

**Washoe County District Board of Health
Meeting Notice and Agenda
PLEASE NOTE LOCATION**

Members
Kitty Jung, Chair
Julia Ratti, Vice Chair
Oscar Delgado
Dr. George Hess
David Silverman
Dr. John Novak
Michael D. Brown

**Thursday, May 26, 2016
1:00 p.m.**

**Washoe County Administration Complex
Commission Chambers, Building A
1001 East Ninth Street
Reno, NV**

PUBLIC HEARING ITEM SCHEDULED ON THIS AGENDA

(Complete item description on second page.)

- **Presentation, discussion and possible adoption of revisions to the Regulations of the Washoe County District Board of Health Governing Air Quality Management**

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

May 26, 2016

5. Approval of Draft Minutes

A. April 14, 2016

B. April 28, 2016

6. *Recognitions

A. Years of Service

1. Yann Sheau Ling-Barnes, 15 years, hired 5/2/2001 – AQM

B. Promotions

1. Erin Dixon 5/23/16, from AHS – Fiscal Compliance Officer to CCHS – Public Health Supervisor

C. Promotion/Transfer out of Health

1. Trudy Enfield-Allred, 5/23/16 from EHS front counter, Plans Permit Aide to Community Services as a Building Permit Tech

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. Recommendation to approve an Interlocal Contract between the Washoe County Health District and Washoe County through its Department of Juvenile Services to provide consultative and clinical services, Tuberculosis (TB) testing and Sexually Transmitted Disease (STD)/TB treatment medications for Wittenberg juveniles for the period upon ratification by the governing parties through June 30, 2017 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 the Agreement.

Staff Representative: Patsy Buxton

2. Recommendation to approve a FY17 Purchase Requisition (#TBD) issued to Cardinal Health (Contract #MMS10001) in the approximate amount of \$105,725 for pharmaceutical products in support of the medical clinic operations on behalf of the Community and Clinical Health Services Division of the Washoe County Health District.

Staff Representative: Patsy Buxton

3. Recommendation to approve a FY17 Purchase Requisition (#TBD) issued to Board of Regents – UNR School of Medicine (single source) in the approximate amount of \$100,000 for laboratory testing primarily in support of the medical clinic operations on behalf of the Community and Clinical Health Services Division of the Washoe County Health District.

Staff Representative: Patsy Buxton

4. Retroactive approval of Grant Agreement #A-00905416-0 from the U.S. Environmental Protection Agency (EPA) for funding in the amount of \$549,354 for the period 10/1/15 through 9/30/16 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019

Staff Representative: Erin Dixon

- B. Acceptance of the “Washoe County, Nevada Air Quality Trends (2006-2015)” Report
Staff Representative: Charlene Albee

- C. Acknowledge receipt of the Health District Fund Financial Review for April, Fiscal Year 2016

Staff Representative: Anna Heenan

8. PUBLIC HEARING: Presentation, discussion and possible adoption of revisions to the Regulations of the Washoe County District Board of Health Governing Air Quality Management, Sections 010.000 (Definitions), 040.051 (Wood Stove/Fireplace Insert Emissions), and 040.052 (Hydronic Heaters).

Staff Representative: Charlene Albee

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: Brittany Dayton

10. Presentation, discussion and possible acceptance of an update on the CAD-to-CAD interface between the PSAP dispatch centers and REMSA [Ratti, Novak].

Staff Representative: Christina Conti

11. Presentation, discussion and possible approval of the allowable exemptions to REMSA’s response time penalties, as outlined in the Amended and Restated Franchise Agreement for Ambulance Service Article 7, Section 7.6.

Staff Representative: Christina Conti

12. Regional Emergency Medical Services Authority

Presented by Don Vonarx and Kevin Romero

A. Review and Acceptance of the Compliance Report for April 2016

*B. Operations Update for April 2016

13. Presentation, Discussion, and Possible Adoption of Washoe County Health District FY17-20 Strategic Plan and Direction to Staff

Staff Representative: Kevin Dick

14. *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
Program Report – Teen Pregnancy Prevention Month; Divisional Update – Patagonia Health; Program Reports

C. Environmental Health Services, Bob Sack, Director
EHS Division Program Updates - Food, Land Development, 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
Budget, Opioid Situation, Strategic Plan, Community Health Improvement Plan, Truckee Meadows Healthy Communities (TMHC), Quality Improvement, Other Events and Activities and Health District Media Contacts

15. *Board Comment

Limited to announcements or issues for future agendas.

16. *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.

17. Adjournment

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.

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

Washoe County Health District, 1001 E. 9th St., Reno, NV
Reno City Hall, 1 E. 1st St., Reno, NV
Sparks City Hall, 431 Prater Way, Sparks, NV
Washoe County Administration Building, 1001 E. 9th St, Reno, NV
Washoe County Health District Website www.washoecounty.us/health
State of Nevada Website: <https://notice.nv.gov>

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. 9th 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. Supporting materials are also available at the Washoe County Health District Website www.washoecounty.us/health pursuant to the requirements of NRS 241.020.

**Washoe County District Board of Health
Strategic Planning Retreat
Meeting Minutes**

Members

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

**Thursday, April 14, 2016
9:00 a.m.**

**Desert Research Institute
Stout Conference Building
2215 Raggio Parkway
Reno, NV**

1. *Roll Call and Determination of Quorum

Chair Jung called the meeting to order at 9:00 a.m.

The following members and staff were present:

Members present: Kitty Jung, Chair (departed at 12:47)
Julia Ratti, Vice Chair (arrived at 9:10 a.m.)
Dr. George Hess
David Silverman
Dr. John Novak
Mike Brown
Oscar Delgado (arrived at 9:05 a.m.)

Members absent: None

Ms. Spinola verified a quorum was present.

Staff present: Kevin Dick, District Health Officer, ODHO
Leslie Admirand, Deputy District Attorney
Anna Heenan, Administrative Health Services Officer, AHS
Charlene Albee, Division Director, AQM
Randall Todd, Division Director, EPHP
Bob Sack, Division Director, EHS
Steve Kutz, Division Director, CCHS
Dawn Spinola, Administrative Secretary/Recording Secretary, ODHO

2. Public Comment

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

3. Approval of Agenda

April 14, 2016

Dr. Novak moved to approve the agenda for the April 14, 2016, District Board of Health Strategic Planning retreat. Dr. Hess seconded the motion which was approved five in favor and none against.

4. Welcome and Overview of Desert Research Institute from DRI Hosts

Mr. Dick introduced Dana Trimble and Steve Kohl and thanked them for the use of the meeting facilities. He noted that they and their colleagues Judy Chow and John Watson had recently received a prestigious award from the Air and Waste Management Association.

Ms. Trimble provided an overview of DRI and their Atmospheric Science branch.

5. Strategic Planning Discussion: The purpose of the Strategic Planning Retreat is to discuss and possibly give direction regarding strategic objectives and goals of the Washoe County Health District, which may include, but not be limited to, review, discussion and possible direction to staff regarding:

- Clarification of the District's Core Purpose and Strategic Direction
- Prioritization of Draft Strategic Objectives
- External/internal analysis related to each objective
- Addressing critical strategic issues
- Establishment of the strategic approach and roadmap for the next five years

Erica Olsen, OnStrategy, provided a recap of the steps that had been taken to date to compile the information for the strategic plan, as well as the goals of the retreat. She emphasized the initial portion of the meeting would be spent on determining what the Board considered to be priority areas and where they would like to see the biggest impact in coming years.

Ms. Olsen requested input regarding anything from the surveys that had stood out to people. Responses included the following:

- The Board members indicated air quality was an important focus
- A staff member had opined the Air Quality division should be eliminated
- Some staff had opined that EHS should be reduced or eliminated

Vice Chair Ratti encouraged everyone to consider what could be reduced as well as what might be added, as funding and capacity would remain steady. More items that stood out:

- Staff thought IZ should be expanded
 - Suggest letting staff know that IZ is meeting the needs of the community and staff is doing a good job
- Appears to be credibility issues with outside groups
- Chronic health issues, obesity in particular, need increased attention
- Strong agreement on District strengths, not as strong on weaknesses
- Workforce morale needs to be addressed
- Good support for working with other agencies in the community
- Need to work across silos

Vice Chair Ratti noted that ambulance services had been listed as a priority, and expressed her wish that become less of a priority and more attention be devoted to other matters, as so much time and energy has been expended on the topic.

Ms. Olsen and Mr. Yeager presented a compilation of the data that had been gathered and requested the Board provide their input as to which priorities they thought were the most

important. Additionally, the Board was requested to provide direction regarding the level of importance of each.

The District's Mission and Vision statements were reviewed as well as input that had been provided regarding their continued accuracy. Dr. Novak suggested including community instead of citizens, as many people who reside elsewhere benefit from the District's services.

Proposed and generally accepted Mission Statement: Protect and enhance the well-being and quality of life for all in Washoe County.

Ms. Olsen suggested the work the leadership team would be doing would help to articulate what should be contained in the Vision Statement. The Board agreed.

Ms. Olsen noted the proposed strategic objectives, based on data received, were as follows:

1. Achieving greater financial stability
2. Improving the health of our community by empowering individuals to live healthier lives
3. Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer
4. Extending impact through partnerships
5. Leading the creation of a local culture of health
6. Strengthening our workforce

Vice Chair Ratti suggested changing the hierarchy of the goals to indicate the emphasis on caring for the community. Items 2, 3 and 5 would come first, followed by the other three. Dr. Novak agreed and opined the list encompassed the goals well.

To determine the hierarchy of identified subcategories for each goal, Board members and staff applied dots to the subcategories they felt were important. The top selections were discussed in depth and the Board expressed their expectations regarding what should be done to make the changes that were identified. (See draft Strategic Plan, Attachment A).

Ms. Olsen explained that once the Board had determined strategic priorities, the management staff would work on turning those priorities into goals and measurable outcomes. Additionally, they would discuss resource requirements and capabilities. Friday would be dedicated to identifying specific initiatives, how they will be achieved, who will be responsible for what tasks, and other related topics.

Ms. Olsen and Mr. Yeager will incorporate the Board priorities and identified goals and initiatives into a draft plan. They will then work with management staff to refine the goals and objectives into an easily-understood format, which will be presented to the Board at the May meeting for discussion and possible approval.

[Chair Jung departed at 12:47 and Vice Chair Ratti took charge of the meeting.]

6. Board Comment

Mr. Dick presented an award to Mr. Kutz congratulating him and his division for collecting the most canned food during the Public Health Week food drive.

Dr. Novak thanked the staff for attending the meeting. He acknowledged that they are the ones who act on decisions and policies made by the Board. He stated the Board sincerely appreciates the staff, and would like to hear input.

Dr. Novak noted he was a member of the Board of the National Association of Local Boards of Health, and their most recent emphasis was on emergency preparedness. He expressed his gratitude that the Health District has already put substantial effort into developing plans, as many other Districts around the country have not. He stated he was proud to be part of the organization.

Councilmember Delgado explained he had viewed the meeting as an opportunity to learn more about the Board and hear open conversation. He stated he was looking forward to working with everyone and thanked them for their hard work.

7. Public Comment

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

8. Adjournment

Acting Chair Ratti adjourned the meeting at 1:10 p.m.

Respectfully submitted,



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



Dawn Spinola, Administrative Secretary
Recording Secretary

Approved by Board in session on _____, 2016.

Washoe County District Board of Health Meeting Minutes

Members

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

**Thursday, April 28, 2016
1:00 p.m.**

**Washoe County Administration Complex
Commission Chambers, Building A
1001 East Ninth Street
Reno, NV**

1. *Roll Call and Determination of Quorum

Chair Jung called the meeting to order at 1:03 p.m.

The following members and staff were present:

Members present: Kitty Jung, Chair
Julia Ratti, Vice Chair (arrived at 1:13 p.m.)
Dr. George Hess
Dr. John Novak
Mike Brown
Oscar Delgado

Members absent: David Silverman

Ms. Spinola verified a quorum was present.

Staff present: Kevin Dick, District Health Officer, ODHO
Herbert Kaplan, Deputy District Attorney
Anna Heenan, Administrative Health Services Officer, AHS
Randall Todd, Division Director, EPHP
Mike Wolf, Air Quality Supervisor, AQM
Daniel Inouye, Air Quality Supervisor, AQM
Yann Ling-Barnes, Environmental Engineer II, AQM
Christina Conti, EMS Program Manager
Brittany Dayton, EMS Coordinator
Tony Macaluso, Environmental Health Specialist Supervisor, EHS
Dawn Spinola, Administrative Secretary/Recording Secretary, ODHO

2. *Pledge of Allegiance

Dr. Todd led the pledge to the flag.

3. *Public Comment

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

4. Approval of Agenda

April 28, 2016

Mr. Brown moved to approve the agenda for the April 28, 2016, District Board of Health regular meeting. Dr. Novak seconded the motion which was approved five in favor and none against.

5. Approval of Draft Minutes

March 24, 2016

Dr. Novak moved to accept the minutes of the March 24, 2016 District Board of Health regular meeting as written. Dr. Hess seconded the motion which was approved five in favor and none against.

6. *Recognitions

A. Years of Service

1. Benjamin (Frank) Cauble, 25 years, hired 4/8/91 – CCHS

Mr. Cauble was not in attendance. He will receive a certificate and 25-year pin.

B. New Hires

1. Shawnette Andries, Public Health Nurse I, hired 4/21/16 – CCHS
2. Kelly Verling, Public Health Nurse I, hired 4/21/16 – CCHS

Mr. Kutz introduced Ms. Andries and Ms. Verling and reviewed their backgrounds and qualifications. Mr. Kutz stated CCHS was excited to have them on the team.

7. Proclamations

A. Bike Week

Accepted by: Julie Hunter

Mr. Dick read the proclamation.

Chair Jung noted that she and other Board of County Commission (BCC) members would be riding on Bike Day. She encouraged the Board, staff and visitors to join them at the event.

Mr. Brown moved to support the proclamation. Dr. Novak seconded the motion which was approved five in favor and none against.

[Vice Chair Ratti arrived and joined the meeting at 1:13 p.m.]

B. Emergency Medical Services Week

Accepted by: Christina Conti

Mr. Dick noted that there were a number of Emergency Medical Services (EMS) staff in the audience and requested they introduce themselves at the time the group photo was taken. He read the proclamation.

Chair Jung asked the EMS staff to come forward and introduce themselves.

Dr. Hess moved to accept the proclamation. Dr. Novak seconded the motion which was approved five in favor and none against.

EMS staff representing the City of Reno, Truckee Meadows Fire Protection District (TMFPD), Washoe County Emergency Management and REMSA came forward and

introduced themselves. Board members and the audience expressed their appreciation for the EMS staff and their services with a round of applause.

Chair Jung noted that the District Board of Health (DBOH) meetings were now being recorded and televised.

8. 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.

Mr. Dick referred to Item 8.A.5., acknowledging the hard work of Stacy Hardie and the Family Planning Group to obtain Title X funds. Their efforts netted several hundred thousand more dollars for the upcoming fiscal year than in past years.

A. Budget Amendments/Interlocal Agreements

1. Approval of Interlocal Agreement between the Washoe County Health District and 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 to provide physician consultant services for the Tuberculosis Program in the amount of \$14,400 annually (\$1,200 per month) for the period April 1, 2016 through June 30, 2017 unless extended by the mutual agreement of the Parties; with automatic renewal 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; and if approved, authorize the Chair to execute the Interlocal Agreement.

Staff Representative: Patsy Buxton

2. Approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$110,000 for the period March 29, 2016 through March 28, 2017 in support of the Community and Clinical Health Services Division (CCHS) Tobacco Prevention and Control Grant Program, IO 11238; and if approved, authorize the Chair to execute the Notice of Subgrant Award.

Staff Representative: Patsy Buxton

3. Approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$129,629 for the period January 1, 2016 through December 31, 2016 in support of the Community and Clinical Health Services Division (CCHS) Sexually Transmitted Disease (STD) Grant Program, IO 10014; and if approved, authorize the Chair to execute the Notice of Subgrant Award.

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 in the total amount of \$107,327.79 for the period April 1, 2016 through March 31, 2017 in support of the Community and Clinical Health Services Division (CCHS) Ryan White Early Intervention Services Grant Program, IO 11302; and if approved, authorize the Chair to execute the Notice of Subgrant Award.

Staff Representative: Patsy Buxton

5. Approval of Notice of Award from the Nevada Department of Health and Human Services, Public Health Service for the period April 1, 2016 through March 31, 2017 in the total amount of \$1,209,536 (\$102,800 Health District match) in support of the

Community and Clinical Health Services Division (CCHS) Title X Family Planning Grant Program, IO 11304.

Staff Representative: Patsy Buxton

B. Recommendation to Uphold Citation(s) Not Appealed to the Air Pollution Control Hearing Board

Staff Representative: Charlene Albee

1. Desert Wind Homes, Case No. 1182, Citation No. 5527
2. Reds Development, Case No. 1181, Citation No. 5527
3. KDH Builders, Case No. 1183, Citation No. 5528

C. Acknowledge receipt of the Health District Fund Financial Review for March, Fiscal Year 2016

Staff Representative: Anna Heenan

D. Approval of Personal Protective Equipment and Isolation Pods donation to law enforcement, EMS transport capable agencies, and hospitals in the total amount of \$116,417 to enhance the ability to protect against infectious disease and other health hazards.

Staff Representative: Jeff Whitesides

Mr. Brown moved to accept the Consent Agenda as presented. Vice Chair Ratti seconded the motion which was approved six in favor and none against.

9. PUBLIC HEARING - Review, discussion, and adoption of the Business Impact Statement regarding the proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Sections 040.051 (Wood Stove/Fireplace Insert Emissions), 040.052 (Hydronic Heaters), and 010.000 (Definitions), with a finding that the revised regulations do not impose a direct and significant economic burden on a business; nor do the revised regulations directly restrict the formation, operation or expansion of a business; and set a public hearing for possible adoption of the proposed revisions to the Regulations for May 26, 2016 at 1:00 pm.

Staff Representative: Yann Ling-Barnes

Chair Jung opened the public hearing.

Ms. Ling-Barnes gave an overview of the information provided in the staff report.

Jim Nadeau, representing the Reno/Sparks Association of Realtors, provided statistics regarding the number of wood burning devices that might be affected if the revisions are approved.

Dr. Hess expressed concern with the use of the term hydronic heater, as he felt it was unclear. Ms. Ling-Barnes explained staff had incorporated the term as defined by the Environmental Protection Agency (EPA) for consistency.

Mr. Dick noted the agenda item was for the review of the business impact statement, and the update would bring the wood stove regulations into conformance with EPA regulations. He reiterated that the regulations would be presented to the Board during the May meeting. Mr. Dick opined that when Dr. Hess had had the opportunity to review the complete regulation package, he would find that the descriptions were specific enough to be clear. Chair Jung indicated to Ms. Ling-Barnes that clarification should be contained within the May presentation.

Dr. Hess moved to adopt the Business Impact Statement and set a public hearing for

possible adoption of the proposed revisions to the Regulations for May 26, 2016 at 1:00 pm. Dr. Novak seconded the motion which was approved six in favor and none against.

10. *Update and Potential Discussion regarding Current Status of Emergency Medical Services in Northern Washoe County

Staff Representative: Aaron Kenneston

Mr. Kenneston, Washoe County Emergency Manager, thanked the Board for the invitation to speak. He explained he would be meeting with the Board of County Commissioners (BCC) in the near future to present a plan for Fire and EMS services in Northern Washoe County. Until that occurred, he was not at liberty to provide the information in its entirety to the DBOH, although he offered to return after that time if they would like him to.

Mr. Kenneston noted that TMFPD had been providing services in northern Washoe County since just before New Year's Eve. The BCC has approved two full-time positions beginning with the new fiscal year. He reviewed the history of the EMS coverage in the area and described the service territory.

Dr. Hess noted it was a large area for two people to cover and asked if volunteers were enlisted to assist. Mr. Kenneston explained there had been volunteers in Cedarville, CA, Alturas, CA and in the Red Rock area of NV. Additionally, TMFPD had conducted medical training in Gerlach. Mr. Kenneston indicated he was optimistic that a sustainable department would be established, utilizing the proposed permanent staff and recruited volunteers.

Chair Jung thanked him for his time and for all of his work County-wide.

11. Presentation, discussion and possible approval of the Fiscal Year 2015-2016 revisions to the Multi-Casualty Incident Plan (MCIP)

Staff Representative: Brittany Dayton

Ms. Dayton provided a PowerPoint presentation (Attachment A), explaining the updates to the plan. She acknowledged the participation of numerous agency partners, including audience members Kent Choma and Brian Taylor from IHCC and Tim Spencer from Reno Fire.

Mr. Brown moved to accept the revisions to the MCIP as presented. Dr. Hess seconded the motion which was approved six in favor and none against.

12. Presentation, discussion and possible approval of the use of IAED Omega determinant codes and REMSA's alternative response process within the REMSA Franchise area

Staff Representative: Brittany Dayton

Ms. Dayton noted the Board had heard the item previously and reminded them that the Omega protocol will allow some low acuity non-emergent 911 calls to be handled by an emergency communications nurse providing assistance and direction over the phone.

Ms. Dayton noted numerous meetings and significant discussion had occurred since the item was first presented and details regarding the alternative release process and call processing for Omega calls had been finalized in the proposed MOU. The EMS Advisory Board had recommended that the item be presented to the DBOH for approval. These and the proposed implementation timeline were explained with the assistance of a PowerPoint presentation (Attachment B).

Dr. Novak asked if the same group of classification criteria presented previously would still be used and Ms. Dayton stated it would.

Dr. Hess moved to approve the IAED Omega determinant codes and REMSA's alternative response process within the REMSA Franchise area as presented. Dr. Novak seconded the motion which was approved six in favor and none against.

13. *Emergency Medical Services Advisory Board April Meeting Summary

Staff Representative: Christina Conti

Ms. Conti noted the EMSAB meeting had to be cut short so the CAD-to-CAD interface and the EMS state conference were not discussed.

Ms. Conti explained work continues on the 5-year strategic plan and the EMSAB accepted what has been completed thus far.

Vice Chair Ratti requested an update on the status of the CAD-to-CAD interface and Ms. Conti provided the Board members with copies of the staff report that had been presented to the EMSAB (Attachment C). Ms. Conti explained a subcommittee was working together to address the interface implementation. She noted REMSA has finalized the agreement with their CAD vendor, TriTech, and the public agencies are working on theirs with Tiburon. Anticipated timeline for full implementation is nine months from when the work begins.

Vice Chair Ratti asked what was holding it up and Ms. Conti informed her it was establishing the contract with Tiburon through the City of Reno. Vice Chair Ratti requested an update be presented at the May DBOH meeting.

14. Regional Emergency Medical Services Authority

Presented by Don Vonarx and Kevin Romero

A. Review and Acceptance of the Compliance Report for March 2016

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

*B. Operations Update for March 2016

Mr. Vonarx noted REMSA was still working with TMFPD on a Memorandum of Understanding regarding the TMFPD ambulance stationed in Washoe Valley. It is anticipated to be finalized shortly and provided to the Board at the May 2016 meeting.

Mr. Romero invited the Board members to the EMS Week celebration that will be held May 19 at noon at REMSA. Chair Jung requested the District Health Officer (DHO), through his secretary, assure that proper Open Meeting Law rules were observed in case a quorum of the Board was in attendance.

15. Presentation, discussion and possible adoption of proposed Rules, Policies and Procedures, to include additions, deletions or changes as requested by the Board

Staff Representative: Kevin Dick

Mr. Dick noted the item was in response to a request from Vice Chair Ratti to present updated bylaws and procedures to the Board for consideration. He acknowledged Ms. Spinola's work in compiling the draft.

Mr. Dick explained the proposed Rules, Policies and Procedures (RPPs) were a combination of the existing bylaws and procedural policies. He noted the current bylaws indicated that amendments were to be provided in writing to the Board and not acted on until the next meeting. He opined it was important for the Board to take no action at the current meeting. He stated he was happy to bring back revisions based on Board direction.

Mr. Dick reiterated the RPPs combined the existing bylaws and procedural policies, with the

exception of the description of the functions of the Board, but those are described in NRS 439. Some of the procedural policies had been enhanced for clarification.

Chair Jung invited the Board members to share their thoughts with Mr. Dick at any time before the next meeting. Dr. Novak expressed his appreciation for the document, as did Vice Chair Ratti. She opined the updated rules should contain a clause that requires them to be reviewed annually, and that new Board members should be provided a copy during orientation.

Dr. Hess indicated he was supportive in general but would like to propose some amendments. He pointed out most organizations have a charter, bylaws or some other document that forms a basic foundation that is generally more difficult to change than standard policies and procedures. He encouraged the Board to retain the existing bylaws and use the new RPPs instead of the previous policies and procedures. He opined there should be some explanation of the open meeting law (OML), as he found that topic challenging.

Dr. Novak asked Vice Chair Ratti if she wanted to see a regular review built into the rules. She stated she did, and went on to support Dr. Hess' statements regarding maintaining two separate documents. She indicated the review should be a part of the rules and policies as it was only intended to refresh their memories and offer an opportunity for updates.

Chair Jung explained that the OML trainings through the County had been reinstated and requested the DHO obtain the scheduling and pass it along to the Board members. Vice Chair Ratti opined it was valuable information for the Board and the public.

Mr. Dick requested clarification as to whether the Board preferred to go to one comprehensive document or to keep the bylaws separate. He suggested keeping them separate and requested Dr. Hess' assistance with their development, as he was very familiar with standard content. Mr. Dick stated the written documents would be brought back to the Board in May, with action to potentially adopt them in June.

Chair Jung suggested Dr. Hess present his proposed amendments to Mr. Dick as the documents were being developed. Vice Chair Ratti reiterated her support for the organizational document being separated.

16. *Staff Reports and Program Updates

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

Mr. Wolf stated he had nothing to add.

- B. Community and Clinical Health Services, Steve Kutz, Director
Program Report – National STD Awareness Month; Divisional Update – SNAP & Medicaid Enrollment, 2016 Training Day and Public Health Associate Program; Program Reports

Mr. Kutz pointed out the expanded Sexually Transmitted Disease (STD) program report highlighted STD Awareness Month. He thanked the Sexual Health program management and staff for their hard work and introduced Jennifer Howell, Sexual Health Program Coordinator.

Mr. Kutz noted the State Women, Infants and Children (WIC) program frequently brings visitors to Washoe County WIC because of the high quality of the program. USDA reviewers had visited and had provided good comments.

Dr. Hess, on behalf of the physicians of Washoe County, thanked Mr. Kutz and his staff for Epi-Info. Mr. Kutz noted that information was provided by Dr. Todd and EPHP, and explained the two divisions worked closely together to provide information to the public.

Dr. Hess noted he had received positive feedback and opined the publication was very helpful. Chair Jung agreed.

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

Mr. Macaluso stated he had nothing to add.

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

Dr. Todd reported the influenza numbers are continuing to drop. Overall it has been a light flu season.

Dr. Hess reiterated his thanks and stated Epi-Info was a marvelous tool.

Dr. Novak asked when flu season ended in the area. Dr. Todd explained it ran roughly October through May but flu surveillance occurs year-round.

Dr. Novak asked how long mosquito surveillance was conducted. Dr. Todd explained EHS was responsible for mosquito control so he would not be able to answer any specific questions.

- E. Office of the District Health Officer, Kevin Dick, District Health Officer
Budget, Strategic Planning, Community Health Improvement Plan (CHIP), Truckee Meadows Healthy Communities (TMHC), Quality Improvement, Other Events and Activities and Health District Media Contacts

Mr. Dick noted the County manager had presented the proposed budget to the BCC on April 26. The Health District budget was included in that and no changes were proposed. The District's fiscal outlook continues to improve.

Mr. Dick stated the meeting with the strategic planning team had been very productive. He thanked the Board members for attending and opined it had been beneficial for the management team to be a part of that discussion.

Mr. Dick noted Ms. Dinga is working with the CHIP workgroups to develop and refine initiatives and goals. He presented photos and a video associated with the TMHC Photo Voice event that had been held on April 18. Link to video and pictures: <http://www.truckeemeadowshhealthycommunities.com/#!/photovoice-video-and-pictures/p55y6>. He noted the success of the project was largely due to Ms. Dinga, who had committed a substantial amount of time and effort to the project.

Vice Chair Ratti opined the presentation had been quite powerful and the kids had provided great input.

Mr. Dick explained the input from the project would be wrapped into the planning for the 89502 regarding addressing pillars of food security.

Chair Jung suggested the video be sent to WCTV so that it may be seen by anyone watching the Washoe County channel.

17. Board Comment

None.

18. Public Comment

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

19. Adjournment

Chair Jung adjourned the meeting at 2:28 p.m.

Respectfully submitted,



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



Dawn Spinola, Administrative Secretary
Recording Secretary

Approved by Board in session on _____, 2016.

DD	AH	___
DHO	___	KB
DA	LA	___
Risk	DME	___

Staff Report
Board Meeting Date: May 26, 2016

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District
775-328-2418, pbuxton@washoecounty.us

SUBJECT: **Recommendation to approve an Interlocal Contract between the Washoe County Health District and Washoe County through its Department of Juvenile Services to provide consultative and clinical services, Tuberculosis (TB) testing and Sexually Transmitted Disease (STD)/TB treatment medications for Wittenberg juveniles for the period upon ratification by the governing parties through June 30, 2017 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 the Agreement.**

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.

District Health Strategic Objectives supported by this item: Demonstrate the value and contribution of public health; Achieve targeted improvements in health outcomes and health equity.

PREVIOUS ACTION

This is an on-going Agreement that has been entered into annually for many years. The District Board of Health ratified the Agreement that terminates June 30, 2016 on October 24, 2013.

BACKGROUND

Per the Centers for Disease Control and Prevention (CDC), juvenile detention facilities are recommended locations for STD testing due to high rates of positive Chlamydia. The County does not have the resources to provide STD testing to all Wittenberg juveniles and primarily focus on those anticipated to be held longer-term. The Washoe County Health District would like to increase the number of Wittenberg juveniles that receive STD testing and will work with the Wittenberg facility to identify juveniles which are likely to be discharged before the County can provide STD testing. The Health District will offer Chlamydia, gonorrhea and/or rapid HIV testing to these juveniles and provide personnel and equipment for said testing.

This Agreement provides for STD/TB treatment medications and tuberculosis testing solution. The County will pay for minor acute care medications, laboratory consultant time, pharmacy costs and materials.

FISCAL IMPACT

Should the Board approve this Interlocal Agreement there will be no additional fiscal impact to the adopted FY17 budget, as these amounts were anticipated and included in the adopted budget in Juvenile Services program 11084 (Juvenile Services Medicaid TCM).

RECOMMENDATION

It is recommended that the Washoe County Health District approve an Interlocal Contract between the Washoe County Health District and Washoe County through its Department of Juvenile Services to provide consultative and clinical services, Tuberculosis (TB) testing and Sexually Transmitted Disease (STD)/TB treatment medications for Wittenberg juveniles for the period upon ratification by the governing parties through June 30, 2017 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 the Agreement.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve an Interlocal Contract between the Washoe County Health District and Washoe County through its Department of Juvenile Services to provide consultative and clinical services, Tuberculosis (TB) testing and Sexually Transmitted Disease (STD)/TB treatment medications for Wittenberg juveniles for the period upon ratification by the governing parties through June 30, 2017 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 the Agreement."

INTERLOCAL AGREEMENT

Between Washoe County Health District

And

Washoe County through its
Department of Juvenile Services

A. The District agrees to:

1. Provide, at no charge to the County, PPD solution for Tuberculosis testing, and STD/TB treatment medications to be utilized per medical protocol to treat Wittenberg juveniles. (See Exhibit C for list of medications for chlamydia, gonorrhea, and syphilis and TB treatment).
2. Provide diagnostic services per medical protocol or consultant physician order when indicated to screen for active tuberculosis (Chest X-Rays, CT, or IGRA) for Wittenberg juveniles.
3. Provide the services of the District's contract pharmacist to prepare medications for APRN to administer and dispense per APRN protocol signed by collaborating physician.
4. Make available minor acute care medications, at the County's cost, which would include pharmacy time and materials.
5. Pay for chlamydia, gonorrhea, HIV and syphilis screening as itemized on the State Lab invoice.
6. Sterilize the County's medical equipment on an as-needed basis.
7. Community and Clinical Health staff will provide training or technical assistance for topics related to this agreement as indicated and deemed necessary by the District.
8. Submit a monthly invoice to the County itemizing the costs of minor acute care medications, laboratory consultant time and pharmacy time and materials.

B. The County agrees to:

1. Screen Wittenberg juveniles for tuberculosis, chlamydia, gonorrhea, HIV and syphilis and forward applicable tests to the Nevada State Lab.
2. Work with the District to obtain IGRA testing of Wittenberg juveniles that may have a suspected false positive Tuberculin Skin Test as a result of previous administration of the Bacillus Calmette-Guerin (BCG) vaccine.
3. Provide Medicaid information, if applicable, to allow for direct Medicaid billing by NSPHL and diagnostic facilities.
4. Complete and forward Sexually Transmitted Infection Survey forms (STIS) for every patient screened for chlamydia/gonorrhea and HIV. These forms and number of tested juveniles will also be utilized by the District to verify testing numbers billing accuracy.
5. Complete HIV/STD Outreach Testing Form for every HIV test provided.
6. Forward updated/revised APRN protocol to the District annually.
7. Reimburse the District upon receipt of invoice for minor acute care medications, laboratory consultant time and pharmacy costs and materials as per Journal Entry.

8. Pick-up medications from the District within mutually agreed time frame.

C. Terms

This Interlocal Agreement will take effect upon ratification by the governing parties and shall remain in effect until June 30, 2017, unless extended by the mutual agreement of the Parties. The Interlocal Agreement will automatically be renewed 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. The automatic renewal provision of this section shall not affect the right of the Health District to terminate the Interlocal Agreement as provided below.

Either party may terminate this Interlocal Agreement by giving the other party written notice of the intent to terminate. The notice must specify a date upon which the termination will be effective, which date may not be less than 30 calendar days from the date of mailing or hand delivery of the notice.

All notices required under this Agreement shall be in writing and mailed, postage paid, addressed to the designated representative of the respective parties:

County: Frank Cervantes, Division Director
Washoe County Department of Juvenile Services
P.O. Box 11130
Reno, Nevada 89520

District: Kevin Dick, District Health Officer
Washoe County Health District
P.O. Box 11130
Reno, NV 89520

This Interlocal Agreement shall be entered into in Washoe County, State of Nevada, and shall be construed and interpreted according to the law of the State of Nevada.

Neither party may assign or subcontract any rights or obligations under this Interlocal Agreement without prior written consent of the other party.

This Interlocal Agreement constitutes the entire agreement between the parties with regards to the subject matter herein and supersedes all prior agreements, both written and oral. This Agreement may be modified in writing signed by both parties.

DISTRICT BOARD OF HEALTH

By: _____

Date: _____

Chair

WASHOE COUNTY DEPARTMENT OF JUVENILE SERVICES

By: _____

Date: _____

Director of Juvenile Services

WASHOE COUNTY BOARD OF COUNTY COMMISSIONERS

By: _____

Date: _____

Chair

DD	AH	___
DHO		AD
DA	LA	___
Risk	DME	___

Staff Report
Board Meeting Date: May 26, 2016

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District
775-328-2418, pbuxton@washoecounty.us

SUBJECT: **Recommendation to approve a FY17 Purchase Requisition (#TBD) issued to Cardinal Health (Contract #MMS10001) in the approximate amount of \$105,725 for pharmaceutical products in support of the medical clinic operations on behalf of the Community and Clinical Health Services Division of the Washoe County Health District.**

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.

District Health Strategic Objectives supported by this item: Demonstrate the value and contribution of public health; Achieve targeted improvements in health outcomes and health equity.

PREVIOUS ACTION

There has been no previous action taken by the District Board of Health.

BACKGROUND

Washoe County joins with the State of Nevada when purchasing pharmaceuticals and medical supplies for public health use. The State of Nevada participates in the bid process through the Minnesota Multi-state Contracting Alliance for Pharmacy (MMCAP). Although we don’t advertise or bid through Washoe County directly, we meet the purchasing requirements through the process that MMCAP uses.

This process has been utilized for many years. The bid was awarded to Cardinal Health and runs through October 31, 2016, with three (3) year extensions to it (2019).

This purchase requisition supports the medication and vaccine purchases in the various medical clinics of the Health District for FY17; the expenditures were anticipated in the adopted budget in the various medical clinic programs.

FISCAL IMPACT

Should the Board approve the increase to Purchase Requisition #3000028916, there will be no additional impact to the adopted FY17 budget, as this amount was anticipated and included in the

adopted budget in Cost Center 170600 (Maternal and Child Health) for \$250, 171300 (Sexual Health Program) for \$3,500, Cost Center 171400 (Tuberculosis Program) for \$7,000, Cost Center 173500 (Immunization Program) for \$7,000 and Internal Order 11304 (Family Planning Grant Program) for \$87,975 in G/L 710703 (biologicals).

RECOMMENDATION

It is recommended that the Washoe County Health District approve a FY17 Purchase Requisition (#TBD) issued to Cardinal Health (Contract #MMS10001) in the approximate amount of \$105,725 for pharmaceutical products in support of the medical clinic operations on behalf of the Community and Clinical Health Services Division of the Washoe County Health District.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve a FY17 Purchase Requisition (#TBD) issued to Cardinal Health (Contract #MMS10001) in the approximate amount of \$105,725 for pharmaceutical products in support of the medical clinic operations on behalf of the Community and Clinical Health Services Division of the Washoe County Health District."

DD	AH	___
DHO	KD	___
DA	LA	___
Risk	DME	___

Staff Report
Board Meeting Date: May 26, 2016

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District
775-328-2418, pbuxton@washoecounty.us

SUBJECT: **Recommendation to approve a FY17 Purchase Requisition (#TBD) issued to Board of Regents – UNR School of Medicine (single source) in the approximate amount of \$100,000 for laboratory testing primarily in support of the medical clinic operations on behalf of the Community and Clinical Health Services Division of the Washoe County Health District.**

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.

District Health Strategic Objectives supported by this item: Demonstrate the value and contribution of public health; Achieve targeted improvements in health outcomes and health equity.

PREVIOUS ACTION

There has been no previous action taken by the District Board of Health.

BACKGROUND

The Health District is required by the Centers for Disease Control and Prevention (CDC) to use the public health lab for certain tests (Communicable Disease). Combined with the fact that a significant discount (approximately 50%) is offered to the Health District for Amplified Chlamydia/Gonorrhea Panel and Syphilis tests, this contract is considered a single source.

