either the Multi-Casualty Incident Plan (MCIP) or the Mutual Aid Evacuation Annex (MAEA) for possible revisions. During fiscal year 2014 - 2015 there were several requested updates to the MAEA.

The proposed revisions include a new patient tracking system for hospital evacuations, supplementary language for medical permissions at hospitals during an emergency evacuation, guidance on multiple faculty evacuations, and general formatting and language updates. Attached is a draft of the MAEA with the proposed updates.

EMS staff would like to thank all of our public health partners who assisted the WCHD throughout this process. The revisions to the MAEA could not have been completed without their input and subject matter expertise.

**District Health Strategic Objective supported by this item:** Demonstrate the value and contribution of public health, strengthen District-wide infrastructure to improve public health and secure and deploy resources for sustainable impact.

**PREVIOUS ACTION**

The MAEA, as an annex to the MCIP, was originally approved by the District Board of Health on June 28, 2000. The plan was updated and approved by the DBOH in 2007 and was again revised and approved by the DBOH in February 2012 effective July 1, 2012.

**BACKGROUND**

The objective of the MAEA is to coordinate transportation and care of patients who have been evacuated from a Washoe County hospital in a qualified disaster, with minimal disruption to the provisions of acute emergency care to the community.

For nearly a year EMS staff has been working with the hospital partners, EMS agencies, public safety agencies and the Washoe County Emergency Manager on the revisions presented today.

In December 2014 EMS staff conducted a workshop with regional hospitals to discuss the effectiveness of the 2012 revisions as well as the proposed revisions for fiscal year 2014 - 2015. The outcomes of the workshop included the following:

1. A request to exercise the patient tracking and forms processes during an evacuation, since the current system was determined to be inefficient during previous exercises and workshop discussions (Section 5.1 and Appendix I).
2. A request for additional language regarding the process for a declaration of an emergency; this ensures that medical permissions for hospital personnel sent to receiving facilities to assist with the evacuation are not delayed (Section 8).
3. The inclusion of guidance from the Nevada Statewide Medical Surge Plan, should there be an emergency that requires multiple facilities to simultaneously evacuate (Appendix A).
4. Overall need for updates to formatting and language of the plan (Changes throughout the MAEA).

In order to exercise the patient tracking and forms processes, EMS staff organized a functional drill to test the current process as well as an evacuation system developed by Disaster Management Systems (DMS). On May 15, 2015 seven regional hospitals and REMSA practiced the current process by evacuating ten patients from Saints Mary's Regional Medical Center. Then participants evacuated the same ten patients with the DMS Evac1-2-3 system. There was overwhelming response that the current MAEA process was antiquated and inefficient compared to the DMS Evac1-2-3 system.

EMS staff had another opportunity to test both evacuation processes again during the community evacuation exercise in Incline Village on Saturday, May 30, 2015. Incline Village Community Hospital (IVCH) and North Lake Tahoe Fire Protection District (NLTFPD) personnel evacuated four patients from IVCH facility using both the current process and the DMS Evac1-2-3 system. Once more, EMS staff received feedback that hospital and NLTFPD personnel preferred the DMS Evac1-2-3 system because it was far more functional and user-friendly.

After the exercises, EMS staff worked with a subcommittee that created a customized version of the evacuation tags and receipt holders so that the DMS Evac1-2-3 system would easily be incorporated into the existing MAEA framework and be the most practical and effective for the hospitals in our region.

### **FISCAL IMPACT**

There is no additional fiscal impact to the FY15 budget should the Board approve the MAEA revisions.

The Nevada Hospital Association (NHA) has preliminarily agreed to assist with the funding of the proposed DMS Evac1-2-3 patient tracking system and will use carry-forward grant funds to purchase evacuation start-up kits for Washoe County facilities and a cache of tags and materials for the WCHD.

EMS staff met with a representative from NHA on Friday, June 12, 2015 to discuss funding of the possible transition to the DMS Evac1-2-3 system. The NHA was given a quote of \$9,683.48, which would provide start-up kits for the eight Washoe County hospitals currently included in the MAEA.

### **RECOMMENDATION**

Staff recommends that the DBOH approve the proposed revisions to the Mutual Aid Evacuation Annex of the MCIP, effective November 1, 2015.

EMS staff recommends the November effective date to allow for enough time to order the DMS Evac1-2-3 materials and train hospital and EMS personnel on the updated process for hospital evacuations during a disaster.

### **POSSIBLE MOTION**

If the Board agrees with staff's recommendation than a possible could be:

“Move to approve the proposed revisions to the Mutual Aid Evacuation Annex of the MCIP, effective November 1, 2015.”



## **Mutual Aid Evacuation Annex**

**An Annex to the Washoe County District Board of Health  
Multi-Causality Incident Plan (MCIP)**

Approved Washoe County Health District 06/28/2000  
Revisions Approved by District Board of Health 07/26/07  
Effective 12/01/07  
Revisions Approved by District Board of Health 02/23/12  
Effective 07/01/2012

**Proposed revisions to be presented July 2015**

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## **1. INTRODUCTION**

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

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

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

## **2. MAEA OVERVIEW**

### **2.1 MAEA Objective**

To coordinate transportation and care of patients who are being evacuated from a member facility to other member facilities during a disaster, with minimal disruption to the provision of acute emergency care to the community.

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

### **2.2 MAEA Scope**

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

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



## **2.3 Assumptions**

In order to develop the MAEA, certain assumptions had to be made:

1. Only one healthcare facility requires evacuation. However, Appendix A contains information from the State of Nevada Medical Surge Plan and the process for multiple facility evacuations.
2. The MAEA is based on the short term transfer of patients, not long term relocation. It is not designed to accommodate provisions if the evacuating facility will potentially be unable to operate for an extended period of time.
3. Emergency Departments at receiving facilities will NOT to be used as receiving sites for evacuee patients. They will continue to focus on the emergency healthcare needs of the community.
4. All member facilities agree to make their “best effort” to accommodate the minimum number of patients agreed upon in this document.
5. Whenever possible, patients will be transferred to a healthcare facility that provides similar services at the same or increased level of care.
6. Whenever possible, patients will be kept in the community, close to friends and family.
7. Non-ambulance transport methods for non-critical patients may be used. It is assumed that the primary modes of non-ambulance transportation will come from vendors that have been pre-identified and listed as resource assets with the jurisdictional emergency management system.
8. Once the evacuating facility has resumed normal operations, the receiving hospitals agree to return any patients and equipment from the evacuating facility as soon as feasible.
9. Whenever possible, critical care patients (a generalized term to include intensive care, cardiac care, cardiac surgery, pediatric intensive care, and neonate intensive care) will be sent directly to receiving facilities rather than external holding areas.
10. The Regional Emergency Operations Center (REOC) will be activated and will utilize the Hospital Representative and Medical Unit Leader (MUL) positions to act as liaisons between facilities and to coordinate patient tracking information in a central location.
11. Unless there is a federal declaration, there is no deviation from the federal Emergency Medical Treatment and Labor Act (EMTALA) compliance.
12. Transfer and tracking of patients will be in accordance with Health Insurance Portability and Accountability Act (HIPAA) regulations.
13. Prior to the transfer of patients, the evacuating facility has utilized its internal Alternate Care Facility Plan in an attempt to keep patients within its healthcare system and to minimize disruption of patient care and business continuity.

## **3. MAEA RESPONSIBILITIES**

### **3.1 All MAEA Members**

- It is the responsibility of each member facility to maintain an internal plan to protect life and property during a disaster. Maintenance of such plans is the responsibility of each institution.
- Each facility will conduct required and best practice mitigation efforts to reduce hazards potentially associated with an evacuation (i.e. conducting a hazard vulnerability analysis, developing structural and nonstructural mitigation plans, etc.).

- All members agree to participate in collaborative efforts with community partners to optimize resources and response utilization.
- The evacuation of outpatient clinic and professional services patients also need to be considered in the internal facility plans. Each facility is responsible for making its own plans for these types of patients.
- Facilities agree to use the Hospital Incident Command System. (For more information on HICS, see Appendix E.)
- Members agree to participate in training and drills related to evacuations and the MAEA.
- If a member facility has permanent changes in its ability to receive the agreed upon number of patients, contact personnel or external holding areas the facility must notify the Washoe County Health District.
- Members will use the HICS 255 and Disaster Management Systems (DMS) Evac1-2-3 process for patient tracking. Facilities may also enter information in the evacuation board on WebEOC.
- Members will identify external holding areas close to their location to provide temporary shelter if an immediate evacuation is required, and internal staging areas for patients for an urgent evacuation.
- Members will develop and maintain internal plans for receiving the influx of patients dispersed under this plan.
- All members will maintain adequate business interruption insurance.
- Public information and community confidence are important considerations during an evacuation. The facilities agree to participate in a joint information center (JIC) to include the field Incident Command System (ICS) Public Information Officer to provide information to the public and the media.
- All member facilities will have emergency credentialing plans that will permit credentialing of personnel who may wish to volunteer their professional services during an evacuation.

### **3.2 Evacuating Facility - General Responsibilities**

- The evacuating facility's administration or other authority having jurisdiction (AHJ) declares the facility unsafe and unstable; requiring a full or partial evacuation. The decision to evacuate should be determined based on pre-developed evacuation criteria.
- The evacuating facility carries out measures to decrease patient census (as time allows) including: review all elective surgical procedures, early discharges and discharge of appropriate patients to home, or transfer patients to a Skilled Nursing Facility (SNF).
- If possible, the evacuating facility will activate its Alternate Care Facility Plan to relocate patients to an alternative location within its healthcare system.
- Evacuating facilities must document patient tracking (using Stage 1 of the DMS Evac1-2-3 system and WebEOC).
- The evacuating facility is responsible for notifying each patient's physician and family of the pending relocation, if time allows.
- The evacuating facility is responsible for sending current medical records with patients whenever possible. If time does not allow for pulling medical records, at a minimum, the evacuating facility will ensure that the Medication Administration Record (MAR) accompanies the patient.
- Whenever possible, the evacuating facility will send appropriate nursing or physician personnel to accompany patients to the receiving facility.

- The evacuating facility will send one administrator and/or nursing supervisor to coordinate with receiving facility's administration(s). They may also send one pharmacist to assist with patient medication orders, and resolve any formulary changes to patient medication orders.
- The medical staff/patient ratio during transport will be determined as reasonably safe for care by the Hospital Medical Officer and the Transportation Supervisor.
- The evacuating facility maintains responsibility for patients until accepted by a receiving facility.
- The evacuating facility must ensure that the vacated premises are secure and that no one is left behind after the evacuation.
- As time allows, the evacuating facility will notify the Nevada Division of Public and Behavioral Health, Bureau of Healthcare Quality and Compliance about their change in bed status.

### **3.2.1 Hospital Planning Technical Specialist (HPTS)**

The evacuating facility will assign one staff member (likely a house supervisor or charge nurse) to participate in the field ICS, as the Hospital Planning Technical Specialist.

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

### **3.3 Receiving Facilities - General Responsibilities**

- The receiving facilities will carry out measures to decrease patient census including: review all elective surgical procedures, early discharge and discharge of appropriate patients to home, or transfer to a SNF.
- The receiving facilities determine ability to accommodate influx of patients. If changes to plan numbers need to be made, contact that appropriate dispatch center to report updated patient acceptance numbers.
- The receiving facilities make preparations for receiving patients, including calling in additional staff and implementing their emergency credentialing policy.
- The receiving facilities obtain additional equipment and supplies needed to provide care.
- The receiving facilities maintain communications with the evacuating facility if feasible. (See section 7 for additional information.)
- The receiving facilities continue patient tracking (Stage 3 of the DMS Evac1-2-3 system) within the facility when patients are received. The receiving facility will assign an individual to fax or email the Stage 3 receipt holder(s) and the HICS 255 form(s) to the Hospital Representative or MUL at the REOC, or input the information into WebEOC.
- The receiving facility may need to notify the following people upon receipt of patients from the evacuating facility:

- Families/responsible party
  - Attending physician
- The receiving facility is responsible for the safety of the staff sent from the evacuating facility working within its building, and for the safekeeping and continuing operability of medical equipment that is sent from the evacuating facility.
  - The receiving facility assumes responsibility of the patient, once a patient is received.
  - The receiving facilities ensure that a copy of the Stage 3 receipt holder and a HICS 255 form is sent to the evacuating facility after the evacuation is complete. These forms will be used to let the evacuating facility know where to send patient records and to document the patient tracking process.
  - The receiving facilities will notify Nevada Division of Public and Behavioral Health, Bureau of Healthcare Quality and Compliance about their change in status or if they have exceeded licensed bed capacities, as time allows.
  - The receiving facility will return all patients and equipment upon notification that the evacuating facility is able to be reoccupied, unless other arrangements have been made.

### **3.4 Washoe County Health District (WCHD)**

- WCHD will be contacted by REMSA medical dispatch or North Lake Tahoe Fire Protection District (NLTFPD) to be notified of the evacuation.
- WCHD staff takes an active role in the ICS structure to coordinate public health issues and assist in the assessment of public health impacts.
- WCHD staff facilitates a debriefing for multi-casualty incidents that exceed 10 patients. The field Incident Commander and Hospital Representative will assist the WCHD in gathering documentation regarding the evacuation process and participate in debriefings, as requested.
- WCHD is responsible for the maintenance and regular updates of the MAEA.

### **3.5 REMSA/North Lake Tahoe Fire Protection District**

If a hospital evacuation occurs in the Reno/Sparks region of Washoe County then REMSA would be the primary responding transport agency. However, if the hospital evacuation occurs in Incline Village then NLTFPD would be the primary responding transport agency. Additional EMS/transport agencies could respond to assist with the evacuation and transports if mutual aid requests are implemented.

In a multi-casualty incident or hospital evacuation REMSA medical dispatch determines the destination of patients based on information from area healthcare facilities. The MAEA members have agreed upon pre-planned patient evacuation and acceptance numbers (see Appendices C and D). If an evacuation occurs in Incline Village then NLTFPD would either assume sole responsibility of determining patient destinations, or coordinate with REMSA medical dispatch.

REMSA medical dispatch or NLTFPD will notify plan members regarding the evacuation and will contact receiving facilities as patients are transported from the evacuating facility to let them know what types of patients they will be receiving. (Type refers to patient category – critical care, non-ambulatory, wheelchair and ambulatory.)

### 3.6 HAvBed

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

During an evacuation, HAvBed would be an essential system to enable facilities to communicate with each other regarding patient transfers on one shared platform. All data entered into HAvBed is transmitted and monitored by local, state and federal authorities to plan logistics during an emergent event and respond timely and appropriately.

While the MAEA provides overall estimates for types and numbers of patients that can be accepted into receiving facilities for pre-event planning, HAvBed compliments the MAEA by providing up to date patient census numbers at the time of the evacuation event.

## 4. IMMEDIATE VS. URGENT EVACUATIONS

The critical consideration that level 1 immediate vs. level 2 urgent evacuations affects is the decision regarding which patients to evacuate first. Patients with critical care needs require more time and resources to evacuate. Their place in the evacuation process may change depending on whether the evacuation is immediate or urgent.

### 4.1 Definitions

#### Level 1 - Immediate

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

In an immediate evacuation, the priority will be to get as many patients out as possible, so the first priority might be the easiest to evacuate – ambulatory patients, those with the least equipment and who need the least amount of assistance from staff. In this scenario, patients with special needs would be the last to be evacuated.

#### Level 2 - Urgent

This evacuation allows for a quick, but orderly facility departure. An urgent evacuation allows time for patient dispersion from the evacuating facility directly to the receiving

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

In an urgent evacuation when there is time to move patients, the critical care patients would be the first to move as there is time to accommodate equipment and patient care considerations.

#### **4.2 MAEA Activation for Level 1 (Immediate) Partial or Full Evacuation**

The evacuating facility notifies the appropriate Public Safety Answering Point (PSAP) to report a level 1 evacuation. The PSAP will notify REMSA medical dispatch and/or NLTFPD, who will contact other agencies using the MCI/MAEA plan procedure, which includes the District Health Officer's designee and the Washoe County Emergency Manager. The facility may already be in the process of moving patients to a designated external holding area during an immediate evacuation.

Upon arrival, EMS agencies will set up a field Incident Command Post appropriately linked to the internal Hospital ICS (HICS) structure. Certain HICS and field ICS positions must interface in order to share information. The facility will send a Hospital Planning Technical Specialist to work with the Patient Transportation Group Supervisor, which is staffed by the transport agency.

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

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

REMSA medical dispatch or NLTFPD is responsible for notification of all receiving facilities that an evacuation is underway. Upon this notification, receiving facilities will implement their internal plans to receive patients. Initial field transportation of patients will follow the baseline acceptance numbers for the receiving facilities (Appendix D). HavBed will also be utilized when considering bed availability. Receiving facilities may be contacted later by REMSA medical dispatch or NLTFPD for additional capacities.

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

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

If a disaster situation requires a healthcare facility to partially or fully evacuate, but there is no immediate life threat to the building occupants, the evacuating facility notifies the appropriate PSAP and reports that a level 2 evacuation may be necessary. The PSAP will notify REMSA medical dispatch and/or NLTFPD, who will contact other agencies using the MCI/MAEA plan procedure, to include the District Health Officer's designee and the Washoe County Emergency Manager.

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

It is the responsibility of the field Incident Commander from the AHJ to request a Disaster Declaration from the appropriate political subdivision in association with the jurisdiction's Emergency Manager. The decision to open the REOC rests with the CAT which is led by the County Manager and will authorize activation of the REOC.

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

Since time limitations may not be as critical in a level 2 evacuation the evacuating facility may be able to initiate notification of physicians and patient family members that an evacuation will be taking place.

Upon arrival EMS agencies will set up a field Incident Command Post, in appropriate proximity to the facility. Certain HICS and field ICS positions must interface to share information. The facility will send a HPTS to coordinate with the Patient Transportation Group Supervisor, which is staffed by the transport agency.

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

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

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

**Note:** See Appendix B for the level 1 and level 2 evacuation algorithms.



## 5. PATIENT EVACUATION AND DISTRIBUTION OVERVIEW

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

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

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

**Note:** A mileage chart depicting the distance between member facilities is located in Appendix H.

### 5.1 DMS Evac1-2-3 System

Traditional field triage tags will not be used. Instead facilities will use the DMS Evac1-2-3 system to conduct patient tracking.

The Evac1-2-3 system is designed for effective and orderly evacuations of medical care facilities. Evac1-2-3 is a systematic tool-set to streamline and simplify the evacuation process while maintaining effective patient tracking and resource allocation during the facility evacuation. The tags and documentation within the system are fully compliant with HICS and optimize patient care by ensuring all aspects of the evacuation are documented with minimal effort. See Appendix I for additional images and the process flow of the system.

#### Evacuation Preparation

Once an evacuation is deemed necessary the facility's staff will begin preparing the evacuation of each patient that will be transported to a receiving facility. The evacuation tag is separated along its center perforation. One half is placed on/with the patient and the other on the room door. The resource requirements to move the patient are indicated on the door section for clear identification to staff.



## Staging and Transportation

As patients wearing the evacuation tag are moved to the staging area (or directly to transport if the evacuation is level 1), all vital information such as category/type and SBAR comments may be indicated on the tag as part of the transport prioritization and resource requirement process.

During the transport loading phase, the tag's patient transportation receipt is removed and placed in the patient evacuation tracking receipt holder. This provides a chronological record of each patient transported to specific locations.



## Destination Arrival

As patients arrive at a destination location, the last receipt is removed from the patient's tag and placed in the destination receipt holder. Evac1-2-3 provides a complete documentation trail for full patient accountability and tracking.



## **6. TRANSPORTATION OF PATIENTS**

Patients may be transported from the evacuating facility to an external holding area in a level 1 evacuation or, in the case of a level 2 evacuation, directly to a receiving facility. Subsequent transportation could also occur from an external holding area to receiving facility. In either case,

critical care patients will be sent directly to other healthcare facilities without going to external holding areas. Cost of transportation of patients shall be the responsibility of the evacuating facility.

The Emergency Departments should remain available for community emergency care, the patients being evacuated should not be routed through the Emergency Departments of receiving facilities.

### **6.1 Emergency Medical Services Coordination with Evacuating Facility**

Upon a decision that patients will be evacuated from a healthcare facility, the field ICS and HICS interface will be instituted. The Patient Transportation Group Supervisor under the field Medical Branch will implement transportation staging operations and establish coordination with the Hospital Planning Technical Specialist and the field Medical Branch Director regarding patient destination(s) (See Appendix E).

Ideally the external patient holding area(s) for an immediate evacuation will be pre-designated by each facility in their internal plans, prior to the incident. However, if the pre-designated patient external holding area cannot be utilized, the Hospital Planning Technical Specialist along with the field Medical Branch Director may determine the safest place to establish a patient external holding area if not already determined by the facility.

The medical authority for identifying the method of transfer of the patients from the evacuating facility to another facility should be a collaborative process between the Hospital Planning Technical Specialist and the field Medical Branch Director.

The receiving destination and transportation resources to be used will be decided upon jointly by the Patient Transportation Group Supervisor and Hospital Planning Technical Specialist working with the Medical Branch. More than one staging area for ambulances, non-ambulances or equipment may be established at the evacuating facility.

### **6.2 Transportation Staging Areas**

Field ICS transport vehicle staging area(s) will be established in close proximity to the internal staging areas or external patient holding areas. Ambulances will park and be dispatched in order as directed by the field ICS Patient Transportation Group Supervisor. The Hospital Planning Technical Specialist will receive information about the appropriate medical care and needs of each patient from the HICS Planning and Operations Chiefs.