The Health District has been contracting with the Board of Regents for many years to provide these services. On occasion Quest Diagnostics is used for certain tests. A Single Source Purchasing Request form is attached.

This requisition supports the laboratory testing in the various medical clinics of the District Health Department for FY17, and the expenditures were anticipated in the adopted budget in the various medical clinic programs.

FISCAL IMPACT

Should the Board approve the Purchase Requisition, there will be no additional impact to the adopted FY17 budget, as this amount was anticipated and included in the adopted budget in 171300 (Sexually

Subject: Board of Regents – UNR School of Medicine Purchase Requisition

Date: May 26, 2016

Page 2 of 2

Transmitted Diseases) for \$22,600; 10014 (Sexually Transmitted Disease Grant) for \$17,000; 171400 (Tuberculosis) for \$500; 10016 (Tuberculosis Grant) for \$4,900; 11304 (Family Planning Grant) for \$27,000; 10013 (HIV Prevention Grant for \$26,000; and 171700 (Communicable Disease) for \$2,000 in the outpatient (710721) account line item.

RECOMMENDATION

It is recommended that the Washoe County Health District approve a FY17 Purchase Requisition (#TBD) issued to Board of Regents – UNR School of Medicine (single source) in the approximate amount of \$100,000 for laboratory testing primarily in support of the medical clinic operations on behalf of the Community and Clinical Health Services Division of the Washoe County Health District.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve a FY17 Purchase Requisition (#TBD) issued to Board of Regents – UNR School of Medicine (single source) in the approximate amount of \$100,000 for laboratory testing primarily in support of the medical clinic operations on behalf of the Community and Clinical Health Services Division of the Washoe County Health District.

**WASHOE COUNTY
SOLE SOURCE PURCHASE REQUEST FORM**

This form must accompany a purchase requisition when sole source approval is requested for equipment, supplies or services exceeding \$25,000.

DEPARTMENT Washoe County Health District LOCATION Health Administration

REQUESTOR'S NAME Steve Kutz TELEPHONE # (775) 328-6159

REQUISITION NUMBER 30000xxxx DATE May 13, 2016

RECOMMENDED SOLE SOURCE SUPPLIER Nevada System of Higher Education, Board of Regents, University of Nevada, Reno, Public Health Laboratory

DESCRIPTION OF GOOD OR SERVICE REQUESTED Laboratory Testing Services

I have read and understand the Policies and Procedures of the Board of County Commissioners with regard to sole source procurements. I understand that competition is the preeminent consideration in the expenditure of County funds, and I acknowledge the County's commitment to the principle of fairness to any vendor who would like to do business with the County. After observing these principles and considerations, I hereby submit that the goods, services, and/or vendor specified in the accompanying requisition fit the County's sole source criteria for the following reasons: Please provide sufficient detail to clearly identify the reason(s) for this sole source procurement request. Attach additional information if necessary.

() 1. The product is unique in design and/or features that are required for a specific application. List the unique features and explain why they are needed for the application the product will be used for.

() 2. The product being purchased must be compatible with existing equipment. Identify the existing equipment.

() 3. The product requested is one which the user has had specialized training for. Identify who the user of this product will be and provide a description of the previous training.

() 4. The product or service is available only from the manufacturer or their authorized representative. Identify the manufacturer or authorized representative, and provide telephone number and address information.

() 5. Consultants/Subcontractors: The individual/company is the most suitable to provide the service requested and the selection process is based on the following:

() There is evidence that the assistance to be provided is essential and cannot be provided by persons receiving salary support within Washoe County.

() A selection process was utilized to select the most qualified person.

() The consulting charges are appropriate considering the qualifications of the consultant or company based on past experience and the nature of the work to be performed.

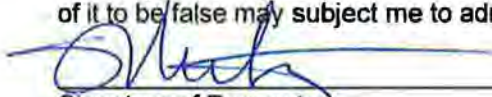
(X) 6. Other. Please explain the specific circumstances and/or requirements that warrant the goods or services request to be procured from a sole source.

The Washoe County Health District has contracted with Nevada Systems of Higher Education, Board of Regents, University of Nevada, Reno Public Health Laboratory for many years. As such, this laboratory is familiar with reporting requirements and submission of testing results per the Centers for Disease Control and Prevention (CDC), Nevada Revised Statutes (NRS) and other regulatory requirements.

(X) 7. The following provides justification as to reasonableness of price:

The Washoe County Health District is required by the CDC to use the public health laboratory for certain tests (communicable diseases). Combined with the substantial discount provided to us for Amplified Chlamydia, Amplified Gonorrhea and Syphilis tests, including the provision of certain tests at no cost, the public health laboratory is considered sole source for the Washoe County Health District. The discount pricing reflects a 50% discount on Amplified Chlamydia/Gonorrhea tests and a 47% discount on Syphilis test fees which equate to approximately \$47,463 in savings annually.

I understand that I may be required to justify this sole source procurement before the appropriate authority, including the Board of County Commissioners, and that my signing this document knowing any of it to be false may subject me to administrative action.


Signature of Requestor


Department Head Approval

Kevin Dick
Print Name

I, _____, authorized Buyer, recommend the following:

() Sole source justification is adequate and exempt from competitive bidding requirements per NRS 332.115. (B)

() Sole source justification is adequate to justify exemption from competitive bidding requirements per NRS 332.____.

() Sole source justification is inadequate and request is returned to department for additional justification, instructions on whether to seek competitive bids for the goods or services requested, or to withdraw the request.

Buyer


Purchasing & Contracts
Manager

Date

5-16-2016
Date

DD	AH	___
DHO		KD
DA	LA	___
Risk	DME	___

Staff Report
Board Meeting Date: May 26, 2016

TO: District Board of Health

FROM: Erin Dixon, Fiscal Compliance Officer, Washoe County Health District
775-328-2419, edixon@washoecounty.us

SUBJECT: **Retroactive approval of Grant Agreement #A-00905416-0 from the U.S. Environmental Protection Agency (EPA) for funding in the amount of \$549,354 for the period 10/1/15 through 9/30/16 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019.**

SUMMARY

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

The Air Quality Management Division received a Grant Agreement from the EPA, which provides for grant funding for the on-going Air Pollution Control Program, IO 10019. A copy of the Grant Agreement is attached for the period October 1, 2015 through September 30, 2016. The amendment was received by WCHD on May 16, 2016.

District Board of Health strategic priority: Promote financial accountability and stability

PREVIOUS ACTION

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

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: Air Quality Management, EPA 105 Base Award

Scope of the Project: The base award provides funding for a portion of Air Quality Management Air Pollution Control Program expenditures including personnel, travel, and operating. Additional funding comes from fees, state dedicated funds, and general fund transfer.

Benefit to Washoe County Residents: Implementation of clean air solutions that protect the quality of life for the citizens of Reno, Sparks and Washoe County.

On-Going Program Support: The Health District has received and anticipates receiving continuous funding to support the EPA 105 Base Program. This grant agreement provides partial funding and additional funding is anticipated.

Award Amount: \$549,354

Grant Period: October 1, 2015 – September 31, 2016

Funding Source: U.S. Environmental Protection Agency

Pass Through Entity: n/a

CFDA Number: 66.001

Grant ID Number: A – 00905416-0

Match Amount and Type: \$1,523,725. Funding comes from fees, state dedicated funds and general fund transfer.

Sub-Awards and Contracts: No Sub-Awards are anticipated

FISCAL IMPACT

Should the Board approve the Grant Agreement, there is no additional fiscal impact to the adopted FY16 budget or FY17 budget.

RECOMMENDATION

Staff recommends that the District Board of Health retroactively approve Grant Agreement #A-00905416-0 from the U.S. Environmental Protection Agency (EPA) for funding in the amount of \$549,354 for the period 10/1/15 through 9/30/16 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019.

POSSIBLE MOTION

Move to retroactively approve Grant Agreement #A-00905416-0 from the U.S. Environmental Protection Agency (EPA) for funding in the amount of \$549,354 for the period 10/1/15 through 9/30/16 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019.

	U.S. ENVIRONMENTAL PROTECTION AGENCY Grant Agreement	GRANT NUMBER (FAIN): 00905416 MODIFICATION NUMBER: 0 PROGRAM CODE: A	DATE OF AWARD 05/09/2016
		TYPE OF ACTION New	MAILING DATE 05/16/2016
		PAYMENT METHOD: Advance	ACH# 90104
		RECIPIENT TYPE: County	
RECIPIENT: Washoe Cnty Dist Hlth Dept P.O. Box 11130 Reno, NV 89520 EIN: 88-6000138		PAYEE: Washoe Cnty Dist Hlth Dept P.O. Box 11130 Reno, NV 89520	
PROJECT MANAGER Charlene Albee P.O. Box 11130 Reno, NV 89520 E-Mail: calbee@washoecounty.us Phone: 775-784-7211	EPA PROJECT OFFICER Roberto Gutierrez 75 Hawthorne Street, AIR-8 San Francisco, CA 94105 E-Mail: Gutierrez.Roberto@epa.gov Phone: 415-947-4276	EPA GRANT SPECIALIST Renee Chan Grants Management Section, EMD-6-1 E-Mail: Chan.Renee@epa.gov Phone: 415-972-3675	
PROJECT TITLE AND DESCRIPTION FY-2016 Air Pollution Control Program This assistance agreement provides partial funding in the amount of \$549,354. The purpose of this program is to provide continuing support for activities which include strategic planning and evaluation, compliance assistance, developing state implementation plans, monitoring air and emissions, rulemaking, operating permits and all other program related activities. This program will protect and improve the air quality in the Washoe County and reduce the risks to human health and the environment.			
BUDGET PERIOD 10/01/2015 - 09/30/2016	PROJECT PERIOD 10/01/2015 - 09/30/2016	TOTAL BUDGET PERIOD COST \$2,244,138.00	TOTAL PROJECT PERIOD COST \$2,244,138.00
NOTICE OF AWARD			
Based on your Application dated 07/29/2015 including all modifications and amendments, the United States acting by and through the US Environmental Protection Agency (EPA) hereby awards \$549,354. EPA agrees to cost-share % of all approved budget period costs incurred, up to and not exceeding total federal funding of \$549,354. Recipient's signature is not required on this agreement. The recipient demonstrates its commitment to carry out this award by either: 1) drawing down funds within 21 days after the EPA award or amendment mailing date; or 2) not filing a notice of disagreement with the award terms and conditions within 21 days after the EPA award or amendment mailing date. If the recipient disagrees with the terms and conditions specified in this award, the authorized representative of the recipient must furnish a notice of disagreement to the EPA Award Official within 21 days after the EPA award or amendment mailing date. In case of disagreement, and until the disagreement is resolved, the recipient should not draw down on the funds provided by this award/amendment, and any costs incurred by the recipient are at its own risk. This agreement is subject to applicable EPA regulatory and statutory provisions, all terms and conditions of this agreement and any attachments.			
ISSUING OFFICE (GRANTS MANAGEMENT OFFICE)		AWARD APPROVAL OFFICE	
ORGANIZATION / ADDRESS U.S. EPA, Region 9 Grants Management Section, EMD 6-1 75 Hawthorne Street San Francisco, CA 94105		ORGANIZATION / ADDRESS U.S. EPA, Region 9 Air Division, AIR-1 75 Hawthorne Street San Francisco, CA 94105	
THE UNITED STATES OF AMERICA BY THE U.S. ENVIRONMENTAL PROTECTION AGENCY			
Digital signature applied by EPA Award Official Craig A. Wills - Grants Management Officer			DATE 05/09/2016

EPA Funding Information

FUNDS	FORMER AWARD	THIS ACTION	AMENDED TOTAL
EPA Amount This Action	\$	\$ 549,354	\$ 549,354
EPA In-Kind Amount	\$	\$	\$ 0
Unexpended Prior Year Balance	\$	\$	\$ 0
Other Federal Funds	\$	\$	\$ 0
Recipient Contribution	\$	\$ 1,544,793	\$ 1,544,793
State Contribution	\$	\$	\$ 0
Local Contribution	\$	\$	\$ 0
Other Contribution	\$	\$	\$ 0
Allowable Project Cost	\$ 0	\$ 2,094,147	\$ 2,094,147

Assistance Program (CFDA)	Statutory Authority	Regulatory Authority
66.001 - Air Pollution Control Program Support	Clean Air Act: Sec. 105	2 CFR 200 2 CFR 1500 40 CFR 33 and 40 CFR 35 Subpart A

Fiscal									
Site Name	Req No	FY	Approp. Code	Budget Organization	PRC	Object Class	Site/Project	Cost Organization	Obligation / Deobligation
-	1609M6S024	16	E1	09M4	102A04	4112			549,354
									549,354

Budget Summary Page

Table A - Object Class Category (Non-construction)	Total Approved Allowable Budget Period Cost
1. Personnel	\$1,248,862
2. Fringe Benefits	\$592,548
3. Travel	\$53,545
4. Equipment	\$0
5. Supplies	\$100
6. Contractual	\$0
7. Construction	\$0
8. Other	\$23,008
9. Total Direct Charges	\$1,918,063
10. Indirect Costs: % Base <u>Indirect Cost Rate Proposal</u>	\$326,075
11. Total (Share: Recipient % Federal %.)	\$2,244,138
12. Total Approved Assistance Amount	\$549,354
13. Program Income	\$0
14. Total EPA Amount Awarded This Action	\$549,354
15. Total EPA Amount Awarded To Date	\$549,354

Table B - Program Element Classification (Non-construction)	Total Approved Allowable Budget Period Cost
1. Total approved budget includes \$21,059 in	\$
2. estimated non-federal non-recurrent costs.	\$
3.	\$
4.	\$
5. Cost-share requirement: 40% and MOE	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
11. Total (Share: Recip % Fed %)	\$
12. Total Approved Assistance Amount	\$

Administrative Conditions

The recipient agrees to comply with the current EPA general terms and conditions available at: <https://www.epa.gov/grants/epa-general-terms-and-conditions-effective-march-29-2016-or-later>.

These terms and conditions are in addition to the assurances and certifications made as a part of the award and the terms, conditions or restrictions cited throughout the award. The EPA repository for the general terms and conditions by year can be found at <http://www.epa.gov/grants/grant-terms-and-conditions>.

A. Annual Federal Financial Report (FFR) - SF 425

For awards with cumulative project and budget periods greater than 12 months, the recipient will submit an annual FFR (SF 425) covering the period from "project/budget period start date" to September 30 of each calendar year to the U.S. EPA Las Vegas Finance Center (LVFC). The FFR will be submitted electronically to lvfc-grants@epa.gov no later than December 31 of the same calendar year. The form with instructions can be found on LVFC's website at <http://www2.epa.gov/financial/forms>.

The recipient shall identify non-federal, non-recurrent expenditures in Block 12 (Remarks) of the FFR or include the information as an attachment to the FFR on a separate page. The recipient also agrees to include a statement certifying that supplanting did not occur.

B. Procurement

The recipient will ensure all procurement transactions will be conducted in a manner providing full and open competition consistent with 2 CFR Part 200.319. In accordance 2 CFR Part 200.323 the grantee and subgrantee(s) must perform a cost or price analysis in connection with applicable procurement actions, including contract modifications.

C. Six Good Faith Efforts 40 CFR Part 33, Subpart C

Pursuant to 40 CFR Section 33.301, the recipient agrees to make the following good faith efforts whenever procuring construction, equipment, services and supplies under an EPA financial assistance agreement, and to require that sub-recipients, loan recipients, and prime contractors also comply. Records documenting compliance with the six good faith efforts shall be retained:

- (a) Ensure DBEs are made aware of contracting opportunities to the fullest extent practicable through outreach and recruitment activities. For Indian Tribal, State and Local and Government recipients, this will include placing DBEs on solicitation lists and soliciting them whenever they are potential sources.
- (b) Make information on forthcoming opportunities available to DBEs and arrange time frames for contracts and establish delivery schedules, where the requirements permit, in a way that encourages and facilitates participation by DBEs in the competitive process. This includes, whenever possible, posting solicitations for bids or proposals for a minimum of 30 calendar days before the bid or proposal closing date.
- (c) Consider in the contracting process whether firms competing for large contracts could subcontract with DBEs. For Indian Tribal, State and local Government recipients, this will include dividing total requirements when economically feasible into smaller tasks or quantities to permit maximum participation by DBEs in the competitive process.
- (d) Encourage contracting with a consortium of DBEs when a contract is too large for one of these firms to handle individually.
- (e) Use the services and assistance of the SBA and the Minority Business Development Agency of the Department of Commerce.
- (f) If the prime contractor awards subcontracts, require the prime contractor to take the steps in paragraphs (a) through (e) of this section.

D. Utilization of Disadvantaged Business Enterprises General Compliance, 40 CFR Part 33

The recipient agrees to comply with the requirements of EPA's Disadvantaged Business Enterprise (DBE) Program for procurement activities under assistance agreements, contained in 40 CFR Part 33.

Fair Share Objectives, 40 CFR Part 33, Subpart D

A recipient must negotiate with the appropriate EPA award official, or his/her designee, fair share objectives for MBE and WBE participation in procurement under the financial assistance agreements.

In accordance with 40 CFR Section 33.411 some recipients may be exempt from the fair share objective requirements as described in 40 CFR Part 33, Subpart D. Recipients should work with their DBE coordinator if they think their organization may qualify for an exemption.

The dollar amount of this assistance agreement, or the total dollar amount of all of the recipient's financial assistance agreements in the current federal fiscal year from EPA is \$250,000 or more. The recipient accepts the applicable MBE/WBE fair share objectives/goals negotiated with EPA by the Nevada Department of Conservation and Natural Resources (NV DCNR), as follows:

	<u>MBE</u>	<u>WBE</u>
Construction	03%	01%
Equipment	02%	01%
Services	01%	01%
Supplies	01%	01%

The recipient accepts the fair share objectives/goals stated above and attests to the fact that it is purchasing the same or similar construction, supplies, services and equipment, in the same or similar relevant geographic buying market as NV DCNR.

Negotiating Fair Share Objectives/Goals, Section 33.404

The recipient has the option to negotiate its own MBE/WBE fair share objectives/goals. If the recipient wishes to negotiate its own MBE/WBE fair share objectives/goals, the recipient agrees to submit proposed MBE/WBE objectives/goals based on an availability analysis, or disparity study, of qualified MBEs and WBEs in their relevant geographic buying market for construction, services, supplies and equipment.

The submission of proposed fair share goals with the supporting analysis or disparity study means that the recipient is **not** accepting the fair share objectives/goals of another recipient. The recipient agrees to submit proposed fair share objectives/goals, together with the supporting availability analysis or disparity study, to the Regional MBE/WBE Coordinator, Joe Ochab at Ochab.Joe@epa.gov, within 120 days of its acceptance of the financial assistance award. EPA will respond to the proposed fair share objective/goals within 30 days of receiving the submission. If proposed fair share objective/goals are not received within the 120 day time frame, the recipient may not expend its EPA funds for procurements until the proposed fair share objective/goals are submitted.

Contract Administration Provisions, 40 CFR Section 33.302

The recipient agrees to comply with the contract administration provisions of 40 CFR Section 33.302.

Bidders List, 40 CFR Section 33.501(b) and (c)

Recipients of a Continuing Environmental Program Grant or other annual reporting grant, agree to create and maintain a bidders list. Recipients of an EPA financial assistance agreement to capitalize a revolving loan fund also agree to require entities receiving identified loans to create and maintain a bidders list if the recipient of the loan is subject to, or chooses to follow, competitive bidding requirements. Please see 40 CFR Section 33.501 (b) and (c) for specific requirements and exemptions.

E. MBE/WBE Reporting – Non-Reporting Condition

General Compliance, 40 CFR, Part 33, Subpart E

MBE/WBE reports are required annually. Reporting is required for assistance agreements where there are funds budgeted for procuring construction, equipment, services and supplies, including funds budgeted for direct procurement by the recipient or procurement under subawards or loans in the "Other" category, that exceed the threshold amount of \$150,000, including amendments and/or modifications.

Based on EPA's review of the planned budget, this award does not meet the conditions above and is not subject to Disadvantaged Business Enterprise (DBE) Program reporting requirements. However, if during the performance of the award the total of all funds expended for direct procurement by the recipient and procurement under subawards or loans in the "Other" category exceeds \$150,000, annual reports will be required and you are required to notify your EPA grant specialist for additional instructions.

The recipient also agrees to request prior approval from EPA for procurements that may activate DBE Program reporting requirements.

This provision represents an approved deviation from the MBE/WBE reporting requirements as described in 40 CFR Part 33, Section 33.502; however, the other requirements outlined in 40 CFR Part 33 remain in effect, including the Good Faith Effort requirements as described in 40 CFR Part 33, Subpart C, and Fair Share Objectives negotiation as described in 40 CFR Part 33, Subpart D.

F. Indirect Costs

Recipients are entitled to reimbursement of indirect costs, subject to any statutory or regulatory administrative cost limitations, if they have a current rate agreement or have submitted an indirect cost rate proposal to their cognizant federal agency for review and approval. Recipients are responsible for maintaining an approved indirect cost rate throughout the life of the award. Recipients may draw down grant funds once a rate has been approved, but only for indirect costs incurred during the period specified in the rate agreement. Recipients are not entitled to indirect costs for any period in which the rate has expired.

Recipients with differences between provisional and final rates are not entitled to more than the award amount. Recipients may request EPA approval to rebudget funds from direct cost categories to the indirect cost category (to grants which have not expired or been closed out) to cover increased indirect costs.

The recipient agrees to comply with the audit requirements prescribed in 2 CFR Part 200, Subpart F, Audits of States, Local Governments, and Non-Profit Organizations.

G. Cost-Share Requirement and Maintenance of Effort

The required minimum recipient cost share for this assistance agreement is 40% of total project costs, or Maintenance of Effort (MOE) level of \$1,523,725 (final MOE for FY-2015), whichever is greater. EPA agrees to pay up to 60% of total eligible project costs, not to exceed the Total Approved Assistance Amount, provided that the recipient's MOE level is maintained. The assistance agreement may reflect a percentage shown under the "Notice of Award" section which is based on estimated costs requested in the recipient's application.

Programmatic Conditions

a) Quality Assurance

The work includes the performance of environmental measurement, A Quality Assurance Plan (QA Program Plan) for WCDHD for CO, O3, Nox, SOx, PM10 and PM2.5 was approved by WCDHD and EPA on February 12, 2013. A Quality Management Plan was approved by EPA on October 2, 2014. QA documents are up to date and will not need to be submitted to EPA until 2018 (QAPrP) and 2019 (QMP).

b) Progress Reports

The recipient shall submit mid-year and end-of-year progress reports to the EPA Project Officer. The mid-year and end-of-year reports are due no later than 30 calendar days after the end of the 2nd Federal fiscal quarter (April 30) and the 4th Federal fiscal quarter (October 31) respectively. These reports should include brief information on each of the following areas: 1) a comparison of actual accomplishments to the outputs/outcomes established in the assistance agreement workplan for the period; 2) the reasons for slippage if established outputs/outcomes were not met; and 3) additional pertinent information, including, when appropriate, analysis and formation of cost overruns or high unit costs.

c) Environmental Preference

Consistent with local, state, and federal grant procurement rules, recipient shall, when feasible, purchase environmentally preferable products/services and hold conferences/meetings using environmentally preferable measures. Environmentally preferable products/services and environmentally preferable measures include those that have a lesser or reduced effect on the environment when compared with competing products, services, or measures that serve the same purpose. This comparison may consider raw material acquisition, production, manufacturing, packaging, distribution, reuse, operation, maintenance, or disposal of the product or service. In addition, environmentally preferable measures for conferences/meetings apply to large gatherings of ten or more persons.

d) Cybersecurity

(a) The recipient agrees that when collecting and managing environmental data under this assistance agreement, it will protect the data by following all State or Tribal law cybersecurity requirements as applicable.

(b)(1) EPA must ensure that any connections between the recipient's network or information system and EPA networks used by the recipient to transfer data under this agreement, are secure. For purposes of this Section, a connection is defined as a dedicated persistent interface between an Agency IT system and an external IT system for the purpose of transferring information. Transitory, user-controlled connections such as website browsing are excluded from this definition.

If the recipient's connections as defined above do not go through the Environmental Information Exchange Network or EPA's Central Data Exchange, the recipient agrees to contact the EPA Project Officer (PO) no later than 90 days after the date of this award and work with the designated Regional/Headquarters Information Security Officer to ensure that the connections meet EPA security requirements, including entering into Interconnection Service Agreements as appropriate. This condition does not apply to manual entry of data by the recipient into systems operated and used by EPA's regulatory programs for the submission of reporting and/or compliance data.

(b)(2) The recipient agrees that any subawards it makes under this agreement will require the subrecipient to comply with the requirements in (b)(1) if the subrecipient's network or information system is connected to EPA networks to transfer data to the Agency using systems other than the Environmental Information Exchange Network or EPA's Central Data Exchange. The recipient will be in compliance with this condition: by including this requirement in subaward agreements; and during subrecipient monitoring deemed necessary by the recipient under 2 CFR 200.331(d), by inquiring whether the subrecipient has contacted the EPA Project Officer. Nothing in this condition requires the recipient to contact the EPA Project Officer on behalf of a subrecipient or to be involved in the negotiation of an Interconnection Service Agreement between the subrecipient and EPA.

-- END OF AGREEMENT --

DD	CA	___
DHO	___	___
DA	NA	___
Risk	NA	___

STAFF REPORT
BOARD MEETING DATE: May 26, 2016

TO: District Board of Health

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

SUBJECT: Acceptance of the “Washoe County, Nevada Air Quality Trends (2006-2015)” Report

SUMMARY

The Air Quality Management Division (AQMD) operates and maintains an ambient air monitoring program to determine compliance with health-based National Ambient Air Quality Standards. This annual report summarizes the previous year’s ambient air monitoring data and provides a long-term trend for each pollutant.

Health District strategic objective supported by this item: Achieve targeted improvements in health outcomes and health equity.

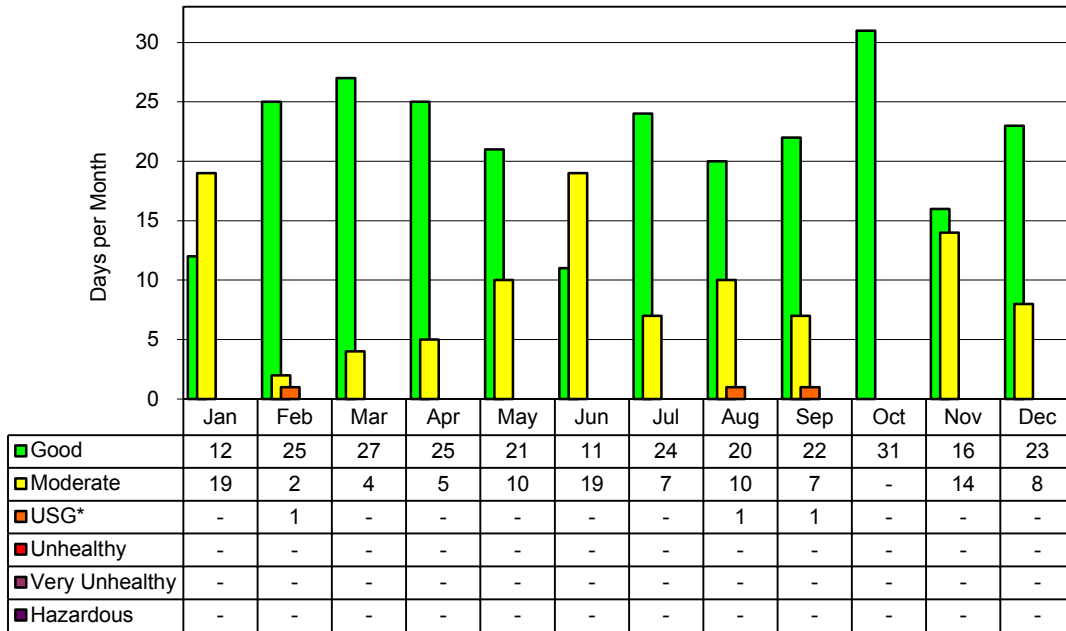
PREVIOUS ACTION

The Air Quality Trends Report is updated annually to include the most recent 10 years of data prior to being presented to the Board for acceptance. The most recent action occurred on May 28, 2015 with the acceptance of the “Washoe County, Nevada Air Quality Trends (2005-2014)” Report.

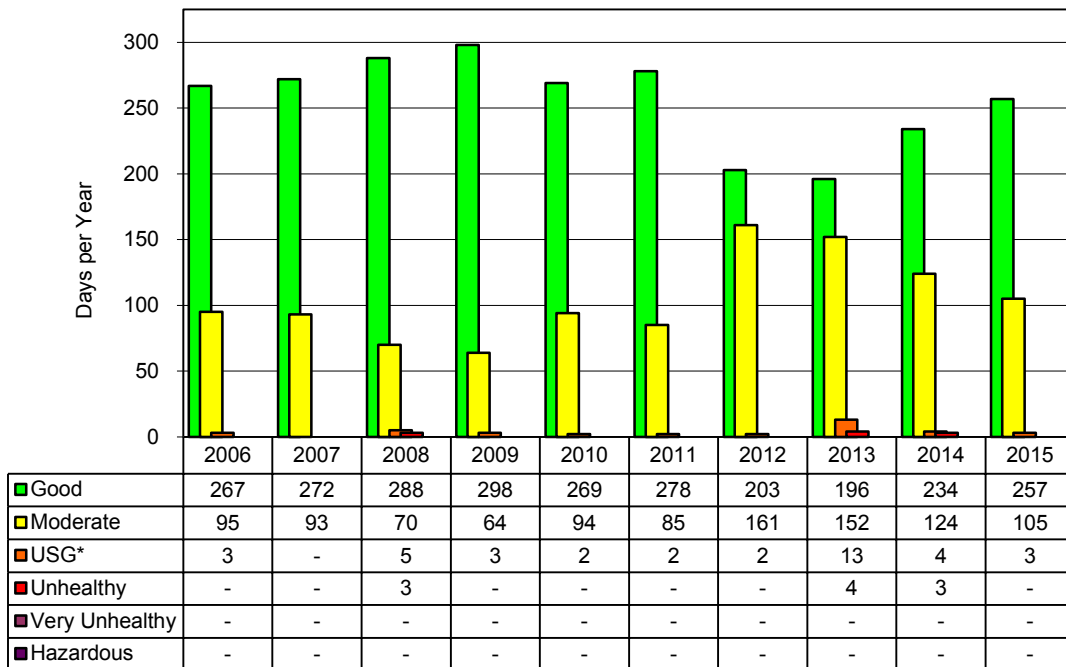
BACKGROUND

The Environmental Protection Agency (EPA) establishes health-based National Ambient Air Quality Standards (NAAQS) for six criteria air pollutants including Ozone, Particulate Matter, Carbon Monoxide, Nitrogen Dioxide, Sulfur Dioxide, and Lead. Each year, the AQMD prepares this report, which summarizes the previous year’s monitoring data. Although there are no statutory requirements to publish an annual report of ambient air monitoring data, EPA strongly encourages air quality management agencies to do so. This report summarizes 2015 and the ten-year trend for each pollutant. It is also available at the AQMD website (OurCleanAir.com). Below is a summary of last year’s Air Quality Index (AQI) levels and the AQI trend for the last ten years.

Monthly AQI Summary for All Pollutants (2015)



AQI Trend (2006-2015)



* Unhealthy for Sensitive Groups

FISCAL IMPACT

There is no additional fiscal impact to the FY16 budget should the Board accept the “Washoe County, Nevada Air Quality Trends (2006-2015)” report.

RECOMMENDATION

Staff recommends that the District Board of Health (DBOH) accept the “Washoe County, Nevada Air Quality Trends (2006-2015)” report.

POSSIBLE MOTION

Should the DBOH accept the trends report, a possible motion could be “Move to accept the “Washoe County, Nevada Air Quality Trends (2006-2015)” report”.

Washoe County, Nevada Air Quality Trends (2006-2015)



May 26, 2016

Washoe County Health District
Air Quality Management Division
P.O. Box 11130
Reno, Nevada 89520-0027

(775) 784-7200
OurCleanAir.com

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- A. Detailed Summary of Ambient Air Monitoring Data
- B. Monitoring Stations in Operation From 1963 to 2015

Glossary

AQI	Air Quality Index
AQMD	Washoe County Health District - Air Quality Management Division
AQS	Air Quality System
BAM	Beta Attenuation Monitor
CARB	California Air Resources Board
CFR	Code of Federal Regulations
CH ₃ COO ₂ NO ₂	Peroxyacetyl nitrate, or PAN
CO	Carbon Monoxide
EPA	U.S. Environmental Protection Agency
FEM	Federal Equivalent Method
FRM	Federal Reference Method
GAL	Galletti
HA 87	Hydrographic Area 87
HNO ₂	Nitrous Acid
HNO ₃	Nitric Acid
INC	Incline
LEM	Lemmon Valley
µg/m ³	Micrograms per cubic meter
mg/m ³	Milligrams per cubic meter
NAAQS	National Ambient Air Quality Standards
NCore	National Core Multi-Pollutant Monitoring Station
N ₂ O ₅	Nitrogen Pentoxide
NO	Nitric Acid
NO ₂	Nitrogen Dioxide
NO ₃	Nitrate
NO _x	Oxides of Nitrogen
NO _y	Reactive Oxides of Nitrogen
O ₃	Ozone
PLM	Plumb-Kit
PM	Particulate Matter
PM _{2.5}	Particulate Matter less than or equal to 2.5 microns in aerodynamic diameter
PM ₁₀	Particulate Matter less than or equal to 10 microns in aerodynamic diameter
PM _{coarse}	PM ₁₀ minus PM _{2.5}
ppb	Parts per billion
ppm	Parts per million
RNO	Reno
RTIA	Reno-Tahoe International Airport
SIP	State Implementation Plan
SLAMS	State and Local Air Monitoring Station
SO ₂	Sulfur Dioxide
SO ₃	Sulfur Trioxide
SO _x	Oxides of Sulfur
SPK	Sparks
SPM	Special Purpose Monitoring

SRN	South Reno
STN	Speciation Trends Network
SUN	Sun Valley
TOL	Toll
USG	Unhealthy for Sensitive Groups
VOC	Volatile Organic Compounds

FINAL DRAFT
(2016-05-06)

Introduction

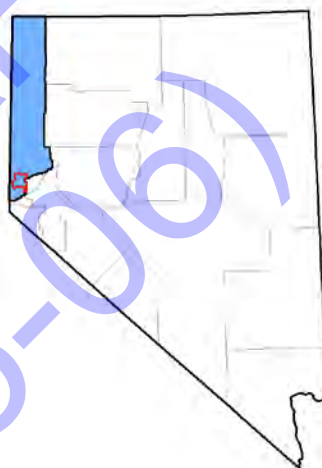
Washoe County is located in the northwest portion of Nevada and bounded by California, Oregon, and the Nevada counties of Humboldt, Pershing, Storey, Churchill, Lyon, and Carson City (Figure 1). The Truckee Meadows is approximately 200 square miles in size and situated in the southern portion of Washoe County. It's geographically identified as Hydrographic Area 87 (HA 87) as defined by the State of Nevada Division of Water Resources. Most of Washoe County's urban population lives in the Truckee Meadows. Anthropogenic activities, such as automobile use and residential wood combustion, are also concentrated here.

The U.S. Environmental Protection Agency (EPA) has set health and welfare based National Ambient Air Quality Standards (NAAQS) for the following pollutants: ozone (O_3), particulate matter less than or equal to 2.5 microns in aerodynamic diameter ($PM_{2.5}$), particulate matter less than or equal to 10 microns in aerodynamic diameter (PM_{10}), carbon monoxide (CO), nitrogen dioxide (NO_2), sulfur dioxide (SO_2), and lead (Pb).

The mission of the Washoe County Health District, Air Quality Management Division (AQMD) Monitoring Program is "To monitor and assure the scientific accuracy of the ambient air quality data collected for the determination of compliance with the National Ambient Air Quality Standards (NAAQS) as defined by the EPA". The AQMD has established a monitoring network throughout the Health District to collect ambient air data. The network is reviewed annually to ensure it reflects the actual air quality of the county and that it is measuring for the pollutants of highest concern.

This document summarizes the ambient air data collected between 2006 and 2015 from the AQMD's monitoring network. These data were submitted to the EPA's Air Quality System (AQS), and are available for public review on EPA's AirData website. Long-term monitoring data can reveal trends in ambient air pollution and the subsequent need for control strategies.

Figure 1
Washoe County, Nevada



Pollutants

The following describes the six criteria pollutants, their primary sources, and associated health effects.

Ozone (O₃)

Ozone is a gas composed of three oxygen atoms. It is not usually emitted directly into the air, but, at ground-level, it is created by a chemical reaction between oxides of nitrogen (NO_x) and volatile organic compounds (VOC) in the presence of sunlight. Ozone has the same chemical structure whether it occurs miles above the earth or at ground-level and can be “good” or “bad”, depending on its location in the atmosphere. “Good” ozone occurs naturally in the stratosphere approximately 10 to 30 miles above the earth and forms a layer that protects life on earth from the sun’s harmful rays.

In the lower atmosphere, ground-level ozone is considered “bad”. Breathing ground-level ozone can trigger a variety of health problems including chest pain, coughing, throat irritation, and congestion. It can worsen bronchitis, emphysema, and asthma. Ground-level ozone can also reduce lung function and inflame the linings of the lungs. Repeated exposure may permanently scar lung tissue. People with lung disease, children, older adults, and physically active people may be affected when ozone levels are unhealthy. Numerous scientific studies have linked ground-level ozone exposure to a variety of problems including: airway irritation, coughing, and pain when taking a deep breath; wheezing and breathing difficulties during exercise or outdoor activities; inflammation, which is much like a sunburn on the skin; aggravation of asthma and increased susceptibility to respiratory illnesses like pneumonia and bronchitis; and permanent lung damage with repeated exposures.

Motor vehicle exhaust and industrial emissions, gasoline vapors, and chemical solvents as well as natural sources emit NO_x and VOC that help form ozone. Ground-level ozone is the primary constituent of smog. Sunlight and hot weather cause ground-level ozone to form in harmful concentrations. As a result, it is known as a summertime air pollutant. Many urban areas tend to have high levels of “bad” ozone, but even rural areas are also subject to increased ozone levels because wind carries ozone and pollutants that form it hundreds of miles away from their original sources.