Information on the transport needs and requirements for specialized equipment or staffing will be shared between the Hospital Planning Technical Specialist and the Patient Transportation Group Supervisor. The external patient holding area(s) will be used by the evacuating facility to re-evaluate patients just prior to transfer, if needed. The Patient Transportation Group Supervisor, in consult with the Hospital Planning Technical Specialist, will direct ambulance and non-ambulance resources to the appropriate receiving facility that has the ability to care for the patient's medical needs.

REMSA medical dispatch or NLTFPD will notify the receiving facility's contact person that the patient is en route, the estimated time of arrival (ETA), and type of patient. Identifying patient information such as names will be transmitted via landline or

WebEOC (due to HIPAA constraints) if time allows. Due to the fact that limited ambulance resources may be available, there will not be room for family members to be transported with the patient; the exception being pediatric patients who will be accompanied by a staff nurse or legal guardian.

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

Staging of these non-ambulance vehicles will be in close proximity to the ambulance staging area(s). The field ICS Staging Officer will make contact with supervisory personnel of the non-ambulance provider to receive help in dispatching those vehicles to the evacuating facility staging area(s).

In addition the field ICS Staging Officer may work with the field ICS Medical Communications Coordinator to place an Amateur Radio Emergency Services (ARES) operator or Radio Amateur Civil Emergency Services (RACES) operator on each vehicle to insure communications during transport. (For more information on the communication plan see section 7.)

### **6.3 Out of State (California) Hospitals**

#### Barton Memorial

Should Barton Memorial Hospital need to evacuate, the administration will contact the California Tahoe Emergency Services Operations Authority (City of South Lake Fire Department and Lake Valley Fire Protection District) via South Lake Tahoe PSAP. The California Tahoe Emergency Services Operations Authority will be responsible for the transportation of patients from Barton Memorial Hospital to facilities in Washoe County.

Decisions as to where patients will be transported will be coordinated through California Tahoe Emergency Services Operations Authority, REMSA and/or NLTFPD. In the event there are not sufficient ambulances to transport patients, additional ambulances can be requested through the Lake Tahoe Regional Fire Chief's mutual aid plan by the South Tahoe Joint Powers Authority. The Barton Memorial Hospital representative working with the South Tahoe Joint Powers Authority will be responsible for ensuring that REMSA/NLTFPD is contacted for the patient placement efforts.

#### Tahoe Forest Hospital (TFH)

Should TFH need to evacuate their facility, they will contact the Truckee Fire Department via the Grass Valley PSAP. Truckee Fire Department will be responsible for the coordination of transportation of patients from Tahoe Forest Hospital to facilities in Washoe County. The TFH Agency Representative will work through/with REMSA medical dispatch to identify bed availability and patient destinations in Washoe County, Nevada. Decisions as to where patients will be transported will be coordinated through REMSA and/or NLTFPD and the TFH Agency Representative. Truckee Fire, through the Grass Valley PSAP, will use the mutual aid system to ensure that a sufficient number of ambulances are notified and responding to transport patients in the timeliest manner possible.

## **7. COMMUNICATIONS**

### **7.1 Required Notifications**

Certain notifications will be required for level 1 or level 2 evacuations:

- The facility will contact and report either a level 1 or level 2 evacuation to the PSAP.
- The PSAP will transfer the caller to REMSA medical dispatch to activate the MAEA. The PSAP will notify the appropriate fire department per its protocols. The MCI/MAEA notifications by REMSA medical dispatch include the District Health Officer's designee and the Washoe County Emergency Manager.
- REMSA medical dispatch or NLTFPD shall notify appropriate healthcare facilities of the incident. The individual in the receiving healthcare facility shall take note of the information given, and shall acknowledge as directed.
- REMSA medical dispatch or NLTFPD will request that each receiving facility provide a name and contact number of the person who will be receiving in-bound patient information as patients are transported to its facility.

### **7.2 Patient/Resident Transfer Communications**

Ambulances involved in the transportation of patients from the evacuating facility to receiving facility shall communicate on frequencies/channels assigned by the field IC.

The healthcare facilities and EMS agencies have 800 MHz radios to augment communications between the facilities, REMSA and/or NLTFPD and the Washoe County Health District should landlines and cell phone capabilities fail. A Health District 800 MHz talk group has been programmed onto the radios for this purpose. All communications regarding identifying patient information should be made via landline due to Health Insurance Portability and Accountability Act (HIPAA) constraints, or through the WebEOC evacuation board.

Other modes of transportation being utilized for the transfer of patients to receiving facilities, or other designated areas or facilities, may not be equipped with Med Channel radios. Prior to departure, appropriate scene personnel will notify receiving facilities through REMSA medical dispatch of the ETA of units transporting patients.

ARES/RACES operators or others with portable communications devices may be used as an alternate means of communications for vehicles not having radio communications with REMSA medical dispatch or NLTFPD.

### **7.3 Administrative Facility Communications**

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

## **7.4 Additional Required Notifications by Evacuating and Receiving Facilities**

The Washoe County Emergency Manager is responsible for notifying the Emergency Manager for the appropriate jurisdiction, if evacuation transports occur beyond the boundaries of Washoe County. Emergency managers may activate the resources of the ARES or RACES, which may be used to augment communications at the incident scene, communications with non-emergency transport vehicles, the receiving facilities, and the evacuating facility's internal staging area or external holding area.

If needed, the evacuating facility should contact the Nevada Bureau of Healthcare Quality and Compliance if the facility needs to exceed its licensed bed numbers.

It is the responsibility of the evacuating facility to notify family and physicians of the evacuated patients of the movement of these individuals to the receiving facility (as time allows).

## **7.5 Regional Call Center**

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

## **7.6 Facsimile (Fax) Systems**

Facsimile numbers are listed for each facility in Appendix G. These systems may be utilized to transmit written information such as patient records, facility maps, or other forms of documentation. The fax number for the REOC is also listed for transmittal of the HICS 255 forms.

## **7.7 Telephone Contacts**

Appendix G shows the telephone numbers for critical areas in each facility such as the Emergency Departments, Admitting, Security, Main Switchboards and lines dedicated to the HCC.

## **7.8 Two-way Radio Systems**

In the event of land line and cell phone failures, the 800 MHz radios and the UHF Med Channel radios, offer a redundant communication method during an emergency. The 800 MHz radios allow healthcare facilities, REMSA, the NLTFPD and the WCHD to communicate on the 800 MHz hospital talk group dedicated for such purposes by the WCHD.

## **7.9 Alternate Communications**

Washoe County, City of Reno, City of Sparks, Reno-Tahoe Airport Authority, Washoe County Sheriff's Office, City of Reno Police and Fire Department, City of Sparks Police and Fire Department, NLTFPD, Truckee Meadows Fire Protection District and each jurisdiction's Emergency Managers may be contacted to provide additional communications resources, command posts, and to ARES/RACES radio resources.



Contact Information for all facilities are located in Appendix F (Contact Information) and Appendix G (Facility Communications).

## **8. LIMITED LIABILITY AND DISASTER DECLARATION PROCESS**

All MAEA member facilities are advised to consult private legal counsel to evaluate the potential exposure to liability.

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

The Incident Commander of the evacuating facility should be in contact with the field Incident Commander when an evacuation decision is made. Once the decision to evacuate has been made, the Incident Commander from the AHJ shall initiate the jurisdiction's process for a Disaster Declaration.

If a member facility's resources are overwhelmed during an evacuation the Incident Commander should notify the Washoe County Emergency Manger to initiate a local Declaration of Emergency in accordance with County Code 65.300 & NRS 414. This action activates the REOC to facilitate regional, State, and Federal assistance including personnel, equipment, and specialized medical resources.

It is the Incident Commander's responsibility to include this strategy in the Incident Action Plan in a timely fashion.

## **9. COLLATERAL CONSIDERATIONS**

### **9.1 Skilled Nursing Facilities**

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

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

### **9.2 Public Information**

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

A JIC may be developed as part of the Unified Command structure.

### **9.3 Admitting and Billing**

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

### **9.4 Use of Evacuating Facility Staff**

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

### **9.5 Out of State Staff and Physicians**

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

### **9.6 Medical Records**

If time and evacuation conditions permit, pertinent medical records and information will accompany each patient to the receiving facility. At a minimum, the MAR will accompany the patient when transferred.

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

## **9.7 Biomedical Equipment**

Only equipment that is medically necessary will accompany the patient during transfer to the receiving facility. Biomedical equipment distributed from the evacuating facility will be initially accepted by all receiving facility.

All equipment sent with each patient should be documented on the DMS Evac1-2-3 tag and receipt holders for tracking purposes.

The receiving facility may catalogue and carry out safety checks of the equipment as time and patient condition permits. Equipment will be returned to the evacuating facility upon return of the patient, unless arrangements have been made otherwise.

## **9.8 Pharmaceuticals**

Only those medications that are medically necessary will be transported with the patient. Prescribed pharmaceutical products that arrive with the patient will be subject to review by the receiving facility's pharmacy.

Any additional medications that the evacuating or receiving facility may need will be requested through the resource request process through the REOC and Hospital Representative.

## **10. MAEA DEVELOPMENT AND MAINTENANCE**

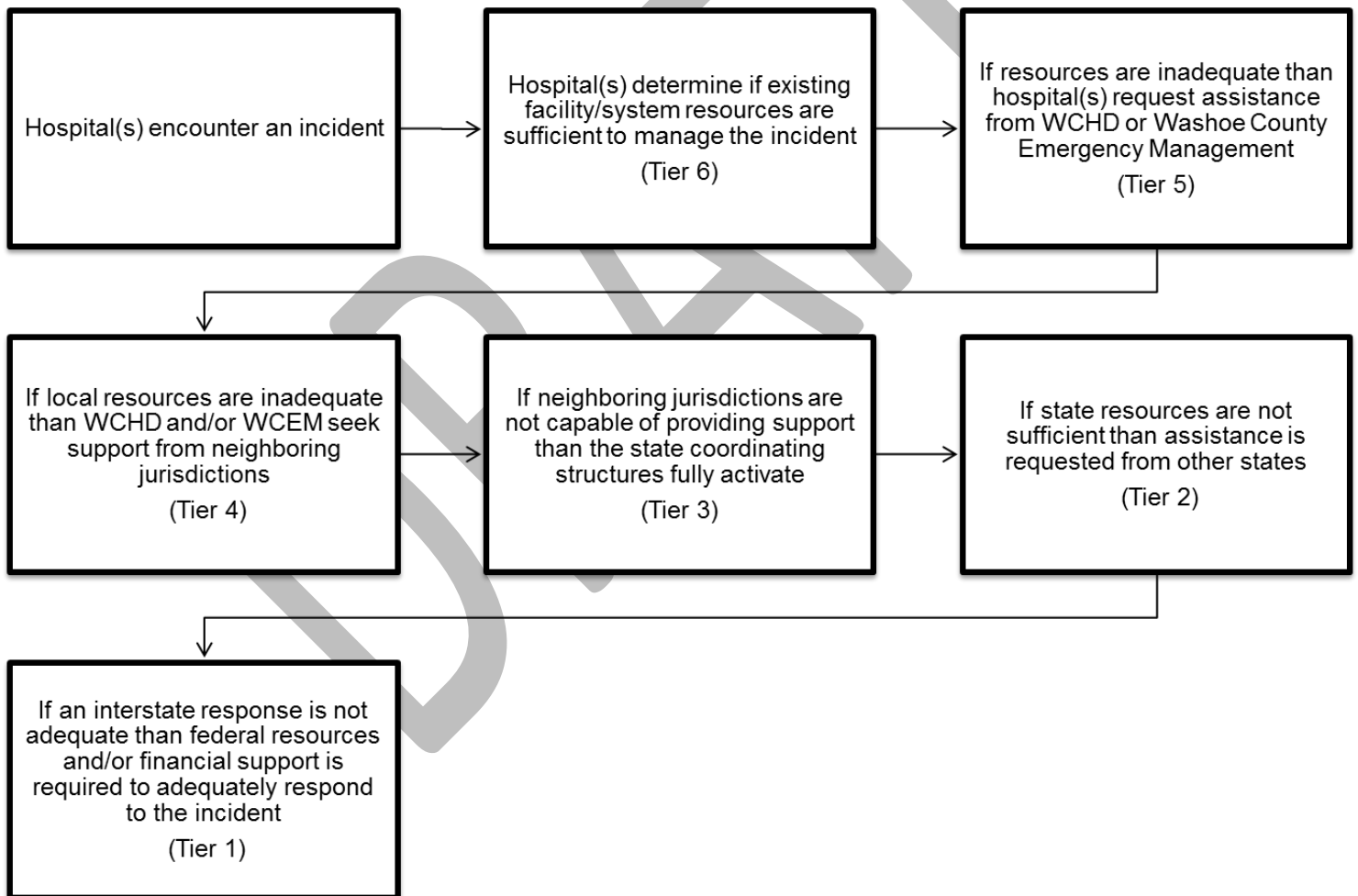
Each facility is responsible for maintaining accuracy of the information regarding its medical facility. Since the MAEA is an annex to the Washoe County District Board of Health Multi-Casualty Incident Plan, the Health District will coordinate periodic meetings for updates. Washoe County Health District is responsible for annually updating the MAEA to ensure the most current information. The updates should include:

- Initial patient evacuation and acceptance overview numbers.
- Phone numbers, contact persons and external holding areas of all member facilities.
- Facility communication information.

## Appendix A – Nevada’s Statewide Medical Surge Plan

### Activation Tiers

The Nevada Statewide Medical Surge Plan was developed by stakeholders throughout the state interested in ensuring the efficient and effective assistance to medical facilities in the event of a widespread emergency. The document is developed to guide the state through the steps of response and the tasks associated with each relevant discipline. Outlined below is a summary of the response tiers that would be associated with a multi-facility evacuation within Washoe County. Please refer to the complete Statewide Medical Surge Plan for more detailed response information.



**Tier 6: Single Hospital/Healthcare Facility/System Response:**

*Trigger: Normal operations. Existing facility/system resources are sufficient to manage the incident.*

- An incident at the single facility/system level
- Emergency Medical Services (EMS) may be included to provide field-based medical care or to otherwise support the facility in an emergency
- The hospital/healthcare facility/system increases its surge capacity and capability by operating according to its emergency operations plan; internal procedures may include using all available internal resources and surge areas, expediting discharge procedures and postponing elective procedures
- The hospital/healthcare facility/system surges up to staffed bed capability to meet the additional needs
- It may be necessary for the affected hospitals/healthcare facility/system to enact established MOUs and MAAs to coordinate a system for patient care, transfer and management in anticipation of a jurisdictional response

**Tier 5: Jurisdiction Response:**

*Trigger: Existing facility/system resources are inadequate to respond to the incident; however, partnerships within the local/county jurisdiction are sufficient to manage the incident.*

- Two or more hospitals/healthcare facilities/systems in a single jurisdiction combining their medical and health assets to coordinate their response activities
- In addition to hospitals/healthcare facilities/systems, Jurisdictional Response may include urgent care clinics, long-term care facilities, mental health facilities, 24-hour group homes, ambulatory surgery centers, private physician offices, tribal facilities, clinics and any other health or medical asset that may be brought to bear during a major medical response
- Local medical surge capacity and capability are increased by moving medical resources (e.g., personnel, facilities, equipment and supplies). This is accomplished through already established mutual aid and cooperative agreements
- Hospitals/healthcare facilities/systems could also work with local public health officials, local emergency managers and others as needed to coordinate and integrate information-sharing and resource management during an incident

**Tier 4: Intrastate Regional Response:**

*Trigger: The incident exceeds the capacity of the jurisdiction to respond and requires the support of neighboring jurisdictions. State coordination entities are required on a limited basis.*

- Incidents affecting more than one jurisdiction within Nevada
- Nevada's DEM will have the responsibility as the lead for the State and to coordinate State Emergency Operations Center (SEOC) ESFs
- Event potentially involves multiple healthcare facilities crossing jurisdictional lines for resources
- Requires coordination and integration of the healthcare facilities with other response disciplines (e.g., public safety, emergency management) to maximize regional surge capacity and capability
- Public health and medical disciplines must move from a traditional support role to being part of a unified incident command system

- Healthcare facilities, local public health and emergency management partners would activate and coordinate with the DPBH and the SEOC should there be a need to request assistance

**Tier 3: State Response:**

*Trigger: The incident is at a level of complexity requiring significant state coordination and support. State coordination structures are fully activated.*

- The SEOC will coordinate with each jurisdiction and other partners to identify needs, coordinate requests and identify the capabilities needed to meet those needs and distribute health and medical capabilities to the areas most affected. Tribal Nations may make their requests through the SEOC or directly to the Federal Emergency Management Agency (FEMA)
- The ESF-8, public health and medical response, and the ESF-8-1, mental health, would be activated within the SEOC
- The Governor may declare a State of Emergency

**Tier 2: Interstate Response:**

*Trigger: State resources are not sufficient to respond, and assistance is requested from other states. (Note: cross-border relationships may exist as part of day-to-day operations at the facility/system level and would not require tier 2 activation.)*

- Interstate resource coordination to respond to health and medical emergencies
- The DEM will coordinate and request deployment of Incident Management Teams (IMT) based upon local requests for capabilities to meet the needs generated by an emergency event
- Resource sharing and mutual aid will likely occur through the Emergency Management Assistance Compact (EMAC)
- The SEOC may request and receive capabilities and aid from other states through the EMAC process

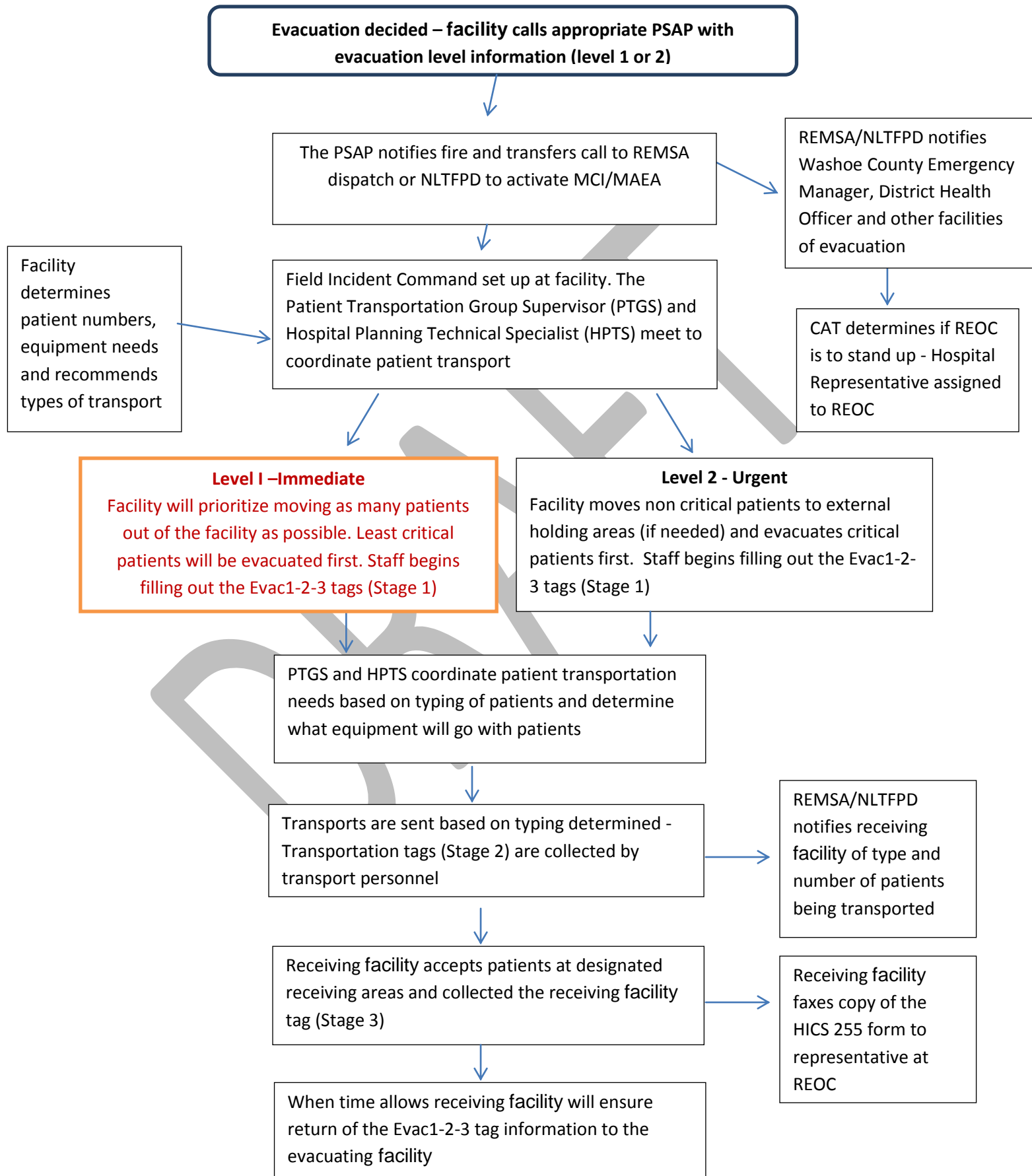
**Tier 1: Federal Response:**

*Trigger: Federal resources and /or financial support are required to respond to the incident.*

- The Governor may request a federal disaster or emergency declaration through FEMA, or in certain circumstances, make a direct request to the Secretary of the Department of Health and Human Services (DHHS) or other federal agencies to receive federal assistance
- A federal response for assistance requires a Presidential Declaration of a Disaster
- Integration of federal health and medical assets to support state authorities during a State of Emergency, Catastrophic Health Emergency, Federal Public Health Emergency or Incident of National Significance
- Federal assets are organized for response under ESFs of the National Response Framework (NRF). The federal government may either partially or fully implement the NRF in the context of a threat, anticipation of a significant event or in response to an incident requiring a coordinated Federal response



## Appendix B - Evacuation Algorithm



### Appendix C - Initial Patient Evacuation Overview (after census reduction)

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

(a) Tahoe Pacific North is located inside Northern Nevada Medical Center and Tahoe Pacific Meadows is inside Renown South Meadows Medical Center.