Particulate Matter (PM₁₀, PM_{2.5}, and PM_{coarse})

Particulate matter, also known as particle pollution or PM, is a complex mixture of extremely small particles and liquid droplets. Particle pollution is made up of a number of components, including acids (such as nitrates and sulfates), organic chemicals, metals, and soil or dust particles.

The size of particles is directly linked to their potential for causing health problems. Of concern are particles that are 10 micrometers in diameter or smaller because those are the particles that generally pass through the throat and nose and enter the lungs. Once inhaled, these particles can

affect the heart and lungs and cause serious health effects. EPA groups particle pollution into two categories:

- “Inhalable coarse particles” (PM₁₀ and PM_{coarse}), such as those found near roadways and dusty industries, are between 2.5 and 10 micrometers in diameter.
- “Fine particles” (PM_{2.5}), such as those found in smoke and haze, are 2.5 micrometers in diameter and smaller. These particles can be directly emitted from sources such as forest fires, or they can form when gases emitted from power plants, industries, and automobiles react in the air.

Particle pollution, especially fine particles, contains microscopic solids or liquid droplets that are so small that they can get deep into the lungs and cause serious health problems. Numerous scientific studies have linked particle pollution exposure to a variety of problems, including: increased respiratory symptoms, such as irritation of the airways, coughing, or difficulty breathing, for example; decreased lung function; aggravated asthma; development of chronic bronchitis; irregular heartbeat; nonfatal heart attacks; and premature death in people with heart or lung disease.

People with heart or lung diseases, children and older adults are the most likely to be affected by particle pollution exposure. However, even healthy people may experience temporary symptoms from exposure to elevated levels of particle pollution.

Carbon Monoxide (CO)

Carbon monoxide is a colorless, odorless gas that is formed when carbon in fuel is not burned completely. It is a component of motor vehicle exhaust, which contributes about 56% of all CO emissions nationwide. Other non-road engines and vehicles (such as construction equipment and boats) contribute about 22% of CO emissions nationwide. Higher concentrations generally occur in areas with heavy traffic congestion. In 2011, 70% of CO emissions within Washoe County came from the exhaust of mobile sources.¹ Other sources include industrial processes (i.e., metals processing and chemical manufacturing), residential wood burning, and natural sources such as forest fires. The highest ambient levels of CO typically occur during the colder months of the year when temperature inversions are more frequent. The air pollution becomes trapped near the ground beneath a layer of warm air.

Carbon monoxide can cause harmful health effects by reducing oxygen delivery to the body’s organs (i.e., heart and brain) and tissues. The health threat from lower levels of CO is most serious for those who suffer from heart disease, like angina, clogged arteries, or congestive heart failure. For a person with heart disease, a single exposure to low levels of CO may cause chest pain and a reduced ability to exercise. Repeated exposures may contribute to other cardiovascular effects. Even healthy people can be affected by high levels of CO. Exposure to high levels can result in vision problems, reduced ability to work or learn, reduced manual dexterity, and difficulty performing complex tasks. At extremely high levels, CO is poisonous and can cause death.

¹ Washoe County Health District, Air Quality Management Division; “2011 Periodic Emissions Inventory”; Figure 1-2; November 2012.

Nitrogen Dioxide (NO_y and NO₂)

NO_y (total reactive nitrogen) is defined as the sum of NO_x plus the compounds produced from the oxidation of NO_x that include nitric acid. NO_y component species include NO (nitric oxide), NO₂ (nitrogen dioxide), NO₃ (nitrate), HNO₃ (nitric acid), N₂O₅ (nitrogen pentoxide), CH₃COO₂NO₂ (Peroxyacetyl nitrate, or PAN), and particulate nitrate.

Nitrogen dioxide is one of a group of highly reactive gasses known as “oxides of nitrogen”, or “nitrogen oxides (NO_x)”. Other nitrogen oxides include nitrous acid (HNO₂) and nitric acid (HNO₃). While EPA’s NAAQS covers this entire group of NO_x, NO₂ is the component of greatest interest and the indicator for the larger group of NO_x. NO₂ forms quickly from emissions from cars, trucks and buses, power plants, and off-road equipment. In addition to contributing to the formation of ground-level ozone and fine particle pollution, NO₂ is linked with a number of adverse effects on the respiratory system.

Current scientific evidence links short-term NO₂ exposures, ranging from 30 minutes to 24 hours, with adverse respiratory effects including airway inflammation in healthy people and increased respiratory symptoms in people with asthma. Also, studies show a connection between breathing elevated short-term NO₂ concentrations, and increased visits to emergency rooms and hospital admissions for respiratory issues, especially asthma.

NO₂ concentrations in vehicles and near roadways are appreciably higher than those measured at monitors in the current network. In fact, in-vehicle concentrations can be 2 to 3 times higher than measured at nearby area-wide monitors. Near-roadway (within about 50 meters) concentrations of NO₂ have been measured to be approximately 30 to 100% higher than concentrations away from roadways.

Individuals who spend time on or near major roadways can experience short-term NO₂ exposures considerably higher than measured by the current network. Approximately 16% of US housing units (approximately 48 million people) are located within 300 feet of a major highway, railroad, or airport. NO₂ exposure concentrations near roadways are of particular concern for susceptible individuals, including people with asthma, children, and the elderly.

NO_x react with ammonia, moisture, and other compounds to form small particles. These small particles penetrate deeply into sensitive parts of the lungs and can cause or worsen respiratory disease, such as emphysema and bronchitis, and can aggravate existing heart disease, leading to increased hospital admissions and premature death. Ozone is formed when NO_x and VOC react in the presence of heat and sunlight. Children, the elderly, people with lung diseases such as asthma, and people who work or exercise outdoors are at risk for adverse effects from ozone. These include reduction in lung function and increased respiratory symptoms as well as respiratory-related emergency room visits, hospital admissions, and possibly premature deaths.

Emissions that lead to the formation of NO₂ generally also lead to the formation of other NO_x. Emissions control measures leading to reductions in NO₂ can generally be expected to reduce population exposures to all gaseous NO_x. This may have the important co-benefit of reducing the formation of ozone and fine particles, both of which pose significant public health threats.

Sulfur Dioxide (SO₂)

Sulfur dioxide is one of a group of highly reactive gasses known as “oxides of sulfur”. The largest sources of SO₂ emissions are from fossil fuel combustion at power plants (66%) and other industrial facilities (29%). Smaller sources of SO₂ emissions include industrial processes such as extracting metal from ore, and the burning of high sulfur-containing fuels by locomotives, large ships, and non-road equipment. SO₂ is linked with a number of adverse effects on the respiratory system.

Current scientific evidence links short-term exposures to SO₂, ranging from 5 minutes to 24 hours, with an array of adverse respiratory effects including bronchoconstriction and increased asthma symptoms. These effects are particularly important for asthmatics at elevated ventilation rates (i.e., while exercising or playing.). Studies also show a connection between short-term exposure and increased visits to emergency rooms and hospital admissions for respiratory illnesses, particularly in at-risk populations including children, the elderly, and asthmatics.

EPA’s SO₂ NAAQS is designed to protect against exposure to the entire group of sulfur oxides (SO_x). SO₂ is the component of greatest concern and is used as the indicator for the larger group of SO_x. Other gaseous sulfur oxides (i.e., sulfur trioxide (SO₃)) are found in the atmosphere at concentrations much lower than SO₂.

Emissions leading to high concentrations of SO₂ generally also lead to the formation of other SO_x. Control measures that reduce SO₂ can generally be expected to reduce people’s exposures to all gaseous SO_x. This may have the important co-benefit of reducing the formation of fine sulfate particles, which pose significant public health threats.

SO_x can react with other compounds in the atmosphere to form small particles. These particles penetrate deeply into sensitive parts of the lungs and can cause or worsen respiratory disease, such as emphysema and bronchitis, and can aggravate existing heart disease, leading to increased hospital admissions and premature death. EPA’s PM NAAQS are designed to provide protection against these health effects.

Lead (Pb)

Lead is a metal found naturally in the environment as well as in manufactured products. The major sources of lead emissions have historically been motor vehicles (such as cars and trucks) and industrial sources. As a result of EPA’s efforts to remove lead from gasoline, ambient lead levels decreased 94% between 1980 and 1999. Today, elevated levels of Pb in air are usually found near lead smelters, waste incinerators, utilities, lead-acid battery manufacturers, and can be found in emissions of non-road mobile sources such as piston-propelled aircraft.

In addition to exposure to lead in air, other major exposure pathways include ingestion of lead in drinking water and lead-contaminated food as well as incidental ingestion of lead-contaminated soil and dust. Lead-based paint remains a major exposure pathway in older homes.

Once taken into the body, lead distributes throughout the body in the blood and is accumulated in the bones. Depending on the level of exposure, lead can adversely affect the nervous system, kidney function, immune system, reproductive and developmental systems and the cardiovascular system. Lead exposure also affects the oxygen carrying capacity of the blood. The effects most commonly encountered in current populations are neurological effects in children and cardiovascular effects (i.e., high blood pressure and heart disease) in adults. Infants and young children are especially sensitive to even low levels of lead, which may contribute to behavioral problems, learning deficits, and lowered IQ.

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National Ambient Air Quality Standards

The Clean Air Act requires the EPA to establish NAAQS for pollutants considered harmful to public health and the environment. Two types of NAAQS have been established; primary and secondary standards. Primary standards set limits to protect public health, especially that of sensitive populations such as asthmatics, children, and seniors. Secondary standards set limits to protect public welfare, including protections against decreased visibility, damage to animals, crops, and buildings.

The EPA has set NAAQS for seven principal pollutants, which are called “criteria” pollutants. They are listed in Title 40 of the Code of Federal Regulations (CFR) Part 50 and summarized in Table 1 below. The units of measure for the standards are parts per million (ppm) or billion (ppb), milligrams per cubic meter of air (mg/m³), or micrograms per cubic meter of air (µg/m³).

Table 1
National Ambient Air Quality Standards (as of December 31, 2015)

Pollutant	Primary Standard		Secondary Standard		Form
	Averaging Time	Level	Averaging Time	Level	
O ₃	8-hour	0.075 ppm 0.070 ppm*	Same as primary		Fourth highest daily maximum concentration, averaged over 3 years
PM _{2.5}	24-hour	35 µg/m ³	Same as primary		98 th percentile of daily max, averaged over 3 years
	Annual	12.0 µg/m ³	Annual	15.0 µg/m ³	Annual mean, averaged over 3 years
PM ₁₀	24-hour	150 µg/m ³	Same as primary		Not to be exceeded more than once per year on average over 3 years
CO	1-hour	35 ppm	None		Not to be exceeded more than once per year
	8-hour	9 ppm	None		
NO ₂	1-hour	100 ppb	None		98 th percentile, averaged over 3 years
	Annual	53 ppb	Same as primary		Annual Mean
SO ₂	1-hour	75 ppb	3-hour	0.5 ppm	1°: 99 th percentile of daily maximum concentration, averaged over 3 years
					2°: not to be exceeded more than once per year
Pb	Rolling 3-month average	0.15 µg/m ³	Same as primary		Not to be exceeded

* Effective December 28, 2015 (80 FR 65292)

Ambient Air Monitoring Network

The AQMD began monitoring ambient air quality in Washoe County in the 1960's, and the monitoring network has grown and evolved since that time. This trends report provides a summary of data collected from ambient air monitoring sites in Washoe County that the AQMD operated and maintained between 2006 and 2015 to measure O₃, PM_{2.5}, PM₁₀, CO, NO₂, and SO₂.

Each monitoring site is classified into one of two major categories - SLAMS (State and Local Air Monitoring Station) and SPM (Special Purpose Monitoring). SLAMS consist of a network of monitoring stations, the size and distribution of which is largely determined by the monitoring requirements for NAAQS comparison. SLAMS in the AQMD's network can be further classified as NCore (National Core monitoring network) or STN (Speciation Trends Network).

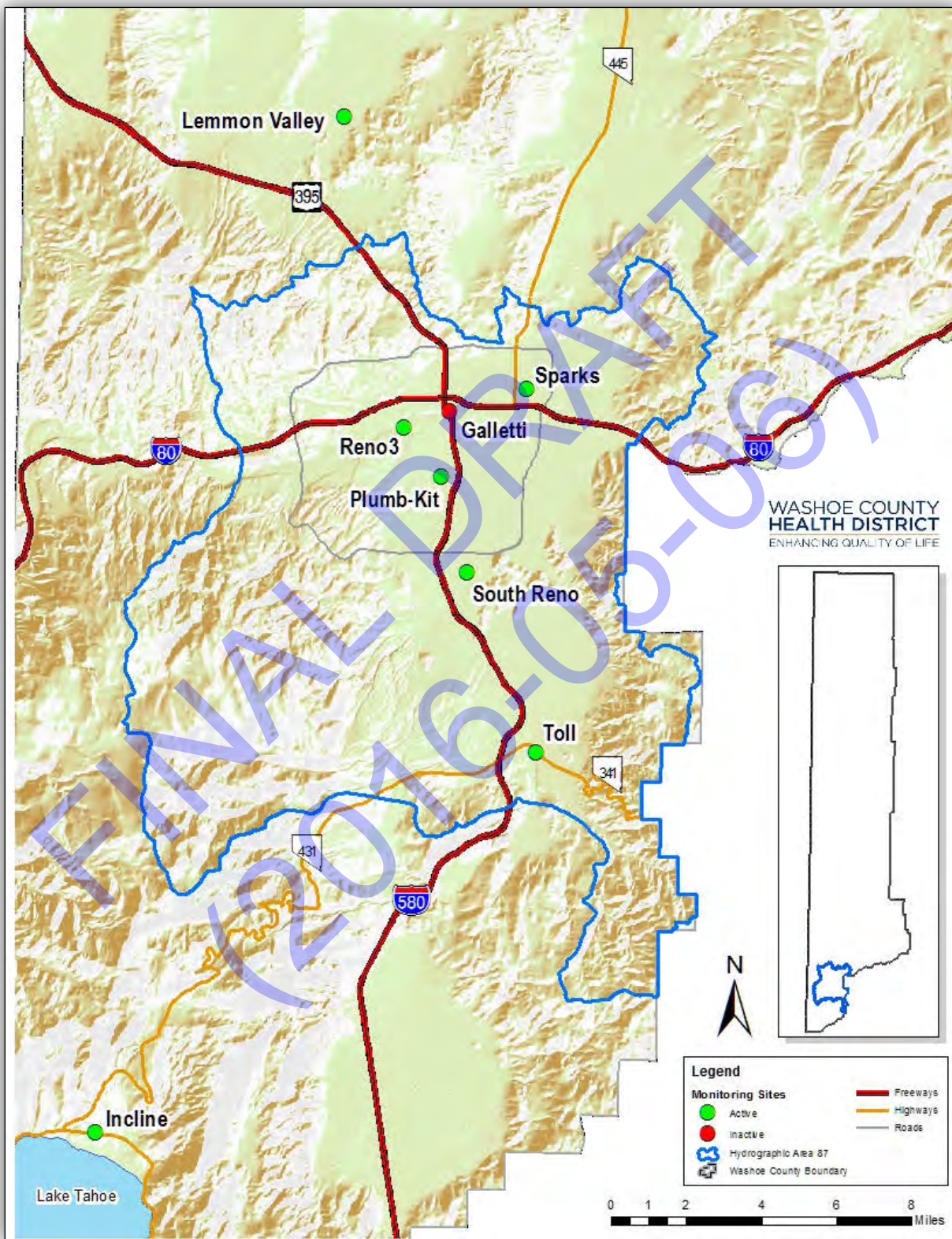
The AQMD's monitoring stations are sited in accordance with 40 CFR 58 and utilize equipment designated as reference or equivalent methods.² In addition, the network is reviewed annually³ to ensure it meets the monitoring objectives defined in 40 CFR 58, Appendix D. Ambient air monitoring data are collected, quality assured,⁴ and recorded in AQS. Appendix A of this document provides a detailed summary of the ambient air monitoring data for 2015. All data summarized in Appendix A has been provided by reports retrieved from AQS. The data provided by AQS reports were certified on April 22, 2016 as "complete to the best of our knowledge and ability". Figure 2 displays the ambient air monitoring sites operated between 2006 and 2015. For specific details regarding the ambient air monitoring network, refer to the AQMD's "2015 Ambient Air Monitoring Network Plan" and "2015 Ambient Air Monitoring Network Assessment".

² 40 CFR 53.

³ 40 CFR 58.10.

⁴ 40 CFR 58.

Figure 2
 Washoe County Ambient Air Monitoring Sites (2006-2015)



Monitoring Stations in Operation During the Last Ten Years (2006-2015)

Galletti (GAL)

AQS ID 32-031-0022 (SLAMS)

Located at 305 Galletti Way in Reno, this site is southeast of the Interstate 80 - Interstate 580/U.S. Highway 395 interchange in a commercial/industrial area. The Galletti site, which monitors PM₁₀, PM_{2.5}, PM_{coarse} and CO, is heavily impacted by on-road vehicle emissions from interstate highways and the nearby Nevada Department of Transportation Sand/Salt yard. The monitoring objective is to determine highest concentrations of PM and is population-oriented for CO. A Network Modification Request to discontinue monitoring for all pollutants and site closure was approved by EPA in April 2015. Monitoring for all pollutants ended in November 2014.

Figure 3
Galletti Monitoring Site



Figure 4
Incline Monitoring Site



Incline (INC)

AQS ID 32-031-2002 (SLAMS)

Located at 855 Alder Drive in Incline Village, this site is outside HA 87. It is located in a residential/commercial neighborhood, where the monitoring objective is population-oriented for O₃. The station was temporarily closed from December 2005 to May 2008 for building remodeling. Since May 2008, this site only monitors for O₃.

Figure 5
Lemmon Valley Monitoring Site



Lemmon Valley (LEM)

AQS ID 32-031-2009 (SLAMS)

Located at the Boys and Girls Club at 325 Patrician Drive in Reno, this site is outside HA 87. It is in a transitional area among residences, parks, and open fields. The pollutants monitored are O₃ and CO. The monitoring objective is population-oriented.

Plumb-Kit (PLM)

AQS ID 32-031-0030 (SLAMS)

Located at 891 East Plumb Lane in Reno, this site is on the northeast corner of Plumb Lane and Kietzke Lane. This site is surrounded by both residential and commercial properties as well as a school. The only pollutant measured at this site is PM₁₀. The monitoring objective is population-oriented for PM₁₀.

Figure 6
Plumb-Kit Monitoring Site



Figure 7
Reno3 Monitoring Site



Reno3 (RNO)

AQS ID: 32-031-0016 (SLAMS/NCore/STN)

Located at 301 A State Street in downtown Reno, this site is surrounded by a residential neighborhood and a commercial growth area. In 2011, Reno3 became an NCore site. The pollutants measured are O₃, PM₁₀, PM_{2.5}, PM_{coarse}, Trace CO, Trace SO₂, NO_x, and Trace NO_y. Meteorological parameters including ambient temperature, relative humidity, wind speed, and wind direction are also measured. This site is also part of EPA's national Speciation Trends Network (STN). The monitoring objectives follow those set forth by EPA for an NCore site.

Figure 8
South Reno Monitoring Site



South Reno (SRN)

AQS ID 32-031-0020 (SLAMS)

Located on the NV Energy property at 4110 Delucchi Lane in Reno, this site is in a transitional environment between open fields and office buildings. This site's monitoring objective is population-oriented for O₃, PM₁₀, and CO. A Network Modification Request to discontinue CO monitoring was approved by EPA in September 2014 and monitoring ended in October 2014.

Sparks (SPK)

AQS ID 32-031-1005 (SLAMS)

Located on US Postal Service property at 750 4th Street in Sparks, this site is surrounded by commercial property, a residential neighborhood, and is adjacent to a school. In 2007, the Sparks site was moved approximately 55 meters north of its previous location, due to tree growth affecting siting criteria. The site has a population-oriented monitoring objective for O₃ and PM₁₀ and measures the highest concentrations of CO in Washoe County. In 2012, this site began monitoring PM_{2.5}.

Figure 9
Sparks Monitoring Site



Figure 10
Toll Monitoring Site



Toll (TOL)

AQS ID 32-031-0025 (SLAMS)

The Toll Road site is located at 684A State Route 341 (Geiger Grade), one-half mile east of U.S. Highway 395. The site is near the edge of a residential neighborhood and adjacent to an area that may become commercially developed. It is a background site for PM₁₀ and CO. This site also monitors typical concentrations of O₃. A nearby school bus depot is not believed to have impacted the site.

Monitoring Stations in Operation and Pollutants Monitored Prior to 2005

Ambient air monitoring data have been collected by the AQMD in Washoe County since the 1960's. A complete historical list of monitoring stations and pollutants monitored is included in Appendix B, "Monitoring Stations in Operation From 1963 to 2015".

A Review of 2015

January began with cold and stagnant conditions with persistent inversions. Air quality was impacted throughout the month with mandatory and voluntary wood burning restrictions around the Truckee Meadows. AQMD issued five red and seven yellow burn codes with the highest 24-hour concentration for PM_{2.5} of 26.0 µg/m³ on January 4.

On February 6, wind gusts in excess of 70 mph caused dust to impact Reno/Sparks for several hours. This also resulted in one PM₁₀ exceedance at the Toll monitoring site. The 24-hour average for that day was 155 µg/m³.

March through May saw record heat and an early start to the thunderstorm season. Monsoonal conditions continued through June. Red flag conditions were also present and the wildfires began in California. The end of July and beginning of August had smoke filled skies in Northern Nevada from numerous wildfires located in Northern California.

Figure 11
Windblown dust in Southeast Reno on February 6



August into September was a dry, warm period conducive to wildfire development. The Valley, Butte, and Rough Fires impacted the Reno/Sparks area resulting in two PM_{2.5} exceedances at the Reno3 and Sparks monitoring sites. Exceedances were monitored at the Reno3 site on August 21 (38.8 µg/m³) and September 13 (37.7 µg/m³). An exceedance was also monitored at the Sparks site on August 21 (39.2 µg/m³).

Figure 12
Satellite image of wildfire growth on September 13



October began cool with record heat toward the middle of the month. November cooled considerably resulting in early wood burning restrictions with the first Red burn code issued on November 30. An active weather pattern prevented PM_{2.5} levels from reaching exceedance levels for the remainder of the year. For the November/December period, two Red and eight Yellow burn codes were issued and the highest 24-hour PM_{2.5} concentration of 28.6 µg/m³ was monitored on November 29.

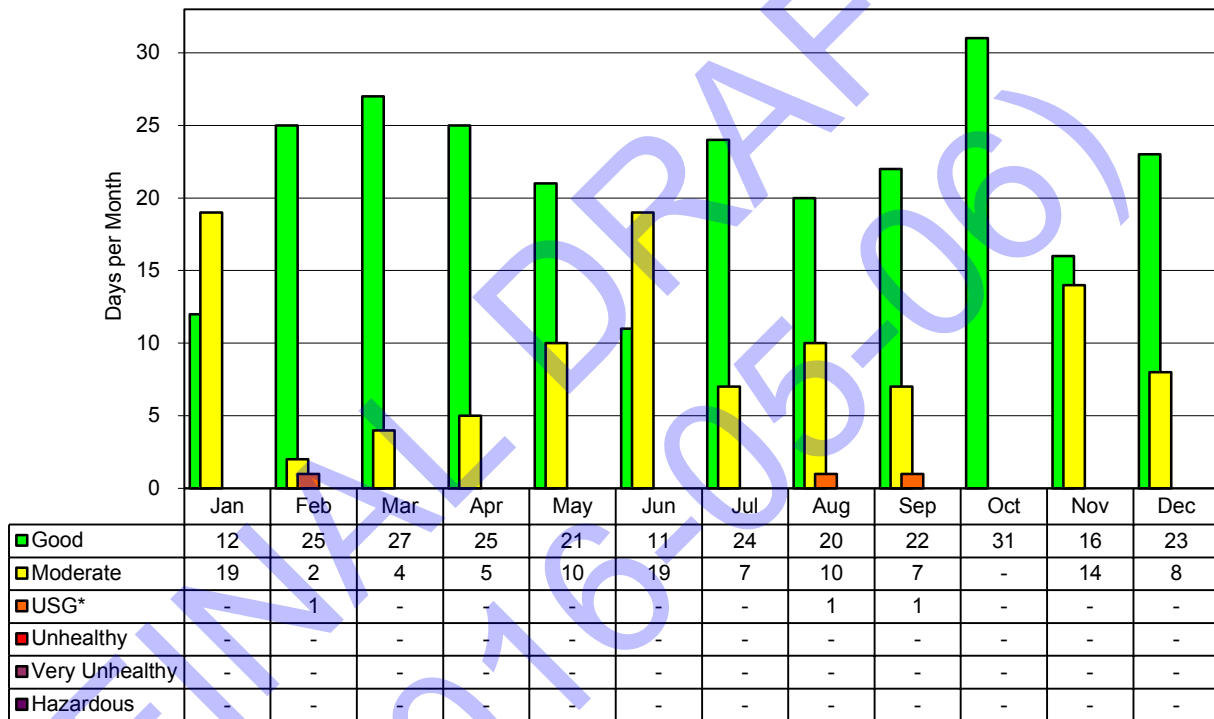
Table 2 summarizes NAAQS exceedances in 2015 by pollutant, averaging period, and dates.

Table 2
2015 NAAQS Exceedances Summary

Pollutant	Averaging Period	Exceedance Dates
O ₃	8-hour	None
PM _{2.5}	24-hour	Aug 21; Sep 13
PM ₁₀	24-hour	Feb 6
CO	1-hour	None
	8-hour	None
NO ₂	1-hour	None
SO ₂	1-hour	None
	3-hour	None
Pb	Rolling 3-month	Not required to monitor based on population size and lack of significant Pb sources.

Figure 13 summarizes the 2015 air quality by month and Air Quality Index (AQI) categories. The AQI is an index for reporting daily air quality that has been established by EPA. It informs the public how clean or polluted the air is, and what associated health effects might be a concern. The AQI is reported to the public via EnviroFlash, social media (Facebook and Twitter), website (OurCleanAir.com), and the AQMD’s air quality hotline ((775) 785-4110). The email, social media, and hotline are updated daily, and more often during air pollution episodes. The website is updated with the AQI and burn code during November, December, January and February. PM, CO, NO₂, and SO₂ concentrations are typically higher in the winter months while higher O₃ concentrations are more typical during the summer months.

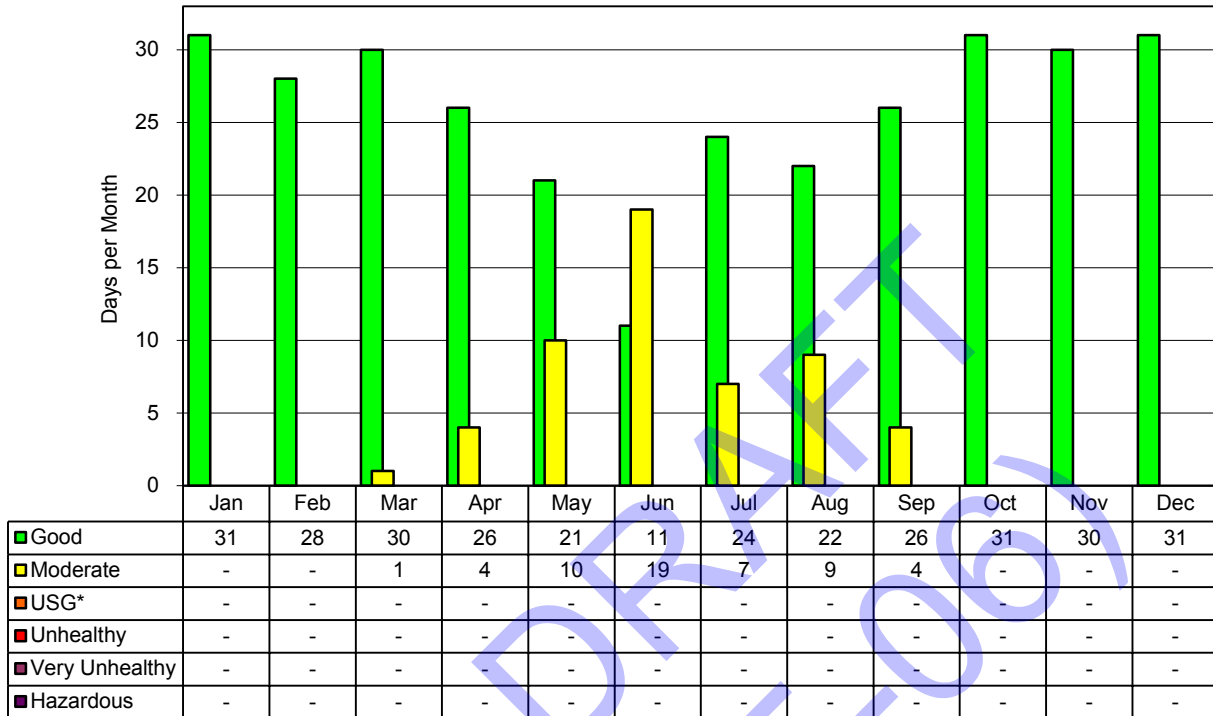
Figure 13
Monthly AQI Summary for All Pollutants (2015)



* Unhealthy for Sensitive Groups

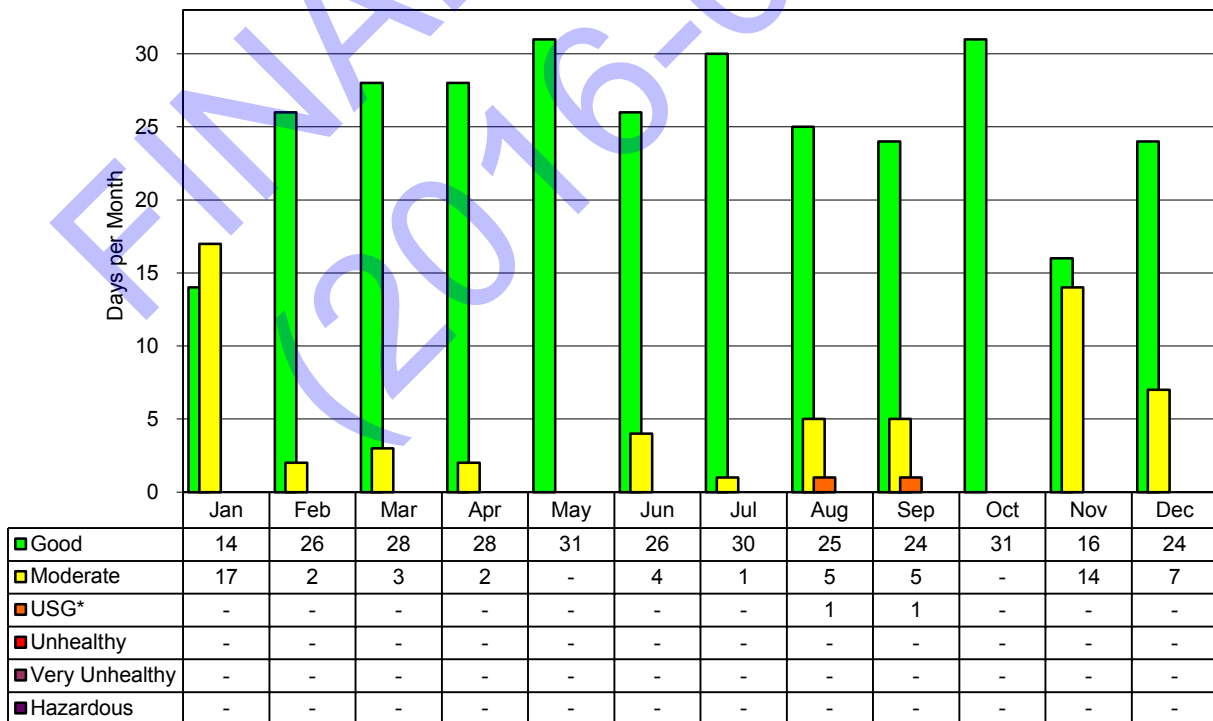
The next six figures are pollutant-specific and summarize Washoe County’s air quality for the previous year by pollutant, month, and AQI categories.

Figure 14
Monthly AQI Summary of O₃ (2015)



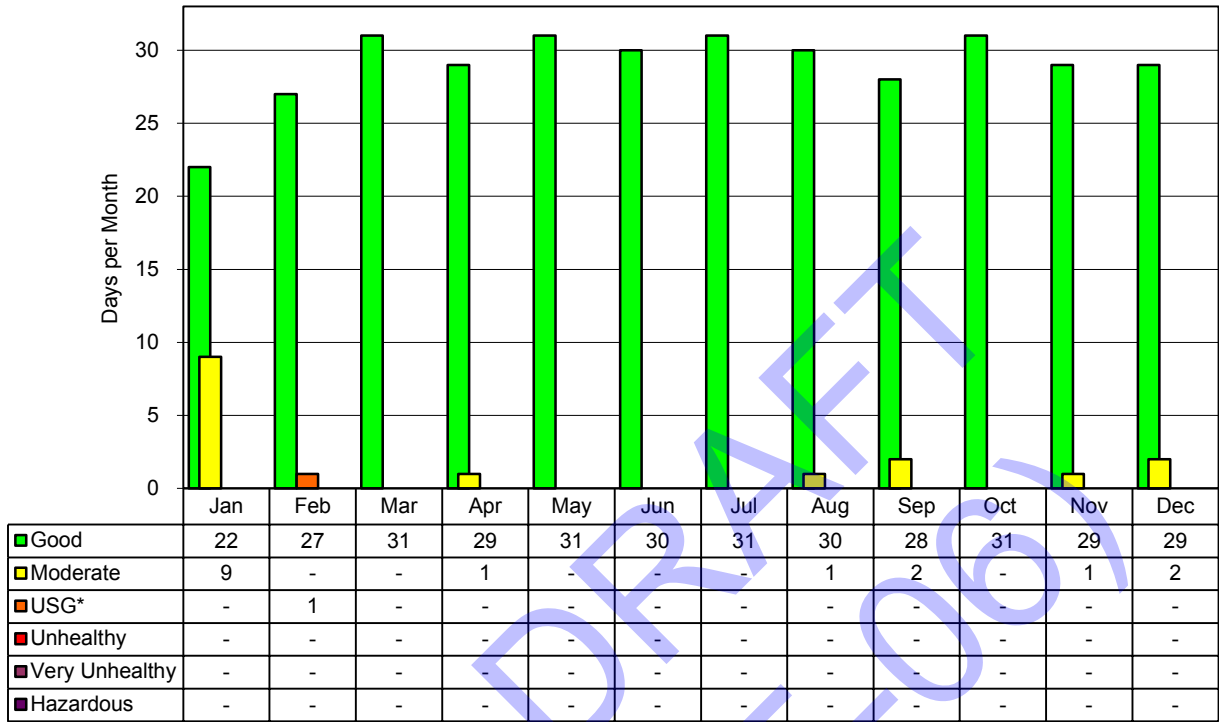
* Unhealthy for Sensitive Groups

Figure 15
Monthly AQI Summary of PM_{2.5} (2015)



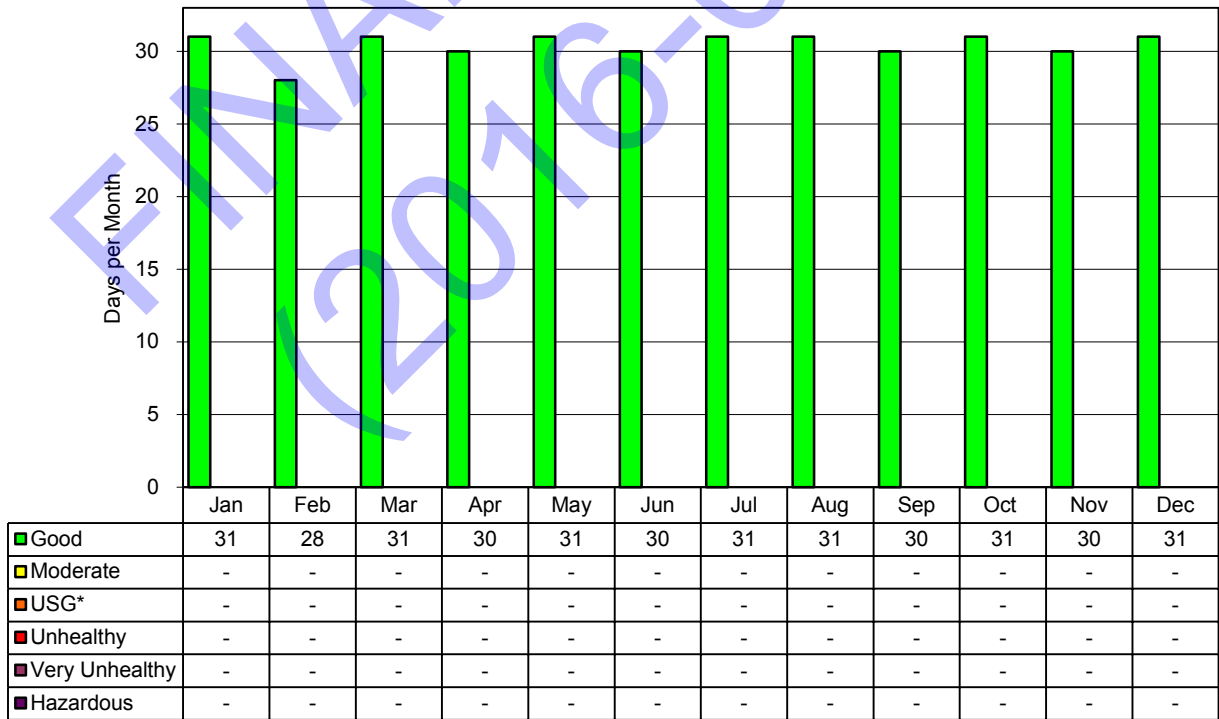
* Unhealthy for Sensitive Groups

Figure 14
Monthly AQI Summary of PM₁₀ (2015)



* Unhealthy for Sensitive Groups

Figure 17
Monthly AQI Summary of CO (2015)



* Unhealthy for Sensitive Groups

Figure 18
Monthly AQI Summary of NO₂ (2015)



* Unhealthy for Sensitive Groups

Figure 19
Monthly AQI Summary of SO₂ (2015)



* Unhealthy for Sensitive Groups

Current Design Values and Attainment Status

Table 3 summarizes Washoe County's current design values. Design values are the statistic used to compare ambient air monitoring data against the NAAQS to determine designations for each NAAQS. Designations are also codified in 40 CFR 81.329.