**Appendix C - Initial Patient Evacuation Overview (after census reduction)**

Type of patient that can be accepted:	Renown Regional Med Ctr	Incline Village Comm. Hospital	VA Medical Center	Northern Nevada & Tahoe Pacific North	St. Mary's Regional Medical Center	Renown Rehab Hospital	Renown South Meadows & Tahoe Pacific Meadows	Barton Memorial Hospital	Tahoe Forest Hospital	Carson Valley Medical Center	Carson Tahoe Regional Medical Center
Pediatric ICU	7	0	0	0 / 0	0	0	0 / 0	0	0	0	0
Pediatrics	18	0	0	0 / 0	3	0	0 / 0	4	1	0	3
Laboring/Antepartum	20	0	0	0 / 0	5	0	0 / 0	4	1	0	3
Postpartum	17	0	0	0 / 0	11	0	0 / 0	4	0	0	3
<b><i>MCH Subtotal</i></b>	<b>86</b>	<b>0</b>	<b>0</b>	<b>0 / 0</b>	<b>32</b>	<b>0</b>	<b>0 / 0</b>	<b>12</b>	<b>2</b>	<b>0</b>	<b>9</b>
Surgery (Intra-Op)	15	1	3	4 / 0	10	0	1 / 0	4	1	1	0
PACU & Pre-op	15	1	3	3 / 0	10	0	2 / 0	4	1	0	6
Day Surgery	20	1	0	0 / 0	10	0	8 / 0	2	1	0	4
<b><i>Peri Operative Subtotal</i></b>	<b>50</b>	<b>3</b>	<b>6</b>	<b>7 / 0</b>	<b>30</b>	<b>0</b>	<b>11 / 0</b>	<b>10</b>	<b>3</b>	<b>1</b>	<b>10</b>
Psych	0	0	8	14 / 0	0	0	0 / 0	0	0	0	30
Skilled/Rehab <sup>(b)</sup>	0	0	52	6 / 0	0	20	32 / 0	40	25	0	2
<b><i>Other Subtotal</i></b>	<b>0</b>	<b>0</b>	<b>60</b>	<b>20 / 0</b>	<b>0</b>	<b>0</b>	<b>32 / 0</b>	<b>40</b>	<b>25</b>	<b>0</b>	<b>32</b>
<b>TOTAL</b>	<b>418</b>	<b>7</b>	<b>101</b>	<b>68 / 13</b>	<b>172</b>	<b>20</b>	<b>69 / 14</b>	<b>102</b>	<b>38</b>	<b>13</b>	<b>157</b>
Emergency	20	1	3	2 / 0	8	0	3 / 0	6	3	5	0

(b) Skilled/Rehab includes Long Term Care and Assisted Living.

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

Type of patient that can be accepted:	Renown Regional Med Ctr	Incline Village Comm. Hospital	VA Medical Center	Northern Nevada & Tahoe Pacific North	St. Mary's Regional Medical Center	Renown Rehab Hospital	Renown South Meadows & Tahoe Pacific Meadows	Barton Memorial Hospital	Tahoe Forest Hospital	Carson Valley Medical Center	Carson Tahoe Regional Medical Center
ICU (Med/Surg)	25	0	2	4 / 2	11	0	6 / 3	2	1	2	4
Cardiac Care Unit	19	0	0	0 / 1	0	0	0 / 2	0	0	0	4
Cardiac Surgery	4	0	0	0 / 0	2	0	0 / 0	0	0	0	0
Telemetry/SD/Cardiac	12	0	0	0 / 1	14	0	15 / 1	0	0	0	0
<b><i>Critical Care Subtotal</i></b>	<b>60</b>	<b>0</b>	<b>2</b>	<b>4 / 4</b>	<b>27</b>	<b>0</b>	<b>21 / 6</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>8</b>
Telemetry/SD/Med-Surge	18	0	0	8 / 2	0	0	0 / 2	2	1	2	3
Surgical (Ortho/Neuro/GSU)	46	1	3	5 / 1	45	25	0 / 2	2	0	1	4
Oncology	10	0	0	0 / 0	7	0	0 / 0	0	0	0	2
Medical/General	22	1	2	0 / 2	22	25	15 / 2	4	3	3	6
<b><i>Med-Surg/Tele Subtotal</i></b>	<b>96</b>	<b>2</b>	<b>5</b>	<b>13 / 5</b>	<b>74</b>	<b>50</b>	<b>15 / 6</b>	<b>8</b>	<b>4</b>	<b>6</b>	<b>14</b>
IC Nursery	20	0	0	0 / 0	16	0	0 / 0	0	0	0	0
Pediatric ICU	3	0	0	0 / 0	0	0	0 / 0	0	0	0	0
Pediatrics	4	0	0	0 / 0	12	0	0 / 0	2	0	0	3

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

Type of patient that can be accepted:	Renown Regional Med Ctr	Incline Village Comm. Hospital	VA Medical Center	Northern Nevada & Tahoe Pacific North	St. Mary's Regional Medical Center	Renown Rehab Hospital	Renown South Meadows & Tahoe Pacific Meadows	Barton Memorial Hospital	Tahoe Forest Hospital	Carson Valley Medical Center	Carson Tahoe Regional Medical Center
Laboring/Antepartum	22	0	0	0 / 0	8	0	0 / 0	2	1	0	4
Postpartum	40	0	0	0 / 0	8	0	0 / 0	2	1	0	4
<b><i>MCH Subtotal</i></b>	<b>89</b>	<b>0</b>	<b>0</b>	<b>0 / 0</b>	<b>44</b>	<b>0</b>	<b>0 / 0</b>	<b>6</b>	<b>2</b>	<b>0</b>	<b>11</b>
Surgery (Intra-Op)	14	0	2	4 / 0	7	0	1 / 0	2	0	1	0
PACU & Pre-op	13	0	4	3 / 0	7	0	10 / 0	1	1	1	8
Day Surgery	10	0	0	0 / 0	10	0	0 / 0	0	1	0	2
<b><i>Peri Operative Subtotal</i></b>	<b>37</b>	<b>0</b>	<b>6</b>	<b>7 / 0</b>	<b>24</b>	<b>0</b>	<b>11 / 0</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>10</b>
Psych	0	0	12	5 / 0	0	0	0 / 0	0	0	0	4
Skilled/Rehab	87	0	9	2 / 0	0	20	0 / 0	0	1	0	4
<b><i>Other Subtotal</i></b>	<b>87</b>	<b>0</b>	<b>21</b>	<b>7 / 0</b>	<b>0</b>	<b>20</b>	<b>0 / 0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>8</b>
<b>TOTAL</b>	<b>369</b>	<b>2</b>	<b>34</b>	<b>31 / 9</b>	<b>169</b>	<b>70</b>	<b>47 / 12</b>	<b>19</b>	<b>10</b>	<b>10</b>	<b>51</b>
Emergency	19	3	2	4 / 0	30	0	6 / 0		3	4	4

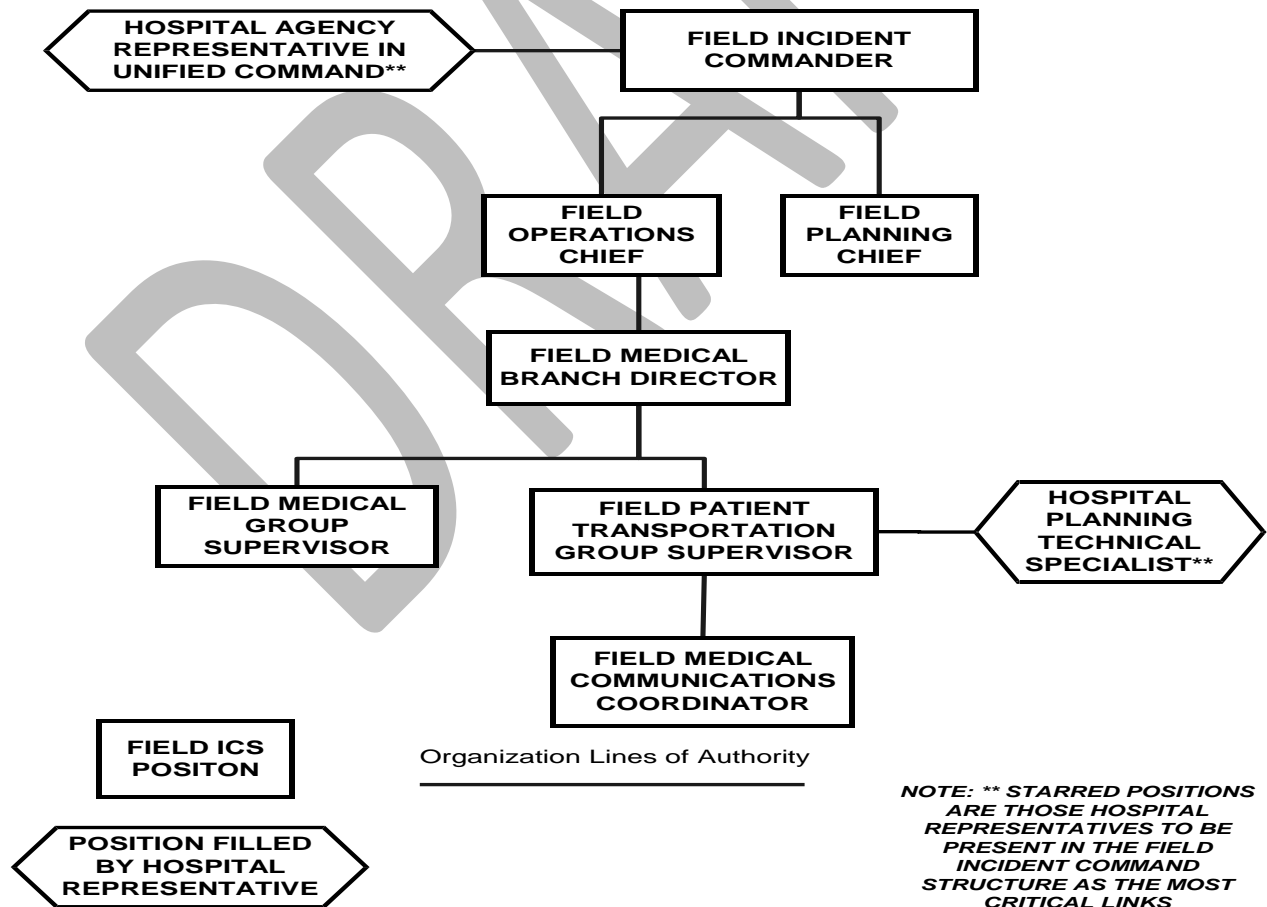
## Appendix E - Operational Concepts

### 1.1 Incident Command System—Linkage to HICS System

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

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

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





**Appendix F - Members, Contact Persons and External Holding Areas**

<b>AGENCY NAME ADDRESS PHONE CONTACT PERSON</b>	<b>EXTERNAL HOLDING AREA ADDRESS PHONE</b>
<p><b>Renown Regional Medical Center</b> 1155 Mill Street Reno, NV 89502 <b>24 hour Emergency Contact Title:</b> Nursing Coordinator Number: 982-3310 <b>MAEA Issues Contact Person:</b> Michael Munda, Director of Accreditation &amp; Regulatory Compliance and Emergency Planner, (775) 762-9931, Office 982-4232, Back up Emergency Cell Phone 221-1190</p>	<p>1. Center for Advanced Medicine 75 Pringle Street 982-4100 Reno, NV 89502 2. Renown Rehabilitation Hospital 1495 Mill Street 982-3500 Reno, NV 89502</p>
<p><b>Renown South Meadows Medical Center</b> 10101 Double R Blvd. Reno, NV 89521 <b>24 hour Emergency Contact Title:</b> Hospital Operator 982-7000 Nursing Coordinator, 982-7020 <b>MAEA Issues Contact Person:</b> Quality Improvement Coordinator, 982-7062</p>	
<p><b>Saint Mary's Regional Medical Center</b> 235 West Sixth Street Reno, NV 89503 <b>24 Hour Emergency Contact Title:</b> Administrator on Duty <i>or</i> Nursing Supervisor Number: 770-3000 <b>MAEA Issues Contact Person:</b> Kent Choma, Director of Facilities, 770-3299, 342-8453</p>	<p>Saint Mary's Center for Health 645 N. Arlington Avenue Reno, NV 89503</p>
<p><b>Northern Nevada Medical Center</b> 2375 E. Prater Way Sparks, NV 89434 <b>24 Hour Emergency Contact Title:</b> Administrator on Duty <i>or</i> Patient Care Coordinator 24 Hour Number: 331-7000 <b>MAEA issues Contact Person:</b> Director of Emergency Services 356-4917</p>	<p>Vista Medical Building 356-9393 2345 E. Prater Way  Medical Office Building 356-9393 2385 E. Prater Way</p>

<b>AGENCY NAME</b> <b>ADDRESS</b> <b>PHONE</b> <b>CONTACT PERSON</b>	<b>EXTERNAL HOLDING AREA</b> <b>ADDRESS</b> <b>PHONE</b>								
<b>Tahoe Pacific Hospital North</b> (Inside Northern Nevada Medical Center) 2375 E. Prater Way Sparks, NV 89434 <b>24 Hour Emergency Contact Title:</b> Charge Nurse 24 Hour Number: 770-7988 <b>MAEA Issues Contact Person:</b> Director of Quality Management 355-5970	Northern Nevada Medical Center 2375 E. Prater Way Sparks, NV 89434								
<b>Tahoe Pacific Hospital Meadows</b> (Inside Renown South Meadows) 10101 Double R. Blvd Reno, Nevada 89521 <b>24 Hour Emergency Contact Title:</b> Charge Nurse 24 Hour Number: 326-6148 <b>MAEA Issues Contact Person:</b> Director of Quality Management 355-5970	Not yet designated								
<b>Veterans Administration</b> <b>Sierra Nevada Health Care System</b> 975 Kirman Avenue Reno, NV 89502 <b>24 Hour Emergency Contact Title:</b> Administrative Officer of the Day 24 Hour Number: 328-1414 <b>MAEA Issues Contact Person:</b> Brian Passow, Emergency Management Specialist, 789-6634	<table border="0"> <tr> <td data-bbox="834 1031 1323 1178">           Veteran's Memorial School            1200 Locust St            Reno, NV 89520         </td> <td data-bbox="1323 1031 1490 1178" style="text-align: right; vertical-align: top;">           333-5090         </td> </tr> <tr> <td data-bbox="834 1178 1323 1388">           Wooster High School            1331 East Plumb Lane            Reno, NV 89502         </td> <td data-bbox="1323 1178 1490 1388" style="text-align: right; vertical-align: top;">           333-5100         </td> </tr> </table>	Veteran's Memorial School 1200 Locust St Reno, NV 89520	333-5090	Wooster High School 1331 East Plumb Lane Reno, NV 89502	333-5100				
Veteran's Memorial School 1200 Locust St Reno, NV 89520	333-5090								
Wooster High School 1331 East Plumb Lane Reno, NV 89502	333-5100								
<b>Incline Village Community Hospital</b> 880 Alder Street Incline Village, NV 89451 <b>24 Hour Emergency Contact Title:</b> Emergency Department Nurse 24 Hour Number: 833-4100, ext. 212 <b>MAEA Issues Contact Person:</b> Judy Newland, Director 833-4100, ext. 220	<table border="0"> <tr> <td data-bbox="834 1388 1323 1482">           Incline High School            499 Village Blvd., Incline Village         </td> <td data-bbox="1323 1388 1490 1482" style="text-align: right; vertical-align: top;">           832-4260         </td> </tr> <tr> <td data-bbox="834 1482 1323 1577">           Incline Middle School            931 Southwood Blvd., Incline Village         </td> <td data-bbox="1323 1482 1490 1577" style="text-align: right; vertical-align: top;">           832-4220         </td> </tr> <tr> <td data-bbox="834 1577 1323 1692">           Incline Elementary School            771 Southwood Blvd., Incline Village         </td> <td data-bbox="1323 1577 1490 1692" style="text-align: right; vertical-align: top;">           832-4205         </td> </tr> <tr> <td data-bbox="834 1692 1323 1766">           IVGID Recreation Center            980 Incline Way, Incline Village         </td> <td data-bbox="1323 1692 1490 1766" style="text-align: right; vertical-align: top;">           832-1300         </td> </tr> </table>	Incline High School 499 Village Blvd., Incline Village	832-4260	Incline Middle School 931 Southwood Blvd., Incline Village	832-4220	Incline Elementary School 771 Southwood Blvd., Incline Village	832-4205	IVGID Recreation Center 980 Incline Way, Incline Village	832-1300
Incline High School 499 Village Blvd., Incline Village	832-4260								
Incline Middle School 931 Southwood Blvd., Incline Village	832-4220								
Incline Elementary School 771 Southwood Blvd., Incline Village	832-4205								
IVGID Recreation Center 980 Incline Way, Incline Village	832-1300								

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

<p>530-587-6011 ext. 0 (ask for AOD or supervisor)  <b>MAEA Issues Contact Person:</b>  Tami Prior, House Supervisor, EMC Chair  530-582-6662</p> <p><b>EOC FAX Number:</b> 775-337-5894  <b>EOC Hospital Representative Number:</b>  775 337-5833</p>	<p>Sierra Mountain Middle School  11603 Donner Pass Rd. Truckee, CA 96161</p>
<p><b>HAV-BED</b>  John Flamm  775-230-9576</p>	
<p><b>Washoe County District Health</b>  <b>Primary Contact:</b>  Andrea Esp, PHERC, 775-328-2440</p> <p>Brittany Dayton, EMS Coordinator, 775-326-6043</p>	

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## **Appendix G - Individual Facility Communications Information**

### **SAINT MARY'S REGIONAL MEDICAL CENTER**

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

### **RENOWN REGIONAL MEDICAL CENTER**

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

### **INCLINE VILLAGE COMMUNITY HOSPITAL**

<b>ACCESS: PHONE/FAX</b>	<b>PHONE</b>	<b>FAX</b>
Switchboard/PBX	775-833-4100 or 832-3810	775-831-2790
Nursing Administration	775-833-4100 Ext 214	775-832-3800
Security Department	775-833-4100	
Safety Department	775-833-4100	

### **RENOWN REHAB HOSPITAL**

<b>ACCESS: PHONE/FAX</b>	<b>PHONE</b>	<b>FAX</b>
Switchboard/PBX	775-982-3500 and 3530	775-722-3665
Nursing Administration	775-982-3512	775-329-3667
Security Department	775-982-7998	775-982-6660
Safety Department	775-982-4173	

Admitting	775-833-4100 Ext 213	775-831-2790
Emergency Department	775-833-4100 Ext. 212	775-831-2790
Operations Center	775-833-4100	

Admitting	775-982-3510	
Emergency Department	N/A	
Operations Center	775-982-3505	775-348-4696

### VA MEDICAL CENTER

ACCESS: PHONE/FAX	PHONE	FAX
Switchboard/PBX	775-786-7200 After hrs: 328-1247	
Nursing Administration	775-328-1497	775-334-4163
Security Department	775-328-1234	
Safety Department	775-328-1472	
Admitting	775-328-1294	
Emergency Department	775-328-1297	775-328-1783
Operations Center	775-328-1450	775-328-1447

### RENOWN SOUTH MEADOWS

ACCESS: PHONE/FAX	PHONE	FAX
Switchboard/PBX	775-982-7000	775-982-7072
Nursing Administration	775-982-7020	775-982-7027
Security Department	775-982-7362	775-982-7079
Safety Department	775-982-7362	775-982-7079
Admitting	775-982-7300	775-982-7340
Emergency Department	775-982-7144	775-982-7146
Operations Center	775-982-7010	775-982-7072

### TAHOE PACIFIC NORTH

ACCESS: PHONE/FAX	PHONE	FAX
Switchboard/PBX	775-770-7988	775-770-7976

### TAHOE PACIFIC MEADOWS

ACCESS: PHONE/FAX	PHONE	FAX
Switchboard/PBX	775-326-6148	775-326-6185



Nursing Administration		
Security Department		
Safety Department		
Admitting		
Operations Center	N/A	N/A

Nursing Administration		
Security Department		
Safety Department		
Admitting		
Operations Center	N/A	N/A

**NORTHERN NEVADA MEDICAL CENTER**

<b>ACCESS: PHONE/FAX</b>	<b>PHONE</b>	<b>FAX</b>
Switchboard/PBX	775-331-7000	
Nursing Administration	775-356-4008	775-356-4932
Security Department	775-745-8891	775-356-4527
Safety Department	775-352-5383	775-356-4885
Admitting	775-356-4961	775-331-3399
Emergency Department	775-356-4040	775-356-4943
Operations Center	775-356-5322	775-356-4986