Table 3
Design Values and Attainment Status (as of December 31, 2015)

NAAQS		Design Value	Designations	
Pollutant (Averaging Time)	Level		Unclassifiable/Attainment, or Maintenance	Non-Attainment (classification)
Ozone (8-hour)	0.075 ppm 0.070 ppm*	0.071 ppm	All HA's*	---
PM _{2.5} (24-hour)	35 µg/m ³	32 µg/m ³	All HA's	---
PM _{2.5} (Annual)	12.0 µg/m ³	9.6 µg/m ³	All HA's	---
PM ₁₀ (24-hour)	150 µg/m ³	0.3 Expected Exceedances	All HA's except 87**	HA 87 (serious)**
CO (1-hour)	35 ppm	2.7 ppm	All HA's	---
CO (8-hour)	9 ppm	2.1 ppm	All HA's	---
NO ₂ (1-hour)	100 ppb	53 ppb	All HA's	---
NO ₂ (Annual Mean)	53 ppb	14 ppb	All HA's	---
SO ₂ (1-hour)	75 ppb	6 ppb	All HA's***	---
Pb (Rolling 3-month average)	0.15 µg/m ³	n/a	All HA's	---

Greater than or equal to 80% of NAAQS

- * Effective December 28, 2015 (80 FR 65292). EPA is expected to finalize initial designations in October 2017.
- ** Effective January 6, 2016 (80 FR 76232), HA 87 was redesignated to "Attainment/Maintenance" of the 24-hour PM₁₀ NAAQS.
- *** In May 2011, NDEP submitted an initial recommendation of "Unclassifiable" of all HA's in Nevada to EPA Region IX.

Ten-Year Air Quality Trend

Figure 18 summarizes the ten-year trend in AQI between 2006 and 2015. NAAQS revisions in 2006, 2008, 2012, and 2015 resulted in changes to AQI category ranges and the number of days per year within those ranges.

Figure 20
AQI Trend (2006-2015)



* Unhealthy for Sensitive Groups

Notes

2006: 1-hour O₃ NAAQS rescinded.

24-hour PM_{2.5} NAAQS strengthened from 65 to 35 µg/m³.

2008: 8-hour O₃ NAAQS strengthened from 0.08 to 0.075 ppm.

2012: Annual PM_{2.5} NAAQS strengthened from 15.0 to 12.0 µg/m³.

2015: 8-hour O₃ NAAQS strengthened from 0.075 to 0.070 ppm (effective December 28, 2015).

The next subsection provides one-page summaries of the ten-year trend for each pollutant monitored. The summaries also provide information about the latest year including exceedances, maximum concentrations, and design values.

These summaries include data that the AQMD has flagged as “exceptional” due to events such as wildfires, high winds, and transport. The design values will include these “exceptional” data until EPA determines concurrence with AQMD’s exceptional events demonstrations.

O₃ (8-hour) Design Values

NAAQS Level: 0.075 ppm (0.070 ppm effective December 28, 2015)

Design Value (2013-15): 0.071 ppm

Current Designation: Unclassifiable/Attainment (Entire County)

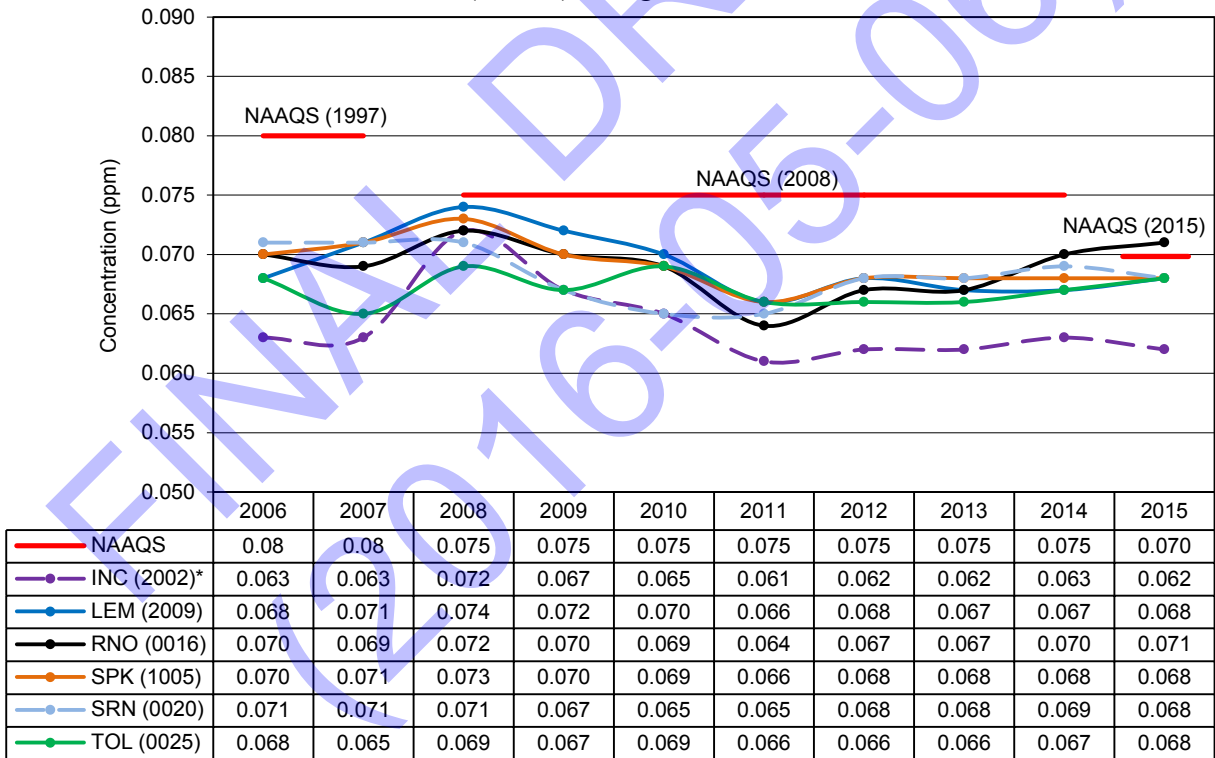
2015 Exceedances: 0

2015 First High: 0.075 ppm (Aug 18 - RNO)

2015 Fourth High: 0.073 ppm (Aug 21 - RNO)

Notes: The 2015 NAAQS of 0.070 ppm is effective December 28, 2015. EPA is expected to finalize initial designations by October 2017. This summary includes data that the AQMD has flagged as “exceptional” due to events such as wildfires, high winds, and transport. The design values will include these “exceptional” data until EPA determines concurrence with AQMD’s exceptional events demonstrations.

Figure 21
O₃ (8-hour) Design Values



* INC monitor was offline from Dec 2005 through May 2008 due to remodeling of the INC facility. Design Values for 2006-2010 include less than three years of complete data, and those years cannot be compared to the NAAQS.

PM_{2.5} (24-hour) Design Values

NAAQS Level: 35 µg/m³

Design Value (2013-15): 32 µg/m³ (SPK)

Current Designation: Attainment (HA 87), and Unclassifiable/Attainment (Remainder of County)

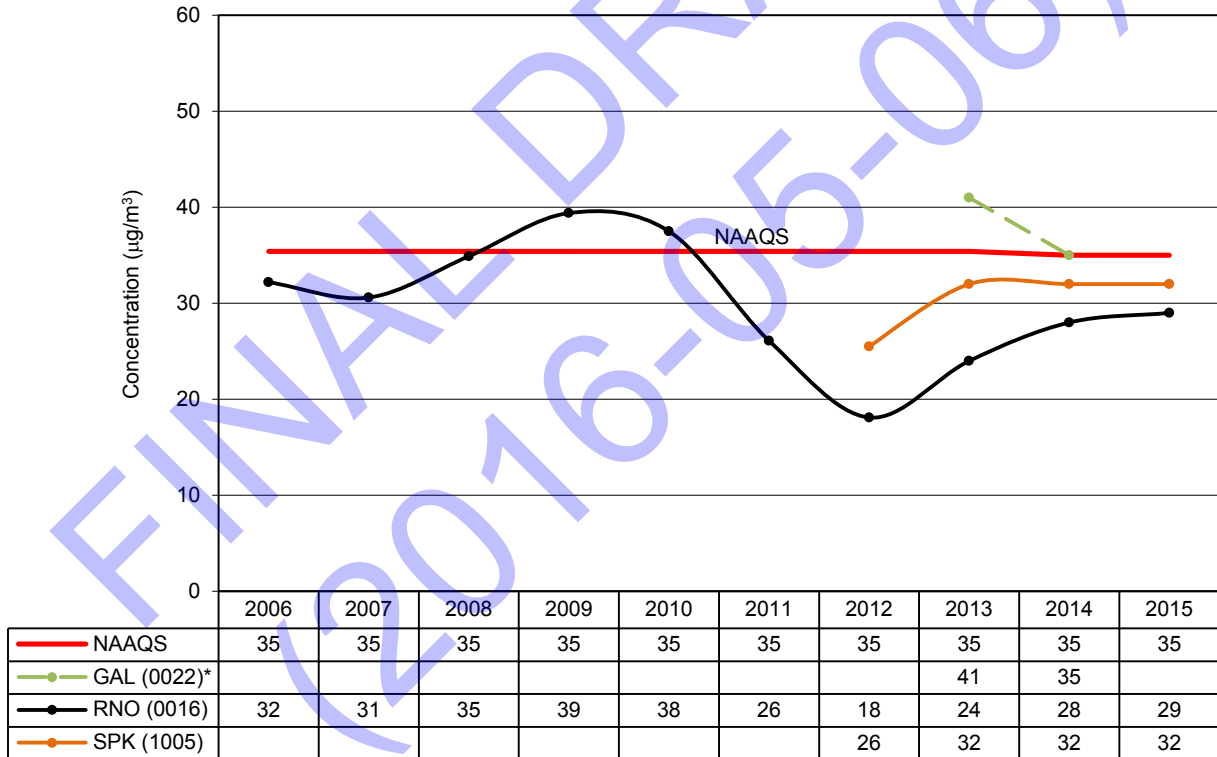
2015 Exceedances: 2

2015 First High: 39.2 µg/m³ (Aug 21 - SPK)

2015 98th Percentile: 25.7 µg/m³ (Jan 3 - SPK)

Notes: This summary includes data that the AQMD has flagged as “exceptional” due to events such as wildfires, high winds, and transport. The design values will include these “exceptional” data until EPA determines concurrence with AQMD’s exceptional events demonstrations.

Figure 22
PM_{2.5} (24-hour) Design Values



* PM_{2.5} monitoring at GAL initiated on January 1, 2013 and discontinued on November 19, 2014. Because less than three years of data are available, GAL cannot be used for comparison against the NAAQS.

PM_{2.5} (Annual) Design Values

NAAQS Level: 12.0 µg/m³

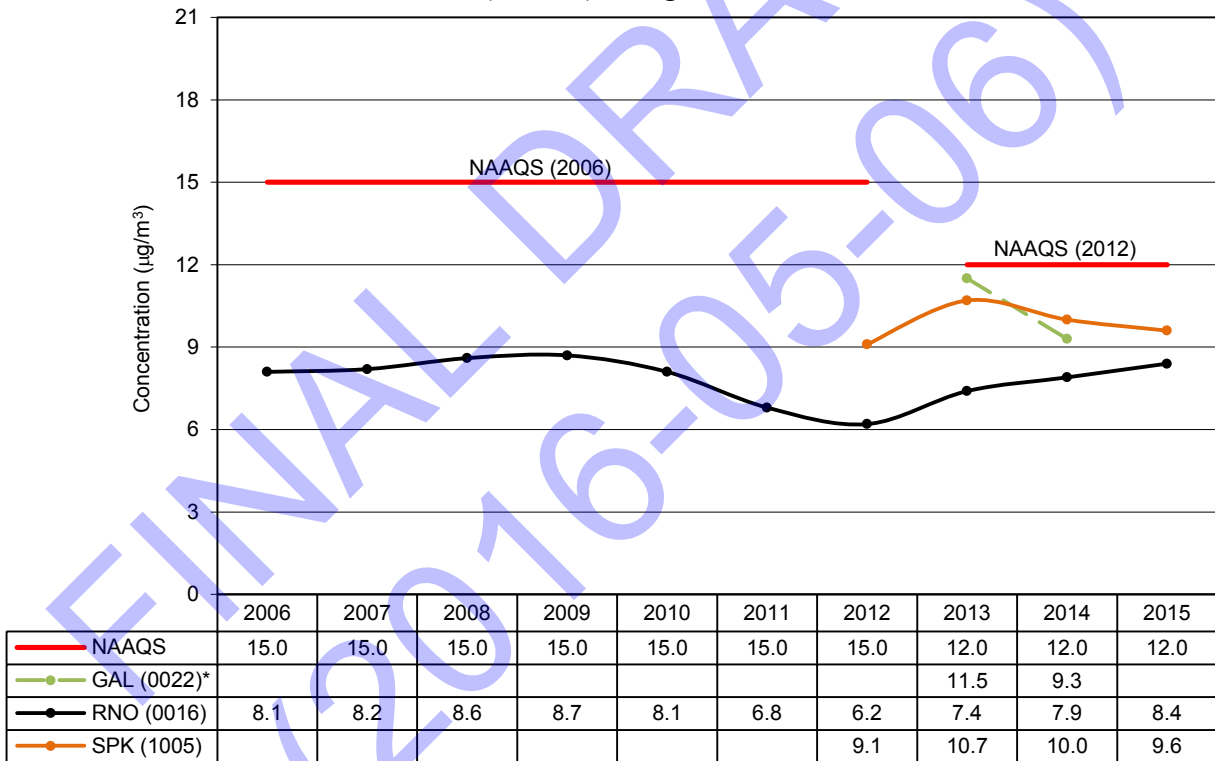
Design Value (2013-15): 9.6 µg/m³

Current Designation: Attainment (HA 87), and Unclassifiable/Attainment (Remainder of County)

2015 Annual Weighted Mean: 7.8 µg/m³

Notes: This summary includes data that the AQMD has flagged as “exceptional” due to events such as wildfires, high winds, and transport. The design values will include these “exceptional” data until EPA determines concurrence with AQMD’s exceptional events demonstrations.

Figure 23
PM_{2.5} (Annual) Design Values



* PM_{2.5} monitoring at GAL initiated on January 1, 2013 and discontinued on November 19, 2014. Design Values beyond 2014 include less than three years of complete data, and those years cannot be compared to the NAAQS.

PM₁₀ (24-hour) First Highs

NAAQS Level: 150 µg/m³

Design Value (2013-15): 0.3 expected exceedances

Current Designation: “Serious” Non-Attainment (HA 87); Unclassifiable (Remainder of County)

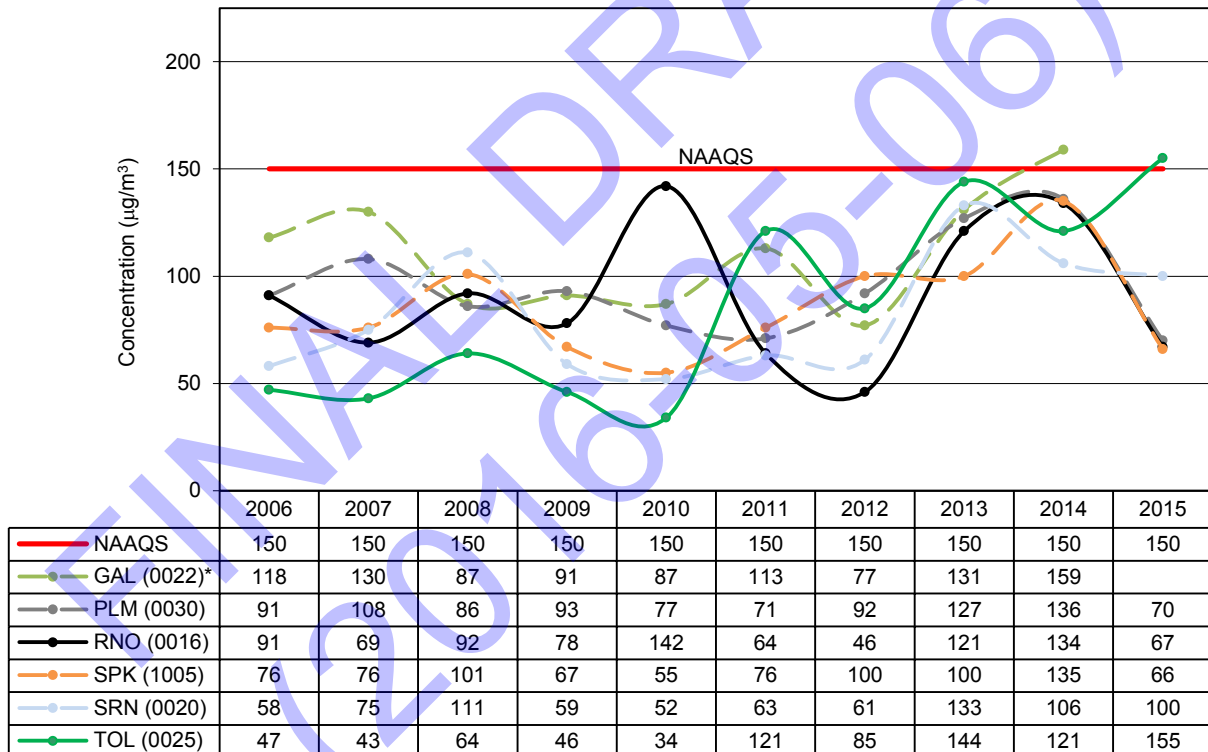
2015 Exceedances: 1

2015 Expected Exceedances: 1

2015 First High: 155 µg/m³ (Feb 6 - TOL)

Notes: This summary includes data that the AQMD has flagged as “exceptional” due to events such as wildfires, high winds, and transport. The design values will include these “exceptional” data until EPA determines concurrence with AQMD’s exceptional events demonstrations.

Figure 24
PM₁₀ (24-hour) First Highs



* PM₁₀ monitoring at GAL discontinued on November 19, 2014. Design Values beyond 2014 include less than three years of complete data, and those years cannot be compared to the NAAQS

CO (8-hour) Design Values

NAAQS Level: 9 ppm

Design Value: 2.1 ppm

Current Designation: Attainment (HA 87), and Unclassifiable/Attainment (Remainder of County)

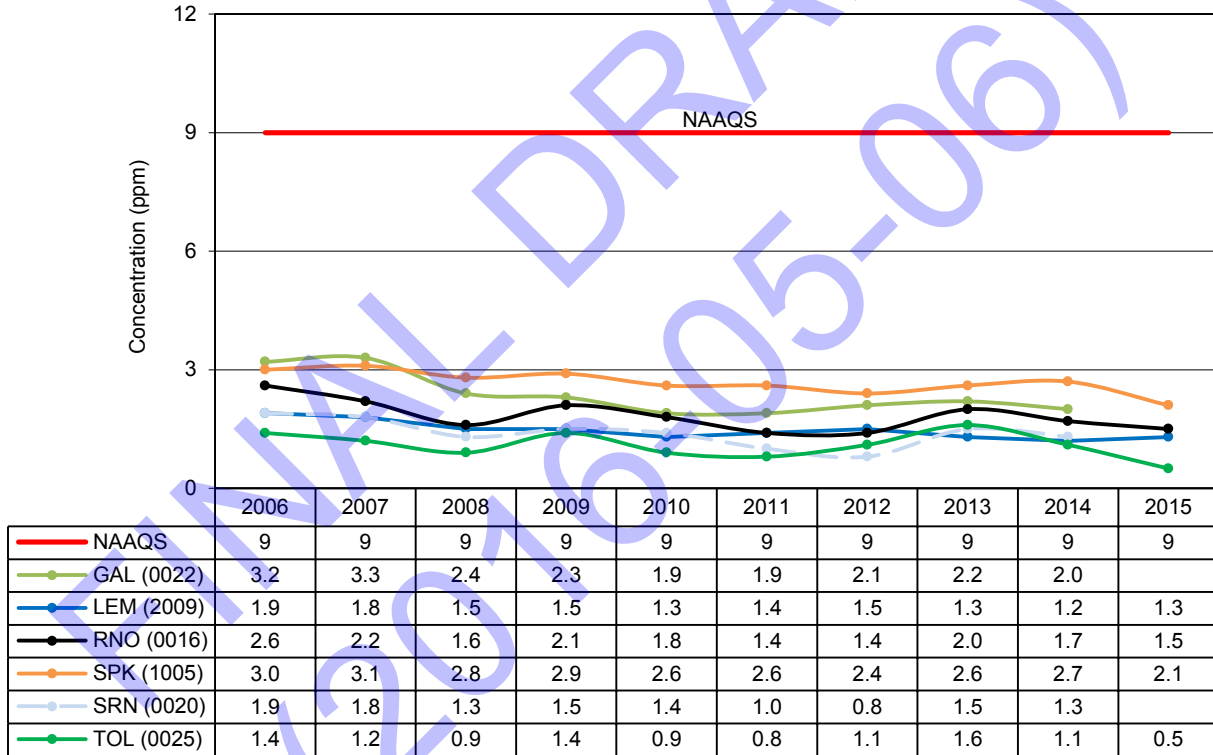
2015 Exceedances: 0

2015 First High: 2.1 ppm (Jan 5 - SPK)

2015 Second High: 2.0 ppm (Dec 6 - SPK)

Notes: The last measured exceedance of the 8-hour NAAQS occurred in December 1991.

Figure 25
CO (8-hour) Design Values



* CO monitoring at GAL discontinued on November 19, 2014.

CO (1-hour) Design Values

NAAQS Level: 35 ppm

Design Value: 2.7 ppm

Current Designation: Attainment (HA 87), and Unclassifiable/Attainment (Remainder of County)

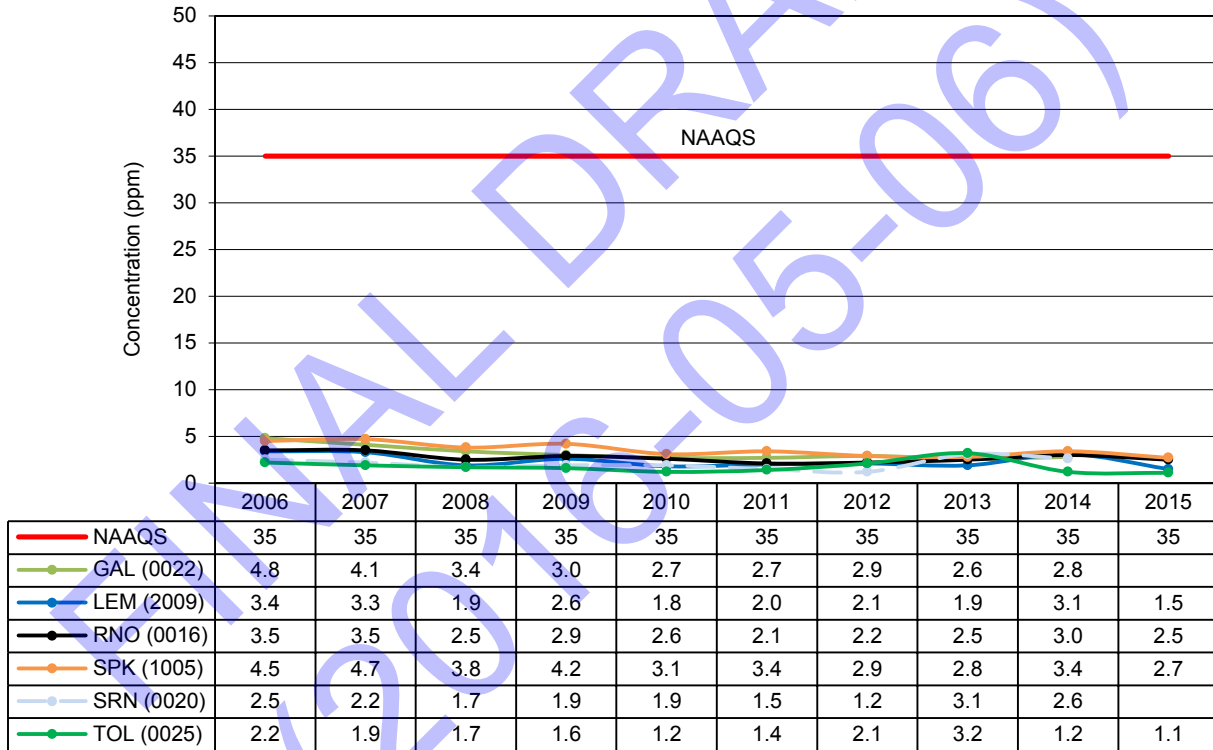
2015 Exceedances: 0

2015 First High: 2.7 ppm (Feb 18 - SPK)

2015 Second High: 2.7 ppm (Dec 1 - SPK)

Notes: The AQMD has never measured an exceedance of the 1-hour NAAQS.

Figure 26
CO (1-hour) Design Values



* CO monitoring at GAL discontinued on November 19, 2014.

NO₂ (1-hour) Design Values

NAAQS Level: 100 ppb

Design Value (2013-15): 53 ppb

Current Designation: Unclassifiable/Attainment (Entire County)

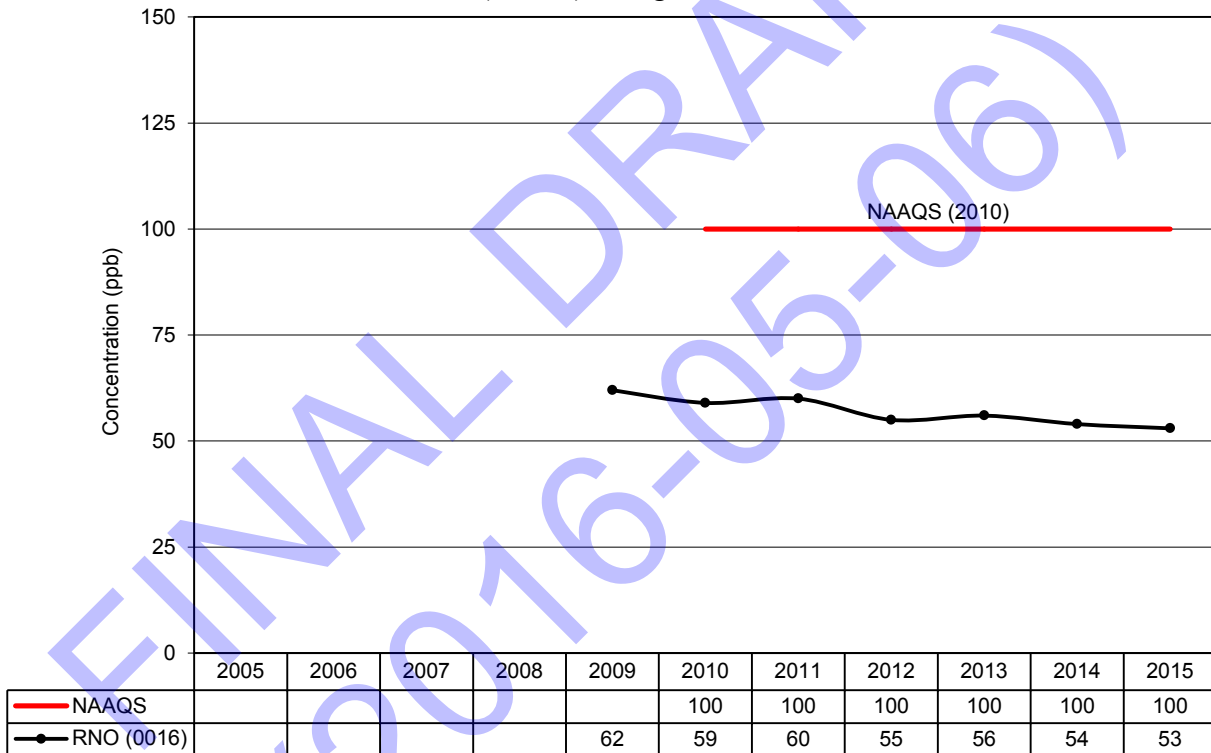
2015 Exceedances: 0

2015 First High: 67.2 ppb (Dec 18 - RNO)

2015 98th Percentile: 50.6 ppb (Apr 6 - RNO)

Notes:

Figure 27
NO₂ (1-hour) Design Values



NO₂ (Annual) Design Values

NAAQS Level: 53 ppb

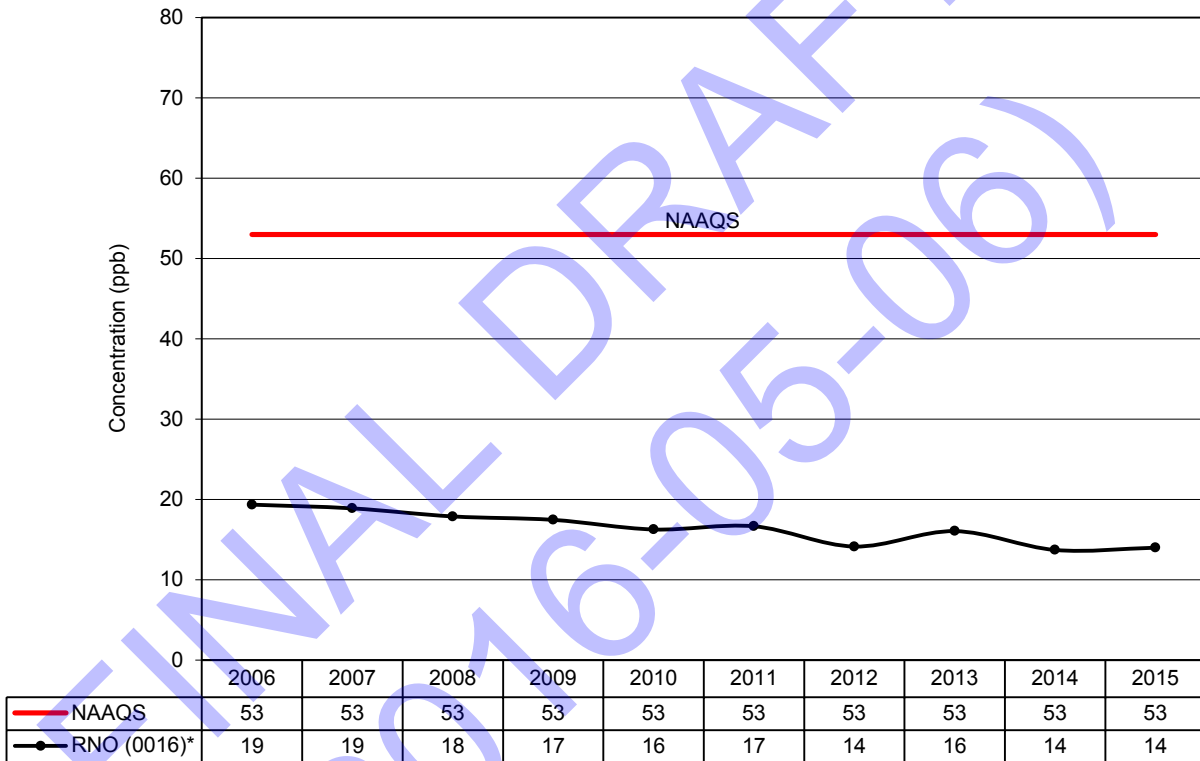
Design Value (2015): 14 ppb

Current Designation: Attainment

2015 Annual Mean: 14 ppb

Notes:

Figure 28
NO₂ (Annual) Design Values



* Some data for 2013, 2014, and 2015 contained negative values and were submitted as zeroes until AQS can accept negative values.

SO₂ (1-hour) Design Values

NAAQS Level (1-hour): 75 ppb

Design Value (2015): 6 ppb

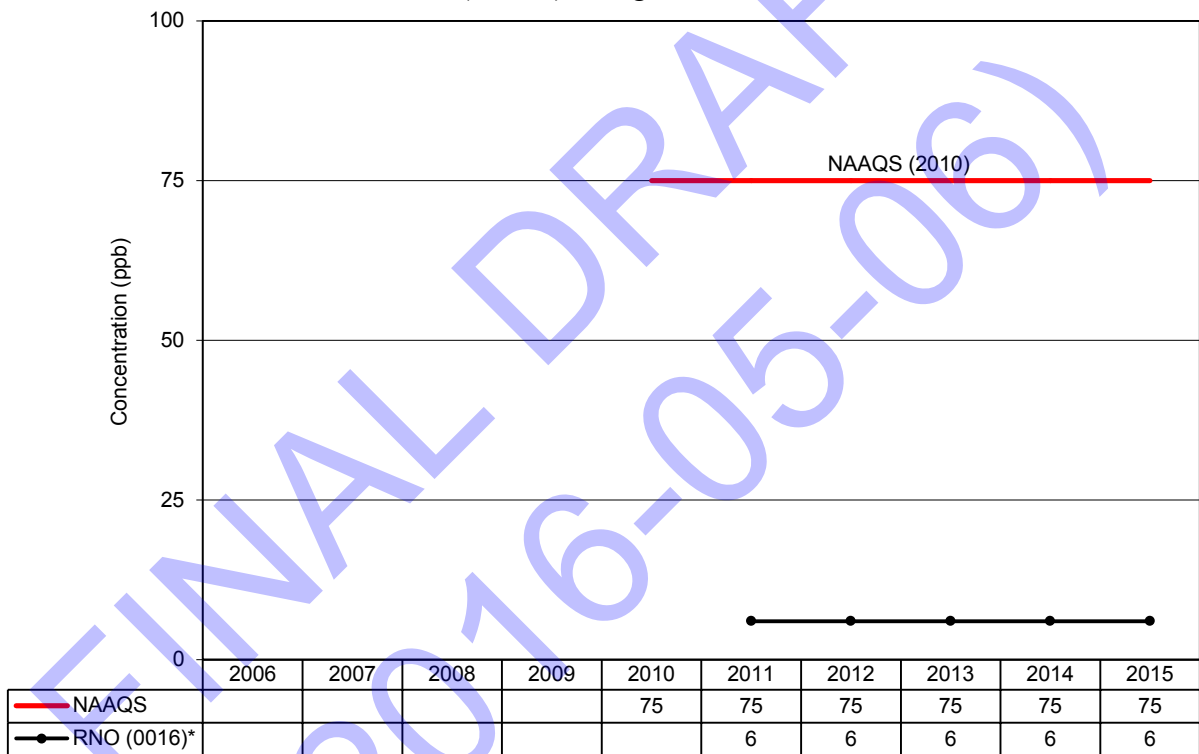
Current Designations: Under review

2015 First High: 7.2 ppb (Dec 8 - RNO)

2015 99th Percentile: 5.2 ppb (Dec 3 - RNO)

Notes:

Figure 29
SO₂ (1-hour) Design Values



* SO₂ monitoring at RNO initiated on January 1, 2011. Design Values for 2011 and 2012 include less than three years of complete data, and those years cannot be compared to the NAAQS.

Appendix A

Detailed Summary of Ambient Air Monitoring Data

Exceedances highlighted in Yellow

Violations highlighted in Red

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NAAQS Exceedances (2013 - 2015)

Pollutant	Averaging Period	Exceedance Dates		
		2013	2014	2015
O ₃	8-hour	None	May 17	None
PM _{2.5}	24-hour	Aug 22-24, 26-29; Nov 23; Dec 10, 12-13, 15-18, 22, 31	Sep 15-16, 18, 22-24	Aug 21; Sep 13
PM ₁₀	24-hour	None	Sep 18	Feb 6
CO	1-hour	None	None	None
CO	8-hour	None	None	None
NO ₂	1-hour	None	None	None
SO ₂	1-hour	None	None	None
Pb	Rolling 3-month	n/a - Pb was not monitored		

FINAL DRAFT
(2016-05-06)

OZONE

8-Hour Ozone Averages (ppm) (2015)

Rank	INC (2002)		LEM (2009)		RNO (0016)		SRN (0020)		SPK (1005)		TOL (0025)	
	Value	Date	Value	Date	Value	Date	Value	Date	Value	Date	Value	Date
1	0.064	08/21	0.075	06/08	0.075	08/18	0.073	08/18	0.072	08/21	0.073	08/21
2	0.063	08/18	0.075	06/18	0.073	06/08	0.072	08/21	0.071	06/17	0.070	06/18
3	0.062	05/02	0.073	06/15	0.073	08/19	0.071	08/19	0.071	08/19	0.070	08/20
4	0.062	06/08	0.072	06/09	0.073	08/21	0.070	06/16	0.070	06/08	0.069	06/16
5	0.062	08/22	0.072	06/16	0.072	06/09	0.070	08/20	0.070	06/16	0.069	06/17
6	0.061	08/19	0.071	09/01	0.071	06/15	0.069	06/08	0.070	08/18	0.069	08/19
7	0.061	08/20	0.070	05/02	0.070	05/02	0.069	06/09	0.069	05/02	0.068	06/15
8	0.060	06/05	0.069	08/18	0.070	08/20	0.069	06/17	0.069	06/18	0.068	08/18
9	0.060	06/15	0.068	06/17	0.069	06/16	0.068	06/15	0.069	08/20	0.066	06/08
10	0.060	06/16	0.068	06/19	0.069	06/17	0.068	06/20	0.068	06/09	0.066	06/09

4th High 8-Hour Ozone Averages (2013-2015) and Design Values (ppm)

Year	INC (2002)		LEM (2009)		RNO (0016)		SRN (0020)		SPK (1005)		TOL (0025)	
	Value	Date	Value	Date	Value	Date	Value	Date	Value	Date	Value	Date
2013	0.063	08/22	0.065	07/17	0.069	08/22	0.067	08/23	0.066	07/17	0.068	07/21
2014	0.063	04/20	0.067	06/03	0.071	06/28	0.068	05/31	0.069	06/28	0.067	05/30
2015	0.062	06/08	0.072	06/09	0.073	08/21	0.070	06/16	0.070	06/08	0.069	06/16
DV*	0.062		0.068		0.071		0.068		0.068		0.068	

* Annual fourth-highest daily maximum 8-hr concentration, averaged over 3 years

PM_{2.5}

24-Hour PM_{2.5} Averages (µg/m³) (2015)

Rank	RNO (0016)		SPK (1005)	
	Value (%ile)	Date	Value (%ile)	Date
1	38.8	08/21	39.2	08/21
2	37.7	09/13	32.3	09/13
3	30.3	09/14	28.6	11/29
4	22.9	08/08	28.5	11/14
5	22.4	12/17	26.0	01/04
6	21.8	01/04	25.8	01/01
7	21.1	01/03	25.8	11/30
8	20.2 (98)	11/11	25.7 (98)	01/03
9	19.9	11/14	25.3	12/05
10	19.5	01/10	25.0	09/14

98th Percentiles of 24-Hour PM_{2.5} Averages (2013-2015) and Design Values (µg/m³)

Year	GAL (0022)	RNO (0016)	SPK (1005)
2013	41.1**	38.8	38.2
2014	28.5**	29.2	33.0
2015	n/a	20.2	25.7
Design Value*	35**	29	32

* 98th percentile, averaged over 3 years

** PM_{2.5} monitoring at GAL initiated on January 1, 2013 and discontinued on November 19, 2014. Because less than three years of data are available, GAL cannot be used for comparison against the NAAQS.

PM_{2.5} (continued)

Annual PM_{2.5} Means (2013-2015)
and Design Values (µg/m³)

Year	GAL (0022)	RNO (0016)	SPK (1005)
2013	11.5**	10.1	12.3
2014	7.2**	7.6	8.7
2015	n/a	7.6	7.8
Design Value*	9.3**	8.4	9.6

* Annual mean, averaged over 3 years

** PM_{2.5} monitoring at GAL initiated on January 1, 2013 and discontinued on November 19, 2014. Because less than three years of data are available, GAL cannot be used for comparison against the NAAQS.

FINAL DRAFT
(2016-05-06)

PM₁₀

24-Hour PM₁₀ Averages (µg/m³)
(2015)

Rank	PLM (0030)		RNO (0016)		SRN (0020)		SPK (1005)		TOL (0025)	
	Value	Date	Value	Date	Value	Date	Value	Date	Value	Date
1	70	01/09	67	12/17	100	01/11	66	08/21	155	02/06
2	68	12/17	58	08/21	68	01/12	56	09/13	68	04/13
3	64	01/10	58	09/14	58	02/06	54	01/09	64	08/21
4	61	01/04	57	09/13	58	08/21	54	09/14	56	09/14
5	60	01/03	55	01/09	51	09/13	54	12/03	46	09/13
6	59	08/21	54	01/10	48	09/14	53	01/04	39	09/04
7	59	09/13	52	12/02	46	01/09	53	01/10	35	09/02
8	57	01/05	48	01/04	44	11/30	53	11/30	33	01/08
9	57	01/08	47	01/03	44	12/02	53	12/01	33	08/13
10	56	01/02	47	01/05	44	12/17	53	12/16	33	09/11

24-Hour PM₁₀ Highs (µg/m³)
(2013-2015)

Year	GAL (0022)		PLM (0030)		RNO (0016)		SRN (0020)		SPK (1005)		TOL (0025)	
	Value	Date	Value	Date	Value	Date	Value	Date	Value	Date	Value	Date
2013	131	08/23	127	08/23	121	08/23	133	08/23	100	08/23	144	08/23
2014	159	09/18	136	09/18	134	09/18	106	09/23	135	09/18	121	11/28
2015	n/a	n/a	70	01/09	67	12/17	100	01/11	66	08/21	155	02/06

PM₁₀ (continued)

PM₁₀ Expected Exceedances (2013-2015) and Design Values (expected exceedances)

Year	GAL (0022)	PLM (0030)	RNO (0016)	SRN (0020)	SPK (1005)	TOL (0025)
2013	0	0	0	0	0	0
2014	1	0	0	0	0	0
2015	n/a	0	0	0	0	1
Design Value*	0.3	0.0	0.0	0.0	0.0	0.3

* Expected exceedances averaged over three years

** PM₁₀ monitoring at GAL discontinued on November 19, 2014. Because less than three years of data are available, GAL cannot be used for comparison against the NAAQS.

FINAL DRAFT
(2016-05-06)

CARBON MONOXIDE (CO)

8-Hour CO Averages (ppm) (2015)

Rank	LEM (2009)		RNO (0016)		SPK (1005)		TOL (0025)	
	Value	Date	Value	Date	Value	Date	Value	Date
1	1.3	01/04	1.5	01/04	2.1	01/05	0.5	01/10
2	1.0	01/04	1.5	01/05	2.0	12/06	0.5	01/16
3	1.0	11/14	1.4	01/10	2.0	12/09	0.5	08/21
4	0.9	01/02	1.4	12/18	2.0	12/17	0.5	12/17

1-Hour CO Averages (ppm) (2015)

Rank	LEM (2009)		RNO (0016)		SPK (1005)		TOL (0025)	
	Value	Date	Value	Date	Value	Date	Value	Date
1	1.5	01/03	2.5	12/18	2.7	02/18	1.1	02/23
2	1.4	01/22	2.1	01/04	2.7	12/01	0.8	01/05
3	1.3	01/02	2.0	12/08	2.6	01/08	0.8	04/08
4	1.3	01/04	1.9	01/08	2.6	01/29	0.7	01/06

NITROGEN DIOXIDE (NO₂)

1-Hour NO₂ Averages (ppb) (2015)

Rank	RNO (0016)	
	Value (%ile)	Date
1	67.2	12/18
2	64.2	12/18
3	56.2	12/18
4	54.1	09/14
5	51.6	01/16
6	51.6	12/08
7	51.4	11/11
8	51.2	09/02
9	50.6	01/05
10	50.6 (98)	04/06

98th Percentiles of 1-Hour NO₂ Averages (2013-2015) and Design Value (ppm)

Year	RNO (0016)
	Value
2013	55.6
2014	52.4
2015	50.6
Design Value*	53

* 98th percentile, averaged over 3 years

NITROGEN DIOXIDE (continued)

NO₂ Annual Mean (2015)
and Design Value (ppb)

	RNO (0016)
Annual Mean	14
Design Value*	14

* Annual Mean

FINAL DRAFT
(2016-05-06)

SULFUR DIOXIDE (SO₂)

1-Hour SO₂ Averages (ppb) (2015)

Rank	RNO (0016)	
	Value (%ile)	Date
1	7.2	12/08
2	6.7	12/02
3	5.2	01/09
4	5.2 (99)	12/03
5	5.1	01/03
6	5.1	01/04
7	4.3	01/05
8	4.3	01/07
9	4.3	04/18
10	4.2	02/02

99th Percentiles of 1-Hour SO₂ Averages (2013-2015) and Design Value (ppb)

Year	RNO (0016)
	Value
2013	6
2014	6
2015	5**
Design Value*	6

* 99th percentile of 1-hour daily maximum concentrations, averaged over 3 years

** Annual value does not meet completeness criteria.

Appendix B

Monitoring Stations in Operation From 1963 to 2015

FINAL DRAFT
(2016-05-06)

AQS Site Name (AQS Site ID)	Ozone	PM _{2.5}	PM ₁₀	TSP	HC	CO	NO ₂	SO ₂	Lead
Galletti (32-031-0022)		13-14	88-14			88-14			
Incline (32-031-2002)	93-15		99-02						
Lemmon Valley (32-031-2009)	87-15		87			87-15			
Reno (32-031-0016)	82-15	99-15	88-15	85-87		83-15	84-15	11-15	
South Reno (32-031-0020)	88-15					88-14			
Sparks (32-031-1005)	79-15	12-15	88-15	85-87		80-15			
Toll (32-031-0025)	02-15		02-15			02-15			
Wadsworth - Fire (32-031-2003)				73-75					
Empire - School (32-031-2005)				76-77					
Incline - Pump (32-031-2001)				72-89					
Sparks - Victorian (32-031-1006)			88	80-89					
Sparks - TMWRF (32-031-1004)				74-89					
Sparks - Nugget (32-031-1003)				72-80					
Verdi - ES (32-031-1002)				68-89					
Reno - Center Steet (32-031-0015)						82-85	82-90		
Reno - Huffaker ES (32-031-0014)				80-89					
Reno - Stead (32-031-0011)				77					
Reno - Kings Row ES (32-031-0010)				77-89					
Reno - Fish & Game (32-031-0009)				74-89					
Reno - Fairgrounds (32-031-0008)				72-74					
Reno - Airport (32-031-0007)				72-89					

AQS Site Name (AQS Site ID)	Ozone	PM _{2.5}	PM ₁₀	TSP	HC	CO	NO ₂	SO ₂	Lead
Reno - Jesse Beck ES (32-031-0006)				72-89					
Reno - Harrah's (32-031-0005)	76-82					72-81	72-85		
Reno - Cal-Neva (32-031-0003)				68-89					
Reno - Sun Valley (32-031-2006)				80-05					
Sparks - Greenbrae ES (32-031-0002)			85-90	68-90					
Health - Kirman (32-031-0001)				63-89					

FINAL DRAFT
(2016-05-06)

DD	NA
DHO	<i>KD</i>
DA	NA
Risk	NA

STAFF REPORT
BOARD MEETING DATE: May 26, 2016

TO: District Board of Health
FROM: Anna Heenan, Administrative Health Services Officer
 328-2417, aheenan@washoecounty.us
SUBJECT: Acknowledge receipt of the Health District Fund Financial Review for April, Fiscal Year 2016

SUMMARY

The tenth month of fiscal year 2016 (FY16) ended with a cash balance of \$2,129,619. Total revenues were \$15,887,987 which was 79.1% of budget and an increase of \$464,490 compared to fiscal year 2015 (FY15). With 83.3% of the fiscal year completed 74.2% of the expenditures have been spent for a total of \$16,123,740 up \$249,271 compared to FY15.

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

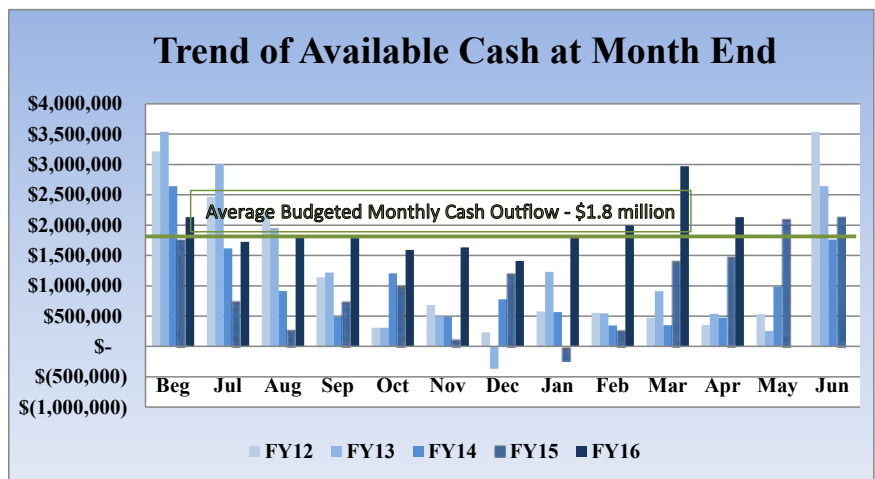
PREVIOUS ACTION

Fiscal Year 2016 Budget was adopted May 18, 2015.

BACKGROUND

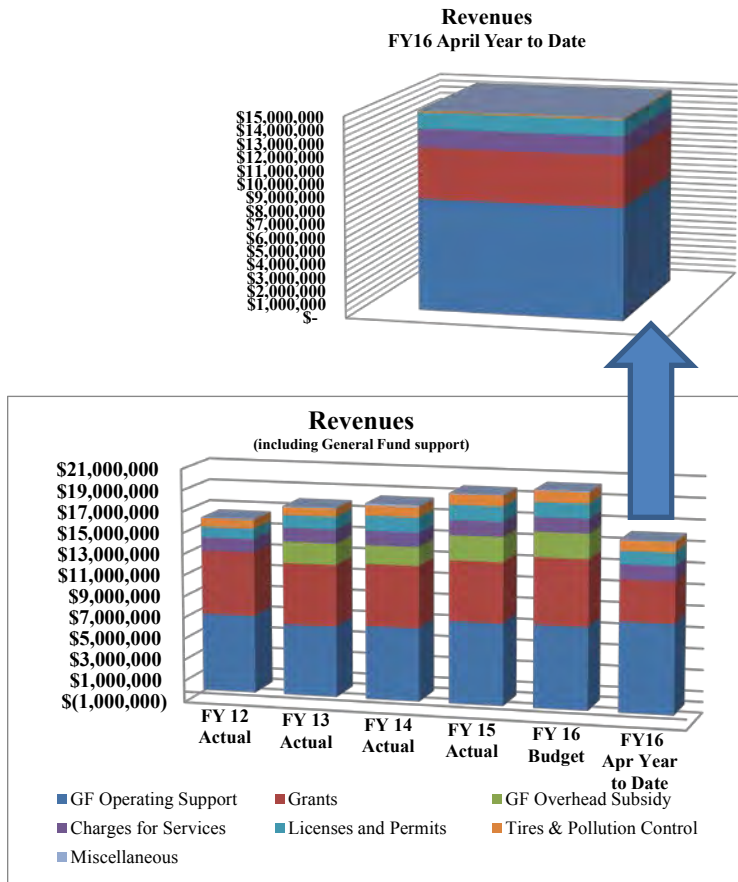
Review of Cash

The available cash at the end of April, FY16, was \$2,129,619 which was 117.6% of the average budgeted monthly cash outflow of \$1,810,512 for the fiscal year and up 43.4% or \$644,786 compared to the same time in FY15. The encumbrances and other liability portion of the cash balance totals \$1,123,382 leaving \$1,006,237 available for future obligations.



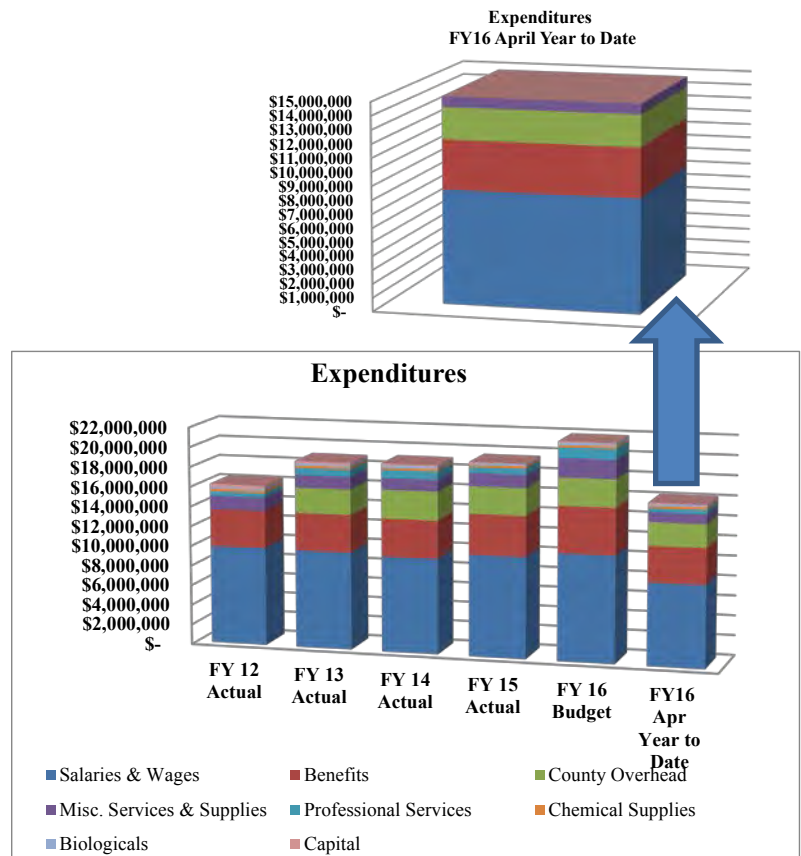
Note: December FY13 negative cash is due to 50%, \$1.3million, of the County Overhead being charged in December with just 8.3%, \$719,000, of the County Support being transferred to the fund. January FY15 no County General Fund support was transferred to the Health Fund leading to a negative cash situation.

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



Total year to date **revenues** of \$15,887,987 were up \$464,490 which was an increase of 3.0% over the same time last fiscal year and was 79.1% of budget. The single largest source of the increase is from the County General Fund support of \$8,397,380, excluding that source of revenue the fund was 5.7% or \$400,604 up from last year. The revenue categories that were up over last fiscal year are as follows: licenses and permits of \$1,221,782 were up \$55,999 or 4.8%; the federal and state revenues of \$3,853,626 were up by \$50,548 or 1.3%; charges for services of \$1,407,261 were up \$317,961 or 29.2%; fines for illegal dumping received \$500; miscellaneous revenues of \$52,269 were up \$8,516 or 19.5%; and, the County General Fund transfer of \$8,397,380 was up \$63,886 or 0.8%. The tire and pollution control funding of \$955,169 was down \$32,920 or 3.3% due to the April distribution of tire funding not being transferred until May.

The total year to date **expenditures** of \$16,123,740 increased by \$249,271 or 1.6% compared to the same time frame for fiscal year 2015. Salaries and benefits expenditures for the ten months were \$11,910,437 up \$94,967 or 0.8% over the prior year. The total services and supplies expenditures of \$4,195,200 were up \$161,727 which was a 4.0% increase. The major expenditures included in the services and supplies are: the professional services which totaled \$391,080, up \$93,486 or 31.4% over the prior year; chemical supplies were up 7.5% over last year for a total of \$250,088; the biologicals of \$189,480 were up \$29,161 or 18.2%; and, County overhead charges of \$2,329,902 were up 2% over last year. Total capital expenditures for the year were \$18,103 down \$7,424 or 29.1%.



Review of Revenues and Expenditures by Division

AQM has received \$1,789,394 or 79.3% of budget and down \$18,909 in revenue compared to FY15. CCHS received \$2,633,330 in revenue or 72.9% of budget and up \$93,601 over FY15. EHS has received \$1,653,996 which is 83.7% of budget and up \$66,588 over FY15. EPHP has received \$1,406,388 in revenue and is up \$251,976 or 21.8% over last year due to additional grant funding and an increase in birth and death certificates. The County General Fund support is the single largest source of revenue for the ten months at \$8,397,380 or 83.3% of budget.

With 83.3% of the fiscal year completed the total expenditures were \$16,123,740 which is 74.2% of budget and up \$249,271 over last fiscal year. ODHO spent \$479,265 up \$85,199 or 21.6% over FY15 due to filling a position that was vacant in FY15. AHS has spent \$834,658 down \$94,692 or 10.2% over last year due to an employee retirement payout of accrued benefits in FY15. AQM spent \$2,139,112 of the division budget and has increased \$61,268 or 2.9% over last fiscal year due to new costs for the regional permitting system. CCHS has spent \$5,686,207 year to date and is down \$68,671 or 1.2% over last year due to a decline in advertising associated with the Chronic Disease program. EHS spent \$4,935,652 and has increased \$106,400 or 2.2% over last year and includes an additional \$58,000 in costs for the regional permitting system; \$30,000 for office equipment; and \$17,000 for chemicals in the Vector Program. EPHP expenditures were \$2,048,846 and were \$159,766 or 8.5% over FY15 due to vacant staff positions in FY15 that have been filled this fiscal year.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2011/2012 through April Year to Date Fiscal Year 2015/2016 (FY16)									
	Actual Fiscal Year			Fiscal Year 2014/2015		Fiscal Year 2015/2016			
	2011/2012	2012/2013	2013/2014	Actual Year End (audited)	April Year to Date	Adjusted Budget	April Year to Date	Percent of Budget	FY16 Increase over FY15
Revenues (all sources of funds)									
ODHO	-	-	-	-	-	15,000	7,500	50.0%	-
AHS	8	33,453	87,930	151	151	-	-	-	-100.0%
AQM	1,966,492	2,068,697	2,491,036	2,427,471	1,808,303	2,255,504	1,789,394	79.3%	-1.0%
CCHS	3,706,478	3,322,667	3,388,099	3,520,945	2,539,729	3,610,928	2,633,330	72.9%	3.7%
EHS	1,755,042	1,828,482	1,890,192	2,008,299	1,587,409	1,975,149	1,653,996	83.7%	4.2%
EPHP	1,670,338	1,833,643	1,805,986	1,555,508	1,154,412	2,154,845	1,406,388	65.3%	21.8%
GF support	7,250,850	8,623,891	8,603,891	10,000,192	8,333,494	10,076,856	8,397,380	83.3%	0.8%
Total Revenues	\$16,349,208	\$17,710,834	\$18,267,134	\$19,512,566	\$15,423,497	\$20,088,282	\$15,887,987	79.1%	3.0%
Expenditures									
ODHO	-	-	-	481,886	394,066	703,642	479,265	68.1%	21.6%
AHS	1,202,330	1,366,542	1,336,740	1,096,568	929,350	1,018,458	834,658	82.0%	-10.2%
AQM	1,955,798	2,629,380	2,524,702	2,587,196	2,077,844	3,222,502	2,139,112	66.4%	2.9%
CCHS	6,086,866	6,765,200	6,949,068	6,967,501	5,754,878	7,316,459	5,686,207	77.7%	-1.2%
EHS	4,848,375	5,614,688	5,737,872	5,954,567	4,829,251	6,535,814	4,935,652	75.5%	2.2%
EPHP	2,084,830	2,439,602	2,374,417	2,312,142	1,889,080	2,939,917	2,048,846	69.7%	8.5%
Total Expenditures	\$16,178,200	\$18,815,411	\$18,922,800	\$19,399,860	\$15,874,470	\$21,736,792	\$16,123,740	74.2%	1.6%
Revenues (sources of funds) less Expenditures:									
ODHO	-	-	-	(481,886)	(394,066)	(688,642)	(471,765)		
AHS	(1,202,322)	(1,333,088)	(1,248,810)	(1,096,417)	(929,199)	(1,018,458)	(834,658)		
AQM	10,694	(560,683)	(33,666)	(159,725)	(269,541)	(966,998)	(349,719)		
CCHS	(2,380,389)	(3,442,533)	(3,560,969)	(3,446,555)	(3,215,149)	(3,705,531)	(3,052,878)		
EHS	(3,093,333)	(3,786,206)	(3,847,680)	(3,946,268)	(3,241,843)	(4,560,665)	(3,281,656)		
EPHP	(414,492)	(605,958)	(568,431)	(756,634)	(734,668)	(785,071)	(642,458)		
GF Operating	7,250,850	8,623,891	8,603,891	10,000,192	8,333,494	10,076,856	8,397,380		
Surplus (deficit)	\$ 171,008	\$ (1,104,577)	\$ (655,666)	\$ 112,707	\$ (450,973)	\$ (1,648,509)	\$ (235,753)		
Fund Balance (FB)	\$ 3,916,042	\$ 2,811,465	\$ 2,155,799	\$ 2,268,506		\$ 619,996			
FB as a % of Expenditures	24.2%	14.9%	11.4%	11.7%		2.9%			
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 April, Fiscal Year 2016.

POSSIBLE MOTION

Move to acknowledge receipt of the Health District Fund Financial Review for April, Fiscal Year 2016.

Attachment:
Health District Fund financial system summary report

Period: 1 thru 10 2016 Fund: 202 Health Fund
 Accounts: GO-P-L P&L Accounts Fund Center: 000 Default Washoe County
 Business Area: * Functional Area: 000 Standard Functional Area Hiera

Accounts	2016 Plan	2016 Actuals	Balance	Act%	2015 Plan	2015 Actual	Balance	Act%
422503 Environmental Permits	46,317-	49,612-	3,295	107	46,317-	47,731-	1,414	103
422504 Pool Permits	97,000-	89,430-	7,571-	92	97,000-	88,343-	8,657-	91
422505 RV Permits	11,000-	9,278-	1,723-	84	11,000-	9,822-	1,178-	89
422507 Food Service Permits	509,823-	401,172-	108,652-	79	420,000-	387,556-	32,444-	92
422508 Wat Well Const Perm	30,000-	43,856-	13,856	146	30,000-	32,069-	2,069	107
422509 Water Company Permits	5,000-	14,659-	9,659	293	5,000-	11,613-	6,613	232
422510 Air Pollution Permits	477,443-	426,005-	51,438-	89	474,103-	435,512-	38,591-	92
422511 ISDS Permits	75,000-	92,756-	17,756	124	75,000-	73,259-	1,741-	98
422513 Special Event Permits	90,000-	67,752-	22,248-	75	105,000-	55,552-	49,448-	53
422514 Initial Applic Fee	31,000-	27,264-	3,736-	88	31,000-	24,326-	6,674-	78
* Licenses and Permits	1,372,583-	1,221,782-	150,801-	89	1,294,420-	1,165,783-	128,637-	90
431100 Federal Grants	5,701,499-	3,522,485-	2,179,015-	62	5,271,536-	3,384,407-	1,887,129-	64
431105 Federal Grants - Indirect	291,791-	253,377-	38,415-	87	235,667-	179,994-	55,673-	76
432100 State Grants	209,951-	72,098-	137,853-	34	311,068-	229,097-	81,971-	74
432105 State Grants-Indirect	15,457-	5,666-	9,791-	37	16,026-	9,580-	6,446-	60
432310 Tire Fee NRS 444A.090	468,548-	355,879-	112,669-	76	468,548-	446,463-	22,085-	95
432311 Pol Ctrl 445B.830	550,000-	599,290-	49,290	109	318,667-	541,626-	222,958	170
* Intergovernmental	7,237,247-	4,808,795-	2,428,452-	66	6,621,513-	4,791,167-	1,830,346-	72
460162 Services to Other Agencies	28,421-	19,196-	9,225-	68				
460500 Other Immunizations	89,000-	24,047-	64,954-	27	89,000-	34,217-	54,783-	38
460501 Medicaid Clinical Services	8,200-	57,310-	49,110	699	8,200-	3,683-	4,517-	45
460503 Childhood Immunizations	20,000-	12,362-	7,639-	62	20,000-	11,713-	8,287-	59
460504 Maternal Child Health								
460508 Tuberculosis	4,100-	5,937-	1,837	145	4,100-	4,393-	293	107
460509 Water Quality		354-	354					
460510 IT Overlay	35,344-	28,819-	6,525-	82	35,344-	28,479-	6,865-	81
460511 Birth and Death Certificates	470,000-	433,354-	36,646-	92	480,000-	385,433-	94,567-	80
460512 Duplication Service Fees		1,738-	1,738			307-	307	
460513 Other Healt Service Charges	10,167-	34,677-	24,510	341		553-	553	
460514 Food Service Certification	18,000-	294-	17,706-	2	18,000-	15,035-	2,965-	84
460515 Medicare Reimbursement								
460516 Pgm Inc-3rd Prty Rec	1,450-	19,851-	18,401	1,369	1,750-	18,698-	16,948	1,068
460517 Influenza Immunization	7,000-		7,000-		7,000-	53-	6,948-	1
460518 STD Fees	21,000-	17,944-	3,056-	85	21,000-	11,504-	9,496-	55
460519 Outpatient Services		1,505-	1,505			692-	692	
460520 Eng Serv Health	50,000-	60,843-	10,843	122	50,000-	41,175-	8,825-	82
460521 Plan Review - Pools & Spas	1,500-	7,473-	5,973	498	3,600-	3,944-	344	110
460523 Plan Review - Food Services	20,000-	20,416-	416	102	20,000-	19,185-	815-	96
460524 Family Planning	32,000-	38,920-	6,920	122	32,000-	26,920-	5,080-	84
460525 Plan Review - Vector	42,000-	59,115-	17,115	141	42,000-	43,000-	1,000	102
460526 Plan Review-Air Quality	60,804-	45,593-	15,211-	75	57,889-	43,525-	14,364-	75
460527 NOE-AQM	116,984-	104,746-	12,238-	90	116,984-	101,166-	15,818-	86
460528 NESHAP-AQM	99,333-	102,158-	2,825	103	99,333-	85,223-	14,110-	86

Period: 1 thru 10 2016
 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	2016 Plan	2016 Actuals	Balance	Act%	2015 Plan	2015 Actual	Balance	Act%
460529 Assessments-AQM	51,336-	51,467-	131	100	51,336-	46,996-	4,340-	92
460530 Inspector Registr-AQ	2,162-	98-	2,064-	5	2,162-	855-	1,307-	40
460531 Dust Plan-Air Quality	142,403-	234,160-	91,757	164	142,403-	136,077-	6,326-	96
460532 Plan Rvw Hotel/Motel	2,530-	646-	1,884-	26		3,490-	3,490	
460533 Quick Start								
460534 Child Care Inspection	8,514-	6,854-	1,660-	81	8,514-	7,485-	1,029-	88
460535 Pub Accomod Inspectn	19,000-	17,386-	1,614-	92	19,000-	15,498-	3,502-	82
460570 Education Revenue								
* Charges for Services	1,361,248-	1,407,261-	46,013	103	1,329,615-	1,089,300-	240,315-	82
471265 Illegal Dumping		500-	500					
* Fines and Forfeitures		500-	500					
483000 Rental Income						151-	151	
484000 Donations,Contributions		3,700-	3,700					
484050 Donations Federal Pgm Income	37,550-	22,599-	14,951-	60	37,550-	22,854-	14,696-	61
484195 Non-Govt'l Grants					55,988-		55,988-	
484197 Non-Gov. Grants-Indirect	11,631-	6,018-	5,613-	52	5,125-		5,125-	
485100 Reimbursements	38,599-	18,527-	20,072-	48		19,131-	19,131	
485121 Jury Reimbursements						120-	120	
485300 Other Misc Govt Rev		51-	51			1,497-	1,497	
* Miscellaneous	87,780-	50,894-	36,886-	58	98,663-	43,753-	54,910-	44
** Revenue	10,058,858-	7,489,232-	2,569,626-	74	9,344,211-	7,090,004-	2,254,207-	76
701110 Base Salaries	9,728,309	7,481,274	2,247,035	77	9,204,374	7,560,550	1,643,823	82
701120 Part Time	398,206	295,945	102,261	74	408,927	291,494	117,432	71
701130 Pooled Positions	374,608	307,913	66,695	82	510,064	306,553	203,511	60
701140 Holiday Work	4,319	2,154	2,165	50	4,319	2,804	1,515	65
701150 xcContractual Wages								
701200 Incentive Longevity	166,775	81,149	85,626	49	155,100	81,672	73,428	53
701300 Overtime	64,681	57,319	7,362	89	62,798	53,546	9,252	85
701403 Shift Differential	302	162	140	54		104	104-	
701406 Standby Pay								
701408 Call Back	1,000	938	62	94	1,000		1,000	
701412 Salary Adjustment	43,993-		43,993-		131,434		131,434	
701413 Vac Payoff/Sick Pay-Term	49,515	58,470	8,955-	118		123,195	123,195-	
701414 Vacation Denied-Payoff		416	416-					
701417 Comp Time	7,603	7,218	385	95		11,950	11,950-	
701419 Comp Time - Transfer		2,785	2,785-					
701500 Merit Awards								
* Salaries and Wages	10,751,325	8,295,743	2,455,582	77	10,478,015	8,431,871	2,046,144	80
705110 Group Insurance	1,602,223	1,248,292	353,931	78	1,452,108	1,187,462	264,646	82
705210 Retirement	2,870,083	2,182,461	687,623	76	2,508,521	2,011,792	496,729	80
705215 Retirement Calculation								
705230 Medicare April 1986	143,292	113,420	29,872	79	134,798	115,207	19,591	85
705320 Workmens Comp	69,143	57,619	11,523	83	68,214	56,489	11,725	83

Run by: AHEENAN
 Run date: 05/10/2016 14:00:19
 Report: 400/ZS16

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

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Period: 1 thru 10 2016
 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	2016 Plan	2016 Actuals	Balance	Act%	2015 Plan	2015 Actual	Balance	Act%
705330 Unempty Comp	15,483	12,903	2,580	83	15,179	12,649	2,530	83
705360 Benefit Adjustment					21,855		21,855	
* Employee Benefits	4,700,224	3,614,695	1,085,529	77	4,200,674	3,383,599	817,075	81
710100 Professional Services	892,764	346,174	546,589	39	687,734	230,175	457,559	33
710105 Medical Services	9,621	3,859	5,762	40	9,323	2,658	6,666	29
710108 MD Consultants	137,971	37,894	100,077	27	83,908	33,938	49,971	40
710110 Contracted/Temp Services	7,279	3,153	4,126	43	31,581	30,824	757	98
710119 Subrecipient Payments								
710200 Service Contract	172,990	48,438	124,552	28	120,720	43,906	76,814	36
710205 Repairs and Maintenance	24,189	12,957	11,232	54	5,538	7,554	2,016-	136
710210 Software Maintenance	16,607	12,770	3,837	77	18,083	22,326	4,243-	123
710300 Operating Supplies	271,849	67,959	203,890	25	118,636	67,868	50,769	57
710302 Small Tools & Allow	23,685	794	22,891	3	22,685	443	22,242	2
710308 Animal Supplies	1,600	721	879	45	1,600	92	1,508	6
710310 Parts and Supplies		660	660-					
710312 Special Dept Expense						300	300-	
710319 Chemical Supplies	231,900	250,088	18,188-	108	231,900	232,652	752-	100
710325 Signs and Markers								
710334 Copy Machine Expense	30,061	23,591	6,470	78	25,625	20,596	5,030	80
710350 Office Supplies	38,213	30,249	7,965	79	59,144	27,659	31,485	47
710355 Books and Subscriptions	6,015	7,196	1,181-	120	8,059	2,878	5,181	36
710360 Postage	25,882	15,161	10,721	59	23,150	16,398	6,752	71
710361 Express and Courier	850	159	691	19	510	154	356	30
710391 Fuel & Lube	100	184	84-	184	100		100	
710400 Payments to Other Agencies						21,979	21,979-	
710412 Do Not Use								
710500 Other Expense	39,891	15,991	23,900	40	28,429	20,060	8,370	71
710502 Printing	27,568	14,866	12,702	54	22,171	9,806	12,365	44
710503 Licenses & Permits	6,770	6,850	80-	101	6,331	5,340	991	84
710505 Rental Equipment	1,800	1,800		100	1,800		1,800	
710506 Dept Insurance Deductible		450	450-			300	300-	
710507 Network and Data Lines	9,755	6,168	3,587	63	11,295	7,806	3,489	69
710508 Telephone Land Lines	36,040	29,925	6,115	83	42,650	28,871	13,779	68
710509 Seminars and Meetings	52,167	26,603	25,565	51	50,633	29,935	20,698	59
710512 Auto Expense	11,582	5,937	5,644	51	14,665	4,801	9,865	33
710514 Regulatory Assessments	18,500	12,998	5,502	70	11,920	18,638	6,718-	156
710519 Cellular Phone	13,709	7,218	6,491	53	15,117	11,353	3,764	75
710529 Dues	8,375	7,364	1,011	88	11,867	5,104	6,763	43
710535 Credit Card Fees	12,107	13,867	1,760-	115	12,665	12,621	44	100
710546 Advertising	239,899	81,148	158,751	34	346,208	176,789	169,419	51
710551 Cash Discounts Lost		512	512-			258	258-	
710563 Recruitment						613	613-	
710577 Uniforms & Special Clothing	9,900	1,628	8,272	16	12,350	2,086	10,264	17

Run by: AHEENAN
 Run date: 05/10/2016 14:00:19
 Report: 400/ZS16

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

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 Variation: 1/ 127

Period: 1 thru 10 2016 Fund: 202 Health Fund
 Accounts: GO-P-L P&L Accounts Fund Center: 000 Default Washoe County
 Business Area: * Functional Area: 000 Standard Functional Area Hiera

Accounts	2016 Plan	2016 Actuals	Balance	Act%	2015 Plan	2015 Actual	Balance	Act%
710585 Undesignated Budget					90,642		90,642	
710594 Insurance Premium		5,605	5,605-					
710598 Telecomm Charge-out contra								
710600 LT Lease-Office Space	79,703	72,767	6,936	91	109,115	73,051	36,064	67
710620 LT Lease-Equipment								
710703 Biologicals	242,868	189,480	53,388	78	203,743	160,319	43,424	79
710708 Foster Care Home								
710714 Referral Services						1,356	1,356-	
710721 Outpatient	96,331	73,897	22,434	77	96,370	61,217	35,153	64
710872 Food Purchases	2,170	1,526	644	70	4,889	1,461	3,428	30
711010 Utilities								
711020 Water/Sewer								
711100 ESD Asset Management	66,552	50,854	15,698	76	66,526	53,578	12,948	81
711113 Equip Srv Replace	38,039	22,756	15,282	60	27,586	22,515	5,071	82
711114 Equip Srv O & M	62,441	52,321	10,120	84	41,538	36,198	5,340	87
711115 Equip Srv Motor Pool					5,000		5,000	
711117 ESD Fuel Charge	47,382	25,879	21,503	55	48,591	36,702	11,889	76
711119 Prop & Liab Billings	75,992	63,327	12,665	83	74,502	62,085	12,417	83
711210 Travel	145,143	66,874	78,269	46	222,874	76,842	146,032	34
711300 Cash Over Short						20-	20	
711399 ProCard in Process		58	58-			65	65-	
711400 Overhead - General Fund	2,795,882	2,329,902	465,980	83	2,741,061	2,284,218	456,844	83
711504 Equipment nonCapital	136,573	86,542	50,031	63	100,055	67,106	32,949	67
* Services and Supplies	6,168,713	4,137,119	2,031,594	67	5,868,891	4,033,473	1,835,418	69
781004 Equipment Capital	105,880	18,103	87,777	17	381,454	25,527	355,927	7
781007 Vehicles Capital					25,000		25,000	
* Capital Outlay	105,880	18,103	87,777	17	406,454	25,527	380,927	6
** Expenses	21,726,142	16,065,659	5,660,483	74	20,954,034	15,874,470	5,079,565	76
485192 Surplus Equipment Sales		1,375-	1,375					
* Other Fin. Sources		1,375-	1,375					
621001 Transfer From General	10,076,856-	8,397,380-	1,679,476-	83	10,000,192-	8,333,493-	1,666,699-	83
* Transfers In	10,076,856-	8,397,380-	1,679,476-	83	10,000,192-	8,333,493-	1,666,699-	83
812230 To Reg Permits-230	58,081	58,081		100				
814430 To Reg Permits Capit								
* Transfers Out	58,081	58,081		100				
** Other Financing Src/Use	10,018,775-	8,340,674-	1,678,101-	83	10,000,192-	8,333,493-	1,666,699-	83
*** Total	1,648,509	235,753	1,412,756	14	1,609,632	450,973	1,158,659	28

DD	CA
AHSO	NA
DHO	KB
DA	LA

Staff Report
Board Meeting Date: May 26, 2016

TO: District Board of Health

FROM: Charlene Albee, Director, Air Quality Management Division
(775) 784-7211, calbee@washoecounty.us

SUBJECT: Presentation, discussion and possible adoption of revisions to the District Board of Health Regulations Governing Air Quality Management, Sections 010.000 (Definitions), 040.051 (Wood Stove/Fireplace Insert Emissions), and 040.052 (Hydronic Heaters).