### Carson Valley Medical Center

ACCESS: PHONE/FAX	PHONE	FAX
Switchboard/PBX	775-782-1500	
Nursing Administration	775-783-4817	775-782-1602
Security/Safety Pagers	775-580-1785 or 775-782-1829	775-782-1561
Emergency Department	775-782-1600	775-782-1633
Admitting	775-782-1880	775-782-1504
Operations Center	775-783-4853	

### Carson Tahoe Regional Medical Center

ACCESS: PHONE/FAX	PHONE	FAX
Switchboard/PBX	775-445-8000	
Nursing Administration	775-315-7125	
Security Department	775-291-1203	
Safety Department	775-291-1201	
Admitting	775-445-8727	
Emergency Department	775-445-8733	

### Tahoe Forest Hospital System

ACCESS: PHONE/FAX	PHONE	FAX
Switchboard/PBX	530-587-6011	530-582-3271
Nursing Administration	530-587-3541	530-582-6644
Security	n/a	n/a
Safety	n/a	n/a
Admitting	530-587-6011	530-582-3271
Emergency Department	530-582-3208	530-582-3201
Operations Center	530-582-6213	

### Barton Memorial Hospital

ACCESS: PHONE/FAX	PHONE	FAX
Switchboard/PBX	530-541-3420	
Nursing Administration	530-543-5829	530-543-5513
Security Department	530-543-5521	530-544-0651
Safety Department	530-543-5707	530-541-8683
Admitting	530-543-5127	530-541-0554
Emergency Department	530-543-5890	530-541-6374
Operations Center4	530-543-5244	530-543-5840

## Appendix H - Evacuation Mileage Chart

### Washoe County Facilities

Hospitals	Washoe County Facilities							Other Regional Hospitals			
	Incline Village	NNMC & Tahoe Pacific North	St Mary's Regional	VA Medical Center	RRMC	Renown Rehab	Renown So. Meadows & Tahoe Pacific Meadows	Carson Valley	Carson Tahoe	Tahoe Forest	Barton Memorial
Incline Village	0	39.6	36.8	34.3	34	34.1	26.7	37.7	27.6	19.7	29.7
No. NV Med Center & Tahoe Pacific North	39.6	0	7.1	7.1	7.4	6.7	13.2	57.1	33.2	38.9	66.3
Saint Mary's Regional	36.8	7.1	0	2	1.9	2.1	10.2	53.1	30.2	32.4	62.8
VA Medical Center	34.3	7.1	2	0	1.2	1	7.6	50.4	27.6	34.5	60.6
Renown Regional Med Main	34	7.4	1.9	1.2	0	0.5	7.8	50.4	27.8	34.3	60.6
Renown Rehab	34.1	6.7	2.1	1	0.5	0	7.3	50.2	27.4	34.4	60.2
Renown So. Meadows & Tahoe Pacific Meadows	26.7	13.2	10.2	7.6	7.8	7.3	0	43.8	20.2	42	52.9

## Appendix I – DMS Evac1-2-3 System

**Tear in half / Romper por la mitad**

**Attach This to Patient / Adjuntar al Paciente**

**Stick This on Door / Pegar en la Puerta**

**E V A C U E E**

DNR    FC    Allergies  
 Resp.    Fluid    Contact

**Notes:**

**CATEGORY TYPE**

Red 1   Yellow 2   Blue 3   Green 4

**Originating Facility**

Facility: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Resources Needed:**

Bariatric

**Remove and Keep Yellow Receipt When Patient Leaves Room / Extraiga y Guarde Recibo Amarillo Cuando el Paciente Deja la Habitación**

**1** Room / Loc

**2** Care Level

**3** Origination

The facility determines a need for an evacuation and follows the MAEA processes, including:

- Notification.
- Assigning the HPTS and other ICS positions.
- Completing the evacuation planning worksheet and the field evacuation transportation worksheet
- Implementing the Evac1-2-3 system.

Each patient the facility intends to transport to a receiving facility should receive an evacuation tag (as pictured on the left).

The Evac1-2-3 system uses the patient's facility-generated labels and medical record number to ensure accurate tracking of the individual throughout the process.

Half of the tag is placed on the room door (right side) and the remaining portion of the tag is for the patient/evacuee (left side)

The evacuee tag includes information like category type, allergies, DRN and other pertinent notes.

The back of the evacuee tag includes an SBAR to provide additional information about the patient and their condition.

**Evacuee**

**SBAR**

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

Situation

Background

Assessment

Recommendation

Release patient to home or family

Recommended mode of transport:  
 ALS    BLS    CCT    NICHU    Bus/Van

Family Notified: Yes  No

Family Emergency Contact(s):  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Attn: Receiving Facility**  
**3 Tear-Off & Retain This Receipt when Patient Arrives**

**Attn: Evacuation Personnel**  
**1 Tear-Off & Retain This Receipt as Patient is Evacuated from Room**

**Attn: Transportation Officer**  
**2 Tear-Off & Retain this Receipt as Patient Boards for Destination**

**1 Room Evacuation Receipt Holder**

Originating Facility: \_\_\_\_\_ Nurse ID: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_  
 Incident Name: \_\_\_\_\_ Date: / / Time: :

Disposition: <input type="radio"/> Home <input type="radio"/> Transfer	<input type="radio"/> ALS <input type="radio"/> BLS <input type="radio"/> CCT <input type="radio"/> NICU <input type="radio"/> Bus/Van Notes: <input type="radio"/> VENT <input type="radio"/> TELE <input type="radio"/> PUMP <input type="radio"/> CCU Bed <input type="radio"/> BI PAP <input type="radio"/> Other
Disposition: <input type="radio"/> Home <input type="radio"/> Transfer	<input type="radio"/> ALS <input type="radio"/> BLS <input type="radio"/> CCT <input type="radio"/> NICU <input type="radio"/> Bus/Van Notes: <input type="radio"/> VENT <input type="radio"/> TELE <input type="radio"/> PUMP <input type="radio"/> CCU Bed <input type="radio"/> BI PAP <input type="radio"/> Other
Disposition: <input type="radio"/> Home <input type="radio"/> Transfer	<input type="radio"/> ALS <input type="radio"/> BLS <input type="radio"/> CCT <input type="radio"/> NICU <input type="radio"/> Bus/Van Notes: <input type="radio"/> VENT <input type="radio"/> TELE <input type="radio"/> PUMP <input type="radio"/> CCU Bed <input type="radio"/> BI PAP <input type="radio"/> Other
Disposition: <input type="radio"/> Home <input type="radio"/> Transfer	<input type="radio"/> ALS <input type="radio"/> BLS <input type="radio"/> CCT <input type="radio"/> NICU <input type="radio"/> Bus/Van Notes: <input type="radio"/> VENT <input type="radio"/> TELE <input type="radio"/> PUMP <input type="radio"/> CCU Bed <input type="radio"/> BI PAP <input type="radio"/> Other
Disposition: <input type="radio"/> Home <input type="radio"/> Transfer	<input type="radio"/> ALS <input type="radio"/> BLS <input type="radio"/> CCT <input type="radio"/> NICU <input type="radio"/> Bus/Van Notes: <input type="radio"/> VENT <input type="radio"/> TELE <input type="radio"/> PUMP <input type="radio"/> CCU Bed <input type="radio"/> BI PAP <input type="radio"/> Other

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The number 1 receipt holder is used by the evacuating facility to track when the patient has been taken from the room to the staging/holding or transportation area.

**2 HICS 255 Master Patient Evacuation Tracking & Transportation Receipt Holder - Northern Nevada**

Originating Facility: \_\_\_\_\_ Date: / / Time: : Page \_\_\_\_\_ of \_\_\_\_\_  
 Incident Name: \_\_\_\_\_ Patient Tracking Manager: \_\_\_\_\_

Disposition: <input type="radio"/> Home <input type="radio"/> Transfer	<input type="radio"/> ALS <input type="radio"/> BLS <input type="radio"/> CCT <input type="radio"/> NICU <input type="radio"/> Bus/Van Destination: _____ Arrival Confirmed: _____ Time Destination Contacted and Report Given: _____ Transfer Time: _____ Category Type: _____ Sent Via: _____ Admission Location: _____ <input type="radio"/> Medication Sent <input type="radio"/> Family Notified <input type="radio"/> Medical Records Sent
Disposition: <input type="radio"/> Home <input type="radio"/> Transfer	<input type="radio"/> ALS <input type="radio"/> BLS <input type="radio"/> CCT <input type="radio"/> NICU <input type="radio"/> Bus/Van Destination: _____ Arrival Confirmed: _____ Time Destination Contacted and Report Given: _____ Transfer Time: _____ Category Type: _____ Sent Via: _____ Admission Location: _____ <input type="radio"/> Medication Sent <input type="radio"/> Family Notified <input type="radio"/> Medical Records Sent
Disposition: <input type="radio"/> Home <input type="radio"/> Transfer	<input type="radio"/> ALS <input type="radio"/> BLS <input type="radio"/> CCT <input type="radio"/> NICU <input type="radio"/> Bus/Van Destination: _____ Arrival Confirmed: _____ Time Destination Contacted and Report Given: _____ Transfer Time: _____ Category Type: _____ Sent Via: _____ Admission Location: _____ <input type="radio"/> Medication Sent <input type="radio"/> Family Notified <input type="radio"/> Medical Records Sent
Disposition: <input type="radio"/> Home <input type="radio"/> Transfer	<input type="radio"/> ALS <input type="radio"/> BLS <input type="radio"/> CCT <input type="radio"/> NICU <input type="radio"/> Bus/Van Destination: _____ Arrival Confirmed: _____ Time Destination Contacted and Report Given: _____ Transfer Time: _____ Category Type: _____ Sent Via: _____ Admission Location: _____ <input type="radio"/> Medication Sent <input type="radio"/> Family Notified <input type="radio"/> Medical Records Sent
Disposition: <input type="radio"/> Home <input type="radio"/> Transfer	<input type="radio"/> ALS <input type="radio"/> BLS <input type="radio"/> CCT <input type="radio"/> NICU <input type="radio"/> Bus/Van Destination: _____ Arrival Confirmed: _____ Time Destination Contacted and Report Given: _____ Transfer Time: _____ Category Type: _____ Sent Via: _____ Admission Location: _____ <input type="radio"/> Medication Sent <input type="radio"/> Family Notified <input type="radio"/> Medical Records Sent

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The number 2 receipt holder is used by the HTSP and the PTGS to track when the patient has been assigned and placed in a transportation resource.

**3 Evacuation Destination Receipt Holder**

Incident Name: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_  
 Recorder Name: \_\_\_\_\_ Date: / / Time: :

Patient Name: _____ Originating Facility: _____ Sent To: _____ <input type="radio"/> Family Notified <input type="radio"/> w/RN <input type="radio"/> FC <input type="radio"/> DNR <input type="radio"/> ISO
Patient Name: _____ Originating Facility: _____ Sent To: _____ <input type="radio"/> Family Notified <input type="radio"/> w/RN <input type="radio"/> FC <input type="radio"/> DNR <input type="radio"/> ISO
Patient Name: _____ Originating Facility: _____ Sent To: _____ <input type="radio"/> Family Notified <input type="radio"/> w/RN <input type="radio"/> FC <input type="radio"/> DNR <input type="radio"/> ISO
Patient Name: _____ Originating Facility: _____ Sent To: _____ <input type="radio"/> Family Notified <input type="radio"/> w/RN <input type="radio"/> FC <input type="radio"/> DNR <input type="radio"/> ISO
Patient Name: _____ Originating Facility: _____ Sent To: _____ <input type="radio"/> Family Notified <input type="radio"/> w/RN <input type="radio"/> FC <input type="radio"/> DNR <input type="radio"/> ISO

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The number 3 receipt holder is used by the receiving facility to track when the patient has arrived at their facility and where the patient will reside within their facility.



## Appendix J – Forms

### EVACUATION PLANNING WORKSHEET

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Hospital Transportation Unit Leader: \_\_\_\_\_

#### Category of Evacuation

\_\_\_\_\_ Immediate                      \_\_\_\_\_ Urgent

Patient Category	Number of Patients	Estimated Caregiver/ Patient Ratio Needed En Route	Estimate of Caregivers Needed en Route*
Type #1 Special Equipment/Staff Required (Ventilators, etc.)			
Type #2 Bed, Gurney (Non-ambulatory)			
Type #3 Wheelchair			
Type #4 Ambulatory			
Totals			

Prepared by: \_\_\_\_\_

Instructions: after the HICS Transportation Unit Leader summarizes the data received from each unit/floor, he/she will complete this form and give it to the Planning Technical Specialist assigned by the facility to work with the field ICS Patient Transportation Group Supervisor.

**FIELD EVACUATION TRANSPORTATION WORKSHEET**

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

Patient Transportation Group Supervisor: \_\_\_\_\_

<b>Transport Requirements</b>					
<b>Patient Type</b>	<b>Number of Patients</b>	<b>Critical Care Ground/Air (CC G/A)</b>	<b>ALS</b>	<b>BLS</b>	<b>BUS/ OTHER</b>
<b>Type #1</b>					
Special Equipment/Staff Required (Ventilators, etc.)					
<b>Type #2</b>					
Bed, Gurney (Non- ambulatory)					
<b>Type #3</b>					
Wheelchair					
<b>Type #4</b>					
Ambulatory					

<b>Units by Type</b>	<b># of Pts</b>	<b># of Units</b>
Total CC G/A Units Needed		
Total ALS Units Needed (1-2 per unit)		
Total BLS Units Needed (2 per unit)		
Total Bus/Other Units Needed (# Varies; Avg. 25)		

This form is completed based on the information provided by the Hospital Planning Technical Specialist (see "Evacuation Planning Worksheet") who is assigned to work with the Field Patient Transportation Group Supervisor.



## ***Appendix K – Definitions***

<b>Alternate Care Facility</b>	A predetermined, designated location within a healthcare's system or vicinity that patients can be safely relocated to in a disaster to allow them to remain within the existing healthcare system.
<b>Amateur Radio Emergency Services</b>	A corps of trained amateur radio operator volunteers organized to assist in public service and emergency communications.
<b>Authority Having Jurisdiction (AHJ)</b>	The government agency responsible for public safety or code enforcement within any given geographical area.
<b>Care Capacity</b>	The number of beds for which the facility is able to staff to provide care.
<b>Crisis Action Team (CAT)</b>	A team of government officials, led by the County Manager, which is tasked with determining/authorizing the activation of the EOC.
<b>Critical Care Unit</b>	A generalized term to include Intensive Care, Cardiac Care, Cardiac Surgery, Pediatric Intensive Care, Neonatal Intensive Care Units, patients undergoing surgical procedures, and patients that are in Post Anesthesia Recovery (PACU).
<b>Declared Disaster</b>	Executive order from the authority having jurisdiction (i.e. governor or president) declaring a state of emergency which activates disaster response and recovery aspects of the state, local, inter-jurisdictional or federal emergency plans.
<b>Disaster Management Systems (DMS)</b>	DMS is a private company that developed several types of products to improve the state of preparedness when a disaster occurs.
<b>Emergency Operations Center (EOC)</b>	A secured site where public officials exercise support, direction and control of an emergency in concert with public and private agencies.
<b>Environment of Care</b>	A term used to describe the building, equipment and people that provide services that allows patient care to take place.

**External Holding Area**

A sheltered location close to the evacuating facility where patients can be temporarily held for safety purposes and during which an assessment of the facility may take place. From there, the patients are either returned to the original facility, or dispersed to other members. External holding areas are primarily used during an immediate evacuation.

**Federal Emergency Medical Treatment and Labor Act (EMTALA)**

The Federal Emergency Medical Treatment and Labor Act, also known as COBRA or the Patient Anti-Dumping Law. EMTALA requires most facilities to provide an examination and needed stabilizing treatment, without consideration of insurance coverage or ability to pay, when a patient presents to an emergency room for attention to an emergency medical condition.

**Field Command Post**

The designated location where primary command functions are executed.

**Field Incident Commander (IC)**

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

**HICS**

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

**Health Insurance Portability and Accountability Act (HIPPA)**

A U.S. law designed to provide privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other health care providers.

**Hospital Command Center**

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

**Hospital IC**

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

**Incident Command System (ICS)**

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

**Inter-Hospital Coordinating Council (IHCC)**

The IHCC was organized in 1994 for the purposes of collaborating and coordinating the efforts of healthcare facilities and community stakeholders to mitigate against, prepare for, respond to, and recover from hazards impacting Northern Nevada’s healthcare community and their patients.

**Internal Staging Areas**

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

**Joint Information Center (JIC)**

A facility established to arrange all incident-related public information activities.

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

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

**North Lake Tahoe Fire Protection District (NLTFPD)**

NLTFPD is an “all risk” fire district that is responsible for providing both emergency and non-emergency responses to the citizens of Incline Village/Crystal Bay, Nevada.

**Patient Overflow Area**

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

**Political Subdivision**

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

**Public Safety Answering Point (PSAP)**

A call center responsible for answering calls to an emergency (and non-emergency) telephone number for police and fire.

**Regional Emergency Medical Services Authority (REMSA)**

A private, non-profit organization that provides paramedic ambulance services, emergency medical helicopter services, community education and outreach services as well as a nationally accredited medical emergency dispatch center.

**Skilled Nursing Facility (SNF)**

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

**Unified Command**

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

DRAFT

**STAFF REPORT**  
**BOARD MEETING DATE: July 23, 2015**

**TO:** District Board of Health  
**FROM:** Anna Heenan, Administrative Health Services Officer  
 328-2417, [aheenan@washoecounty.us](mailto:aheenan@washoecounty.us)  
**SUBJECT:** Acknowledge receipt of the Health District Fund Financial Review for June, Fiscal Year 2015

**SUMMARY**

The cash balance for June 30, the final month of Fiscal Year 2015 (FY15), was \$2.1 million. Total revenues were \$18.9 million, 97.6% of budget and an increase of 3.4% compared to fiscal year 2014 (FY14). Due to the extended time required to close the fiscal year all revenues have not been received so additional funding will be added to FY15 over the next couple of month. Expenditures totaled \$19.4 million, 92.5% of the budget and 2.5% more than FY14. Salaries and benefits are up \$854,928, 6.4%, over FY14. Services and supplies are down \$266,386, 5.0%, over FY14. The overall expenditures are up \$467,281, 2.5%, over June, 2014.

**District Health Strategic Objective supported:** Secure and deploy resources for sustainable impact.

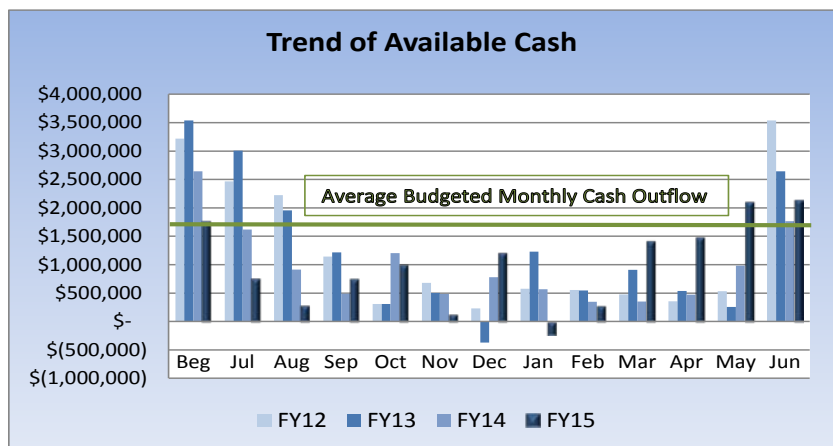
**PREVIOUS ACTION**

Fiscal Year 2015 Budget was adopted May 19, 2014.

**BACKGROUND**

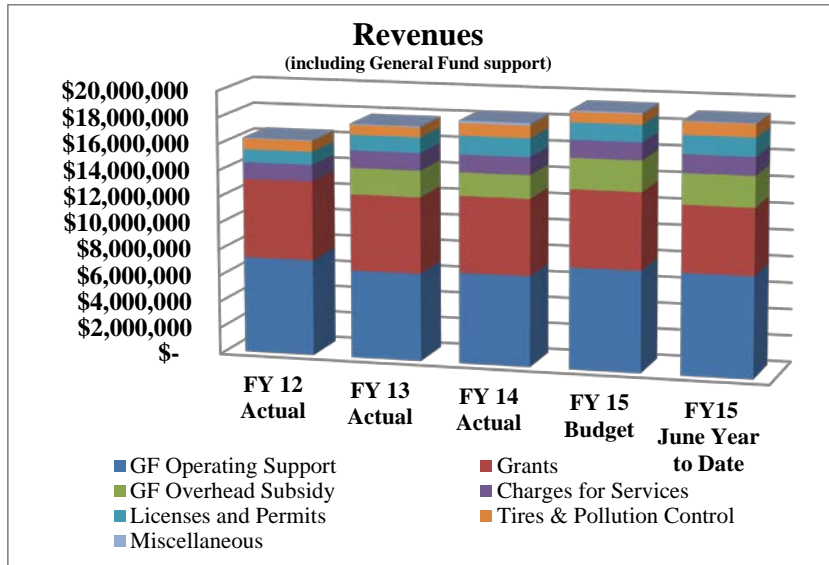
**Review of Cash**

The available cash on June 30, 2015, was \$2,136,502 which was 122.4% of the average budgeted monthly cash outflow of \$1,746,170 and up \$372,957, 21.1%, compared to FY14. The year-end cash position is sufficient to cover the historical trend of first month cash short fall of revenues over expenditures that averaged \$1,141,424 over the last three years.