SUMMARY

The Washoe County District Board of Health must adopt any changes to the District Board of Health Regulations (Regulations) Governing Air Quality Management. Per NRS 237, Business Impact Statements “must be considered by the governing body at its regular meeting next preceding any regular meeting held to adopt” the Proposed regulation changes. At the April 28, 2016 District Board of Health meeting, the Board considered and accepted the Business Impact Statement as required and designated the next regular meeting of the Board, May 26, 2016, as the public hearing to consider adoption of the proposed regulation changes.

Health District Strategic Objective supported by this item: Strengthen District-wide infrastructure to improve public health.

PREVIOUS ACTION

Section 040.051 of the Regulations was revised on May 23, 1990, amended on September 23, 1998, revised on June 19, 2002 with an effective date of January 1, 2003, revised on February 23, 2006 and August 22, 2013. The last revision clarified conditions for reinstallation of fireplaces.

Section 040.052 of the Regulations was adopted on November 11, 2006. The initial adoption was based on a complete ban of outdoor wood-fired boilers in Washoe County. It was subsequently renamed to hydronic heaters as defined by EPA and revised on August 22, 2013 to establish minimum acreage and geographic area requirements for installation of hydronic heaters. By definition, the regulation applies to hydronic heaters that are solid fuel fired, located outside of an occupied structure, and heat through the delivery of liquid through pipes, which have been heated in the device.

Definitions in applicable sections of 010.000 associated with 040.051 and 040.052 have been revised at the same time those sections were revised.

On April 28, 2016, the District Board of Health adopted the Business Impact Statement with a finding that the proposed revisions do not impose a direct and significant economic burden on a business; nor does the proposed regulation changes directly restrict the formation, operation or expansion of a business; and set a public hearing for possible adoption of the proposed revisions to said Regulations for May 26, 2016 at 1:00 pm.

BACKGROUND

Emissions from wood heaters account for up to half the wintertime pollution from particulate matter less than 2.5 and 10 microns in diameter (PM_{2.5} and PM₁₀) as well as carbon monoxide (CO) in the Truckee Meadows.

The Clean Air Act requires the EPA to set NSPS for categories of stationary sources of pollution that cause, or significantly contribute to, air pollution that may endanger public health or welfare. The law requires EPA to review these standards every eight years. EPA issued the first New Source Performance Standards (NSPS) for residential wood heaters in 1988. That rule applied to adjustable burn-rate wood stoves, which included fireplace inserts. Since then, technology has significantly improved making it possible for more efficient and less polluting wood heaters, including hydronic heaters and pellet stoves.

On May 15, 2015, the U.S. EPA's NSPS for Wood Heaters went into effect. This NSPS strengthened emission limits for wood stoves and established first ever federal emission limits for pellet stoves and hydronic heaters.

The 2015 NSPS strengthened the emission limits for wood stoves and fireplace inserts from 7.5 grams of particulate matter (PM) per hour to 4.5 grams of PM per hour. Likewise, the same limit also applies to the newly established limits for pellet stoves. Phase 2 of the 2015 NSPS will again strengthen the emission limits to 2.0 grams of PM per hour effective May 15, 2020.

The 2015 NSPS also established emission limits for hydronic heaters at a level of 0.32 pounds per million BTU (lb/mm BTU) heat output. This emission limit will be strengthened to 0.10 lb/mm BTU heat output effective May 15, 2020 by Phase 2.

These emission limits apply to new installations of wood-burning devices only. Existing devices are grandfathered from these limits until a real estate transaction or a change of ownership of the property triggers the requirement for a cleaner device. At which time, the old devices, which no longer comply with the current emission limits, must be removed or replaced with EPA-certified devices.

Due to the newly established standards for hydronic heaters, the decision was made to incorporate all of the NSPS standards into the revised Section 040.051 so that regulations for all wood-heating devices are located in one section of the Regulations. Therefore, the title of Section 040.051 will be renamed to "Wood-Burning Devices" to reflect this change and the existing Section 040.052 will be rescinded. Other changes include cleaning up the overall language to make the Regulations more consistent and updating/deleting obsolete information in

Section 010.000 so that the applicable definitions are consistent with those listed in Section 040.051.

The cleaner wood-burning devices will reduce PM_{2.5}, PM₁₀, and CO emissions and assist in the continued attainment of the federal health-based air quality standards. Continuing to reduce emissions from the largest category of wintertime PM_{2.5} emissions is critical to avoid air pollution from reaching unhealthy levels, especially during strong temperature inversions.

If the revisions to these regulations are adopted, they will be submitted to EPA through the Nevada Division of Environmental Protection as a revision to the Truckee Meadows portion of the Nevada CO and PM₁₀ State Implementation Plans. The draft revisions can be accessed from the “Current Topics” section of the Air Quality Management Division website (www.OurCleanAir.com). A hard copy of each draft revision is available by contacting Ms. Yann Ling-Barnes of the AQMD at (775) 784-7208 or ylbarnes@washoecounty.us.

NRS 237.080 requires that before the Board adopts any rule, that the Board “make a concerted” effort to determine whether the proposed rule will impose a direct and significant economic burden upon a business or directly restrict the formation, operation or expansion of a business. The proposed revisions to the regulations qualify as a rule under NRS 237.060 as the standards established will affect the wood burning devices allowed to be sold by the industry. NRS 237.080 requires notification be made to trade associations or owners and officers of businesses about the proposed rule and that they may submit data or arguments about whether the proposed rule will impose a direct and significant economic burden upon a business or directly restrict the formation, operation or expansion of a business.

On October 20, 2015, a public workshop was held at the Health District to notify stakeholders of the upcoming Regulation changes. Three weeks prior to the workshop, announcements were sent out to all contacts on the lists of wood stove inspectors, stove dealers, and title companies. Sixteen representatives from various industries attended the workshop. Questions and concerns were addressed and comments received. The main comments received from local stove dealers indicated that they were already stocking and selling stoves that are in compliance with EPA’s new limits because the stove manufacturers were already manufacturing new EPA compliant stoves in anticipation of the NSPS.

Public notice for these Regulation revisions was published in the Reno Gazette-Journal on March 21, April 6, and April 26, 2016.

FISCAL IMPACT

There are no fiscal impacts resulting from the Board adopting the revisions to the regulations as the changes will not require any modifications to the existing administrative duties associated with the implementation of the program.

RECOMMENDATION

Staff recommends that the DBOH adopt the revisions to Sections 010.000, 040.051, and 040.052 of the Regulations.

Subject: Revisions to DBOH Regulations Governing Air Quality Management, Sections 010.000, 040.051, and 040.052
Date: May 26, 2016
Page 4 of 4

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be:

“Move to adopt the revisions to District Board of Health Regulations Governing Air Quality Management, Sections 010.000 (Definitions), 040.051 (Wood Stove/Fireplace Insert Emissions), and 040.052 (Hydronic Heaters)”.

040.051

~~WOOD STOVE/FIREPLACE INSERT EMISSIONS~~ WOOD-BURNING DEVICES

(Amended 9/23/98; Revised 6/19/02, Effective 1/1/03; Revised 2/23/06; ~~Revised~~, 8/22/13; Revised and Renamed 5/26/16)

SECTION A – GENERAL:

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

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

1. Antique wood stove. Means a wood stove built before 1940 that has an ornate construction and a current market value substantially higher than a common wood stove manufactured in the same time period.
- ~~3~~2. Certificate of Compliance. Means a permit issued for a specific location by the Control Officer for a ~~solid fuel~~wood-burning device deeming the device EPA-certified and in compliance in accordance with this regulation.
- ~~4~~3. Commercial Property. Means any structure used to conduct business including public or private offices, retail, industrial, institutional, or multi-unit residential having more than four dwelling units.
- ~~5~~4. Cook Stove. Means a wood stove installed in the kitchen, which is primarily designed for cooking and has a stovetop and an oven. It may also be equipped with gas burners. This wood stove is

exempt from the emission standards and requirements of Section 040.051. ~~(As noted also in Section 010.045).~~

- ~~65.~~ Development. ~~Is~~ *Means* a group of multifamily dwelling structures built on a parcel of land with common amenities. Examples of a development include but are not limited to: condominiums, apartments, and townhouses. (Adopted 5/23/90). ~~(As noted also in Section 010.047).~~
- ~~26.~~ EPA-Certified. Means a ~~solid fuel~~ wood-burning device *that* has been certified in accordance with current standards adopted by the U.S. EPA (*40 CFR 60, subpart AAA and subpart QQQQ*), ~~the State of Oregon, the State of Colorado and/or appears on the Washoe County District Health Department Official List of Certified Wood Stoves; Ref. 40 CFR, Part 60; Oregon Administrative Rules, Chapter 340, Division 21; Colorado Revised Statute, Regulation No. 4.~~ ~~(As noted also in Section 010.0255).~~
7. Fireplace. Means an open hearth or fire chamber or similarly prepared place in which a fire may be made and ~~which~~ *that* is built in conjunction with a chimney. It may have doors, provided they are not designed with gaskets, air intake controls or other modifications, which create an air starved operating condition. Wood-burning devices initially classified, as a wood heater ~~(As noted also in Section 010.200)~~ may not be modified to meet the fireplace definition. (Amended 11/16/94). ~~(As noted also in Section 010.063).~~
8. Garbage. Means putrescible animal or vegetable waste. ~~(As noted also in Section 010.072).~~
- ~~9.~~ Hydronic Heater. *Means a wood-burning device designed:*
- ~~a.~~ *to burn primarily wood but may also be equipped to burn biomass such as corn or wood pellets;*
 - ~~b.~~ *not to be located inside structures ordinarily occupied by humans; and*
 - ~~c.~~ *to heat spaces or water by the distribution through pipes of a fluid, typically water, heated in the device.*
- ~~910.~~ Low-emitting device. *Means a wood-burning device certified by the manufacturer, to meet an emission rate of 1.0 gram or less of particulate matter per hour.* ~~Devices that are considered low emitting; include but are not limited to:~~
- ~~a.~~ ~~All propane or natural gas-fired devices;~~
 - ~~b.~~ ~~pellet stoves;~~
 - ~~c.~~ ~~Specific models of wood stoves or other solid fuelburning devices, that meet a certified emission rate of 1.0 gram/hour or less of particulate matter and~~
 - ~~d.~~ ~~Masonry Heaters that are certified by the Code of Colorado Revised Statute, Regulation 4.~~
- ~~4011.~~ Notice of Exemption (NOE). *Means a* A form approved by the Control Officer, containing the notarized signatures of both the buyer and seller, attesting to the fact that the previously occupied residential or commercial property:

- a. ~~Does~~does not have any ~~Solid-Fuel-Burning-Device~~wood-burning device;
- b. ~~Has~~has a fireplace that does not have doors that are gasketed to make the device airtight;
or
- c. ~~Had~~had an uncertified wood stove removed from the property prior to sale.

12. NSPS. Means New Source Performance Standards. Section 111 of the Clean Air Act authorizes the EPA to develop technology based standards, which apply to specific categories of stationary sources. These standards are referred to as New Source Performance Standards (NSPS) and are found in 40 CFR 60. The NSPS apply to new, modified and reconstructed affected facilities in specific source categories, such as New Residential Wood Heaters (40 CFR 60, subpart AAA) and New Residential Hydronic Heaters and Forced-Air Furnaces (40 CFR 60, subpart QQQQ).

13. Particulate Matter (PM). Means any material, except uncombined water such as water vapor and water droplets, which exists in a finely divided form as a solid or liquid at reference conditions..

4414. Pellet Stove. Means a ~~solid-fuel~~wood-burning device designed to heat the interior of a building. It is a forced draft heater with an automatic feed, which supplies appropriately sized feed material or compressed pellets of wood, or other biomass material to the firebox. ~~(As noted also in Section 010.117).~~

4215. Removed or Removal. Means a ~~solid-fuel~~wood-burning device is physically taken off the real property. Furthermore, the device ~~must~~shall not be stored at any other location on the real property or elsewhere within the Health District without the approval of the Control Officer.

4316. Residential Property. Means any structure used as a dwelling including mobile, manufactured, single, ~~and~~ multifamily homes of four or fewer units, and/or land with outbuildings, including but not limited to, barns, sheds, and garages.

4417. Seasoned Wood. Means firewood with a moisture content not exceeding 20%.

4518. Smoke. Means small gas-borne particles resulting from incomplete combustion, consisting predominantly of carbon, ash, and other combustible material present in sufficient quantity to be observable or, as a suspension in gas of solid particles in sufficient quantity to be observable. ~~(As noted also in Section 010.136).~~

4619. ~~Solid-Fuel~~Wood-Burning Device (device). Means a device that burns wood, or any other ~~nongaseous or non-liquid fuels, and includes any device burning any~~ solid fuel that contains wood. The device is used for aesthetic or space-heating purposes including, but not limited to, a fireplace, wood stove, ~~or~~ pellet stove, or hydronic heater.

4720. Stack or Chimney. Means any flue, conduit, or duct arranged to conduct any smoke, air contaminant or emission to the atmosphere. ~~(As noted also in Section 010.140).~~

4821. Treated Wood. Means wood of any species that has been chemically impregnated, painted, or similarly modified.

4922. Uncertified. Means a ~~wood stove~~ wood-burning device that cannot be verified as meeting the ~~certified standards~~ current standards adopted by the U.S. EPA (40 CFR 60, subpart AAA and

subpart QQQQ) and/or does not appear on the Washoe County Health District ~~Health Department~~ Official List of Certified/~~Exempt Wood Stoves~~ Devices. (As noted also in Section 010.145).

~~20~~23. Waste Petroleum Products. Means ~~hydrocarbon~~ hydrocarbon-based or contaminated materials.

~~21~~24. Wood Heater. ~~Means an enclosed wood burning appliance capable of, and intended for space heating, domestic water heating or indoor cooking and has an air to fuel ratio of less than 35 to 1 in the low burn cycle. It also must have a usable firebox volume less than twenty (20) cubic feet, weigh less than 800 kilograms and have a minimum burn rate less than five (5) kilograms per hour. Appliances that are described as prefabricated fireplaces and are designed to accommodate doors or other accessories that would create the air starved operating conditions of a wood heater, must meet the emission standards if they meet the criteria in the above definition with those accessories in place. (As noted also in Section 010.200).~~

Means an enclosed, wood-burning-appliance capable of and intended for residential space heating or space heating and domestic water heating. These devices include, but are not limited to, adjustable burn rate wood heaters, single burn rate wood heaters, and pellet stoves. Wood heaters may or may not include air ducts to deliver some portion of the heat produced to areas other than the space where the wood heater is located. Wood heaters include, but are not limited to:

- (1) Free-standing wood heaters – Wood heaters that are installed on legs, on a pedestal or suspended from the ceiling. These products generally are safety listed under UL-1482, UL-737 or ULC-S627.
- (2) Fireplace insert wood heaters – Wood heaters intended to be installed in masonry fireplace cavities or in other enclosures. These appliances generally are safety listed under UL-1482, UL-737 or ULC-S628.
- (3) Built-in wood heaters – Wood heaters that are intended to be recessed into the wall. These appliances generally are safety listed under UL-1482, UL-737, UL-127 or ULC-S610.

~~22~~25. Wood Stove. ~~For purposes of this regulation may be~~ Means a(n):

a. Former name for one of the devices currently defined as a wood heater;

~~b. pellet stove;~~

c. prefabricated, zero clearance fireplace or a fireplace heat form with doors or other accessories, which cause the fireplace to function as a wood heater; or

d. wood heater inserted in a fireplace.

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

SECTION C – STANDARDS:

1. PARTICULATE MATTER EMISSION STANDARDS: ~~The particulate matter emission standard is 7.5 grams or less of particulate matter per hour for a non-catalytic appliance or 4.1 grams or less of particulate matter per hour for a catalytic appliance.~~

The following emission standards apply to the following new devices manufactured, imported into the United States, and/or sold at retail on or after May 15, 2015, per U.S. EPA Standards of

Performance for New Residential Wood Heaters (40 CFR 60, subpart AAA) and New Residential Hydronic Heaters and Forced-Air Furnaces (40 CFR 60, subpart QQQQ).

a. Wood Heaters

(1) Step 1 Emission Limits - effective May 15, 2015 through May 14, 2020:

(a) 4.5 grams of PM per hour. for a non-catalytic appliance; or

~~(b) 4.1 grams of PM per hour for a catalytic appliance.~~

(2) Step 2 Emission Limits - effective May 15, 2020

a) 2.0 grams of PM per hour (if tested using crib wood); or

(b) 2.5 grams of PM per hour (if tested using cord wood, with approved method).

b. Hydronic Heater

(1) Step 1 Emission Limits - effective May 15, 2015 through May 14, 2020:

(a) 0.32 pounds of PM per million Btu heat output (weighted average), with a cap of 18 grams per hour for individual test runs.

(2) Step 2 Emission Limits - effective May 15, 2020

(a) 0.10 pounds of PM per million Btu heat output for each burn rate; or

(b) 0.15 pounds of PM per million Btu heat output for each burn rate (if emissions are tested using cordwood, with approved method).

The old NSPS limits of 7.5 grams or less of PM per hour continue to apply to existing wood stoves until they are either replaced with EPA-certified wood heaters or when the property changes ownership.

If the U.S. EPA adopts a wood-stove/fireplace more stringent emission standard, ~~which is more stringent~~, that emission standard supersedes the standard in this section and becomes effective for all new devices on the date that the U.S. EPA standard becomes effective.

~~1. CERTIFICATION: A wood stove shall be considered certified for purposes of these regulations as defined in 040.051.B.2.~~

7.2. LIMITATION ON NUMBER OF WOOD-BURNING DEVICES:

a. Wood Heater

a.(1) New Installations:

~~(i) For new installations, only certified woodstoves as defined in 040.051.B.2 may be installed on any residential or commercial property~~

~~located within the Health District.~~ Only EPA-certified wood heaters shall be installed on any residential or commercial property located within the Health District.

(#b) The number of EPA-certified wood heaters ~~wood stoves or fireplaces~~ to be installed on any residential or commercial property for which a building or set-up permit is issued shall not exceed one on a ~~minimum one-acre~~ parcel of one or more acres.

~~b.(2) Existing Property: In dwelling units or commercial/public facilities existing on the effective date of this regulation, installation of additional solid fuel burning devices is prohibited.~~

Installation of additional wood-burning device is prohibited in existing residential or commercial properties, unless it is a low-emitting device as defined in Section B.10.

~~c. The above limitations do not apply to devices that are defined as low-emitting (Section B.8. of this regulation).~~

(3) EXISTING DEVICES Existing Wood-burning Device(s):

~~(a-)~~ Upon the transfer or conveyance of any residential or commercial property, ~~currently installed or~~ each existing wood stove(s) wood heater that ~~are~~ is uncertified ~~must~~ shall be removed or replaced with an EPA-certified wood heater, or other low-emitting device(s), prior to the completion of any:

(1.i.) escrow transaction; and/or

(2.ii.) title change.

Rendering a device inoperable is not acceptable in lieu of removal.

~~(b-)~~ The Control Officer, on a case-by-case basis, may approve an exemption from Section 040.051.C.3.a. for an ~~Antique~~ antique wood stove. Persons requesting the exemption must provide proof ~~of antiquity~~ that the wood stove is an antique wood stove, as defined in 040.051.B.1.

~~c.(4) RENOVATION/REMODEL~~ Renovation/Remodel: ~~If a residential or commercial property is undergoing a renovation/remodel or being rebuilt following a natural disaster, and not changing ownership, the existing wood stove(s) may be moved and re-installed, or the same type of fireplace(s) may be re-built. New or additional solid fuel burning devices are prohibited in accordance with the limitations set forth in 040.051.C.7 of this regulation.~~

(a) If a residential or commercial property is undergoing a renovation/remodel that requires the temporary relocation of the wood heater(s), and there is no change of ownership, the existing wood heater(s) may be:

(i) re-installed; or

(ii) replaced with EPA-certified wood heater(s).

(b) Additional wood heaters are prohibited in accordance with the limitations set forth in Section C.2.a.(1) of this regulation.

b. Fireplace

(1) New Installations:

(a) Installation of any fireplace is prohibited on any residential or commercial property located within a particulate matter or carbon monoxide non-attainment area as defined in 40 CFR 81.329.

(b) The number of fireplaces to be installed on any residential or commercial property for which a building or set-up permit is issued shall not exceed one on a parcel of one or more acres located outside of a particulate matter or carbon monoxide non-attainment area as defined in 40 CFR 81.329, and no such fireplaces shall be installed on parcels less than one acre.

(2) Existing Property:

Installation of additional fireplaces is prohibited in existing residential or commercial properties.

(3) Existing Devices:

(a) Upon the transfer or conveyance of any residential or commercial property, existing fireplace(s) are exempt from removal to avoid potentially compromising the structural integrity of the building prior to the completion of any:

(i) escrow transaction; and/or

(ii) title change.

(4) Renovation/Remodel:

(a) If a residential or commercial property is undergoing a renovation/remodel, and there is no change of ownership, the existing fireplace(s) can only be replaced with EPA-certified wood heater(s).

(b) In the event that an incident occurred beyond the owner's control that renders the residential or commercial property uninhabitable, and the property is being rebuilt and not changing ownership, the damaged fireplace(s) may be replaced with EPA qualified fireplace(s) similar in capacity to the damaged fireplace(s).

(c) Additional fireplaces are prohibited in accordance with the limitations set forth in Section C.2.b.(1) of this regulation.

c. Hydronic Heater

(1) New Installations:

(a) Only EPA-certified hydronic heaters as defined in Section C.1.b. of this regulation shall be installed on any residential or commercial property located within the Health District.

(b) The number of EPA-certified hydronic heaters to be installed on any residential or commercial property for which a building or set-up permit is issued shall not exceed one on a parcel of forty (40) or more acres located outside of a particulate matter or carbon monoxide non-attainment area as defined in 40 CFR 81.329.

(c) Any additional wood-burning device(s) to be installed on any residential or commercial property that contains an EPA-certified hydronic heater must be low-emitting as defined in Section B.10 of this regulation.

(2) Existing Property:

Installation of any hydronic heater is prohibited on existing residential or commercial properties.

(3) Existing Devices:

(a) Upon the transfer or conveyance of any residential or commercial property, existing hydronic heater(s) that are uncertified shall be removed or replaced with EPA-certified or low-emitting hydronic heater(s) prior to the completion of any:

(i) escrow transaction; and/or

(ii) title change.

Rendering a hydronic heater inoperable is not acceptable in lieu of removal.

(4) Renovation/Remodel:

(a) If a residential or commercial property is undergoing a renovation/remodel that requires the temporary relocation of the hydronic heater(s), and there is no change of ownership, the existing hydronic heater(s) may be:

(i) re-installed; or

(ii) replaced with qualified hydronic heater(s) that meet(s) EPA standards.

(b) New or additional hydronic heaters are prohibited in accordance with the limitations set forth in Section C.2.c.(1) of this regulation.

4.3. VISIBLE EMISSIONS: No person may permit emissions from the stack or chimney of a ~~solid fuel~~wood-burning device to exceed an opacity reading no greater than 20% ~~that the No. 2~~ shade designated ~~as No. 2~~ on the Ringelmann Chart for a period or periods aggregating more than three (3) minutes in any one-hour period. Emissions created during a fifteen (15) minute start-up period are exempt. All other provisions in this regulation, including the prohibition on burning fuels specified in Section C.4 or the curtailment of burning during pollution alerts in Section E.7, apply during all modes of operation, including startup.

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

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

6.5. CONDITIONS FOR SELLING WOOD: A person selling wood for use in a ~~solid fuel~~wood-burning device shall comply with the following:

- a. Seasoned wood (wood with a moisture content of 20 percent or less) may be sold for immediate use in a wood-burning device.
- b. Wood with a moisture content of greater than 20 percent may be sold with a disclosure of the excessive moisture content and a recommended seasoning period to obtain a moisture content of 20 percent or less.

~~7. LIMITATION ON NUMBER OF SOLID FUEL BURNING DEVICES: [This section has been moved to Section C.2.]~~

~~a. New Installations:~~

~~(i) For new installations, only certified woodstoves as defined in 040.051.B.2 may be installed on any residential or commercial property located within the Health District.~~

~~(ii) The number of certified wood stoves or fireplaces installed on any residential or commercial property for which a building or set-up permit is issued shall not exceed one on a minimum one acre parcel.~~

- ~~b. Existing Property: In dwelling units or commercial/public facilities existing on the effective date of this regulation, installation of additional solid fuel burning devices is prohibited.~~
- ~~c. The above limitations do not apply to devices that are defined as low emitting (Section B.8. of this regulation).~~

SECTION D – ADMINISTRATIVE REQUIREMENTS:

1. No local government authority within the Health District may issue a building permit to any person to install:
 - ~~a. an uncertified, or U.S. EPA exempt wood stove~~wood-burning device;
 - b. an EPA-certified wood-burning device or a low-emitting device without receiving a Certificate of Compliance from the Control Officer.
2. ~~WOOD STOVE~~WOOD-BURNING DEVICE INSPECTORS: A person may be approved by the Control Officer to inspect and certify that ~~wood stoves~~wood heaters are currently, ~~or have been in the past,~~ EPA-certified per Section 040.051.
 - a. To obtain approval, an application ~~must~~shall be submitted to the Control Officer. Approval will be issued upon satisfactory completion of ~~all requirements~~ an initial training course provided and set forth by the Control Officer with ~~and~~ payment of the fee established by the Board of Health. Annual approval may be renewed upon meeting all the requirements of the Control Officer and payment of the renewal fee.
 - b. An approved inspector shall report the result of each inspection on a form provided by the Control Officer after the fee established by the Board of Health is paid. The approved inspector ~~must~~shall indicate:
 - (1) ~~Whether~~whether the residential property contains any ~~solid fuel~~wood-burning device;
 - (2) ~~The~~the number of ~~wood stoves~~wood-burning devices ~~which~~that are EPA-certified;
 - (3) ~~The~~the number of ~~wood stoves~~wood-burning devices ~~which~~that are not EPA-certified.
3. EXISTING ~~WOOD STOVES~~WOOD-BURNING DEVICES AND CHANGE OF OWNERSHIP: Prior to the completion of any escrow transaction, and/or title change on any residential or commercial property, the current property owner ~~must~~shall obtain either a Certificate of Compliance or a Notice of Exemption:
 - a. The Control Officer shall issue a Certificate of Compliance:
 - (1) ~~Upon receipt of an inspection report from an approved Wood Stove Inspector that demonstrates the property contains allowable wood burning devices~~within fourteen (14) calendar days after receipt of a completed inspection report from

an approved Wood-burning Device Inspector, unless:

- i. (a) ~~If~~ the report indicates that a ~~wood-stove~~wood-burning device is uncertified; In which case, the ~~wood-stove~~device must be removed from the property and re-inspection performed by an approved ~~Wood Stove~~Wood-burning Device Inspector ~~is required~~before a Certificate of Compliance can be issued.
- ~~(2) Within seven (7) working days after receipt of a completed inspection report from an approved Wood Stove Inspector.~~
- i. (b) ~~If~~ the Control Officer fails to act within the ~~seven (7) working~~fourteen (14) calendar day period; ~~any~~After such time, any escrow transaction and/or title change that requires a Certificate of Compliance may be completed in lieu of issuance of said Certificate.
- b. A Notice of Exemption shall be submitted to the Control Officer within ~~ten (10) working~~fourteen (14) calendar days after the close of escrow and/or title change, if:
 - (1) ~~The~~the residential or commercial property does not contain a ~~wood-stove~~wood-burning device.
 - (2) ~~An~~an uncertified ~~woodstove~~wood-burning device has been removed from any residential or commercial property prior to the close of escrow and/or title change. The removal of any uncertified ~~woodstove~~wood-burning device is subject to a verification inspection for a period not to exceed 30 calendar days from the date of close of escrow.

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

SECTION E – COMPLIANCE AND RECORDS:

1. The installation of any wood-burning device without a Dealer's Affidavit of Sale shall constitute a major violation and be subject to civil or criminal penalties.

2. LIMITATIONS OF SALE:

- a. New wood-burning devices to be sold shall be in compliance with the emission standards set forth in Section C.1. of this regulation.
- b. New wood-burning devices sold at retail shall have a permanent label indicating they are certified to meet emission limits in Section C.1. of this regulation.

3. DEALERS AFFIDAVIT OF SALE:

- a. A person who sells a ~~wood-stove~~wood-burning device for use within the Health District ~~must~~shall report the sale to the Control Officer within thirty (30) calendar days from the date of sale on the form provided by the Control Officer.

- b. The form shall be provided by the Control Officer after the person pays the fee established by the Board of Health for that form.
- c. Any person who fails to notify the Control Officer of the sale of a ~~solid fuel~~wood-burning device ~~is~~will be subject to ~~the penalties set forth in Section 020.040.~~

24. CERTIFICATE OF COMPLIANCE: A Certificate of Compliance issued pursuant to this section:

- a. ~~Remains~~remains valid until the property is transferred or conveyed to a new owner or ~~nine (9) months~~270 calendar days, whichever comes sooner.
- b. ~~Does~~does not constitute a warranty or guarantee by the approved inspector or the Control Officer that the ~~wood stove~~wood-burning device meets any other standards of operation, efficiency, or safety, except the emission standards contained in these regulations.

35. FALSIFICATION OF INFORMATION: Any person who falsifies any information associated with a:

- a. ~~Wood Stove~~Wood-burning Device Inspection;
- b. Certificate of Compliance;
- c. Notice of Exemption; or
- d. Dealer's Affidavit of Sale

~~iswill be~~ subject to ~~the penalties set forth in Section 020.040, including and may be subjected to the applicable penalties prescribed by law for perjury. The revocation of the Control Officer's approval to conduct wood stove inspections or revocation of a Certificate of Compliance may also be a result.~~

46. VIOLATION OF VISIBLE EMISSIONS OR PROHIBITED FUELS STANDARDS: A person who violates Sections C.43., C.54., or C.65. of this regulation shall be issued a warning for the first violation; and shall be provided information on proper wood-burning techniques. Subsequent violations would be subject to ~~the penalties set forth in Section 020.040.~~

57. CURTAILMENT OF BURNING DURING POLLUTION ALERTS: If the concentrations of an air ~~contaminant~~ contaminant/pollutant reach or are predicted to reach levels that constitute a Stage 1 alert as defined in Section 050.001.C, operation of any ~~Solid Fuel Burning Device~~wood-burning device shall be suspended in accordance with the requirements of Section 050.001.C.

SECTION A – GENERAL

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

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

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

SECTION C – STANDARDS

~~1. LIMITATION ON TYPE AND QUANTITY OF HYDRONIC HEATERS:~~

~~a. New Installations:~~

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

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

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

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

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

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

~~a. asphaltic products;~~

~~b. books and magazines;~~

~~c. garbage;~~

~~d. paints;~~

~~e. colored/wrapping paper;~~

~~f. plastic;~~

~~g. rubber products;~~

~~h. treated wood;~~

~~i. waste petroleum products;~~

~~j. fuel wood that is not seasoned;~~

~~k. coal; or~~

~~l. any other material not intended by a manufacturer for use as a fuel in a solid fuel burning device.~~

~~SECTION D – ADMINISTRATIVE REQUIREMENTS~~

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

~~SECTION E – COMPLIANCE AND RECORDS~~

~~1. The installation of any hydronic heater without a Certificate of Compliance from the Control Officer shall~~

~~constitute a major violation and be subject to civil or criminal penalties as provided in Sections 020.040 and 020.042.~~

- ~~2. CERTIFICATE OF COMPLIANCE: A Certificate of Compliance issued pursuant to the section does not constitute a warranty or guarantee by the Control Officer that the hydronic heater meets any other standards of operation, efficiency, or safety, except the emissions standards contained in these regulations.~~
- ~~3. FALSIFICATION OF INFORMATION: Any person who falsifies any information associated with a Certificate of Compliance is subject to the penalties set forth in Section 020.040, and may be subjected to the applicable penalties prescribed by law for perjury. The revocation of the Certificate of Compliance may also be a result.~~
- ~~4. VIOLATION OF VISIBLE EMISSIONS OR PROHIBITED FUELS STANDARDS: A person who violates Sections C.2 or C.3 of this regulation shall be issued a warning for the first violation, and shall be provided information on proper wood burning techniques. Subsequent violations would be subject to the penalties set forth in Section 020.040.~~
- ~~5. CURTAILMENT OF BURNING DURING POLLUTION ALERTS: If the concentrations of an air containment reach or are predicted to reach levels that constitute a Stage 1 alert as defined in Section 050.001.C, operation of any Solid Fuel Burning Device shall be suspended in accordance with the requirements of Section 050.001.C.~~

DEFINITIONS *(Revised 05/26/16)*

GENERAL: Except as otherwise specifically provided in these regulations, and except where the context otherwise indicates, words used in these regulations are defined as follows:

010.002 "ACTUAL EMISSION" means the actual rate of emissions of a pollutant from an emission unit as determined in accordance with Subparagraphs A - B below.

- A. In general, actual emissions, as of a particular date, shall equal the average rate in tons per year at which the unit actually emitted the pollutant during a two-year period ~~which~~that precedes the particular date and ~~which~~that is representative of normal source operations. The Control Officer shall allow the use of a different time period upon determination that it is more representative of normal source operations. Actual emissions shall be calculated using the unit's actual operating hours, production rates, and types of materials processed, stored, or combusted during the selected time period:
- B. For any emissions unit ~~which~~that has not begun normal operations as of the particular date, actual emissions shall equal the potential to emit of the unit on that date. (Revised 10/25/95)

010.004 "AFFECTED STATE" shall mean all States ~~which~~that are contiguous to Washoe County whose air quality may be affected or are within 50 miles of the Part 70 source under consideration. Notice of all Part 70 issuances, renewals, or modifications shall be provided to Affected States as applicable. (Adopted 10/20/93)

010.011 "ALLOWABLE EMISSIONS" means the specific maximum emission rate allowed under a Permit To Operate, which shall be based on the source's potential to emit (unless the source is subject to federally enforceable permit conditions ~~which~~that limit the emissions of the source based on use of emissions control equipment, controlled operating rates, hours of operation, or other reproducible emissions control methods as approved by the control officer) based on the most stringent of the following:

- A. Applicable standard as set forth in 40 CFR, Parts 60 and 61;
- B. The applicable state implementation plan limitation;
- C. The emission rate specified as permit condition;
- D. A federally enforceable emissions limitation established in the permit pursuant to an applicable requirement; or
- E. A federally enforceable emissions cap assumed by the source to avoid an otherwise applicable requirement.

(Amended 10/20/93)

010.0125 "ALTERNATIVE OPERATING SCENARIOS" in reference to Part 70 permits shall mean alternative methods, practices, or procedures ~~which~~that do not violate any applicable requirement

and shall be established in the Part 70 permit upon request of the applicant in the permit application and the approval of the Control Officer. (Adopted 10/20/93)

- 010.01325 "SERPENTINE" means any form of hydrous magnesium silicate minerals including, but not limited to, antigorite, lizardite, and chrysotile. (Adopted 9/27/00)
- 010.01327 "SERPENTINE ROCK MATERIAL-" means any rock material that contains at least ten percent (10%) serpentine by weight. (Adopted 9/27/00)
- 010.015 "ATTAINMENT AREA" means an area, which is shown by air monitoring, calculated by air quality modeling, or is shown by other reliable methods, to have air quality ~~which~~that meets or exceeds minimum ambient air quality standards.
- 010.017 "BASELINE AREA" means, for each pollutant for which the baseline is established, the area that would have an impact greater than 1 ug/m3 annual average from a proposed major stationary source or major modifications (as established by monitoring and/or modeling, including the source's location, but excluding any portion of the area:
- A. ~~Which~~that has been designated as an area of nonattainment for the pollutant; or
 - B. ~~For~~for which a baseline date has already been established for the pollutant.
- 010.018 "BASELINE CONCENTRATION" means the level of ambient concentration, which exists within a baseline area as of the applicable baseline date, minus any concentrations of sulfur dioxide or particulate matter from major stationary sources or major modifications on which construction commenced on or after January 6, 1975. Baseline concentration includes:
- A. ~~The~~the actual concentrations of emissions resulting from other sources in existence on the application baseline date; and
 - B. ~~The~~the allowed concentration of emissions resulting from major stationary sources and major modifications on which construction was commenced before January 6, 1975, but which were not in operation by the applicable baseline date.
- 010.019 "BASELINE DATE" means, for each baseline area, the date of the first complete application after August 7, 1977, to construct a major stationary source or major modification for which a permit is required under Part C of Title 1 of the Clean Air Act (42 U.S.C. 7401 et seq., as amended) as it exists on the effective date of this definition, as whose emissions would effect that area. The date of the first complete application after August 7, 1977, establishes the baseline date for each pollutant for which increments or other equivalent measures have been established if:
- A. ~~In~~in the case of a major stationary source, the pollutant would be emitted in significant amounts; or
 - B. ~~In~~in the case of a major modification, there would be a significant net increase in emission of the pollutant.

- 010.020 "BEST AVAILABLE CONTROL TECHNOLOGY" (BACT) means an emissions limitation (including a visible emission standard) based on the maximum degree of reduction for each pollutant, subject to regulation under the Federal Clean Air Act, (including toxic and hazardous air pollutants), which would be emitted from any proposed stationary source or modification subject to BACT under District Regulations, which the Control Officer, on a case-by-case basis, taking into account energy, environmental, and economic impacts and other costs, determines is achievable for such source or modification through application of production processes, or available methods, systems, and techniques, including fuel cleaning, ~~or treatment~~, or innovative fuel combustion techniques for the control of such pollutant. In no event shall application of BACT result in emissions of any pollutant ~~which~~that would exceed the emissions allowed by any applicable standard under 40 CFR Parts 60 and 61, which includes the New Source Performance Standards (NSPS) and the National Emission Standards for Hazardous Air Pollutants (NESHAPS). If the Control Officer determines that technological or economic limitations on the application of emission standards are infeasible, a design, equipment, work practice, operational standards, or combination thereof, may be prescribed instead to satisfy the requirements for the application of BACT. Such standard shall, to the degree possible, set forth the emissions reduction achievable by implementation of such design, equipment, work practice, or operation, and shall provide for compliance by means ~~which~~that achieve equivalent results. (Amended 3/25/92)
- 010.021 "BEGIN ACTUAL CONSTRUCTION" means in general, initiation of physical on-site construction activities on an emissions unit ~~which~~that is of a permanent nature. Such activities include, but are not limited to, installation of building supports and foundations, laying of underground pipework, and construction of permanent storage structures. With respect to change in method of ~~operating~~operation, this term refers to those on-site activities other than preparatory activities, which mark the initiation of the change.
- 010.024 "BTU - BRITISH THERMAL UNIT" means the quantity of heat required to raise the temperature of one pound of water by one degree Fahrenheit at or near its point of maximum density (39.1°F).
- 010.025 "BUILDING, STRUCTURE, FACILITY OR INSTALLATION" means all of the pollutant emitting activities, which belong to the same industrial grouping, are located on one or more contiguous or adjacent properties and are under the control of the same person (or persons under common control). Pollutant emitting activities shall be considered as part of the same industrial grouping if they belong to the same "Major Group" (i.e. ~~which~~that have the same first two-digit code) as described in the Standard Industrial Classification Manual, 1972, as amended by the 1977 Supplement (U.S. Government Printing Office stock Number 4101-0066 and 003-005-00176, respectively).
- 010.0255 "EPA-CERTIFIED" means a ~~wood-stove/fireplace insert~~wood-burning device that has been certified in accordance with current standards adopted by the U.S. EPA (40 CFR 60, subpart AAA and subpart QQQQ), ~~the State of Oregon, the State of Colorado and/or appears on the Washoe County District Health Department Official List of Certified Wood Stoves; Ref. 40 CFR, Part 60, Oregon Administrative Rules, Chapter 340, Division 21; Colorado Revised Statute, Regulation No. 4. (Revised mm/dd/yy)~~

- 010.027 "COMBUSTIBLE REFUSE" means any waste material ~~which~~that can be consumed by combustion.
- 010.028 "COMMENCE" as applied to construction of a major stationary source or major modification, means to commence the construction after the owner or operator has obtained all necessary approvals or permits required before construction under the Federal, State and local laws and regulations on air quality, and:
- A. ~~Has~~has begun a continuous program of construction on the site of the source, to be completed within a reasonable time; or
 - B. ~~Has~~has entered into binding agreements or contractual obligations, which cannot be canceled or modified without substantial loss to himself, to undertake construction and complete it within a reasonable time.
- 010.036 "CONSTRUCTION" means any physical change in the method of operation (including fabrication, erection, installation, demolition, or modification of any emissions unit) ~~which~~that would result in a change in actual emissions.
- 010.038 "CONTIGUOUS PROPERTY" ~~-means~~ Anyany property under single or joint ownership or operation, which is in physical contact, touching, near or adjoining. Public property or public right-of-way shall not be deemed as a break in any contiguous property.
- 010.045 "COOK STOVE" means a wood-stove installed in ~~the~~a kitchen area, which is ~~primarily~~ designed and used for cooking and has a stove-top and an oven. It may also be equipped with gas burners. This wood-stove is exempt from the emission standards and requirements of Sections 040.051 and ~~040.0512~~. (Revised mm/dd/yy)
- 010.046 "CUTBACK ASPHALT" includes any asphalt, which has been ~~liquified~~liquefied by blending with petroleum solvents (diluent) or which has been produced directly from the distillation of petroleum.
- 010.048 "DISTRICT HEALTH OFFICER" is the person appointed by the District Board of Health of the Washoe County Health District to administer activities of the Health District ~~Health Department~~ of said Health District in all matters directly or indirectly affecting public health, pursuant to the authority of state and local health laws, ordinances, and regulations.
- 010.049 "DISTRICT APPROVED VAPOR CONTROL SYSTEM" means a system ~~which~~that is designed to control vapors that are released during gasoline transfer operations and that is certified by either the California Air Resources Board or the New York Department of Environmental Conservation to be at least 95 percent efficient and has been approved by the Control Officer for installation and operation in Washoe County. (Adopted 2/27/91)
- 010.0495 "DRAFT PERMIT" shall mean the version of a Part 70 permit ~~which~~that the District offers for public participation or affected State review under District Regulations for Part 70 permits. (Adopted 10/20/93)

- 010.059 "EXCESS RISK" means the increase in the risk of both cancer ~~of~~ and genetic damage as well as non-cancer related health damage above existing background levels. Units of excess risk for cancer will be reported as a probability of occurrence. For pollutants not characterized as cancer causing, ambient levels sufficiently low to establish no observable adverse effects on public health must be demonstrated. (Adopted 6/27/90)
- 010.062 "FEDERALLY ENFORCEABLE" means all limitations and conditions ~~which~~ that are enforceable by the EPA Administrator, and citizens under section 304 of the Act including those requirements developed pursuant to the Standards of Performance for New Stationary Sources (NSPS), of the National Emission Standards for Hazardous Air Pollutants (NESHAPS), requirements of any applicable State Implementation Plan, and permit requirements established pursuant to EPA New Source Review (NSR) regulations in nonattainment areas and/or PSD regulations in the attainment areas. (Amended 10/20/93)
- 010.063 "FIREPLACE" means an open hearth or fire chamber or similar prepared place in which a fire may be made and ~~which~~ that is built in conjunction with a chimney. It may have doors, provided they are not designed with gaskets, air intake controls or other modifications, which create an air starved operating condition. ~~Fireplaces without such modifications are exempt from the emission standards and requirements of Sections 040.051 and 040.0512.~~ Wood-burning devices initially classified as a wood heater (Section 010.200) may not be modified to meet the fireplace definition. (Amended 11/16/94, Revised mm/dd/yy)
- 010.064 "FREEBOARD HEIGHT" means:
- A. ~~For~~ for cold cleaning tanks, the distance from the top of the solvent or solvent drain to the top of the tank ~~;~~ or
 - B. ~~For~~ for vapor degreasing tanks, the distance from the solvent vapor-air interface to the top of the basic degreaser tank.
- 010.066 "FREEBOARD RATIO" means the freeboard height divided by the width of the degreaser tank.
- 010.074 "GAS" means matter ~~which~~ that has no definite shape or volume.
- 010.080 "HEARING BOARD" is that Board created by the District Board of Health of the Washoe County Health District, pursuant to the authority of ~~the~~ Chapter 445 of the Nevada Revised Statutes to perform the functions set forth therein, including those functions enumerated in NRS 445.481 and in ~~these~~ those members appointed by said District Board of Health.
- 010.083 "INDEPENDENT SMALL BUSINESS MARKETER OF GASOLINE" is a person engaged in the marketing of gasoline who would be required to pay for the procurement and installation of vapor recovery equipment under Section 040.080 of these regulations, unless such person:
- 1. a. is a refiner, or
 - b. controls, is controlled by, or is under common control with, a refiner ~~;~~ or

c. is otherwise directly or indirectly affiliated (as determined by the Control Officer) with a refiner or with a person who controls, is controlled by, or is under common control with a refiner (unless the sole affiliation referred to herein is by means of a supply contract or an agreement or contract to use a trademark, trade name, service mark, or other identifying symbol or name owned by such refiner or any such person), or

2. receives less than 50 percent of his annual income from refining or marketing of gasoline.

For the purpose of this definition, the term "refiner" shall not include any refiner whose total refinery capacity (including the refinery capacity of any person who controls, is controlled by, or is under common control with, such refiner) does not exceed 65,000 barrels per day. For purposes of this definition, "control" of a corporation means ownership of more than 50 percent of its stock.

This definition has been adopted for use in these regulations from the definition cited in the Clean Air Act Amendment of 1977, Section 325, paragraph c. (Adopted 2/27/91)

010.086 "LOWEST ACHIEVABLE EMISSION RATE" means for any source, that rate of emission based on the following, whichever is the most stringent:

- A. The most stringent emission limitation ~~which~~that is contained in the Implementation Plan for any state for such class or category of source, unless the owner or operator of the proposed source demonstrates that such limitations are not achievable; or
- B. The most stringent emission limitation ~~which~~that is achieved in practice by such class or category of source.

"Lowest Achievable Emission Rate," as applied to a major modification, means the lowest achievable emission rate for the new and modified facilities within the source. In no event may the application of this term permit a proposed new or modified facility to emit any pollutant in excess of the amount allowed under the applicable New Source Performance Standards or National Emission Standards ~~For~~for Hazardous Air Pollutant.

010.089 "MAXIMUM ACHIEVABLE CONTROL TECHNOLOGY OR MACT" shall in reference to the provisions of Section 112 of the Act mean:

- 1) ~~Any~~any MACT standard developed by the EPA if such a standard has been promulgated for the source under consideration; or
- 2) ~~If~~if no standard has been promulgated for that source by EPA, the Control Officer shall determine MACT under the provisions for determining the Lowest Achievable Emission Rate (LAER) as defined in District regulations.

(Adopted 10/20/93)

010.090 "MAJOR EMITTING FACILITY OR MAJOR STATIONARY SOURCE" means any stationary

source (or group of stationary sources located within a contiguous or adjacent area and under common control or ownership), which generally belong to the same industrial grouping and are any one of the following depending upon location and category:

Stationary sources that are major for volatile organic compounds (VOC) or Nitrogen Oxides (NO_x) shall be considered major for ozone; stationary sources that are major for condensable volatile organic compounds (VOC), Sulfur Oxides (SO_x) or Nitrogen Oxides (NO_x) shall be considered major for particulate matter.

A. Attainment areas:

1. Any stationary source of air pollutants, which emits, or has the potential to emit, one hundred tons per year or more of any air contaminant. Fugitive emissions shall not be counted in determining applicability unless the source belongs to one or more of the following categories of operations:
 - a. Fossil fuel-fired steam electric plants of more than 250 million British Thermal Units of heat input per hour are regulated under NRS 445.546.
 - b. Coal cleaning plants (thermal dryers),
 - c. Kraft pulp mills,
 - d. Portland cement plants,
 - e. Primary zinc smelters,
 - f. Iron and steel mills,
 - g. Primary aluminum ore reduction plants,
 - h. Primary copper smelters,
 - i. Municipal incinerators capable of charging more than 250 tons of refuse per day,
 - j. Hydrofluoric, sulfuric, and nitric acid plants,
 - k. Sulfur recovery plants,
 - l. Carbon black plants (furnace process),
 - m. Primary lead smelters,
 - n. Fuel conversion plants,
 - o. Sintering plants,
 - p. Secondary metal production facilities,
 - q. Chemical processing plants,
 - r. Fossil fuel-fired boilers (or combinations thereof) of more than 250 million British Thermal Units of heat input per hour,
 - s. Petroleum storage and transfer facilities with a capacity exceeding 300,000 barrels,
 - t. Taconite ore processing plants,
 - u. Charcoal production facilities,
 - v. Glass fiber processing plants,
 - w. Petroleum refineries,
 - x. Lime plants,
 - y. Phosphate rock processing plants,
 - z. Coke oven batteries

2. Any physical change that would occur at a stationary source not qualifying as a major stationary source under A.1., if the change itself would constitute a major stationary source.

B. Nonattainment areas:

1. Any stationary facility or source which directly emits, or has the potential to emit, 100 tons or more per year of any nonattainment pollutant other than particulate matter. Any stationary facility or source which directly emits, or has the potential to emit, 70 tons or more per year of PM-10; or
2. Any physical change that would occur at a stationary source not qualifying as a major stationary source under B.1., if the change itself would constitute a major stationary source.

C. Hazardous Air Pollutants:

1. Any stationary facility or source which directly emits, or has the potential to emit, 10 tons or more per year of any single listed hazardous air pollutant, or 25 tons or more of any combination of any listed hazardous air pollutants. If the EPA Administrator has established any major source definition for any hazardous air pollutants at amounts less than those listed above, those lesser amounts shall apply. Fugitive emissions will be included for determining potential emissions for sources of Hazardous Air Pollutants.

D. Procedures ~~For~~for Limiting Potential ~~To~~to Emit:

Any source, which, because of its potential emissions, would otherwise be designated as a major source for the purposes of Title V under these regulations, may choose to seek exemption from the provisions of the Title V (Part 70) regulations by establishing procedures to limit actual emissions. Any source ~~which~~that seeks to limit actual emissions under this regulation must have emissions below the following thresholds, and remain in compliance during all 12-month periods as calculated on a rolling basis beginning the first of each month. In every 12- month period, emissions shall not exceed:

1. 50 tons per year for all regulated air pollutants (excluding PM-10 and Hazardous Air Pollutants); 35 tons per year of PM-10; 5 tons per year of any single Hazardous Air Pollutant; 12.5 tons per year of any combination of Hazardous Air Pollutants and 50 percent of any lesser threshold for a single Hazardous Air Pollutant as established by Federal rule.

Any source ~~which~~that is able to meet the limitations established in this regulation and comply with the provisions of this regulation shall not be designated as a major source. The owner or operator of the source may take into account the operation of air pollution control equipment on the capacity of the source to emit an air contaminant if the

equipment is required by Federal, State or District rules and regulations or permit terms and conditions.

Sources seeking exemption under this regulation shall provide records of operation sufficient to calculate actual emissions annually as a part of their Permit to Operate renewal, including records for each permitted emission unit or group of emissions units. The operator shall also maintain the following records as applicable:

- I. A current listing of all coatings, solvents, organic cleaning solutions, thinners, reducers, inks, adhesives or other volatile organic chemicals in use at the source. The list shall include the VOC and HAPS content in lbs per gallon or grams per liter.
- II. Equipment information including equipment types, makes, models, sizes, maximum designed throughput rates and process methods.
- III. Emission control systems including pollutants controlled, control effectiveness, operational temperatures, rated capacity, concentrations of pollutants controlled, and any stack test data.
- IV. Purchase orders, invoices and other documents to support information in the monthly log.

Operational information shall be summarized in a monthly log containing the following as applicable: fuels consumed including fuel types, fuel usage, fuel heating value and percent sulfur for coal and oil fuels; consumption of each VOC-containing product such as inks, coatings, thinners and adhesives (including those solvents used in clean-up and surface preparation); volumes and throughputs of volatile liquids stored in tanks, hours of operation; system failures including control device failures, upset conditions, equipment breakdowns and any other information as specifically requested by the Control Officer. The information in this log shall be maintained on site for five years, and shall be made available to the Control Officer upon request. The owner or operator of each source seeking exemption under this regulation shall submit a process statement each year at the time of permit renewal containing all the information required in the monthly log and certify under penalty of perjury that the process statement is accurate and true. Data submission shall be made in compliance with sections 020.060 and 030.218 of these regulations. Any source seeking exemption under the provisions of this regulation must request such exemption in writing and provide a plan or demonstration of compliance showing how the source will establish a record of continuous compliance in limiting emissions and which records will be maintained in the monthly log.

If the operator will exceed any limitation specified in part D(1) above, the operator shall notify the Control Officer at least 30 days in advance of such exceedance and shall submit an complete application for a Part 70 permit or otherwise obtain federally enforceable emission limits within 12 months of the date of notification. The operator of a stationary source subject to this rule shall obtain the necessary permits prior to commencing any physical or operational change or activity which will result in actual emissions that exceed the limits specified in section D(1) above. Exceedance of the limitations specified in this regulation without the notice required above shall be

considered a violation of District regulations and each day of violation shall constitute a separate offence.

The Control Officer shall annually evaluate the compliance of any source operating under the provisions of this section as a part of the District's permit renewal process. Failure on the part of the operator to comply with the provisions of this section shall constitute a violation, and the source shall be designated as a major source and shall be subject to all applicable requirements of federal law, including, but not limited to, all applicable MACT standards.

The District shall maintain and make available to the public upon request a listing of sources permitted under section D of this regulation and provide information identifying the applicable provisions of the rule for each source.

E. Synthetic Minor Source Rule:

Any source, which, because of its potential emissions, would otherwise be designated as a major source for the purposes of Title V or Part 70 requirements under this regulation, may choose to seek exemption from designation as a major source by establishing federally enforceable emission limitations. Any source which~~that~~ seeks to limit potential emissions under this regulation must meet all of the following requirements:

1. Any source which~~that~~ is able to meet the limitations established in this regulation and qualify as a synthetic minor shall not be designated as a major source. Sources seeking exemption from Title V as a synthetic minor shall provide records of operation sufficient to calculate actual emissions annually as a part of their Permit to Operate renewal. Such information shall be summarized in a monthly log, maintained on site for five years, and be made available to the Control Officer upon request. The owner or operator shall certify that this log is true and correct. Data submission shall be made in compliance with sections 020.060 and 030.218 of these regulations.
2. Any source seeking Synthetic Minor status under the provisions of this regulation must request such exemption in writing and provide the following information:
 - a. The identification and description of all existing emission units at the source and a calculation of the actual and maximum emissions of regulated pollutants;
 - b. A plan of compliance showing how the source will establish a record of continuous compliance in limiting emissions and which records will be maintained in the monthly log;
 - c. The source must also demonstrate that actual emissions will not exceed: 95 tons per year for all regulated air pollutants (excluding PM-

10 and Hazardous Air Pollutants); 70 tons per year of PM-10; 9 tons per year of any single Hazardous Air Pollutant; 23 tons per year of any combination of Hazardous Air Pollutants and 90 percent of any lesser threshold for a single Hazardous Air Pollutant as established by Federal rule;

- d. The source will propose federally enforceable permit conditions, which limit source-wide emissions to below major source thresholds, are at least as stringent as any applicable requirement and are permanent, quantifiable and include short term standards, i.e., no longer than monthly production or other ~~other~~ operational limits as necessary to be enforceable as a practical matter in addition to emission limitations.

If the Control Officer determines the request to be incomplete, he shall notify the applicant within 30 days. If a request is not deemed incomplete within 30 days, it will be considered complete by default. A request for synthetic minor status shall not relieve a source of its responsibility to comply with application deadlines and other requirements under Part 70.

3. If the operator will exceed any limitation specified in any federally enforceable permit condition, the operator shall notify the Control Officer and shall submit an application for a Part 70 permit at least 30 days in advance of such exceedance or otherwise obtain federally enforceable emission limits. All upset or breakdown conditions will be reported in compliance with Sections 020.075 and 020.076.
4. The Control Officer shall, after determining an application for synthetic minor status is complete, prepare a draft permit. The draft permit shall include the following:
 - a. Annual reporting of operational and ~~emissions~~emissions data, or more frequent if requested;
 - b. Specific record-keeping requirements for operations, emissions and production;
 - c. Federally enforceable limits as specified in section 2(d) above;
 - d. A compliance plan to ~~verify~~verify compliance with applicable limitations and regulations;
5. Any requirements or operational limitations relied on to meet synthetic minor status.

After the draft permit has been prepared, the Control Officer shall:

- a. ~~Publish~~publish notice of the draft permit in a newspaper qualified under NRS 238, make the draft permit available for public review, and allow at least 30 days for public review and comment;
- b. ~~Provide~~provide a copy of the draft permit to the EPA and allow the Administrator at least 30 days for review and comment.

Any source ~~which~~that has been granted synthetic minor status in accordance with this regulation shall, for any planned modification, which will increase the source's potential to emit, submit a request for modification of their synthetic minor permit conditions at least 180 days before the modification is made. For any modification, the source shall comply with all applicable requirements of ~~sections~~Sections 030.500 through 030.630.

The Control Officer shall annually evaluate the compliance of any source operating under the provisions of this section as a part of the District's permit renewal process.

Failure of the source to comply with the provisions of this regulation shall constitute a violation, and the source shall be designated as a major source and be subject to all applicable requirements of federal law, including, but not limited to, all applicable MACT standards.

Any permit that does not comply with this synthetic minor source rule shall not create federally enforceable limitations. A final copy of each synthetic minor permit will be provided to EPA.
(Amended 7/28/93, 10/20/93, Revised 10/25/95)

010.092 "MAJOR MODIFICATION" means any physical change, change in the method of operation for any source ~~which~~that would result in a significant net emissions increase of any air contaminant.

- A. As used in this definition, a physical change or change in the method of operation does not include routine maintenance, repair, or replacement and does not, unless previously limited by a ~~Federally~~federally enforceable condition, include:
 1. Use of an alternative fuel or raw material under an order issued pursuant to Sections 2(a) and (b) of the Energy Supply and Environmental Coordination Act of 1974 (or any superseding legislation), or under a plan for curtailment of use of natural gas, pursuant to the Federal Power Act as these acts exist on the effective date of this definition;
 2. Use of alternative fuel or raw material if, before January 6, 1975, the source was capable of accommodating the fuel or material;
 3. Use of an alternative fuel under an order or rule made pursuant to Section 125 of the Act, as it existed on the effective date of this definition;

4. Change in ownership of the source;
 5. Use of fuel generated from municipal solid waste if used in a steam-generating unit;
 6. Increase in the production rate if the increase does not exceed the designed maximum capacity of the source; or
 7. Increase in hours of operation.
- B. Any net emissions increase that is significant for volatile organic compounds or Nitrogen Oxides (NOx) shall be considered significant for ozone.
(Amended 7/28/93)

010.096

"NET EMISSIONS INCREASE" means the amount by which the sum of the following exceeds zero:

- A. Any increase in actual emissions from a particular physical change or change in method of operation at a stationary source; and
- B. Any other increases and decreases in actual emissions at the source that are contemporaneous with the particular change and are otherwise creditable.
- C. An increase or decrease in actual emissions is contemporaneous with the increase from the particular change only if it occurs between:
 1. ~~The~~the date five (5) years before construction on the particular change commences; and
 2. ~~The~~the date that the increase from the particular change occurs.
- D. An increase or decrease in actual emissions is creditable only if the Control Officer has not relied on it in issuing a permit, which is in effect when the increase in actual emissions from the particular change occurs, and any decrease in emissions has not been used in a demonstration of attainment or reasonable further progress. Any decrease is only creditable if the unit was actually ~~operated~~operating and ~~emitted~~emitting the pollutant considered. (Revised 10/25/95)
- E. An increase or decrease in actual emissions of sulfur dioxide or particulate matter ~~which~~that occurs before the applicable baseline date is creditable, only if it is required to be considered in calculating the amount of maximum allowable increases available.
- F. An increase in actual emissions is creditable only to the extent that the new level of actual emissions exceeds the old level. Actual emissions are creditable only where the unit was actually ~~operated~~operating and ~~emitted~~emitting the specific pollutant.

- G. A decrease in actual emissions is creditable only to the extent that:
1. ~~The~~the old level of actual emissions or the old level of allowable emissions, whichever is lower, exceeds that new level of actual emissions;
 2. ~~It~~it is federally enforceable at and after the time that actual construction on the particular change begins; and
 3. ~~It~~it has approximately the same qualitative significance for public health and welfare as that attributed to the increase from the particular change.
- H. An increase that results from a physical change at a source when the emissions unit on which construction occurred becomes operational and begins to emit a particular pollutant. Any replacement unit that requires shakedown becomes operational only after a reasonable shakedown period, which shall be within 60 days of achieving the facility's maximum production rate, but not later than 180 days after initial startup.
- I. Emissions reductions used as offsets must be surplus quantifiable, enforceable and permanent, as defined by the Emissions Trading Policy Statement FR43814.
- J. Early shutdown/production curtailment credits are only allowable if they meet the provisions of 40 CFR 51.165.
(Amended 7/28/93)

- 010.098 "NONATTAINMENT AREA" for any air pollutant means an area ~~which~~that is shown by air monitoring data or ~~which~~that is calculated by air quality modeling to exceed any national ambient air quality standard, and has been designated as a nonattainment area by EPA in accordance with section 107(d)2 of the Act. (Revised 10/25/95)
- 010.100 "NONATTAINMENT POLLUTANT" means any pollutant ~~which~~that causes an area to be designated as a nonattainment area or has a significant ambient impact on a nonattainment area.
- 010.102 "NUISANCE" means anything ~~which~~that is injurious to health, or indecent and offensive to the senses, or an obstruction to the free use of property, so as to interfere with the comfortable enjoyment of life or property.
- 010.114 "PARTICULATE MATTER" means any material, except uncombined water such as water vapor and water droplets, ~~that~~which exists in a finely divided form as a solid or liquid at reference conditions.
- 010.117 "PELLET STOVE" means a solid fuel-burning device designed to heat the interior of a building. It is a forced draft heater with an automatic feed ~~which~~that supplies appropriately sized feed material or compressed pellets of wood or other biomass material to the firebox. (Revised 2/23/06)
- 010.118 "PENETRATING PRIME COAT" means any low-viscosity liquid asphalt ~~which~~that may be applied to an absorbent surface to prepare it for paving with an asphalt concrete.

- 010.120 "PENETRATING SEAL COAT" includes any low-viscosity liquid asphalt ~~which~~that may be applied to a new road surface in order to seal it against water penetration or ~~which~~that may be applied to an old road surface to renew flexibility loss due to aging.
- 010.122 "PERSON" means any individual, firm, association, organization, partnership, business trust, public or private corporation, company, department or bureau of the state, municipality or any officer, agent or employee thereof, or any other legal entity whatsoever ~~which~~that is recognized by the law as the subject of rights and duties.
- 010.131 "RINGELMANN CHART" means the chart published by the U.S. Bureau of Mines ~~which~~that are illustrated graduated shades of gray or black for the use in estimating the capacity of smoke or any air contaminant or emission to obscure light.
- 010.1315 "RISK ANALYSIS" is the method of calculating excess risk. Calculations assume a 70-year life time exposure using pollutant dispersion models and the best available risk factors as specified by the Control Officer. The Control Officer will maintain a procedure to be followed in risk analysis calculations. Modified sources must consider all emissions from the source in calculating risk and not only the additional emissions created by the facility modification. (Adopted 6/27/90)
- 010.132 "SECONDARY EMISSIONS" means emissions ~~which~~that would occur as a result of a major stationary source or major modification, but do not come from the major stationary source or major modification itself. For the purpose of this definition, secondary emissions must be specific, well defined, quantifiable, and impact the same general area as the stationary source or modification ~~which~~that causes the secondary emissions. Secondary emissions may include, but are not limited to:
- A. Emissions from trains coming to or from the new or modified source; and
 - B. Emissions from any offsite support facility which would not otherwise be constructed or increase its emissions as a result of the construction or operation of the major stationary source or modification.
- (Amended 7/28/93)
- 010.137 "WOOD STOVE/FIREPLACE CONTROL AREA" (Adopted 9/23/98, ~~rescinded 05/26/16~~) ~~means the geographical area covered by the Health District excluding the areas serviced by the following post-offices:~~
- ~~(a) Crystal Bay 89402;~~
 - ~~(b) Empire 89405;~~
 - ~~(c) Gerlach 89412;~~
 - ~~(d) Nixon 89424;~~
 - ~~(e) Wadsworth 89442; or~~
 - ~~(f) Incline Village 89450 & 89451.~~
- 010.138 "SOURCE" means any property, real or personal, under common ownership or control ~~which~~that

directly emits, or may emit, any air contaminant. (Amended 10/20/93)

010.1382 "SOURCE-EXISTING" means equipment, machines, devices, articles, contrivances, or facilities ~~which~~that are constructed, purchased, or in operation on the effective date of these regulations; except that any existing equipment, machine, device, article, contrivance or facility ~~which~~that is altered, replaced, or rebuilt, which increases the total emission after the effective date of these regulations shall be reclassified as a "new source".

010.1384 "SOURCE-SINGLE" means all similar process operations located at a single premise ~~which~~that can technically and economically be replaced by a single process that performs the same function. Two (2) or more pieces of equipment or processes that handle different materials or produce dissimilar products will be treated separately.

010.143 "STOVE KIT" means a kit that may include a door, legs, flue pipe and collars, brackets, bolts and other hardware and instructions for assembling the wood heater with ordinary tools. Wood heaters built from such kits must meet all emission standards and requirements of Sections 040.051-~~and 040.0512~~.

010.145 "UNCERTIFIED" means a ~~wood stove/fireplace insert~~wood-burning device that cannot be verified as meeting the ~~certified standards~~current standards adopted by the U.S. EPA (40 CFR 60, subpart AAA and subpart QQQQ) and/or does not appear on the Washoe County ~~District~~-Health ~~Department~~District Official List of Certified/~~Exempt Wood Stoves~~Devices.

010.146 "VOLATILE ORGANIC COMPOUNDS" means any volatile compound containing carbon with the exception of the following:

- | | |
|---------------------|---------------------------|
| carbon monoxide | carbon dioxide |
| carbonic acid | metallic carbides |
| metallic carbonates | ammonium carbonate |
| methane | ethane |
| acetone | CFC-11 |
| CFC-22 | CFC-23 |
| CFC-113 | _____ CFC-114 |
| CFC-115 | _____ HCFC-123 |
| HCFC-124 | HCFC-141b |
| HCFC-142b | HFC-125 |
| HFC-125a | HFC-134 |
| HFC-134a | HFC-143a |

Non-volatile organic materials are not considered VOC. (Revised 10/25/95)

010.200 "~~WOOD HEATER" means an enclosed wood burning appliance capable of, and intended for space heating, domestic water heating or indoor cooking and has an air-to-fuel ratio of less than 35 to 1 in the low burn cycle. It also must have a usable firebox volume less than twenty (20) cubic feet, weigh less than 800 kilograms and have a minimum burn rate less than five (5) kilograms per hour. Appliances that are described as prefabricated fireplaces and are designed to~~

~~accommodate doors or other accessories that would create the air starved operating conditions of a wood heater, must meet the emission standards if they meet the criteria in the above definition with those accessories in place.~~

means an enclosed, wood-burning-appliance capable of and intended for residential space heating or space heating and domestic water heating. These devices include, but are not limited to, adjustable burn rate wood heaters, single burn rate wood heaters, and pellet stoves. Wood heaters may or may not include air ducts to deliver some portion of the heat produced to areas other than the space where the wood heater is located. Wood heaters include, but are not limited to:

- (1) Free-standing wood heaters – Wood heaters that are installed on legs, on a pedestal or suspended from the ceiling. These products generally are safety listed under UL-1482, UL-737 or ULC-S627.
- (2) Fireplace insert wood heaters – Wood heaters intended to be installed in masonry fireplace cavities or in other enclosures. These appliances generally are safety listed under UL-1482, UL-737 or ULC-S628.
- (3) Built-in wood heaters – Wood heaters that are intended to be recessed into the wall. These appliances generally are safety listed under UL-1482, UL-737, UL-127 or ULC-S610.

- 010.205 "WOOD STOVE/FIREPLACE INSERT" for purposes of compliance with Sections 040.051 ~~and 040.0512~~, ~~may be~~ means a wood heater, pellet stove, prefabricated zero clearance fireplace or a fireplace heat form with doors or other accessories ~~which~~ that cause the fireplace to function as a wood heater. Wood stoves/fireplace inserts do not include open masonry fireplaces, barbecue devices, portable fire pits, gas-fired fireplaces or cook stoves. (Revised 9/23/98)
- 010.210 "GEOHERMAL PRODUCTION WELL" ~~-means~~ Anyany well for which the purpose is the commercial use of a geothermal resource.
- 010.215 "GEOHERMAL EXPLORATORY WELL" ~~-means~~ Anyany well for which the purpose is the commercial discovery or evaluation of a geothermal resource.
- 010.220 "GEOHERMAL FACILITY" ~~-means~~ Anyany project involving the construction or operation of geothermal wells (exploratory or productive), geothermal steam/fluid transmission pipelines, power generating facilities, or any other equipment intended for commercial use with a geothermal resource for purposes of determining compliance with distance criteria in Section 030.800 and Section 030.004. Distances will be calculated from the point of nearest actual emissions to nearest residential dwelling.
- 010.225 "GEOHERMAL STACKING EMISSIONS" ~~-Is~~ means an emission or emissions into the ambient air caused by the release of geothermal steam or fluid from a point source ~~which~~ that is the result of a geothermal facility or geothermal steam/fluid transmission pipeline failure (forced outage), scheduled outage, start-up or curtailment. For purposes of compliance, emissions, limitations will be assessed as near as physically possible to the point(s) at which the emissions occur.
- 010.230 "GROSS MEGAWATT HOUR (GHW or GMWHR)" ~~-means~~ ~~The~~ the amount of electrical energy ~~which~~ that could be realized per hour from the expected potential energy of the geothermal steam or

fluid prior to any internal plant electrical requirements, as guaranteed by the turbine generator manufacturer.

- 010.235 "GRAMS PER HOUR PER GROSS MEGAWATT HOUR (G/HR/GMW)" ~~—Grams per hour per gross megawatt (hour)~~ is the emission factor used to determine maximum allowable hourly emission rates of hydrogen sulfide from a given geothermal power plant, (e.g., a 50 g/hr/GMW factor as applied to a 12 GMW plant results in an emission limitation as follows: 50 g/hr/GMW X 12 GMW = 600 g/hr or .6 kg/hr).
- 010.240 "RESIDENTIAL DWELLING" ~~—means~~ Aa structure inhabited by humans on a continuing basis.
- 010.245 "AIR POLLUTANT EMISSION CONTROL PLAN (GEOHERMAL WELLS)" ~~—means Satisfactory~~ satisfactory completion and approval of ~~an~~ a valuation form approved by the Control Officer. This form will require a description of methods for reducing emissions from geothermal wells.
- 010.253 "CATASTROPHIC RELEASE" means the unexpected release to the atmosphere of a toxic air pollutant as defined in ~~section~~ Section 030.400, in a quantity sufficient to create a potential risk to public health. (Adopted 6/27/90)
- 010.260 "TOPPING OFF" means to attempt to dispense gasoline to a motor vehicle fuel tank after a vapor recovery dispensing nozzle has shut off automatically. The filling of those vehicle tanks which, because of the nature and configuration of the fill pipe, causes premature shut off of the dispensing nozzle, and which are filled only after the seal between the fill pipe and the nozzle is broken, shall not be considered topping off. (Adopted 2/27/91)
- 010.265 "VAPOR-TIGHT" a reading of less than 10,000 ppm, above background, as methane, when measured at a distance of one centimeter from the leak source with a portable hydrocarbon detection instrument. Background is defined as the ambient concentration of organic compounds determined at least three meters upwind from any equipment to be inspected and ~~which~~ that is uninfluenced by any specific emission permit unit. (Adopted 2/27/91)

DD	RT	__
DHO		kd
DA	NA	__
Risk	NA	__

STAFF REPORT
BOARD MEETING DATE: May 26, 2016

TO: District Board of Health

FROM: Brittany Dayton, EMS Coordinator
775-326-6043, bdayton@washoecounty.us

SUBJECT: **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.**

SUMMARY

Attached is a draft REMSA Compliance Checklist that EMS staff recommends using to determine REMSA’s franchise compliance for future compliance reports. The checklist has been updated to reflect current requirements and Board member feedback. An additional column, “Reviewer’s Notes,” was added to indicate compliance, substantial compliance or non-compliance with items contained within the checklist.

PREVIOUS ACTION

EMS staff presented the compliance checklist to the District Board of Health (DBOH) on April 23, 2015. The Board directed staff to review the checklist with regional stakeholders so that they would have an opportunity to provide input, and to bring the checklist back to the Board in May.

At the May 28, 2015 DBOH meeting, the checklist was approved with the exception of items 5.1.b., 5.2.d. and 6.1.a. The Board requested the EMS Advisory Board work with REMSA to establish milestones and outcomes for the excepted items. Additionally, they directed staff to include input provided by the City of Reno and allow REMSA to review the input.

The compliance checklist was brought before the DBOH on June 25, 2015 and the board moved to approve the checklist for the period of July 1, 2014 through June 30, 2015 and the next fiscal year would be represented by an updated checklist.

BACKGROUND

The initial compliance checklist was developed and internally vetted by the members of the EMS Oversight Program staff in 2015. Subsequently, EMS Oversight Program staff met with REMSA to review and discuss the checklist to ensure requests were viable. After the April 2015 DBOH meeting, staff met with regional stakeholders for further input and discussion.

Since the approval of the FY 14/15 compliance checklist, the strategic plan workgroup has identified communications to be a goal of the five year EMS strategic plan, therefore, strategies and objectives with designated timeframes have been developed to address the topics of radio communications, the CAD-to-CAD interface and AVL data sharing.

EMS Oversight Program staff has met with REMSA leadership concerning the updates to the compliance checklist. There were no substantial context modifications; the updates were focused on delineating CAD and AVL items, removing out-of-date items and clarifying item language. Additionally, in an effort to make the process less subjective, the “Reviewer’s Notes” column and definitions of full compliance, substantial compliance and non-compliance were also added.

FISCAL IMPACT

There is no additional fiscal impact to the budget should the Board approve the REMSA Compliance Checklist.

RECOMMENDATION

EMS staff recommends that the DBOH approve the REMSA Compliance Checklist, which will be used to determine REMSA’s compliance with the Amended and Restated Franchise Agreement for Ambulance Service.

POSSIBLE MOTION

Should the DBOH agree with staff’s recommendation, a possible motion would be:

“Move to approve the REMSA Compliance Checklist, which will be used to determine REMSA’s compliance with the Amended and Restated Franchise Agreement for Ambulance Service.”