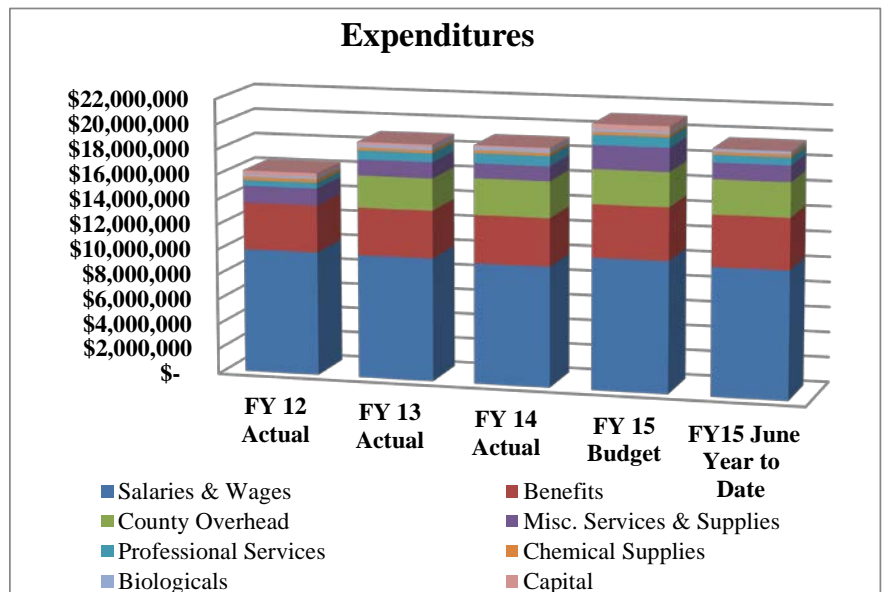
Note: December FY13 negative cash is due to 50%, \$1.3million, of the County Overhead being charged in December with just 8.3%, \$719,000, of the County Support being transferred to the fund. January FY15 no County General Fund support was transferred to the Health Fund leading to a negative cash situation.

**Review of Revenues (including transfers from General fund) and Expenditures by category**



Total year to date **revenues** of \$18,887,073 were up \$619,939, 3.4%, from the same time last fiscal year and were 97.6% of budget. The revenue categories that were up over last fiscal year are as follows: licenses and permits by \$4,142, 0.3%; charges for services by \$55,184, 4.1%; and, the tire fee funding for the solid waste management program up \$132,327, 42.1%. Miscellaneous revenues were down by \$124,378, 72.2%, due to donations received in FY14 not received in FY15; restricted funding for pollution control was down \$93,105, 14.7%; and, federal and state grants are down by \$749,878, 12.9%, due to the year-end processing not being completed until the end of August. The federal and state grant funding is budgeted to be down by approximately \$450,000, 7.2%, compared to FY14.

The total year to date **expenditures** of \$19,390,081 increased by \$467,281, 2.5%, compared to the same time frame for last fiscal year 2014. Salaries and benefits expenditures for FY15 were \$14,275,430 up \$854,928, 6.4%, over the prior year. Services and supplies expenditures of \$5,089,124 were down \$266,386, 5.0%, from FY14. The major categories of expenditures that have a decline over FY14 include: professional services by \$182,436, 26.5%; biologicals by \$37,490, 15.1%; and capital by \$121,261, 82.6%. The declines are offset mostly due to the \$190,671 increase in advertisement costs over FY14.



**Review of Revenue and Expenditures by Division**

AQM division revenues were down \$120,088, 4.8%, compared to FY14 mainly due to federal grant funding and pollution control restricted funding received in FY14 not received in FY15. EHS is up \$88,342, 4.7%, over FY14. EPHP is down from FY14 by \$368,663, 20.4%, mainly due to anticipated reduction in the Public Health Preparedness grant funding.

The total expenditures of \$19,390,081 were \$467,281 greater than FY14, up 2.5%, and \$1,563,953 less than budget. All divisions are reflecting savings compared to budget except AHS which is high due to unbudgeted retirement payouts, excluding the payouts the division is at 97.3% of budget. AQM is low compared to budget, \$506,142, due to unspent services, supplies and capital funding in the restricted funds for pollution control. EHS is down \$531,885 compared to budget mainly due to unspent funding in the restricted tire fee revenue account. The EPHP is showing savings of \$387,726 due to vacant positions and savings in services and supplies.

Washoe County Health District							
Summary of Revenues (including County General Fund transfers) and Expenditures							
Fiscal Year 2011/2012 through June Year to Date Fiscal Year 2014/2015 (FY15)							
	Actual Fiscal Year			Fiscal Year 2014/2015			
	2011/2012	2012/2013	2013/2014	Adjusted Budget	Unaudited June Year to Date	Percent of Budget	FY15 Increase over FY14
<b>Revenues (all sources of funds)</b>							
ODHO	-	-	-	-	-	-	-
AHS	8	33,453	87,930	61,113	151	0.2%	-99.8%
AQM	1,966,492	2,068,697	2,491,036	2,119,333	2,370,947	111.9%	-4.8%
CCHS	3,706,478	3,322,667	3,388,099	3,579,545	3,099,926	86.6%	-8.5%
EHS	1,755,042	1,828,482	1,890,192	1,931,774	1,978,534	102.4%	4.7%
EPHP	1,670,338	1,833,643	1,805,986	1,652,446	1,437,323	87.0%	-20.4%
GF Operating	7,250,850	6,623,891	6,853,891	7,666,420	7,666,420	100.0%	11.9%
GF Overhead Subsidy	-	2,000,000	1,750,000	2,333,772	2,333,772	100.0%	33.4%
<b>Total Revenues</b>	<b>\$ 16,349,208</b>	<b>\$ 17,710,834</b>	<b>\$ 18,267,134</b>	<b>\$ 19,344,403</b>	<b>\$ 18,887,073</b>	<b>97.6%</b>	<b>3.4%</b>
<b>Expenditures</b>							
ODHO	-	-	-	510,996	482,479	94.4%	-
AHS	1,202,330	1,366,542	1,336,740	1,176,546	1,212,569	103.1%	-9.3%
AQM	1,955,798	2,629,380	2,524,702	3,127,167	2,621,024	83.8%	3.8%
CCHS	6,086,866	6,765,200	6,949,068	7,004,782	6,859,077	97.9%	-1.3%
EHS	4,848,375	5,614,688	5,737,872	6,433,442	5,901,557	91.7%	2.9%
EPHP	2,084,830	2,439,602	2,374,417	2,701,101	2,313,375	85.6%	-2.6%
<b>Total Expenditures</b>	<b>\$ 16,178,200</b>	<b>\$ 18,815,411</b>	<b>\$ 18,922,800</b>	<b>\$ 20,954,034</b>	<b>\$ 19,390,081</b>	<b>92.5%</b>	<b>2.5%</b>
<b>Revenues (sources of funds) less Expenditures:</b>							
ODHO	-	-	-	(510,996)	(482,479)		
AHS	(1,202,322)	(1,333,088)	(1,248,810)	(1,115,433)	(1,212,418)		
AQM	10,694	(560,683)	(33,666)	(1,007,834)	(250,077)		
CCHS	(2,380,389)	(3,442,533)	(3,560,969)	(3,425,237)	(3,759,151)		
EHS	(3,093,333)	(3,786,206)	(3,847,680)	(4,501,668)	(3,923,023)		
EPHP	(414,492)	(605,958)	(568,431)	(1,048,655)	(876,052)		
GF Operating	7,250,850	6,623,891	6,853,891	7,666,420	7,666,420		
GF Overhead Subsidy	-	2,000,000	1,750,000	2,333,772	2,333,772		
<b>Surplus (deficit)</b>	<b>\$ 171,008</b>	<b>\$ (1,104,577)</b>	<b>\$ (655,666)</b>	<b>\$ (1,609,632)</b>	<b>\$ (503,008)</b>		
<b>Fund Balance (FB)</b>	<b>\$ 3,916,042</b>	<b>\$ 2,811,465</b>	<b>\$ 2,155,799</b>	<b>\$ 546,168</b>	<b>\$ 1,652,792</b>		
FB as a % of Expenditures	24.2%	14.9%	11.4%	2.6%	8.5%		

Note: ODHO=Office of the District Health Officer, AHS=Administrative Health Services, AQM=Air Quality Management, CCHS=Community and Clinical Health Services, EHS=Environmental Health Services, EPHP=Epidemiology and Public Health Preparedness, GF=County General Fund



**FISCAL IMPACT**

No fiscal impact associated with the acknowledgement of this staff report.

**RECOMMENDATION**

Staff recommends that the District Board of Health acknowledge receipt of the Health District Fund Financial Review for June, Fiscal Year 2015.

**POSSIBLE MOTION**

Move to acknowledge receipt of the Health District Fund Financial Review for June, Fiscal Year 2015.

Attachment:  
Health District Fund summary report with line item detail

Period: 1 thru 12 2015  
 Accounts: GO-P-L P&L Accounts  
 Business Area: \*

Fund: 202 Health Fund  
 Fund Center: 000 Default Washoe County  
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2015 Plan	2015 Actuals	Balance		2014 Plan	2014 Actual	Balance	Acti
422503 Environmental Permits	46,317-	58,353-	12,036	126	63,177-	65,147-	1,970	103
422504 Pool Permits	97,000-	99,075-	2,075	102	74,690-	98,163-	23,473	131
422505 RV Permits	11,000-	11,564-	564	105	13,306-	11,559-	1,747-	87
422507 Food Service Permits	420,000-	458,109-	38,109	109	492,181-	438,024-	54,157-	89
422508 Wat Well Const Perm	30,000-	30,056-	8,056	127	23,567-	28,494-	4,927	121
422509 Water Company Permits	5,000-	15,372-	10,372	307	3,200-	10,051-	6,851	314
422510 Air Pollution Permits	474,103-	526,224-	52,121	111	584,012-	532,135-	51,877-	91
422511 ISDS Permits	75,000-	90,864-	15,864	121	66,522-	94,719-	28,197	142
422513 Special Event Permits	105,000-	84,071-	20,929-	80	99,623-	92,830-	6,793-	93
422514 Initial Applic Fee	31,000-	28,540-	2,460-	92	35,226-	34,964-	262-	99
* Licenses and Permits	1,294,420-	1,410,228-	115,808	109	1,455,504-	1,406,086-	49,418-	97
431100 Federal Grants	5,271,536-	4,524,138-	747,398-	86	5,301,515-	5,150,871-	150,645-	97
431105 Federal Grants - Indirect	235,667-	241,190-	5,523	102	243,178-	342,835-	99,657	141
432100 State Grants	311,068-	268,132-	42,936-	86	741,802-	287,178-	454,624-	39
432105 State Grants-Indirect	16,026-	12,575-	3,451-	78	2,205-	15,029-	12,824	682
432310 Tire Fee NRS 444A.090	468,548-	446,463-	22,085-	95	468,548-	314,136-	154,412-	67
432311 Pol Ctrl 445B.830	318,667-	541,626-	222,958	170	300,000-	634,731-	334,731	212
* Intergovernmental	6,621,513-	6,034,123-	587,389-	91	7,057,248-	6,744,780-	312,469-	96
460162 Services to Other Agencies								
460500 Other Immunizations	89,000-	42,007-	46,993-	47	89,000-	48,715-	40,285-	55
460501 Medicaid Clinical Services	8,200-	3,683-	4,517-	45	8,200-	2,233-	5,967-	27
460503 Childhood Immunizations	20,000-	13,995-	6,005-	70	20,000-	15,312-	4,688-	77
460504 Maternal Child Health								
460505 Non Title X Revenue								
460508 Tuberculosis	4,100-	4,642-	542	113	4,100-	4,089-	11-	100
460509 Water Quality		377-	377					
460510 IT Overlay	35,344-	34,903-	441-	99	35,344-	37,321-	1,977	106
460511 Birth and Death Certificates	480,000-	465,062-	14,938-	97	450,000-	457,596-	7,596	102
460512 Duplication Service Fees		307-	307			791-	791	
460513 Other Healt Service Charges		793-	793			699-	699	
460514 Food Service Certification	18,000-	17,076-	924-	95	19,984-	20,092-	108	101
460515 Medicare Reimbursement								
460516 Pgm Inc-3rd Prty Rec	1,750-	60,224-	58,474	3,441	1,750-	89,338-	87,588	5,105
460517 Influenza Immunization	7,000-	53-	6,948-	1	7,000-	5,406-	1,594-	77
460518 STD Fees	21,000-	14,713-	6,287-	70	21,000-	16,827-	4,173-	80
460519 Outpatient Services		1,555-	1,555					
460520 Eng Serv Health	50,000-	51,932-	1,932	104	50,707-	58,579-	7,872	116
460521 Plan Review - Pools & Spas	3,600-	8,366-	4,766	232	3,816-	4,931-	1,115	129
460523 Plan Review - Food Services	20,000-	24,338-	4,338	122	18,765-	24,283-	5,518	129
460524 Family Planning	32,000-	32,604-	604	102	27,000-	33,828-	6,828	125
460525 Plan Review - Vector	42,000-	53,700-	11,700	128	36,021-	62,590-	26,569	174
460526 Plan Review-Air Quality	57,889-	55,116-	2,773-	95	65,272-	33,302-	31,970-	51
460527 NOE-AQM	116,984-	123,186-	6,202	105	113,934-	115,143-	1,209	101

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 Report: 400/ZS16

Washoe County  
 Plan/Actual Rev-Exp 2-yr (FC)

Period: 1 thru 12 2015  
 Accounts: GO-P-L P&L Accounts  
 Business Area: \*

Fund: 202 Health Fund  
 Fund Center: 000 Default Washoe County  
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2015 Plan	2015 Actuals	Balance		2014 Plan	2014 Actual	Balance	
460528 NESHAP-AQM	99,333-	105,324-	5,991	106	135,389-	78,043-	57,346-	58
460529 Assessments-AQM	51,336-	57,161-	5,825	111	57,888-	48,683-	9,205-	84
460530 Inspector Registr-AQ	2,162-	4,003-	1,841	185	14,655-	5,159-	9,496-	35
460531 Dust Plan-Air Quality	142,403-	187,763-	45,360	132	187,690-	147,678-	40,012-	79
460532 Plan Rvw Hotel/Motel		4,523-	4,523			480-	480	
460533 Quick Start						58-	58	
460534 Child Care Inspection	8,514-	8,850-	336	104	10,560-	7,929-	2,631-	75
460535 Pub Accomod Inspectn	19,000-	18,486-	514-	97	22,540-	19,658-	2,882-	87
460570 Education Revenue					2,900-	796-	2,104-	27
* Charges for Services	1,329,615-	1,394,742-	65,127	105	1,403,515-	1,339,558-	63,957-	95
483000 Rental Income		151-	151					
484050 Donations Federal Pgm Income	37,550-	26,889-	10,661-	72	37,550-	35,844-	1,706-	95
484195 Non-Govt'l Grants	55,988-		55,988-		88,263-	82,152-	6,111-	93
484197 Non-Gov. Grants-Indirect	5,125-		5,125-		5,125-	5,125-		100
485100 Reimbursements		19,131-	19,131			46,450-	46,450	
485121 Jury Reimbursements		120-	120			80-	80	
485300 Other Misc Govt Rev		1,497-	1,497		62,229-	2,515-	59,714-	4
* Miscellaneous	98,663-	47,788-	50,875-	48	193,167-	172,166-	21,001-	89
** Revenue	9,344,211-	8,886,881-	457,329-	95	10,109,435-	9,662,591-	446,844-	96
701110 Base Salaries	9,202,199	9,069,333	132,867	99	9,191,190	8,429,025	762,165	92
701120 Part Time	408,927	350,800	58,127	86	565,940	424,178	141,762	75
701130 Pooled Positions	510,605	360,356	150,249	71	464,481	421,427	43,054	91
701140 Holiday Work	4,319	2,858	1,461	66	2,819	3,256	437-	116
701150 xcContractual Wages								
701200 Incentive Longevity	155,100	161,878	6,778-	104	165,426	161,994	3,431	98
701300 Overtime	62,798	62,800	2-	100	69,920	61,692	8,227	88
701403 Shift Differential		141	141-					
701406 Standby Pay								
701408 Call Back	1,000		1,000		1,000	94	906	9
701412 Salary Adjustment	131,434		131,434		230,085-		230,085-	
701413 Vac Payoff/Sick Pay-Term		153,895	153,895-			73,653	73,653-	
701417 Comp Time		24,573	24,573-			9,751	9,751-	
701419 Comp Time - Transfer						6,038	6,038-	
701500 Merit Awards								
* Salaries and Wages	10,476,381	10,186,634	289,747	97	10,230,689	9,591,107	639,582	94
705110 Group Insurance	1,452,108	1,430,835	21,273	99	1,422,035	1,307,483	114,552	92
705210 Retirement	2,508,100	2,435,635	72,465	97	2,515,667	2,310,772	204,895	92
705215 Retirement Calculation								
705230 Medicare April 1986	134,774	139,360	4,585-	103	136,701	129,823	6,879	95
705320 Workmens Comp	68,214	67,787	427	99	66,992	66,138	854	99
705330 Unemply Comp	15,179	15,179	0-	100	15,375	15,179	196	99
705360 Benefit Adjustment			21,855					
* Employee Benefits	4,200,230	4,088,796	111,434	97	4,156,770	3,829,395	327,375	92

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Washoe County  
 Plan/Actual Rev-Exp 2-yr (FC)

Page: 3/ 4  
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 Variation: 1/ 115

Period: 1 thru 12 2015  
 Accounts: GO-P-L P&L Accounts  
 Business Area: \*

Fund: 202 Health Fund  
 Fund Center: 000 Default Washoe County  
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2015 Plan	2015 Actuals	Balance		2014 Plan	2014 Actual	Balance	
710100 Professional Services	687,734	506,640	181,094	74	1,211,770	689,077	522,693	57
710105 Medical Services	9,323	9,015	309	97	9,173	10,988	1,815-	120
710108 MD Consultants	83,908	54,300	29,608	65	46,950	58,600	11,650-	125
710110 Contracted/Temp Services	31,581	36,507	4,926-	116	53,500	50,395	3,105	94
710119 Subrecipient Payments								
710200 Service Contract	120,720	59,955	60,764	50	103,593	79,789	23,804	77
710205 Repairs and Maintenance	5,538	8,577	3,039-	155	11,470	12,103	633-	106
710210 Software Maintenance	18,083	22,326	4,243-	123	15,636	23,574	7,938-	151
710300 Operating Supplies	118,863	90,107	28,756	76	134,870	132,014	2,856	98
710302 Small Tools & Allow	22,685	6,746	15,939	30	10,685	1,273	9,412	12
710308 Animal Supplies	1,600	969	631	61	1,600	1,527	73	95
710312 Special Dept Expense		300	300-					
710319 Chemical Supplies	231,900	232,652	752-	100	232,300	232,321	21-	100
710325 Signs and Markers								
710334 Copy Machine Expense	25,785	24,974	811	97	28,447	26,891	1,556	95
710350 Office Supplies	59,144	35,207	23,937	60	41,074	37,473	3,600	91
710355 Books and Subscriptions	8,059	4,334	3,725	54	7,594	7,025	569	93
710360 Postage	23,200	19,501	3,699	84	24,435	18,396	6,039	75
710361 Express and Courier	560	208	352	37	735	131	604	18
710391 Fuel & Lube	100		100		100	79	21	79
710400 Payments to Other Agencies		21,979	21,979-					
710412 Do Not Use								
710500 Other Expense	28,454	26,487	1,967	93	24,932	30,985	6,053-	124
710502 Printing	22,322	12,595	9,727	56	33,970	20,612	13,358	61
710503 Licenses & Permits	6,331	6,070	261	96	7,887	4,705	3,182	60
710505 Rental Equipment	1,800		1,800		1,900	1,800	100	95
710506 Dept Insurance Deductible		300	300-			634	634-	
710507 Network and Data Lines	11,295	9,046	2,249	80	5,530	10,427	4,897-	189
710508 Telephone Land Lines	42,878	34,753	8,125	81	42,484	34,785	7,699	82
710509 Seminars and Meetings	50,778	34,790	15,989	69	36,065	42,969	6,904-	119
710512 Auto Expense	14,755	6,237	8,518	42	19,102	10,191	8,911	53
710514 Regulatory Assessments	11,920	18,638	6,718-	156	11,920	5,960	5,960	50
710519 Cellular Phone	15,117	14,378	739	95	15,660	11,950	3,710	76
710524 Utility relocation								
710529 Dues	11,867	5,804	6,063	49	10,756	5,648	5,108	53
710535 Credit Card Fees	12,665	15,805	3,140-	125	11,925	13,107	1,182-	110
710546 Advertising	346,472	210,171	136,301	61	47,600	19,500	28,100	41
710551 Cash Discounts Lost		263	263-			137	137-	
710563 Recruitment		613	613-					
710577 Uniforms & Special Clothing	12,350	2,086	10,264	17	25,500	4,668	20,832	18
710585 Undesignated Budget	90,642		90,642		62,229		62,229	
710598 Telecomm Charge-out contra								
710600 LF Lease-Office Space	109,115	79,692	29,423	73	109,115	79,292	29,823	73

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 Run date: 07/09/2015 07:10:19  
 Report: 400/ZS16

Washoe County  
 Plan/Actual Rev-Exp 2-yr (FC)

Period: 1 thru 12 2015  
 Accounts: GO-P-L P&L Accounts  
 Business Area: \*

Fund: 202 Health Fund  
 Fund Center: 000 Default Washoe County  
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2015 Plan	2015 Actuals	Balance	Act%	2014 Plan	2014 Actual	Balance	
710620 LT Lease-Equipment								
710703 Biologicals	203,743	210,484	6,741-	103	246,791	247,975	1,184-	100
710714 Referral Services		2,260	2,260-		6,328	4,068	2,260	64
710721 Outpatient	96,370	77,527	18,844	80	93,093	79,036	14,056	85
710872 Food Purchases	4,889	1,924	2,964	39	10,176	689	9,486	7
711010 Utilities					180		180	
711020 Water/Sewer								
711100 ESD Asset Management	66,526	64,080	2,446	96	47,436	49,044	1,608-	103
711113 Equip Srv Replace	27,586	26,947	639	98	27,084	27,091	6-	100
711114 Equip Srv O & M	41,538	44,464	2,926-	107	46,869	42,425	4,444	91
711115 Equip Srv Motor Pool	5,000		5,000		16,741		16,741	
711117 ESD Fuel Charge	48,591	44,621	3,970	92	55,492	42,703	12,789	77
711119 Prop & Liab Billings	74,502	74,502	0-	100	74,502	74,502	0-	100
711210 Travel	223,464	89,947	133,517	40	269,811	90,097	179,714	33
711300 Cash Over Short		20-	20			40	40-	
711399 ProCard in Process		77	77-					
711400 Overhead - General Fund	2,741,061	2,741,061		100	2,898,034	2,898,034		100
711504 Equipment nonCapital	100,155	99,225	931	99	135,712	120,778	14,934	89
* Services and Supplies	5,870,969	5,089,124	781,845	87	6,328,754	5,355,510	973,245	85
781004 Equipment Capital	381,454	25,527	355,927	7	332,748	146,788	185,960	44
781007 Vehicles Capital	25,000		25,000		100,000		100,000	
* Capital Outlay	406,454	25,527	380,927	6	432,748	146,788	285,960	34
** Expenses	20,954,034	19,390,081	1,563,953	93	21,148,962	18,922,800	2,226,162	89
485193 Surplus Supplies Sales						653-	653	
* Other Fin. Sources						653-	653	
621001 Transfer From General	10,000,192-	10,000,192-		100	8,603,891-	8,603,891-		100
* Transfers In	10,000,192-	10,000,192-		100	8,603,891-	8,603,891-		100
818000 Transfer to Intrafund								
* Transfers Out								
** Other Financing Src/Use	10,000,192-	10,000,192-		100	8,603,891-	8,604,544-	653	100
*** Total	1,609,632	503,008	1,106,624	31	2,435,636	655,666	1,779,971	27

**STAFF REPORT**  
**BOARD MEETING DATE: July 23, 2015**

**DATE:** July 13, 2015

**TO:** District Board of Health

**FROM:** Erin Dixon, Fiscal Compliance Officer, Washoe County Health District  
775-328-2419, [edixon@washoecounty.us](mailto:edixon@washoecounty.us)

**SUBJECT:** **Discussion, and possible direction to staff regarding updating Environmental Health Services and Air Quality Management fees to include the most current salaries, benefits, indirect costs rates, and other operating expenses, present the updated fees to the community and bring back to the Board the fees for consideration and possible adoption.**

---

**SUMMARY**

The Washoe County District Board of Health must approve changes to the Health District Fee Schedule. Revisions are being proposed to the District Fee Schedule, specific to the Air Quality Management Division and Environmental Health Division. Prior to introduction of new fees to the community, staff is seeking direction from the Board on whether to proceed with the fees and proposed fee methodology.

**District Health Strategic Objective supported:** Secure and deploy resources for sustainable impact.

**PREVIOUS ACTION**

On April 25, 2013 the Board approved the Fee Schedule.

On April 23, 2015 the Board approved additional fees for the Environmental Health and Air Quality Management Fee schedules.

**BACKGROUND**

During a review of our Fee Schedule it was identified that there are numerous expenses not currently being accounted for. Ongoing expenses such as vehicle usage, operating supplies, and support staff directly involved with programmatic activities, are currently omitted from Washoe County Health District fees. As a cost recovery measure staff have been identifying different fee methodologies utilized by other jurisdictions and have developed a new fee methodology.

Environmental Health and Air Quality Management staff has been documenting their time and activities in detail for a minimum of a year. This data was instrumental in helping to determine the methodology used and ensuring the accuracy of the calculations. In addition, staff reviewed

the current fee justifications and identified fees that needed more extensive analysis. A specific time study was established for front office staff in Environmental Health Services to more accurately account for time spent processing Temporary Foods and Temporary Invasive Body Decoration permits, both of which did not previously include front office staff time.

The current fee methodology includes the following calculations:

- Certified average amount of staff time it takes to perform the activities associated with the fee, including salaries and benefits
- A portion of technology supply expenses (Environmental Health only)
- A percentage of the indirect costs are applied based on the approved Indirect Cost Rate Agreement (prepared with a federally-approved methodology by an independent contract for Washoe County and the Health District)
- Total fee is rounded to the nearest dollar (except late fees)

The proposed fee methodology includes the following calculations:

- Certified average amount of staff time it takes to perform the activities associated with the fee, utilizing FY 16 salaries and benefits
- Direct expenses:
  - vehicle expenses,
  - operating supplies,
  - office supplies,
  - technology,
  - required staff training,
  - credit card fees,
  - etc.
- Proportionate amount of staff time that directly supports the permitting process and has not already been included in the fee or indirect costs
- Proportionate amount of programmatic staff time spent on administrative tasks
- Proportionate amount of programmatic staff accrued benefits
- Indirect costs are applied based on the approved Indirect Cost Rate Agreement (prepared with a federally-approved methodology by an independent contract for Washoe County and the Health District)
- Total fee is rounded to the nearest dollar (except late fees)

The proposed fee methodology utilizes budgeted Fiscal Year 2016 Salaries and Benefits. A cost of living increase will only be included if it is negotiated prior to finalization and publication of the proposed fee schedule for community workshops.

The proposed fee methodology does not include cost recovery for activities and supplies that are considered necessary for public health outreach and safety not tied to a specific permit. For example food disease outbreak investigations and mosquito abatement staff time and related vehicle use, supplies, etc. are not included in the new methodology.

This methodology is individually applied when possible for each program in Environmental Health Services and once for Air Quality Management. Utilizing the proposed methodology will



Subject: Cost Recovery Methodology

Date: July 23, 2015

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significantly increase fees in almost all programs. While exact dollar amounts have not been finalized for every fee some preliminary estimates are:

<b>Description</b>	<b>Current Fee</b>	<b>Proposed % Increase</b>	<b>Sample Proposed Fee</b>
Restaurant Permit	\$ 152	198%	\$ 453
Minor/Major Special Use Permit Review/Development Agreement	\$ 244	122%	\$ 542
Invasive Body Decoration Temporary Permit	\$ 91	200%	\$ 273
Vector - Parcel Map Review (sewer available/not available)	\$ 269	46%	\$ 394
Air Quality Management – Demolition Notification	\$ 162	87%	\$ 303

It is important to note that these fee increases DO NOT include the proposed 4% Regional Technology Fee that is being discussed as part of the adoption of the Accela regional permitting system. The 4% regional technology fee would be charged on top of these fees with those funds supporting a portion of the annual costs of Accela system and not the Health District's direct expenses for providing services.

In addition, staff is recommending automatic annual increases to all Environmental Health Services and Air Quality Management fees based on Consumer Price Index (CPI) with a full recalculation of fees every three to five years.

If the District Board of Health supports the new proposed fee methodology the following timeline is anticipated:

- August – Notices for public workshops and public hearing distributed
- September and October – Public workshops held with impacted permit holders
- November – Business Impact Statements presented to DBOH
- December – Public Hearing at DBOH
- December – Anticipated Accela “go live” date – Implementation of new fee amounts

If the fees are approved by the District Board of Health, extensive work will need to be conducted by technology staff to update the permitting system with the new fee amounts. It is currently anticipated that these fees will be implemented when Accela, the regional permitting system, is activated. If Accela is delayed then adjustments to the implementation timeline will need to occur or our current permitting system will need to be updated.

### **FISCAL IMPACT**

The proposed methodology will move the Health District towards greater cost recovery. Fiscal year 2015 revenue for Environmental Health Services, Licenses, Permits and Charges for Services was \$1,109,674. An additional \$898,247 was brought in from grants and dedicated

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Date: July 23, 2015

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funding, for total revenue of \$2,007,921. Environmental Health Services expenditures including COWCAP total \$5,954,494.

Fiscal year 2015 revenue for Air Quality Management, Licenses, Permits and Charges for Services was \$1,058,933. An additional \$1,368,537 was brought in from grants and dedicated funding, for total revenue of \$2,427,470. Air Quality Management expenditures including COWCAP total \$2,587,195.

It is anticipated that this new methodology would generate additional revenue in the approximate amount of \$2,100,000 for the Health Fund.

### **RECOMMENDATION**

Staff recommends that the District Board of Health give direction regarding updating Environmental Health Services and Air Quality Management fees to include the most current salaries, benefits, indirect costs rates, and other operating expenses, present the updated fees to the community and bring back to the Board the fees for consideration and possible adoption.

### **POSSIBLE MOTION**

Move to direct staff to update Environmental Health Services and Air Quality Management fees to include the most current salaries, benefits, indirect costs rates, and other operating expenses, present the updated fees to the community and bring back to the Board the fees for consideration and possible adoption.

**STAFF REPORT**

**BOARD MEETING DATE:** July 23, 2015

**TO:** District Board of Health  
**FROM:** Kevin Dick, District Health Officer  
775.328.2416, kdick@washoecounty.us  
**SUBJECT:** **Approval of authorization to travel and travel reimbursements for non-County employee Dr. John Novak in the approximate amount of \$1,505, to attend the 2015 NALBOH conference in Louisville, KY August 5-7, 2015.**

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**SUMMARY**

The District Board of Health must authorize travel and travel reimbursements for non-County employees.

**District Health Strategic Objective supported by this item:** Strengthen WCHD as an innovative, high-performing organization.

**PREVIOUS ACTION**

No previous action has been taken relevant to this item.

**BACKGROUND**

The National Association of Local Boards of Health (NALBOH) conference activities will provide attendees with information, skills and resources focused on the six functions of public health governance. The conference will also provide time for attendees to learn about and share information on critical public health issues.

Dr. Novak has expressed interest in attending the conference and bringing back valuable information regarding health governance to the Washoe County Health District.

**FISCAL IMPACT**

Should the Board approve this authorization to travel and travel reimbursement, there will be no additional fiscal impact to the adopted FY16 budget as travel expenses were anticipated and projected in the budget of the Office of the District Health Officer (Cost Center 170202).

**RECOMMENDATION**

Staff recommends the District Board of Health approve the authorization to travel and travel reimbursements for non-County employee Dr. John Novak in the approximate amount of \$1,505, to attend the 2015 NALBOH conference in Louisville, KY August 5-7, 2015.

**POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be: "Approve authorization to travel and travel reimbursements for non-County employee Dr. John Novak in the approximate amount of \$1,505, to attend the 2015 NALBOH conference in Louisville, KY August 5-7, 2015."

**AIR QUALITY MANAGEMENT DIVISION DIRECTOR STAFF REPORT**  
**BOARD MEETING DATE: July 23, 2015**

**DATE:** July 10, 2015  
**TO:** District Board of Health  
**FROM:** Charlene Albee, Director  
775-784-7211, calbee@washoecounty.us  
**SUBJECT:** Program Update, Divisional Update, Program Reports

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**1. Program Update**

- a. Keep it Clean – Be Smoke Smart



The Air Quality Management Division is proud to present “Be Smoke Smart”, the newest banner under our Keep it Clean outreach program. This campaign represents the culmination of several years of process improvements developed by the Air Quality Monitoring and Planning staff. The continued drought conditions in the Western U.S. are contributing to an increase in the size and intensity of wild fires, resulting in an increase in the awareness of the impacts of smoke on the health of the residents of Northern Nevada. During the past two years, the AQMD has worked with our community partners, including the National Weather Service, the Washoe County School District, and local media, to improve the delivery of health advisories during the smoke events associated with the American, Rim, and King fires.

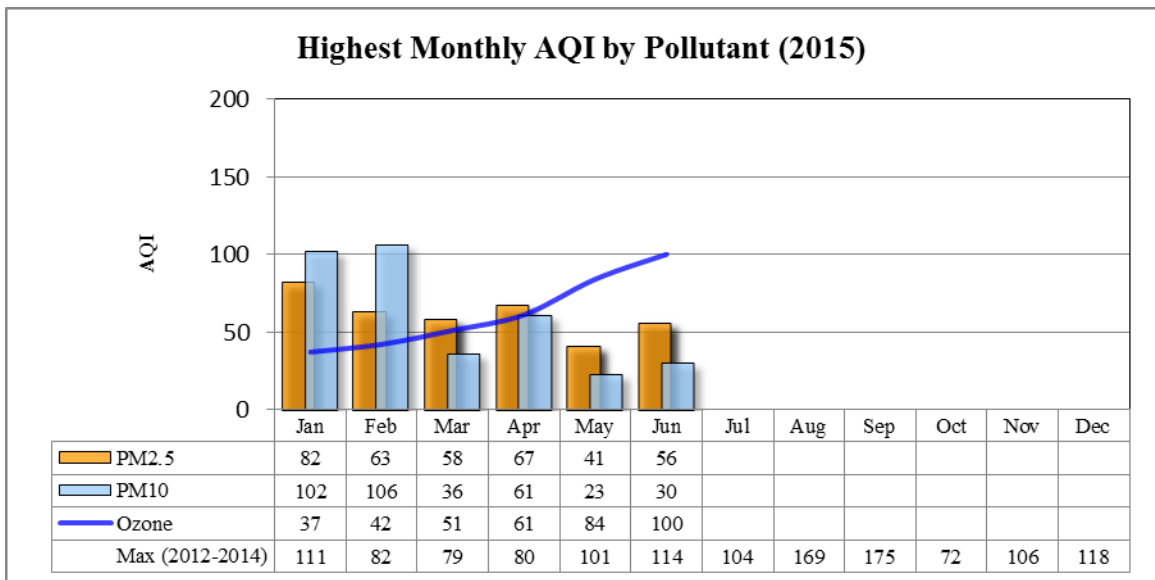
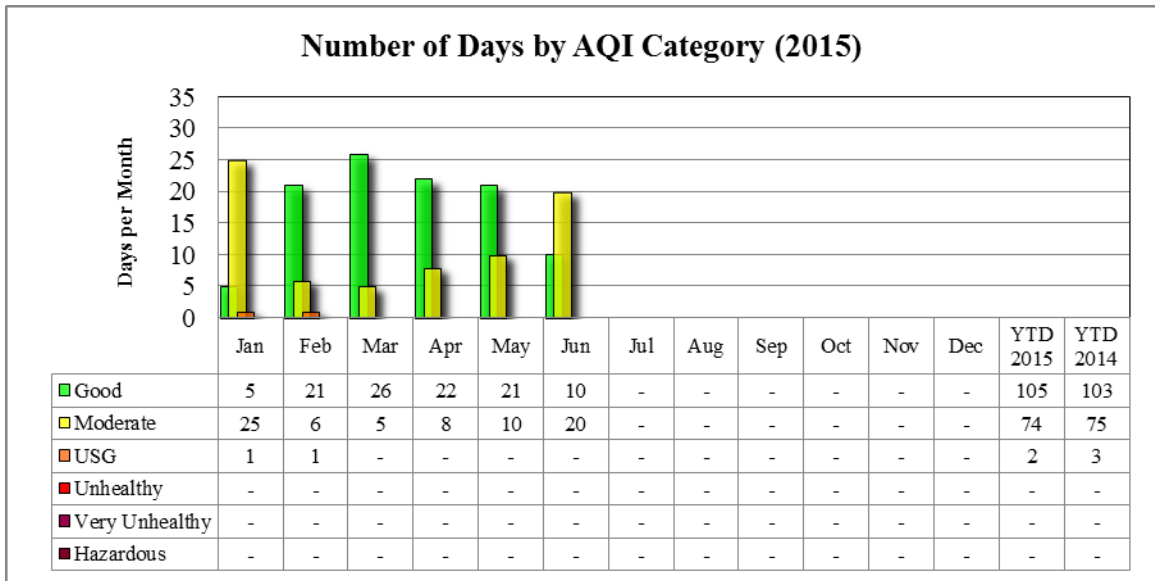
During each of these smoke events, staff was able to recognize opportunities to improve the delivery of information to our stakeholders. In an effort to optimize the “lessons learned” from each event, a Quality Improvement (QI) Project was undertaken this spring to improve the weekend delivery of daily air quality forecast information prior to the beginning of the fire season. The project resulted in the delivery of an accurate and detailed forecast on Friday night that directs the public to [OurCleanAir.com](http://OurCleanAir.com), which includes links to Facebook, Twitter, [Airnow.org](http://Airnow.org) or the Airnow app. In the event of smoke impacts, the site may be updated from a remote location which alleviates the need for a staff member to respond to the office during off hours. This improvement will provide for the avoidance of approximately 107 hours of staff weekend overtime.

The final piece of the QI project was to provide a consolidated location for all of the information resources; therefore, a new webpage was created with the Be Smoke Smart banner. Community outreach efforts during smoke events will now be able to point to a single resource to answer the most common questions such as “Where’s the fire?” and “What should I do to protect myself and my family?” This site will provide yet another tool to help our citizens make healthy and informed choices during smoke events. So remember – *Keep it Clean* – Be Smoke Smart.

Charlene Albee, Director,  
Air Quality Management Division

## 2. Divisional Update

- a. Below are two charts detailing the latest air quality information for the month of June. The top chart indicates the highest AQI by pollutant and includes the highest AQI from the previous three years in the data table for comparison. The bottom chart indicates the number of days by AQI category and includes the previous year to date for comparison.



Please note AQI data are not fully verified and validated and should be considered preliminary. As such, they should not be used to formulate or support regulation, guidance, or any other governmental or public decision. For a daily depiction of the AQI data, please visit [OurCleanAir.com](http://OurCleanAir.com) for the most recent AQI Summary.

### 3. Program Reports

#### a. Monitoring & Planning

There were no exceedances of any National Ambient Air Quality Standards (NAAQS) during the month of June. In October 2015, EPA is expected to strengthen the health-based ozone NAAQS from 75 ppb to a level in the range of 65-70 ppb. Below is a table depicting how the strengthened standard will impact Washoe County based on our current data.

Ozone NAAQS	Level (ppb)	Exceedance Days	
		June	YTD
Current	75	0	0
Proposed (upper end)	70	6	6
Proposed (lower end)	65	11	14

Our local ozone season typically extends into September. If ozone levels continue to exceed the 65-70 ppb range, EPA may designate the area as "Non-Attainment". The Clean Air Act requires Non-Attainment areas to develop federally enforceable plans that improve air quality. Mobile sources (i.e., cars, trucks, off-road equipment) are the largest category of ozone precursors and will be one of the categories evaluated to reduce emissions and lower ozone concentrations.


In conjunction with the beginning of wildfire season, the AQMD has launched a new outreach campaign called "Be Smoke Smart". This is an excellent resource for accurate and timely information when smoke hits our area. It addresses immediate questions our customers need answered during the first hours of a smoke episode. Be Smoke Smart is a seasonal campaign and can be accessed from the AQMD website ([OurCleanAir.com](http://OurCleanAir.com)) during wildfire season.




Be Smoke Smart. TEXT SIZE a a a

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**Keep it Clean.** **Be Smoke Smart.**  
Protect yourself from wildfire smoke.  
ourCleanAir.com   



**#WashingtonFire**  **#LakeFire**  **Tweets** 

**YubaNet** @YubaNet 1h  
#WashingtonFire now 77% contained, 17,790 acres. Community meeting at Turtle Rock Community Center 6:00 p.m. tonight [bit.ly/1X4B9yH](http://bit.ly/1X4B9yH)  
Retweeted by Tredi

site closures due to the #LakeFire [inciweb.nwcg.gov/incidents/art](http://inciweb.nwcg.gov/incidents/art)  
Retweeted by SanBerdo Scanner  
Expand

**USDA Forest Service** @forestservice 1h  
#CYM [pic.twitter.com/vl834Uj3T](http://pic.twitter.com/vl834Uj3T)  
Retweeted by Washoe County AQMD

**Ali Tadayon** @PE\_alitadayon 17m  
#LakeFire - Couple whose home burned feels 'complete'

**Fireworks are illegal**

*Where is the fire?*  
[Inciweb](#) | [YubaNet Fire News](#) | [Cal Fire Current Incidents](#)

*Where is the smoke going to be?*  
[National Weather Service](#) | [California Smoke Blog](#)

*What is the current air quality?*  
[AirNow](#) | [Reno Webcam](#) | [Tahoe Fire Cams](#)

*What should I do to protect myself?*  
**Be Smoke Smart.**

Daniel K. Inouye  
Chief, Monitoring and Planning

b. Permitting & Enforcement

Type of Permit	2015		2014	
	June	YTD	June	Annual Total
<b>Renewal of Existing Air Permits</b>	139	721	145	1328
<b>New Authorities to Construct</b>	9	74	10	133
<b>Dust Control Permits</b>	24 (235 acres)	84 (984 acres)	12 (142 acres)	114 (1172 acres)
<b>Wood Stove Certificates</b>	41	187	26	322
<b>WS Dealers Affidavit of Sale</b>	7 (5 replacements)	45 (33 replacements)	4 (5 replacements)	105 (80 replacements)
<b>WS Notice of Exemptions</b>	742 (2 stoves removed)	3645 (15 stoves removed)	531 (6 stoves removed)	7143 (63 stoves removed)
<b>Asbestos Assessments</b>	85	571	69	862
<b>Asbestos Demo and Removal (NESHAP)</b>	31	163	26	199

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

- AQMD permitting staff continues to work with the other local agencies for the Accela Automation transition. All four AQMD record type configurations have been approved by staff and Accela can now begin scripting.
- Inspection staff is actively reviewing federal regulations and policy and verifying that District regulations and Division policy are consistent and complete. They are also updating inspection procedures and forms to reflect most current federal guidance.

Staff conducted ninety three (93) stationary source and fifty one (51) gas station inspections in June 2015. Staff also conducted inspections on asbestos removal and construction/dust projects.

COMPLAINTS	2015*		2014	
	June	YTD	June	Annual Total
Asbestos	4	15	1	27
Burning	1	2	0	9
Construction Dust	2	17	3	53
Dust Control Permit	0	1	1	20
General Dust	7	20	10	52
Diesel Idling	0	0	0	3
Odor	4	14	1	16
Spray Painting	0	5	1	8
Permit to Operate	2	8	5	31
Woodstove	0	10	0	12
<b>TOTAL</b>	<b>20</b>	<b>92</b>	<b>22</b>	<b>231</b>
<b>NOV's</b>	<b>June</b>		<b>June</b>	<b>Annual Total</b>
Warnings	2	15	6	41
Citations	1	6	2	11
<b>TOTAL</b>	<b>3</b>	<b>21</b>	<b>8</b>	<b>52</b>

\*Discrepancies in totals between monthly reports can occur due to data entry delays.

Mike Wolf  
 Chief, Permitting and Enforcement

**COMMUNITY & CLINICAL HEALTH SERVICES DIRECTOR STAFF REPORT**  
**BOARD MEETING DATE: July 23, 2015**

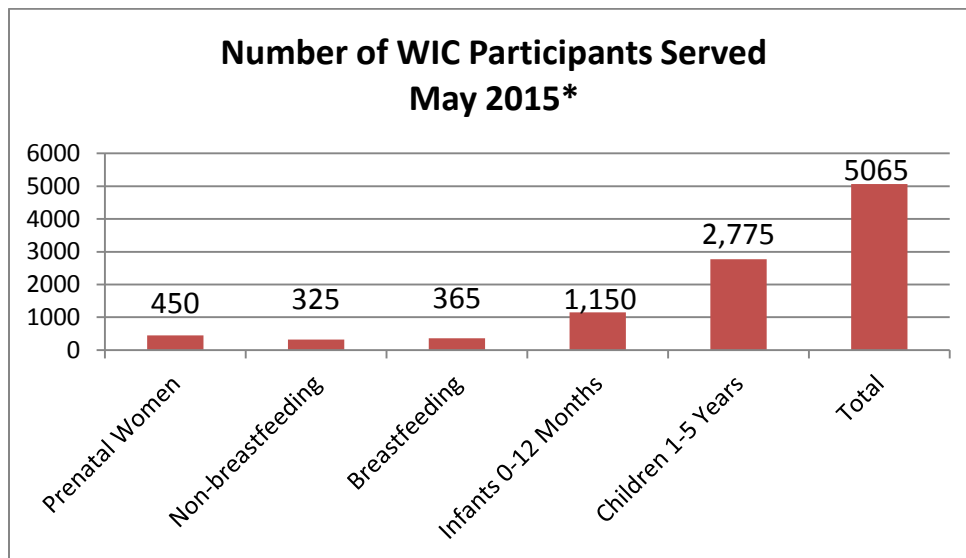
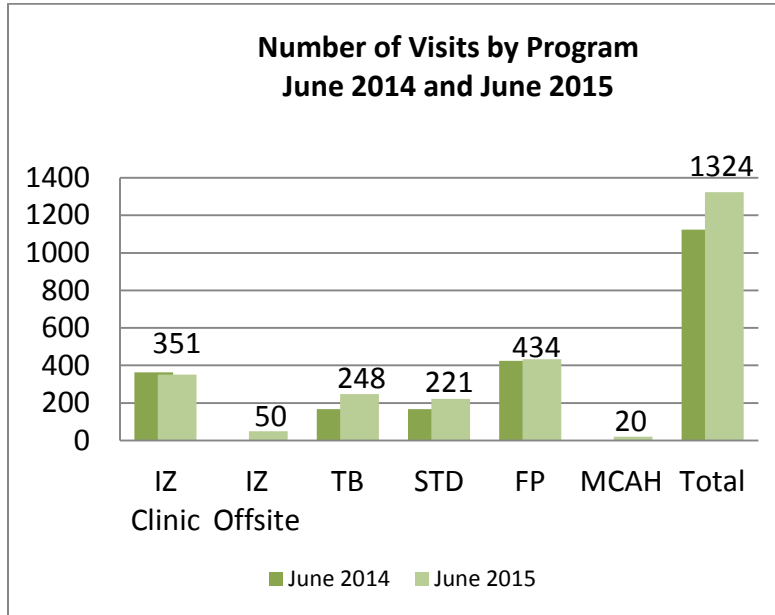
**DATE:** July 10, 2015  
**TO:** District Board of Health  
**FROM:** Steve Kutz, RN, MPH  
775-328-6159; skutz@washoecounty.us  
**SUBJECT:** Divisional Update, Program Reports

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**1. Divisional Update –**

- a. Public Health Associate Program (PHAP) – Earlier this year we submitted three applications for Public Health Associates through the Centers for Disease Control and Prevention (CDC), each for two year rotations. CCHS currently has two associates, with our first two having already moved on. We recently heard back from the CDC, and we have again been successful, and will receive three new associates this fall. The associates will have the following assignments (year one/year two): Chronic Disease Prevention Program/Immunizations, Immunizations/HIV, and STD/TB. Our PHA staff have been wonderful additions to CCHS, and we look forward to our new associates as well.
- b. Revenue and Reimbursement – Staff continue work on ensuring claims are “clean” prior to billing to receive prompt reimbursement. Contracting with a clearinghouse to electronically transmit claims, as well as receive funds in the same manner, is also underway.
- c. Human Services Network (HSN) – I was elected HSN President, and will serve in this role for the 2015/2016 term. The mission of HSN is to create connections, share information, strengthen providers, and support and advocate for good public policy thus assuring the provision of quality human services in Northern Nevada. HSN meetings provide excellent opportunities to network with others in Northern Nevada who work in the human services arena.

d. Data/Metrics –



\*It takes a full month after the last day of the reporting month for final caseload counts as WIC clinics operate to the end of the month and participants have 30 days after that to purchase their WIC foods.

Changes in data can be attributed to a number of factors – fluctuations in community demand, changes in staffing and changes in scope of work/grant deliverables, all which may affect the availability of services.

## 2. Program Reports – Outcomes and Activities

- a. **Sexual Health** – HIV staff are preparing for mid-year reports and site visits. The Partner Services Implementation team has initiated several new forms and will be using the Continuous Quality Improvement process to proceed with next steps.
- b. **Immunizations** – The Immunizations Program launched its own Facebook page in June. Staff are preparing for “Give Kids a Boost” back to school immunization clinics and planning Fall School Located Vaccination Clinics.

Management staff are participating in the Truckee Meadows Immunization Workgroup. This workgroup was formed in response to the Washoe County Community Health Needs Assessment and Truckee Meadows Healthy Communities to address immunization rates in our community through collaboration and coordination of services. Immunizations will be provided at the Family Health Festival on July 22, 2015, at Miguel Ribera Park, by multiple agencies.

- c. **Tuberculosis Prevention and Control Program** – Year to date there have been 35 TB suspect cases and five active TB cases. Staff continues to investigate contacts for a local commercial facility.
- d. **Family Planning/Teen Health Mall** – FY 16 Title X funding came in at basically level funding; the grant application had been written for additional funding to be able to fully fund the recently vacated APRN position, along with other programmatic needs. Service levels will be adjusted accordingly.
- e. **Chronic Disease Prevention Program (CDPP)** – The 2014 multi-unit housing resident survey *Smoke-Free is Profitable: Washoe County Residents Prefer Smoke-free Living*, has been finalized and printed with distribution in the works. The survey can be viewed at [http://www.gethealthywashoe.com/fb\\_files/SmokeFreeHousngRprt\\_5.11.2015.pdf](http://www.gethealthywashoe.com/fb_files/SmokeFreeHousngRprt_5.11.2015.pdf)

Out of school time and Summer Camp wellness policies were completed with a local provider. This can serve as a template to assist other agencies to address topics such as healthy snacks, no soda policies, and physical activity recommendations.

Staff attended the *Public Health Improvement Training: Advancing Performance in Agencies, Systems and Communities* conference in New Orleans on June 9-10, 2015. CDPP staff and other statewide partners participated in a Tobacco Prevention and Control

CDC site visit in Carson City on June 16, 2015. Staff presented information about their tobacco prevention and control efforts. Staff also participated in the Heart and Stroke Strategic Planning meeting and Early Childhood Education Steering Committee meetings in Las Vegas, with travel paid by the State of Nevada.

- f. **Maternal, Child and Adolescent Health (MCAH)** – FIMR staff is preparing the annual program report. Staff abstracted data on 83 cases between August 2014 and June 2015. Of those 83 cases, 63 (76%) were Washoe County residents and 20 (24%) were from outside Washoe County, but the women obtained their medical care in Washoe County. On July 28, 2015, FIMR staff will provide a presentation on the Washoe County FIMR program for the Carson City Child Death Review. Jan Houk will be attending the Collaborative Improvement and Innovation Network (CoIIN) to Reduce Infant Mortality the week of July 27<sup>th</sup>. Washoe County Health District will be one of six agencies represented for the state of Nevada at the CoIIN Learning Session.
  
- g. **Special Supplemental Nutrition Program for Women, Infants and Children (WIC)** - WIC received an appreciation letter from a client who participated on the WIC program in the early 1990s. He stated that he currently was doing well and he would like to donate to the Washoe County District Health WIC program. He was very grateful and stated that when “he needed to eat, WIC was there to help”.

Adrienne De Lucchi, MPH Intern and Data Research Analyst from the State of Nevada WIC office, is currently developing a WIC participant and a group Nutrition Education (NE) instructor survey to assist in quality assessment and improvement of the group NE classes/curriculum. She was at the WCHD WIC clinics the week of July 6th to observe group NE classes and to administer the participant and instructor surveys at the end of group NE classes.

On a routine WIC appointment in June 2015, a child's hemoglobin blood test result was very low and the child was referred to the primary care physician. The physician diagnosed the child with leukemia, and is currently receiving blood transfusions and chemotherapy at Children's Hospital in Oakland, California.



**ENVIRONMENTAL HEALTH SERVICES  
DIRECTOR STAFF REPORT  
BOARD MEETING DATE: July 23, 2015**

**DATE:** July 10, 2015  
**TO:** District Board of Health  
**FROM:** Robert O. Sack, Division Director, Environmental Health Services (EHS)  
775-328-2644; [bsack@washoecounty.us](mailto:bsack@washoecounty.us)  
**SUBJECT:** EHS Division Update, Program Updates - Food, IBD, Land Development, Safe Drinking Water, Vector-Borne Disease, Waste Management, and EHS Inspections / Permits / Plan Review.

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**DIVISION UPDATE**

- Over the past two months EHS staff completed over 90% of the opening inspections for the area's seasonal pools and spas. This equates to staff completing over 375 inspections in the two month period. Seasonal Pools typically operate from May through September of each year based on demand and weather.

**PROGRAM UPDATES**

**Food**

- Staff developed a strategic plan to include a prioritized list of activities needed to implement the new food regulations. The plan includes immediate, short term and long term goals over the next twelve month period. The following activities related to the food regulation implementation were completed this month:
  - A six month schedule for the request and subsequent review of HACCP plans was developed and the first round of HACCP plan request letters for the process of acidifying sushi rice was sent to food establishments serving sushi. The request letter includes guidance documents and forms to assist operators in meeting this requirement.
  - An application for approval of bare hand contact with ready-to-eat foods was developed for establishments who wish to obtain an exemption from the no bare hand contact with ready-to-eat foods regulation.
  - All permitted food establishments were evaluated and assigned the appropriate risk level based on the new risk level categories.
- **Special Events –**
  - June kicked off with the Street Vibrations Spring Rally, which boasted one of the greatest attendances in recent years with over 25,000 people in three days, June 5 thru 7. Staff conducted inspections of more than 20 permits at the event, in addition to 8 permitted vendors at Eurofest, and more than 50 inspections at various Farmers Markets all starting the same weekend.



- The Sands Farmers Market, which was a transplant of the former Sparks Farmers Market, has enjoyed early success with greater attendance than the preceding year in Sparks. There have been more than 30 inspections conducted so far at the event which is nearing the entire output for the same event the previous year.
- The Reno Rodeo included events June 16 through 27, with record crowds hitting near the 150,000 attendance mark. There were 34 permits and staff conducted 126 inspections.
- June 19 through 20, staff inspected 22 food and beverage vendors at the annual BBQ, Blues and Brews event, attracting 15,000 people over 2 days.
- June culminated with the Rockabilly Riot, which more than doubled the number of permitted temporary food vendors over previous years to a total of 16. Staff worked out in 100°F plus weather at the event. Despite a seemingly dismal attendance there were a number of enforcement actions carried out including food condemnations and permit suspensions.
- Although we were about average for the number of completed monthly inspections, June 2015 marked one of the busiest on record for number of concurrent and recurrent events. The program ended the 2014-2015 fiscal year having completed 2,416 inspections; an increase of 299 inspections over fiscal year 2013-2014.

### **Invasive Body Decoration (IBD)**

- The IBD regulations are nearing the final steps before legal review and staff continues to work hard on area inspections. In addition, the number of permits for Rockabilly Riot Tattoo Convention held June 25 through June 28 more than doubled to 31 booths. There were a total of 62 inspections conducted. The event promoter was held to our standards on event setup and staff checked lists of tattoo artists as well as all layout requirements including proper hand-wash, flooring and sterilizer access.

### **Land Development**

- The State Environmental Commission made a regulatory change that allows for rough grading to happen before Final Maps are signed. We suggested this change after hearing feedback from developers during our outreach meetings with the Builders Association of Northern Nevada (BANN).

### **Safe Drinking Water**

- Program staff worked closely with all water systems to come into compliance with the Federal Revised Total Coliform Rule (TCR), to ensure water systems are compliant by April 2016. Currently 30% of systems submitted plans that have been reviewed and approved by staff as part of the rule.
- The program's engineer is working closely with the Truckee Meadows Water Authority (TMWA) reviewing plans and designs for new infrastructure to better prepare the water system to sustain long term droughts. Such improvements include but are not limited to redundant wells and pumps, new water mains and increasing the ability for TMWA to recharge underground aquifers.

### **Vector-Borne Disease**

- Program staff met on July 11, along with the Project Manager, the City of Reno and Black Eagle Consulting to find a solution to water holding in the detention basins at the new Amazon facility located on old North Virginia Street. The basins will be pumped out to dry. Black Eagle will do percolation tests, to determine the depth for an infiltration trench needed to achieve good percolation and satisfy our requirement that the basins drain within a given 7 day period and the City of Reno's requirements, before they take ownership of the detention basins.

- Collaboration has begun on the Washoe County Health District and Regional Animal Services Interlocal Agreement to collect rabies certificates as required by NRS 441A. and Washoe County Code 55.590. Letters were sent to all Washoe County veterinarian firms and so far there has been a response rate of 26% sending the rabies certificates to the Health District.
- Staff, through their inspections, prepared our program to fly 975 acres the morning of July 10, to reduce the emergence of disease transmitting mosquitoes. Stead, Rosewood Lakes, the Butler Ranch (Bella Vista), Swan Lake, Spanish Springs wetlands, Red Hawk, South Meadows and Damonte Ranch wetlands were flown using the Vectolex product.

### **Waste Management**

- The Health District received the first ever Civil Penalties for an illegal dumping conviction as it was the first time a judge required civil fines be paid. These new civil penalties were put in place in the 2011 legislative session. The money will be used to provide the cleanup of other illegal dumpsites within the community where no responsible party can be located.
- Program staff is working multiple remediation cases due to contamination found on historic properties which are being developed as part of the upturn in the economy.

### **EHS 2015 Inspections/Permits/Plan Review**

	<b>JAN 2015</b>	<b>FEB 2015</b>	<b>MAR 2015</b>	<b>APR 2015</b>	<b>MAY 2015</b>	<b>JUN 2015</b>	<b>Mo. Avg</b>
Child Care	5	11	5	16	9	9	9
Complaints	49	53	77	73	72	121	74
Food	404	543	536	394	412	441	455
General	63	103	108	109	315	159	143
Plan Review (Commercial Food/Pool/Spa)	19	10	13	8	42	19	19
Plan Review (Residential Septic/Well)	46	57	45	48	46	62	51
Residential Septic/Well Inspections	33	76	86	85	86	72	73
Temporary Food/Special Events	26	46	60	72	168	346	120
Well Permits	8	12	11	13	14	11	12
Waste Management	8	21	32	16	15	16	18
<b>TOTAL</b>	<b>661</b>	<b>932</b>	<b>973</b>	<b>834</b>	<b>1,179</b>	<b>1,256</b>	<b>973</b>

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

## Mosquito Control in the Truckee Meadows

By: *Catherine Van - Email*

Updated: Mon 11:55 PM, Jun 29, 2015

KOLO 8 News Now



RENO, NV - They may be small, but they can be deadly. Swarms of mosquitoes are returning to the Truckee Meadows.

It could be a pond, a pool or something as simple as a flower pot overflowing--these are perfect breeding grounds for mosquitoes. After the rainstorms we've had this summer, more and more of them are coming our way invading our homes and yards.

They're out for blood, but it's not just your blood the mosquitoes are after.

"They'll go to people if that's the only blood meal they have," said Jim Shaffer from the Washoe County Vector-Borne Disease program. "They're not going to travel great distances if there's animals either domestic or wild nearby."

However, in order to survive and reproduce, they need to find a home.

"The ideal habitat is some vegetation in shallow water," Shaffer added.

It's why your pool or catch basins are perfect breeding grounds.

"The adult female mosquito lay their eggs and their larvae like to eat in those shallow areas of the water around the perimeter and that's where the vegetation is, you don't have a whole lot of water movement so because of that, they go through their life cycle and emerge as adults."

Vector control personnel are keeping an eye around the Truckee Meadows for large populations

"We collect these adult mosquito populations, we take them to the lab, we identify them, we take them to animal diseases lab and we determine if they're positive or negative for virus."

West Nile, Western Equine Encephalitis and St. Louis Encephalitis are the main diseases transmitted in the area. At the end of April and October, vector control goes and spreads larvacide around the area to help control the population.

In every food chain, there's someone on top. Mosquitofish love to feast on mosquitoes, so if you have a pond, call the program and they'll supply you with these fish.

If you are outside during the evening hours, remember to wear pants and long sleeves and spray on bug repellent. You should also put screens on your windows. If you have standing water in your yard and suspect mosquitoes are breeding, call the Vector Borne Disease program hotline at (775) 785-4599. They will send someone onsite to take care of the problem.

**EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS  
DIVISION DIRECTOR STAFF REPORT  
BOARD MEETING DATE: July 23, 2015**

**DATE:** July 10, 2015  
**TO:** District Board of Health  
**FROM:** Randall Todd, DrPH, EPHP Director  
775-328-2443, rtodd@washoecounty.us  
**Subject:** Program Updates for Communicable Disease, Public Health Preparedness, and  
Emergency Medical Services

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**Communicable Disease (CD) –**

**Post-Exposure Prophylaxis (PEP) Drill** – CD Staff members worked with Immunization Program in the Division of Community and Clinical Health Services (CCHS) to complete a drill for providing contacts to cases of pertussis (whooping cough) with post-exposure prophylaxis. This was a part of Quality Improvement project for EPHP and CCHS. Now WCHD is ready to provide antibiotic prophylaxis for pertussis contacts when appropriate pursuant to CDC guidelines.

**CD Annual Summary** – CD staff members worked with various programs in CCHS and EHS to complete the 2014 CD Annual Summary. The draft report is now under review and is scheduled for publication in August.

**Salmonella** – Salmonella bacteria were discovered by an American scientist named Dr. Salmon, and has been known to cause illness for over 125 years. Every year Salmonella is estimated to cause about one million illnesses in the United States with around 19,000 hospitalizations and 380 deaths. Most persons infected with Salmonella develop diarrhea, fever, and abdominal cramps 12 to 72 hours after infection. The illness usually lasts 4 to 7 days, and most persons recover without treatment.

Salmonella bacteria look alike under the microscope but can be separated into many serotypes based on surface structures. More than 2,500 serotypes have been described for Salmonella; but because many are rare, scientists know very little about most of them. Less than 100 serotypes account for most human infections. Since the 1960s, public health scientists have used serotyping to help find Salmonella outbreaks and track them to their sources. With serotyping, it is often possible to connect cases of Salmonella in different communities and even different states to a common source of infection.

This month CD staff members assisted the state and the CDC to investigate two salmonellosis cases that were associated with two separate multi-state clusters.

**Public Health Preparedness (PHP) –**

**Hospital Preparedness** – The Public Health Emergency Response Coordinator in collaboration with two regional hospitals was able to purchase three 5,000 gallon potable water tanks. This comes as a result of a community exercise during which it was identified that transportation and storage of potable water for the healthcare system was nonexistent. The PHP Program and the two hospitals are working with Truckee Meadows Water Authority and a privately owned construction company to revise the current Water Restoration Plan and to exercise the plan this fall.

The Public Health Emergency Response Coordinator and the Epidemiology Program have partnered to assist the two self-identified Ebola Assessment Hospitals to complete the Assessment Tool for the Ebola Treatment Centers and Assessment Hospitals as required by the ELC Ebola Supplemental Grant.

The PHP Program in collaboration with Nevada Hospital Association, Carson City Health and Human Services, Southern Nevada Health District, and the Nevada Division of Public and Behavioral Health has developed the Essential Healthcare Assets and Services tool to ensure vital healthcare delivery to our respective communities during a disaster. The tool will identify and prioritize essential healthcare assets and services and will be shared among the four regional healthcare preparedness coalitions.

**Quality Improvement** - The Health Educator is now a QI representative for EPHP. In addition to attending QTeam meetings, the Health Educator has been assisting the Director of Programs and Projects and the Health Educator from CCHS with the new “QI FUNDamentals for Public Health” course. This course will be taking place from July to September and is a requirement for all Health District Staff. The Health Educator has also been working on organization and updates for the Emergency Preparedness and Epidemiology/Communicable Diseases webpages.

**Medical Reserve Corp (MRC)** – The Medical Reserve Corp Coordinator attended the MRC Region IX annual training and meeting held in Los Angeles, June 28<sup>th</sup>. While there the coordinator also served as an evaluator in the anthrax functional exercise drill that was conducted.

MRC Volunteers participated in the City of Reno’s Regional Safety and Emergency Preparedness Expo held in Wingfield Park on June 26<sup>th</sup>. The volunteers were present to provide first aid and also administered over 40 free blood pressure screening exams. The EPHP health educator passed out public health educational information and the volunteers also assisted in this effort.

**New Staff** – Stephen Shipman has joined EPHP as the new Public Health Emergency Response Coordinator in the Public Health Preparedness Program. Stephen comes to us from the Washoe County Department of Social Services where he worked for the last 8 years. His most recent position was as a Grant Coordinator, with a focus on supportive housing grants from the U.S. Housing and Urban Development. He had previously worked for the Health District as an Account Clerk from 2001 to 2004. Stephen completed his Bachelor of Arts in Philosophy (1999) and a Master in Public Administration and Policy (2009) from the University of Nevada, Reno.

**Plans** - PHP staff provided input to the final County risk assessment and mitigation plan. This plan will now go through a series of public comment meetings before being finalized.

### **Emergency Medical Services (EMS) -**

The EMS Program Manager and EMS Coordinator participated in a ride-along with Gerlach Volunteer Fire Department on Monday, June 29<sup>th</sup>. This provided the program with insight on the unique challenges facing Gerlach and how our data report could begin to help.

As directed by the EMS Advisory Board, EMS Program staff conducted a meeting on June 30 with regional partners to discuss REMSA's possible use of omega protocols (i.e. no longer sending an ambulance to calls that are considered an approved omega determinant). The meeting focused on the logistics and communications policies that would need to be in place for each agency prior to implementation. The partners will reconvene on July 21 to identify objectives and a trial period of REMSA's implementation of omega protocols.

The EMS Program Manager met with the managers from Washoe County, Sparks and Reno to discuss the EMS Oversight Program. The purpose of the meetings was to discuss the progress of the program to date and the next steps the Manager's would like to see happen.

The EMS Oversight Program received one citizen complaint regarding REMSA. The issue related to care and transport for patients with dementia. The EMS Program Manager conducted an independent inquiry and found there to be no issue with the policy or how patient transport was handled. The EMS Program Manager spoke with the citizen about her findings and the citizen was satisfied with the information provided.

During the 2015 legislative session the Senate and Assembly voted to enact AB 308 and the bill was signed into law by Governor Sandoval with an effective date of July 1, 2015. The original law governing emergency medical services at special events, NRS 450B.650 to 450B.700, was added to Nevada Revised Statutes in 2013. The law was modeled after the Washoe County Mass Gathering Guidelines (WCMGG). The 2015 changes to the regulations make the State Law stricter than the WCMGG and therefore, the WCMGG are no longer applicable. The specific change was to NRS 650B.680, which defines the "significant number." This change mirrors the "significant number" definition within the WCMGG; however, the State has stricter ambulance requirements for large events. During the upcoming Mass-Casualty Incident Plan (MCIP) revisions, EMS staff will insert the guidelines into the MCIP as part of mitigation planning for possible emergency response.

In an effort to continue to review and understand the EMS system in Washoe County and the impacts to citizens, specifically how often an ambulance is not immediately assigned to a call, the EMS Oversight Program utilized the National Fire Protection Association (NFPA) 1221 standards and ran analyses for the months of May and June, included below. These standards set forth guidelines that are applicable to primary dispatch centers, secondary dispatch centers, emergency call processing, etc. Once PSAP data is received by all regional partners, the EMS Oversight Program will also utilize NFPA in the quarterly data report.

These charts show the time lag between the call being answered in the REMSA Dispatch Center and the "Clock Start" variable, used for compliance. The clock starts when the caller answers three pieces of information: address, phone number, and caller-identified chief complaint.



<b>May 2015 – Time from Call to Clock Start</b>										
	Total Calls for Month		Clock Start within 60 Seconds		Clock Start within 90 Seconds		Clock Start within 120 seconds		Clock Start over 120 seconds	
	<b>5,243</b>	<b>100%</b>	<b>4,761</b>	<b>90.8%</b>	<b>5,127</b>	<b>97.8%</b>	<b>5,209</b>	<b>99.4%</b>	<b>35</b>	<b>0.8%</b>
Priority 1	2,053	39.2%	1,857	39.0%	2,016	39.3%	2,043	39.2%	10	30.3%
Priority 2	2,223	42.4%	2,011	42.2%	2,161	42.1%	2,204	42.3%	18	54.3%
Priority 3	967	18.4%	893	18.8%	950	18.5%	962	18.5%	5	15.2%

<b>June 2015 – Time from Call to Clock Start</b>										
	Total Calls for Month		Clock Start within 60 Seconds		Clock Start within 90 Seconds		Clock Start within 120 seconds		Clock Start over 120 seconds	
	<b>5,213</b>	<b>100%</b>	<b>4,627</b>	<b>88.8%</b>	<b>5,061</b>	<b>97.1%</b>	<b>5,161</b>	<b>99.0%</b>	<b>50</b>	<b>1.0%</b>
Priority 1	2,029	38.9%	1,775	38.4%	1,966	38.8%	2,007	38.9%	22	44.0%
Priority 2	2,167	41.6%	1,950	42.1%	2,107	41.6%	2,145	41.6%	22	44.0%
Priority 3	1,015	19.5%	902	19.5%	988	19.5%	1,009	19.6%	6	12.0%

These charts show the time lag between the call being answered in the REMSA Dispatch Center and an ambulance being assigned to the call. For reference the National Fire Protection Association (NFPA) 1221 Standards are:

Assignment made within 90 seconds – 90%  
 Assignment made within 120 seconds – 99%

<b>May 2015 – Call to Ambulance Assignment</b>									
	Total Calls for Month		Assignment within 90 Seconds		Assignment within 120 Seconds		Assignment over 120 Seconds*		
	<b>5,243</b>	<b>100%</b>	<b>4,812</b>	<b>91.8%</b>	<b>4,974</b>	<b>94.9%</b>	<b>269</b>	<b>5.1%</b>	
Priority 1	2,053	39.2%	1,915	39.8%	1,973	39.7%	79	29.4%	
Priority 2	2,223	42.4%	2,021	42.0%	2,095	42.1%	128	47.6%	
Priority 3	967	18.4%	876	18.2%	906	18.2%	62	23.0%	

<b>June 2015 – Call to Ambulance Assignment</b>									
	Total Calls for Month		Assignment within 90 Seconds		Assignment within 120 Seconds		Assignment over 120 Seconds*		
	<b>5,213</b>	<b>100%</b>	<b>4,764</b>	<b>91.4%</b>	<b>4,964</b>	<b>95.2%</b>	<b>249</b>	<b>4.8%</b>	
Priority 1	2,029	38.9%	1,866	39.2%	1,944	39.2%	85	34.1%	
Priority 2	2,167	41.6%	1,987	41.7%	2,075	41.8%	94	37.8%	
Priority 3	1,015	19.5%	911	19.1%	945	19.0%	70	28.1%	

\*Data received indicates the assignment time of the unit that stops the clock, not necessarily the FIRST unit assigned to the call.

**REMSA Percentage of Compliant Responses  
 FY 2014 -2015**

<b>Month</b>	<b>Zone A</b>	<b>Zone B</b>	<b>Zone C</b>	<b>Zone D</b>	<b>Zones B, C and D</b>	<b>All Zones</b>
July 2014	93.1%	93.1%	93.7%	100%	93.4%	93.1%
August 2014	91.9%	97.5%	98%	100%	97.8%	92.4%
September 2014	91.5%	98.6%	93%	100%	96.6%	91.9%
October 2014	92.3%	97.6%	100%	100%	98.4%	92.7%
November 2014	93.2%	100%	100%	100%	100%	93.7%
December 2014	92.5%	94.9%	98.5%	100%	96.6%	92.8%
January 2015	93.1%	100%	95.6%	100%	98.6%	93.4%
February 2015	91.8%	100%	93.9%	100%	97.6%	92.2%
March 2015	91.3%	99%	100%	100%	99.9%	92.0%
April 2015	90.8%	98.4%	94.5%	100%	97%	91.3%
May 2015	91.5%	98.7%	97.1%	100%	98%	92%
June 2015	90.9%	95.9%	96%	100%	96%	91.2%
<b>YTD</b>	<b>92%</b>	<b>97.8%</b>	<b>96.8%</b>	<b>100%</b>	<b>97.5%</b>	<b>92.4%</b>

**REMSA 90<sup>th</sup> Percentile Responses**

<b>Month</b>	<b>Zone A 8:59</b>	<b>Zone B 15:59</b>	<b>Zone C 20:59</b>	<b>Zone D 30:59</b>
July 2014	8:30	13:58	18:11	N/A*
August 2014	8:39	13:51	18:12	N/A*
September 2014	8:43	12:22	19:22	N/A*
October 2014	8:27	11:46	16:50	N/A*
November 2014	8:17	12:00	17:22	N/A*
December 2014	8:32	12:22	18:21	N/A*
January 2015	8:23	12:22	19:16	N/A*
February 2015	8:35	13:16	18:23	N/A*
March 2015	8:41	13:41	16:37	N/A*
April 2015	8:48	13:51	18:58	N/A*
May 2015	8:42	13:23	19:19	N/A*
June 2015	8:46	13:26	19:16	N/A*

\*There were 5 or less calls per month in Zone D, therefore a statistically meaningful 90<sup>th</sup> percentile analysis cannot be conducted. However, no calls in Zone D exceeded the 30:59 time requirement.

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

**DISTRICT HEALTH OFFICER STAFF REPORT**  
**BOARD MEETING DATE: July 23, 2015**

**DATE:** July 13, 2015  
**TO:** District Board of Health  
**FROM:** Kevin Dick, District Health Officer  
(775) 328-2416, kdick@washoecounty.us  
**SUBJECT:** District Health Officer Report – Community Health Improvement Plan, Truckee Meadows Healthy Communities, Quality Improvement, Fundamental Review, Other Events and Activities and Health District Media Contacts

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Community Health Improvement Plan

The Community Health Improvement Plan (CHIP) Steering Committee met on July 9th to finalize the process of selecting priority health issues that will be the focus of the CHIP. The Steering Committee utilized a grid analysis process after viewing Community Health Needs Assessment (CHNA) data (both qualitative and quantitative) via infographics and referral to additional information in the CHNA report.\*

The Steering Committee chose four priority issues for the CHIP based on: a) importance to community members, b) opportunity/available assets that currently exist within Washoe County, c) severity of the health issue, d) number of people affected, and e) data suggesting a need to improve. The four priority issues that will be the focus of the CHIP include:

- Access to Healthcare and Social Services,
- Education (K-12),
- Food Security, and
- Mental Health

The next step in the CHIP process is to validate these selected priorities with community partners and members of the community. Once validation is complete, workgroups including subject matter experts within each priority area will be formed. These workgroups will create action plans for each of the priority areas. Per a decision made by the CHIP Steering Committee, workgroups will be asked to include specific elements of the selected priorities when creating the goals and objectives for their action plans. For example, the Mental Health workgroup will be asked to include a goal addressing the element of substance abuse as a mental health issue, thereby ensuring issues related to drug and alcohol use are also included within the CHIP.

\*These infographics will be made available on the Health District website by going to the main page, and then clicking on the “Data, Publications and Reports” tab.

### Truckee Meadows Healthy Communities (TMHC)

The next Committee meeting is scheduled for July 17. The group is working to formalize the organization structure and decision-making process. The first 89502 Family Health Festival is scheduled for July 22. The Health District will be providing immunizations through Kids to Seniors Korner. Oral coatings, sports physicals, and assistance with Medicaid enrollment will also be provided at the event.

### Quality Improvement

A draft Quality Improvement (QI) Plan for FY 2015/2016 has been prepared. The final QI Plan is expected to be released by the end of July 2015.

Health District staff completed QI trainings provided on July 1 and 16. The half-day training is a combination of videos, QI activities, team building, and completion of a QI submission form to encourage staff to begin a QI project as soon as they have taken part in the training. The training provides staff with additional skills and tools to continuously improve Health District operations and is part of the initiative to establish a culture of QI in the Health District. The remaining staff will receive the training during three more sessions scheduled during August and September.

Sara Dinga, Director of Programs and Projects, attended a conference in New Orleans in June 2015, titled "Public Health Improvement Training." The training was also attended by a CCHS staff member. The training provided hands-on opportunities in performance improvement topics to include:

- Quality improvement
- Performance management and performance measures
- National voluntary accreditation
- Health assessment and improvement training
- Strategic planning

### Fundamental Review

An initial internal draft of the Phase I Program Analysis was completed for internal review and discussion with management of the program areas addressed. Work to update the EHS and AQM fee schedules to better account for and recover the full cost of services delivered continued with the development of the methodology for appropriately including costs in the fee calculations. QI and CHIP activities as described above. The monthly dashboard report is attached.

### Other Events and Activities

I met with the Division Directors and Supervisors on July 1 and Division Directors on July 15. I meet regularly with the Division Directors and ODHO staff on an individual basis.

A Health District General Staff meeting was held on July 7.

The Division Directors, Supervisors, and I attended a brown bag training on leading and motivating staff on July 7.

Participated in the Nevada Health Authorities Conference Call, July 7.

Subject: District Health Officer Report

Date: July 23, 2015

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Attended Washoe County Department Heads meeting July 8.

CCHS staff and I held a coordination meeting with Northern Nevada Hopes July 8.

I taped an interview with Channel 2, Face the State, on July 8 to be broadcast the weekend of the 10<sup>th</sup> and 11<sup>th</sup>.

Chaired the CHIP Steering Committee Meeting, July 9.

Attended the REMSA Board meeting July 17.

Attended the TMHC Committee meeting, July 17.

Health District Media Contacts: June 17 – July 13, 2015

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
7/13/2015	KOLO CH8 - ABC Reno	Ed Pierce	Immunizations - Ulibarri
7/13/2015	KRNV CH 4 - NBC Reno	Joe Hart	Rabies and Licenses - Ulibarri
7/8/2015	KTVN CH2 - CBS Reno	Arianna Bennett	Face The State Interview - Dick
7/1/2015	Reno Gazette Journal	Ray Hager	e-Cigarettes - Seals/Ulibarri
7/1/2015	KRNV CH 4 - NBC Reno	Van Tieu	e-Cigarettes - Dick/Seals/Ulibarri
6/30/2015	KOLO CH8 - ABC Reno	Jen Carruthers	Mosquitos - Shaffer
6/24/2015	Reno Gazette Journal	Editorial Board	Health District - Dick/Jung

**Press Releases/Media Advisories/Editorials/Talking Points**

6/29/2015	Press Release	PIO Ulibarri	Annual Report Released
6/24/21015	Press Release	PIO Ulibarri	Minimize Heat-related Health Risks
6/24/2015	Interview Talking Points	PIO Ulibarri	Health District Initiatives and State of Affairs

## Fundamental Review Recommendation Status

Legend:

July 23, 2015

	Complete
	Underway
	Underway - Regulatory, Budget, Policy Analysis or Issue Resolution Necessary or in Process
	Underway but Progress Stalled or Delayed
	Not Yet Underway - No Changes Necessary
	Parking Lot
	Not Recommended

Status Goal

	<b>1</b>	<b>Place WIC organizationally where it is most closely aligned with similar functions</b>
	a.	WIC moved to CCHS effective 1/21/14
	<b>2</b>	<b>Develop a DBOH orientation manual and program</b>
	a.	Design an orientation program and compile a draft manual
	<b>3</b>	<b>Strengthen customer focus, exploring the potential for user groups to share consumer viewpoints</b>
	a.	Land development user group established
	<b>4</b>	<b>Critically examine clinic appointment scheduling from a patient access perspective</b>
	a.	Staffing IZ five days a week, accept IZ walk ins on a limited basis
	b.	Extended IZ hours established.
	c.	Staffing Vital Statistics five days a week
	d.	Discussion has begun with Interactive Voice Response software companies
	<b>5</b>	<b>Update fee schedules and billing processes for all clinical and environmental services</b>
	a.	Third-party billing service began 7/1/14
	b.	Adopted new fees. Effective 7/1/15. Next step, update for full cost recovery.
	c.	Identify costs for regulatory programs that could be included in fee schedules/propose
	d.	Identify community and clinical services for which reimbursement is available/bill

## Fundamental Review Recommendation Status

	<b>6</b>	<b>Explore tiered level of services for Environmental Health programs and inspections</b>
	a.	Consider the desire & support for this type of tiered structure and this item within the larger context
	<b>7</b>	<b>Participate in the business process analysis across all building permitting in the county</b>
	a.	ILA and contract with Accela signed. 16-month implementation proceeding.
	<b>8</b>	<b>Develop infrastructure to support the District Health Officer</b>
	a.	ODHO staffing includes Admin. Secretary, Communications Manager, and Director of Programs and Projects.
	<b>9</b>	<b>Implement time coding for employees</b>
	a.	Time coding in EHS has been expanded, AQM timecoding is underway. CCHS timestudy occurring.
	<b>10</b>	<b>Perform cost analysis of all programs</b>
	a.	AHS analysis completed. Phase I Analysis of EHS, TB, STD/HIV, EPI in progress.
	<b>11</b>	<b>Perform assessment of needed administrative and fiscal staffing to increase efficiencies</b>
	a.	Will be performed in conjunction with program const analysis. See 10a
	<b>12</b>	<b>Demonstrate a concerted effort among all parties to address tensions regarding overhead/direct costs</b>
	a.	General Fund transfer maintained in FY 16 adopted budget to support unrecoverable indirect costs.
	<b>13</b>	<b>Align programs and services with public demand</b>
	a.	Shifted home visiting resources to provide additional clinical services on 6/1/14
	b.	Assess changes in service levels and program alignment with respect to CHA CHIP, SP or funding
	<b>14</b>	<b>Conduct a CHA in concert with current partner organizations</b>
	a.	Complete.
	<b>15</b>	<b>Develop metrics for organizational success and improved community health</b>
	a.	In FY16, continue to identify metrics that help to manage programs and resources and tell our story
	<b>16</b>	<b>Continue current collaborative action plan to resolve REMSA oversight issues</b>
	a.	Franchise Agreement approved, Regional EMS Oversight Program and Advisory Board established.
	<b>17</b>	<b>Maintain current levels of local and state financial support</b>
	a.	Action on this recommendation is captured under Recommendation 12 above
	b.	Advocate sustaining or enhancing funding through State agencies
	<b>18</b>	<b>Conduct a governance assessment utilizing NALBOH criteria</b>
	a.	Completed 1/16/14. Determine future schedule to repeat.
	<b>19</b>	<b>Undertake an organizational strategic plan to set forth key Health District goals and objectives</b>
	a.	Conduct a strategic planning initiative following the completion of the CHA (completed) and a CHIP (underway).
	<b>20</b>	<b>Implement a performance management system</b>
	a.	Use results of program cost analysis, performance metrics and SP to develop & implement performance mgmt. syst



## Fundamental Review Recommendation Status

	<b>21</b>	<b>Consider alternative governance structures</b>
	a.	This is not a recommendation for staff action
	<b>22</b>	<b>Take a greater leadership role to enhance the strong current State/Local collaboration</b>
	a.	Health District efforts to focus on internal and local issues
	b.	Seek direction from DBOH on a greater leadership role
	<b>23</b>	<b>Develop an organizational culture to support quality by taking visible leadership steps</b>
	a.	QTeam established, all-staff training began 7/1/15, FY 16 QI Plan to be finalized 7/16.
	<b>24</b>	<b>Seek Public Health Accreditation Board accreditation</b>
	a.	Seek DBOH direction on this recommendation once the CHA, CHIP and the SP are completed

Acronyms: IZ - Immunizations  
 ILA - Interlocal Agreement  
 CHA - Community Health Assessment  
 CHIP - Community Health Improvement Plan  
 SP - Strategic Plan  
 QI - Quality Improvement  
 DBOH - District Board of Health  
 NALBOH - National Association of Local Boards of Health