REMSA Franchise Compliance Checklist

Franchise Article	Title	Compliance Documentation	Responsible Party	Date Received	Reviewer's Notes
1	Definitions	<p>1.1 Definitions</p> <ul style="list-style-type: none"> - Definitions are stated in the franchise, but are not part of compliance determination <p>2.1 Exclusive Market Rights</p> <ul style="list-style-type: none"> a) <input type="checkbox"/> The franchise agreement signed by DBOH and REMSA in May 2014, which gives REMSA the exclusive market rights within the franchise service area b) <input type="checkbox"/> All disaster agreements and/or mutual aid agreements <p>2.2 Franchise Service Area</p> <ul style="list-style-type: none"> a) <input type="checkbox"/> Map of the REMSA franchise area <p>2.3 Level of Care</p> <ul style="list-style-type: none"> a) <input type="checkbox"/> A copy of state certification for ALS services b) <input type="checkbox"/> Documentation that demonstrates the staffing model for 9-1-1 units and interfacility transfer units <p>2.4 Term</p> <ul style="list-style-type: none"> - The franchise term is stated in the franchise, but is not part of compliance determination until 2024 <p>2.5 Periodic Review</p> <ul style="list-style-type: none"> - Requirement of periodic review is stated in the franchise, but is not part of compliance determination until 2024 <p>2.6 Oversight Fee</p> <ul style="list-style-type: none"> a) <input type="checkbox"/> Copies of quarterly invoices paid to the EMS Program 	<p>WCHD</p> <p>REMSA</p> <p>WCHD</p> <p>REMSA</p> <p>REMSA</p>		
2	Granting of Exclusive Franchise				

2	Granting of Exclusive Franchise <i>(continued)</i>	2.7 Supply Exchange and Reimbursement a) <input type="checkbox"/> The current signed supply exchange/reimbursement agreements with each fire agency b) <input type="checkbox"/> Confirmation that jurisdictions were reimbursed 2.8 No Obligation for Subsidy a) <input type="checkbox"/> A statement from the external auditor that REMSA does not receive any funding/monetary subsidy from the Cities of Reno and Sparks and Washoe County b) <input type="checkbox"/> 501C3 articles of incorporation c) <input type="checkbox"/> Disclosure of grant funding for franchise ground ambulance services, if any	REMSA WCHD REMSA REMSA REMSA	
3	Governing Body	3.1 Board of Directors a) <input type="checkbox"/> List of Board members b) <input type="checkbox"/> Legal confirmation that all contractual relationships involving a member of the REMSA Board have been approved by a majority of the disinterested members 3.2 Board Member Separation a) <input type="checkbox"/> A signed statement by each Board member that declares any contracts/conflicts of interest, and states the Board member is not an employee of REMSA or the contractor 3.3 Meetings a) <input type="checkbox"/> List of six Board meetings held during the fiscal year b) <input type="checkbox"/> Statement from the DHO that REMSA held six Board meetings with a quorum of its members	REMSA REMSA REMSA REMSA WCHD	
4	Contract, Competitive Bidding and Market Survey	4.1 Market Survey and Competitive Bidding - A market survey or competitive bid is stated in the franchise, but is not part of compliance determination until 2021		

5	<p align="center">Communications</p>	<p>5.1 Radio</p> <p>a) <input type="checkbox"/> Current 800 MHz MOU</p> <p>b) <input type="checkbox"/> A checklist that demonstrates outcomes/progress made concerning compatible communications with the Washoe County Regional Communications System (WCRCS)</p> <p>5.2 Dispatch</p> <p>a) <input type="checkbox"/> Documentation of at least one check/drill conducted on the backup system during the year</p> <p>b) <input type="checkbox"/> Documentation of one operational drill on the backup system, including dates and names of the individuals who participated</p> <p>c) <input type="checkbox"/> A brief summary of the drill and an AAR-IP</p> <p>d) <input type="checkbox"/> Documentation of CAD to CAD meetings</p> <p>e) <input type="checkbox"/> A timeline of meetings/discussions that demonstrate REMSA's progress toward the establishment of the CAD to CAD interface</p> <p>f) <input type="checkbox"/> A timeline of meetings/discussions that demonstrate REMSA's progress towards AVL connections between agencies</p> <p>g) <input type="checkbox"/> Documentation of completed efforts that demonstrates REMSA's progress toward the establishment of the CAD to CAD interface</p> <p>h) <input checked="" type="checkbox"/> Documentation of completed efforts that demonstrates REMSA's progress toward AVL connections between agencies (including current capabilities)</p> <p>5.3 Change of Priority</p> <p>a) <input type="checkbox"/> Number of calls that were upgraded and downgraded and why this action occurred (<i>included in monthly report</i>)</p>	<p>REMSA</p> <p>REMSA</p> <p>REMSA</p> <p>REMSA</p> <p>REMSA</p> <p>WCHD</p> <p>REMSA</p> <p>REMSA</p> <p>REMSA</p> <p>REMSA</p> <p>REMSA</p>	
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6	<p style="text-align: center;">Data and Records Management</p>	<p>6.1 Data and Records</p> <p>a) <input type="checkbox"/> A timeline of meetings/discussions that demonstrate REMSA’s progress toward the establishment of the CAD to CAD interface</p> <p>b) <input type="checkbox"/> A checklist of completed efforts that demonstrates REMSA’s progress toward the establishment of the CAD to CAD interface</p> <p>c) <input type="checkbox"/> List of investigations made by the DHO, or designee during the fiscal year</p> <p>d) <input type="checkbox"/> Response time compliance report/study zone reports</p> <p>e) <input type="checkbox"/> List of DHO requests for data/records during the fiscal year (identifies outcomes of requests- i.e., data provided or reasonable justification why request was not adhered to)</p>	<p>From 5.2</p> <p>From 5.2</p> <p>WCHD</p> <p>REMSA</p> <p>WCHD</p>		
7	<p style="text-align: center;">Response Compliance and Penalties</p>	<p>7.1 Response Zones</p> <p>a) <input type="checkbox"/> REMSA Franchise map (Zones A – E)</p> <p>b) <input type="checkbox"/> Date(s) of meeting(s) of the annual map review</p> <p>c) <input type="checkbox"/> Zone A report – 90% of all P1 calls have a response time of 8:59 or less</p> <p>d) <input type="checkbox"/> Zones B, C and D report – 90% of all P1 calls have a collective response time of 15:59, 20:59 and 30:59</p> <p>e) <input type="checkbox"/> Zone E report – total number of calls</p> <p>7.2 Response Determinants</p> <p>a) <input type="checkbox"/> Meeting date(s) of the EMD determinants jointly reviewed by the REMSA MD and fire agency MDs</p> <p>b) <input type="checkbox"/> A summary of all pertinent outcomes/decisions - including updates/changes to determinants, if any</p>	<p>WCHD</p> <p>WCHD</p> <p>WCHD</p> <p>WCHD</p> <p>WCHD</p> <p>REMSA</p> <p>REMSA</p>		

7	<p align="center">Response and Penalties <i>(continued)</i></p>	<p>7.3 Zone Map</p> <ul style="list-style-type: none"> a) <input type="checkbox"/> Date(s) of meeting(s) of the annual map review b) <input type="checkbox"/> List of changes to the map, if applicable c) <input type="checkbox"/> List of locations of the REMSA franchise map <p>7.4 Response Time Reporting</p> <ul style="list-style-type: none"> a) <input type="checkbox"/> Monthly call/response data with address and zone information <i>(collected from the OCU)</i> b) <input type="checkbox"/> Total number of responses in the fiscal year <i>(collected from the OCU)</i> c) <input type="checkbox"/> EMS staff monthly review documentation <p>7.5 Penalties</p> <ul style="list-style-type: none"> a) <input type="checkbox"/> Penalty fund dollars verification letter from REMSA and all penalty fund reconciliation documents for the fiscal year b) <input type="checkbox"/> CPI calculation c) <input type="checkbox"/> Documentation of all penalties – all calls that incurred penalties and number of minutes per month d) <input type="checkbox"/> Priority 1 penalty fund analysis for the fiscal year <i>(submitted by independent accounting firm)</i> e) <input type="checkbox"/> Agreed-upon procedures related to Priority 1 Penalty Fund <i>(submitted by independent accounting firm)</i> <p>7.6 Exemptions</p> <ul style="list-style-type: none"> a) <input type="checkbox"/> Exemption reports <i>(collected from the OCU)</i> b) <input type="checkbox"/> Description of REMSA's internal exemption approval process 	<p>WCHD WCHD WCHD WCHD WCHD WCHD REMSA WCHD REMSA REMSA REMSA REMSA REMSA REMSA</p>	
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7	<p>Response Compliance and Penalties (continued)</p>	<p>c) <input type="checkbox"/> Any exemption disputes between REMSA and its contractor reviewed by the DHO, if any</p> <p>d) <input type="checkbox"/> Letter detailing approved exemptions by the DHO</p> <p>e) <input type="checkbox"/> Exemption request(s) and any approvals by the DHO, or designee, during the fiscal year, if applicable</p> <p>7.7 Penalty Fund</p> <p>a) <input type="checkbox"/> Letter from REMSA confirming penalty funds are recorded monthly in a separate restricted account</p> <p>b) <input type="checkbox"/> Documentation of all penalties – all calls that incurred penalties and number of minutes per month</p> <p>c) <input type="checkbox"/> Documentation of penalty fund usage to include dates received, services rendered, purpose, recipients, etc. (included in the <i>monthly Operations Report, as appropriate</i>)</p> <p>d) <input type="checkbox"/> Documentation from the external auditor that the penalty fund is in a separate restricted account</p> <p>7.8 Health Officer Approval</p> <p>a) <input type="checkbox"/> Letter to the DHO requesting use of penalty fund dollars</p> <p>b) <input type="checkbox"/> Letter of approval from the DHO</p>	<p>WCHD</p> <p>WCHD</p> <p>REMSA</p> <p>REMSA</p> <p>REMSA</p> <p>REMSA</p> <p>REMSA</p> <p>REMSA</p> <p>REMSA</p> <p>WCHD</p>		
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8	Patient Billing	<p>8.1 Average Patient Bill</p> <p>a) <input type="checkbox"/> CPI calculation</p> <p>b) <input type="checkbox"/> Letter(s) from REMSA on schedule of rates, changes and fees as they occur throughout the fiscal year</p> <p>c) <input type="checkbox"/> Explanation of the average bill calculations that are reported monthly to DBOH</p> <p>8.2 Increase Beyond CPI</p> <ul style="list-style-type: none"> - Only applicable if REMSA requests an increase beyond the annual CPI adjustment <p>8.3 Overage in Bill Amount</p> <ul style="list-style-type: none"> - Only applicable if REMSA exceeds the maximum average patient bill <p>8.4 Third Party Reimbursement</p> <p>a) <input type="checkbox"/> Explanation of billing policies/procedures related to billing third parties and mitigating out of pocket expenses</p> <p>8.5 Prepaid Subscription Program</p> <p>a) <input type="checkbox"/> Silver Saver brochure</p> <p>b) <input type="checkbox"/> Number of enrolled members as of June 30</p> <p>8.6 Billing</p> <p>a) <input type="checkbox"/> REMSA organizational chart showing placement of billing department</p> <p>8.7 Accounting Practices</p> <p>a) <input type="checkbox"/> Documentation that the independent auditor adheres to GAAP and GAAS</p>	From 7.5 REMSA REMSA		
			REMSA REMSA REMSA REMSA		
			WCHD		

8	<p>Patient Billing <i>(Continued)</i></p>	<p>8.8 Audit</p> <p>a) <input type="checkbox"/> Current fiscal year financial audit from independent auditor</p> <p>b) <input type="checkbox"/> Form 990 from the previous fiscal year</p> <p>c) <input type="checkbox"/> Agreed-upon procedures on the average bill <i>(submitted by an independent auditing firm)</i></p>	<p>REMSA</p> <p>REMSA</p> <p>REMSA</p>	
9	<p>Personnel and Equipment</p>	<p>9.1 Dispatch Personnel Training</p> <p>a) <input type="checkbox"/> List of dispatch personnel that dispatch 911 and routine transfer calls that includes EMD certification, EMT/Paramedic certification number and expiration date</p> <p>b) <input type="checkbox"/> List of new dispatch personnel that dispatch 911 and routine transfer calls and training completed within their first 6-months of employment</p> <p>9.2 Dispatch Accreditation</p> <p>a) <input type="checkbox"/> A copy of the certification of the National Academy of Emergency Medical Dispatchers accreditation of the Accredited Center of Excellence (ACE)</p> <p>b) <input type="checkbox"/> List of ACE standards/requirements</p> <p>9.3 Personnel Licensing and Certification</p> <p>a) <input type="checkbox"/> Lists of attendants, EMTs, Paramedics, and EMD certified personnel that includes certification number and expiration date</p> <p>b) <input type="checkbox"/> Letter from State EMS confirming adherence to Chapter 450B</p> <p>9.4 ICS Training</p> <p>a) <input type="checkbox"/> List of individuals who completed MCIP training</p>	<p>REMSA</p> <p>REMSA</p> <p>REMSA</p> <p>REMSA</p> <p>REMSA</p> <p>WCHD</p> <p>REMSA</p> <p>WCHD</p> <p>REMSA</p>	

9	Personnel and Equipment <i>(continued)</i>	9.8 Medical Director a) <input type="checkbox"/> Medical Director's CV (from State EMS) b) <input type="checkbox"/> Documentation that MD meets NAC 450B. 505 state requirements (coordination with State EMS)	WCHD WCHD		
10	Quality Assurance	10.1 Personnel a) <input type="checkbox"/> Written identification of the individual(s) responsible for the internal coordination of medical quality assurance issues 10.2 Review a) <input type="checkbox"/> Quality assurance reviews of ambulance runs for at least 5% of the previous month's ALS calls (<i>included in the monthly Operations Report</i>) b) <input type="checkbox"/> Summary of the quality assurance review activities conducted throughout the fiscal year	REMSA REMSA REMSA		
11	Community Relations and Public Education	11.1 CPR Courses a) <input type="checkbox"/> List of all CPR public courses offered during the fiscal year – separated into REMSA employee conducted training and REMSA affiliated trainings (<i>included in the monthly Operations Report</i>) 11.2 Community Health Education a) <input type="checkbox"/> Multimedia campaign(s) about a current need within the community (<i>included in the monthly Operations Report</i>) 11.3 Clinical Skills a) <input type="checkbox"/> List of clinical skill experience(s) offered for specific prehospital care personnel through participating hospitals and the number of attendees, if necessary	REMSA REMSA REMSA		

11	Community Relations and Public Edu. <i>(continued)</i>	<p>11.4 Fire EMS Training</p> <p>a) <input type="checkbox"/> List of quarterly Fire EMS trainings and dates</p>	REMSA		
12	Reporting	<p>12.1 Monthly Reports</p> <p>a) <input type="checkbox"/> Monthly Operations Reports presented to the DBOH</p> <p>12.2 Annual Reports</p> <p>a) <input type="checkbox"/> All documentation for the Compliance Report should be submitted to the WCHD no later than December 31</p> <p>b) <input type="checkbox"/> Documentation of compliance monitoring</p>	REMSA REMSA WCHD		
13	Failure to Comply/ Remedies	<p>13.1 Failure to Comply with Agreement</p> <ul style="list-style-type: none"> - Failure to comply is stated in the franchise, but is not part of compliance determination unless REMSA does not comply with the terms of the Franchise <p>13.2 Notice of Noncompliance</p> <ul style="list-style-type: none"> - Notice of noncompliance is stated in the franchise, but is not part of compliance determination unless REMSA does not comply with the terms of the Franchise <p>13.3 Failure to Correct/Rescission of Agreement</p> <ul style="list-style-type: none"> - Failure to correct/rescission is stated in the franchise, but is not part of compliance determination unless REMSA does not comply with the terms of the Franchise <p>13.4 Alternate to Rescinding Agreement</p> <ul style="list-style-type: none"> - Alternate to rescinding is stated in the franchise, but is not part of compliance determination unless REMSA does not comply with the terms of the Franchise 			
14	Dispute Resolution	<p>14.1 Agreement to Mediate Disputes</p> <ul style="list-style-type: none"> - Agreement to mediate disputes is stated in the franchise, but is not part of compliance determination unless a dispute occurs 			

15	Financial Assurance/Continuity of Operations	<p>15.1 Financial Assurance/Continuity of Operations</p> <p>a) <input type="checkbox"/> Documentation of the performance security in the amount of 3 million dollars - demonstrating that it is a reserve amount in the equity statement of the REMSA financials (<i>included in the financial audit</i>)</p>	REMSA	
16	Insurance and Indemnification	<p>16.1 Insurance</p> <p>a) <input type="checkbox"/> REMSA's insurance certificates for general liability insurance, automobile liability, workers compensation and employer's liability</p> <p>b) <input type="checkbox"/> Documentation that the WCHD is listed as an additional insured</p> <p>16.2 Indemnification</p> <p>a) <input type="checkbox"/> Signed franchise agreement</p> <p>16.3 Limitation of Liability</p> <p>a) <input type="checkbox"/> NRS Chapter 41</p> <p>b) <input checked="" type="checkbox"/> Signed franchise agreement</p>	REMSA REMSA WCHD WCHD WCHD	
17	Miscellaneous	<p>17.1 REMSA Contract with Other Entities</p> <p>a) <input type="checkbox"/> All current contracts, service agreements MAAs and MOUs with other political entities</p>	REMSA	

<p>17</p>	<p>Miscellaneous <i>(continued)</i></p>	<p>17.2 Governing Law; Jurisdictions</p> <ul style="list-style-type: none"> - Governing law; jurisdictions are stated in the franchise, but are not part of compliance determination <p>17.3 Assignment</p> <ul style="list-style-type: none"> - Assignment is stated in the franchise, but is not part of compliance determination <p>17.4 Severability</p> <ul style="list-style-type: none"> - Severability is stated in the franchise, but is not part of compliance determination <p>17.5 Entire Agreement/Modification</p> <ul style="list-style-type: none"> - Entire agreement/modification is stated in the franchise, but is not part of compliance determination <p>17.6 Benefits</p> <ul style="list-style-type: none"> - Benefits are stated in the franchise, but are not part of compliance determination <p>17.7 Notice</p> <ul style="list-style-type: none"> - Notice is stated in the franchise, but is not part of compliance determination 			
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The Reviewer's Notes column shall be used to indicate REMSA's compliance with each checklist item. Compliance will be indicated as follows:

- Full Compliance - Documentation was provided and fulfilled the checklist requirement(s).
- Substantial Compliance - Documentation was provided, but did not entirely fulfill the checklist requirement(s).
- Non-Compliance - No documentation was provided, or documentation provided did not fulfill the checklist requirement(s).

Staff Report
District Board of Health Meeting Date: May 26, 2016

TO: District Board of Health Members

FROM: Christina Conti, EMS Oversight Program Manager
(775) 326-6042, cconti@washoecounty.us

SUBJECT: Presentation, discussion and possible acceptance of an update on the CAD-to-CAD interface between the PSAP dispatch centers and REMSA.

SUMMARY

Computer-Aided Dispatch (CAD) software helps communications center personnel manage information, like pending and active calls and other critical data. With a CAD-to-CAD interface this vital call data can be linked and distributed to multiple agencies (Fire and EMS) with less manual effort.

The EMS Oversight Program is collaborating with regional partners to discuss the implementation of a CAD-to-CAD interface, which would technologically connect the primary Public Safety Answering Points (PSAPs) and REMSA dispatch. The interface would establish a virtual connection between the communications centers and create a more expedient process for EMS calls.

PREVIOUS ACTION

This item was discussed at the April 28, 2016 District Board of Health (DBOH) meeting, during the EMS Advisory Board agenda item. It was requested to be an agenda item for the May 26, 2016 meeting.

BACKGROUND

Through research, the EMS Oversight Program has learned that such technology is becoming an industry standard and is instrumental in making the dispatch process more efficient. Part of the research included speaking with several other jurisdictions, including Fort Worth, Yolo County, Las Vegas and Santa Barbara County, which implemented CAD-to-CAD interfaces.

Article 5.2 of the Amended and Restated Franchise Agreement for Ambulance Service states, “that when the Washoe County/Reno PSAP and Sparks PSAP Tiburon CAD systems are installed and upgraded the REMSA CAD system shall, at a minimum, be capable of interfacing in real time with the Washoe County/Reno and Sparks CAD systems.” The completion of the regional Tiburon upgrade occurred in October 2015.

In November 2015, correspondence occurred with the partner agencies to determine if the region was ready to begin the interface process. The region was not yet prepared, however, it was determined that we should begin meeting to discuss what the interface should look like. The subcommittee was formed and is comprised of Fire and EMS operations personnel, dispatch personnel, IT personnel, and the EMS Oversight Program.

In January Washoe County PSAP personnel indicated their agency will soon be upgrading to CAD 2.9.1 and the new version has significant changes that could impact operations. This upgrade is a concern because there may be training issues, and the PSAP would like to introduce the interface after all dispatchers are completely comfortable with their systems.

To date, the region has held two meetings to discuss the CAD-to-CAD interface implementation. The first meeting included regional partners from the Health District, Fire agencies, Washoe County dispatch, Reno Ecomm, REMSA and IT personnel. The second meeting was a conference call with one of the CAD vendors where regional partners had an opportunity to ask questions about the CAD-to-CAD processes and interface functionality.

The two-way CAD-to-CAD interface requires fiscal investment from REMSA and City of Reno since those agencies maintain and operate the servers. REMSA has finalized the agreement with their CAD vendor, TriTech, and is able to be added to TriTech's schedule for implementation.

According to Reno IT system administrators, their PSAP CAD vendor, Tiburon, issued a proposal/quote for their portion of the interface which is currently being reviewed at the executive team level.

During the DBOH meeting, EMS staff discussed the development of the subcommittee and the regional progress, to date. Following the meeting, the District Health Officer sent an email to the jurisdictional managers strongly requesting their assistance to push the CAD-to-CAD initiative forward and obtain a contract with Tiburon. A reply was received from the City of Reno with acknowledgement of the project and the understanding of the urgency to get the project done.

On May 9, 2016 REMSA received correspondence from TriTech stating they want to put the CAD-to-CAD project on hold since there hasn't been progress on the Tiburon side. REMSA replied that they would like to keep the project open and active. No further correspondence from TriTech has been received to date.

FISCAL IMPACT

There is no fiscal impact to the EMS Advisory Board. However, the two-way CAD-to-CAD interface requires fiscal investment from REMSA and City of Reno (Sparks and/or Truckee Meadows Fire Protection District) since those agencies maintain and operate the servers that would be linked.

RECOMMENDATION

EMS staff recommends the EMS Advisory Board accept the update on the CAD-to-CAD interface between the PSAP dispatch centers and REMSA.

POSSIBLE MOTION

Should the Board agree with staff's recommendation a possible motion would be:

"I move to accept the update on the CAD-to-CAD interface between the PSAP dispatch centers and REMSA."

DD	<u>RT</u>	-
DHO	<u> </u>	<u> </u>
DA	<u>NA</u>	
Risk	<u>DME</u>	

Staff Report

District Board of Health Meeting Date: May 26, 2016

TO: District Board of Health

FROM: Christina Conti, EMS Oversight Program Manager
775-326-6042, cconti@washoecounty.us

THROUGH: Kevin Dick, District Health Officer
775.328.2415, kdick@washoecounty.us

SUBJECT: Presentation, discussion and possible approval of the allowable exemptions to REMSA's response times, as outlined in the Amended and Restated Franchise Agreement for Ambulance Service Article 7, Section 7.6.

SUMMARY

Through the Franchise agreement, the District Health Officer (DHO) has the authority to define allowable exemptions and the appropriate processes for such requests. In accordance with the direction from the EMS Advisory Board, staff has developed possible revisions to the current exemption letter, which was issued on June 27, 2014. Attached is the current exemption letter as well as a draft of the proposed exemption letter, to be effective July 1, 2016.

PREVIOUS ACTION

The EMS Advisory Board heard a presentation on exemptions during the March 5, 2015 meeting, specifically focused the use of the system overload exemption. The Board moved to continue the item to allow staff to meet with regional partners.

The EMS Advisory Board heard a presentation on exemptions during the April 7, 2016 meeting. The Board approved the presentation.

BACKGROUND

In the original REMSA Franchise agreement, granted by the District Board of Health (DBOH) on October 22, 1986, minimal language concerning exemptions was included. The ability of REMSA to be exempt from response time requirements was written in Section 10 and simply stated that only "extenuating circumstances approved by the District Health Officer" would be an allowable exemption from the penalty requirements.

On November 17, 1993, the presiding DHO proposed several amendments to the REMSA Franchise. One recommendation was additional exemption language. These changes required REMSA to report exemptions on a monthly basis to the District Health Officer. Furthermore, the language specifically stated that exemptions to response time penalties may be granted when adherence to response time requirements under extreme weather conditions would jeopardize public safety or the safety of ambulance personnel.

After this amendment to the Franchise was approved, the DHO sent exemption guidelines, which were reissued only when the existing exemption processes were redefined. The exemption guideline letter included more in-depth descriptions and explanations of allowable exemptions like weather, construction, off road, MCIs, etc.

During the process of writing the Amended and Restated Franchise Agreement for Ambulance Services (which was approved by the DBOH in May 2014) the exemption language was discussed. The previous section 10 is now article 7.6 and specifically lists the exemption guidelines remaining in effect unless changed or rescinded by the DHO or the District Board of Health. Article 7.6 also allows for other exemptions and exemption criteria to be provided to REMSA upon approval of the District Board of Health.

On June 27, 2014 the DHO wrote REMSA a letter outlining and updating the exemption request guidelines in accordance with the Amended and Restated Franchise Agreement (attached).

The EMS Advisory Board heard a presentation on exemptions during the March 5, 2015 meeting, which specifically focused on the use of the system overload exemption. This exemption was used during a wind storm on February 6, 2015 and there was confusion about the algorithm and requesting procedure for this exemption. The EMS Advisory Board moved to continue the item to allow staff to meet with the fire agencies and REMSA to refine the process for all exemptions.

On April 15, 2015 EMS staff held a meeting and invited the EMS working group to discuss the revisions to the REMSA service area map and the exemptions, specifically focusing on the system overload exemption. After this meeting it was determined that all exemptions should be reviewed and considered for editing.

EMS staff researched exemptions allowed/used in other regions to help determine initial updates/changes for the exemption process. Staff worked with REMSA personnel on the requested changes and on February 23, 2016 EMS staff requested a meeting with the Fire partners to review the proposed updates for exemptions. Due to scheduling conflicts no meeting was held; however, at the EMS Advisory Board meeting on April 7, 2016 all Fire Chiefs stated for the record they had no concerns with the exemptions but wanted the communication of exemptions clearly understood.

The EMS Advisory Board accepted the presentation and requested that the communication piece be worked out. REMSA organized a meeting with regional fire partners on Monday, May 2, 2016 to discuss the process for communicating exemption status to the fire field crews. The EMS Oversight Program was included in the email meeting summary that included the communication process.

FISCAL IMPACT

There is no anticipated fiscal impact should the Board approve the proposed draft REMSA exemption letter.

RECOMMENDATION

Staff recommends the Board approve the proposed draft REMSA exemption letter.

POSSIBLE MOTION

Should the Board agree with the proposed draft letter without changes, a possible motion would be: "Move to approve the allowable exemptions for REMSA response times as presented and in accordance with the Amended and Restated Franchise Agreement for Ambulance Service Article 7, Section 7.6."



WASHOE COUNTY HEALTH DISTRICT

OFFICE OF THE DISTRICT HEALTH OFFICER



Public Health
Prevent. Promote. Protect.

June 27, 2014

Jim Gubbels, President
REMSA
450 Edison Way
Reno, NV 89502-4117

RE: Exemption Request Guidelines

Dear Mr. Gubbels:

For the purpose of determining response time compliance, as required by the Amended and Restated Franchise for Ambulance Service, the Washoe County Health District (WCHD) has established a revised list of possible exemptions. The following existing exemption request guidelines will be applied effective July 1, 2014.

Exemptions to be reviewed by REMSA:

1. MCI

An exemption will be granted during a declared multi-casualty incident (MCI) for which REMSA's resources have been requested. The exemption automatically begins at the time the MCI is declared. However, the first responding unit must meet response requirements if the MCI occurs within the Franchise service area.

2. Off Road

Off road is defined as the time the ambulance drives off asphalt or pavement and enters a dirt road to access the patient. The response time clock continues until the unit calls in to declare the unit is off road. If the crew calls in and the elapsed time indicates a late response then the call is late.

3. Multiple Patients

When multiple units are simultaneously dispatched to a scene involving multiple patients, the first unit arriving at the scene stops the clock.

4. Upgrades and Downgrades

Pursuant to Article 5.3 of the Amended and Restated Franchise, "Once a priority has been assigned to a call, REMSA shall not upgrade or downgrade that priority unless the patient information has changed by the calling party, or unless requested by the PSAP or an on-scene first responder."

If a presumptive run code classification is upgraded to a higher priority while the ambulance is en route (in accordance with Article 5.3), the applicable run code designation shall be the upgraded priority. The response time shall be measured from the time of the upgrade.

However, in the event the Communications Specialist did not follow dispatch guidelines and recommendations to determine the possibility of a life-threatening emergency and the original priority should have been assigned as a Priority 1, REMSA will be held to a Priority 1 response time.

If a presumptive run code classification is downgraded to a lower priority while the ambulance is en route (in accordance with Article 5.3), the applicable run code designation shall be the downgraded priority. The response time shall be measured from the original clock start.

5. Incorrect Address

In the event a calling party gives dispatch an incorrect address, and the stated address is verified by the Communications Specialist and confirmed by the caller to be the correct address, response time shall be measured from the time REMSA receives, or otherwise discovers the correct address until the unit arrives on scene.

6. Miscellaneous

REMSA may not estimate arrival times except in documented failure of available medical channel frequencies.

Exemptions to be reviewed by the WCHD:

1. Weather

Pursuant to Article 7.6 of the Amended and Restated Franchise, "An exemption to response time penalties may be granted by the District Health Officer, or designee, when adherence to response time requirements under extreme weather conditions would jeopardize public safety or the safety of ambulance personnel." Such blanket weather exemptions may be granted for the duration of the extreme weather conditions.

Written requests for blanket weather exemptions must be submitted within three working days of the verbal request. Blanket weather exemptions will be granted with the expectation that additional ambulance units will be used to mitigate the impact of severe weather condition on REMSA's response to Priority 1 calls. The number of additional units used must be included in the written request.

Individual weather exemptions for weather related hazardous driving conditions affecting individual ground ambulances are a matter to be negotiated between REMSA and the Contractor.

2. Federally Declared Emergency

An exemption will be granted for a federally declared emergency for which REMSA's resources have been formally requested through the appropriate emergency management process. The exemption begins at the time the federally declared emergency is affirmed. All applicable documentation for this exemption must be provided to the District Health Officer, or designee, for review.

3. Overload

When responses to Priority 1 calls received during a period of unusual system overload occur, an exemption will be granted under the following requirement:

The number of calls for that time period must meet or exceed the average peak number of calls for that time of day and day of the week. The average peak number of calls are the five highest peak demand hour time periods for Priority 1 emergency runs simultaneously in progress for that hour of the day and day of the week, averaged during a consecutive 10- week period. Those highest peak numbers are averaged over 5 ten-week non-overlapping periods during the prior year. These numbers will be rounded to the nearest whole number, and inserted into a 7x24 matrix of 168 cells for each hour of the day and day of the week. Documentation that the unit is available for service must be included on all Priority 1 calls.

4. Construction

An exemption due to road construction may be considered if a written request is submitted to the WCHD within 72 hours of the call. The written exemption request must demonstrate the following:

- Management received updates from the Nevada Department of Transportation, the Regional Transportation Commission and/or other jurisdictional divisions and used that information to review the System Status Management Plan and made necessary adjustments.
- REMSA sent notifications to field staff of closures and delays.
- REMSA utilized additional unit hours for large road construction projects (i.e. major lane closures).
- REMSA validated that the crew experienced conditions beyond their control.

If the scene is in the middle of a construction zone or there are no feasible alternate routes to reach the scene, an exemption may be approved based on review of documentation provided by REMSA.

REMSA is expected to be aware of and plan for road construction. Response time exemptions for construction will not be automatic. Requests for exemptions due to construction will be considered on a case by case basis by the District Health Officer, or designee.

5. Annexations

An exemption will be granted for calls in annexed areas placed in a specified annexation study zone by REMSA. The Washoe County District Health will notify REMSA of annexations by the incorporated cities. REMSA will then provide the WCHD with a sub map to verify boundaries of the annexation information REMSA enters into their CAD. Within 60 days REMSA must place the annexed area under one of the following categories:

- Response Zone A.
- Annexation study zone (the area will undergo a study of impacts as well as needs and cost assessments).

All calls in the annexation study zone will remain in pre-annexation response time zones. REMSA will provide monthly data to the Washoe County Health District on late calls exempted from 8-minute annexation response requirements. REMSA and the District Health Officer will review data from the annexation study zones biannually, at a minimum, to determine whether to apply the 8-minute standard response time. The annexation study zone is based on criteria agreed to by both parties in writing.

6. Status 99

Status 99 is a term used to describe the situation when an ambulance cannot offload its patients at the hospital because staff and/or facilities are not available at the hospital to receive the patient(s). REMSA shall keep a daily Status 99 Report (the "Daily Report") detailing each Status 99 delay and list the specific times of those delays. A Status 99 delay will be included in the Daily Report when the ambulance has been at the hospital for twenty 20 minutes or more, as that is the average drop off time.

The process for the Status 99 exemptions is based on criteria agreed to by both parties in writing. The District Health Officer, or designee, will verify the date and time of the call with the Daily Report to determine if an exemption is warranted.

Subject: REMSA Exemption Request Guidelines
Date: June 27, 2014

Exemptions may be considered on a case-by-case basis for extraordinary circumstances not covered in this document. In these instances, REMSA must submit a written request to the WCHD for review by the District Health Officer or designee.

No other causes of late response, such as equipment failure, vehicular accident – regardless of cause – or any other causes within REMSA’s reasonable control shall justify an exemption from response time requirements.

Sincerely,



Kevin Dick
District Health Officer

March 3, 2016

Dean Dow, President/CEO
REMSA
450 Edison Way
Reno, NV 89502-4117

RE: Exemption Guidelines

Dear Mr. Dow,

The Washoe County Health District (WCHD) revised the list of allowable exemption requests for Priority 1 calls in the REMSA Franchise service area. The following exemptions will be effective July 1, 2016. All exemptions shall be reviewed by the WCHD EMS Oversight Program. Additionally, for the purpose of all compliance calculations, approved exemptions shall not be included as part of the calculation process.

Exemptions to be reviewed by REMSA and the WCHD:

1. MCI

An exemption will be granted during a declared multi-casualty incident (MCI) for which REMSA's resources have been requested. The exemption automatically begins at the time the MCI is declared. However, the first responding unit must meet response requirements if the MCI occurs within the Franchise service area.

2. Incorrect Address

In the event a calling party gives dispatch an incorrect address, and the stated address is verified by the Communications Specialist and confirmed by the caller to be the correct address, response time shall be measured from the time REMSA receives, or otherwise discovers, the correct address until the unit arrives on scene.

Exemptions to be reviewed and approved by the WCHD:

1. Miscellaneous

A request for a miscellaneous exemption must be submitted in writing within 5 business days following the end of the month in which the event occurred. Miscellaneous exemptions may include requests like units driving "off road" or AVL clock stop confirmation, etc.

Miscellaneous exemptions are granted on a per call basis following a review of the documentation provided by REMSA and/or investigation by the EMS Oversight Program. The request must include all applicable supporting reports and documentation in order for the EMS Oversight Program to approve a miscellaneous exemption.

2. Weather

Pursuant to Article 7.6 of the Amended and Restated Franchise, “an exemption to response time penalties may be granted by the District Health Officer, or designee, when adherence to response time requirements under extreme weather conditions would jeopardize public safety or the safety of ambulance personnel.”

REMSA shall use the District Health Officer approved checklist for blanket weather exemption requests to determine the necessity and validity of the request. Upon completion of the checklist, if the request is outside the hours of 7am-8pm, REMSA shall grant a preliminary blanket weather exemption status to ensure the safety of crews. If REMSA is granting a preliminary blanket weather exemption, an email correspondence is required to the EMS Oversight Program at EMSProgram@washoecounty.us to notify staff of the exemption status start time. The EMS Oversight Program staff will acknowledge the preliminary exemption notification at the earliest convenience.

Blanket weather exemptions will be granted for 12 hours, or less. At, or before, the eleventh hour of the request, REMSA must re-examine the weather conditions and outlook using information from NWS Reno and information from field providers and supervisors. Based on the findings, REMSA will either (1) request additional exemption hours, or (2) terminate the requested blanket exemption. REMSA must notify the WCHD immediately of their determination.

Blanket weather exemptions will be granted with the expectation that additional field staffing will be used to mitigate the impact of known severe weather condition on REMSA’s response to priority 1 calls. The additional field staffing used must be included in the written request, if applicable. Written documentation to support the blanket weather exemption request must be submitted within three business days of the verbal request or email notification. If there is not enough supporting documentation, the WCHD may deny the exemption.

Individual weather exemptions for weather related hazardous driving conditions affecting individual ground ambulances are a matter to be negotiated between REMSA and the Contractor. The individual weather exemption is applicable when a single region of the ambulance franchise service area is impacted by a weather event. If a weather event impacts more than one region within a one hour period of time, REMSA should closely monitor these conditions and begin to utilize the checklist for a blanket weather exemption request if conditions become widespread.

In the event that REMSA is made aware that multiple isolated weather exemptions were utilized when a blanket was more appropriate, a retroactive request for a blanket weather exemption may be made. A request for a retrospective request must be submitted in writing within 5 business days following the end of the month in which the event occurred. All documentation supporting the request would need to be submitted with the request.

The EMS Oversight Program will review such individual weather exemptions and may recommend denying the exemption if there is not sufficient supporting documentation to justify the individual weather exemption.

3. Local, State or Federal Declared Emergency

An exemption will be granted for a local, state or federally declared emergency for which REMSA’s resources have been formally requested through the appropriate emergency management process. The exemption begins at the time the declared emergency is affirmed. All applicable documentation for this exemption must be provided to the EMS Oversight Program for review.

4. System Overload

REMSA shall use a third party vendor to calculate system overload with the following equation:

$$\text{System Overload} = \text{Average Demand (20 weeks)} + 2X \text{ Standard Deviation,}$$

EMS Oversight Program staff shall receive real-time system information through a notification from the third party-vendor concerning REMSA surpassing the overload threshold. This will serve as notification only and is not actionable as an exemption request. Once overload is reached, REMSA shall monitor the system and determine if an exemption request is necessary.

A request for a system overload exemption should be made to the EMS Oversight Program, within three business days of the initial real time system overload notification. The submitted documentation should include quantitative system information and will encompass the timeframe of beginning no sooner than one hour after the system overload trigger is recognized and ending no later than one hour after the system returns below the system overload threshold.

If there is not enough supporting documentation then the WCHD may deny the exemption.

5. Construction

An exemption due to road construction may be considered if a written request is submitted to the EMS Oversight Program within three business days of the call. The written exemption request must demonstrate the following:

- Management received updates from the Nevada Department of Transportation, the Regional Transportation Commission and/or other jurisdictional divisions and used that information to review the System Status Management Plan and made necessary adjustments.
- REMSA sent notifications to field staff of closures and delays.
- REMSA utilized additional unit hours for large road construction projects (i.e. major lane closures).
- REMSA validated that the crew experienced conditions beyond their control.

If the scene is in the middle of a construction zone or there are no feasible alternate routes to reach the scene, an exemption may be approved based on review of documentation provided by REMSA.

REMSA is expected to be aware of and plan for road construction. Response time exemptions for construction will not be automatic. Requests for exemptions due to construction will be considered on a case by case basis by the EMS Oversight Program.

6. Status 99

Status 99 is a term used to describe the situation when an ambulance cannot offload its patient(s) at the hospital because staff and/or facilities are not available at the hospital to receive the patient(s). REMSA shall keep a daily Status 99 Report (the "Daily Report") detailing each Status 99 delay and list the specific times of those delays. A Status 99 delay will be included in the Daily Report when the ambulance has been at the hospital for twenty 20 minutes or more, as that is the average drop off time.

Subject: Exemption Guidelines

Date: Month/Date, 2016

Page 4 of 4

The process for the Status 99 exemptions is based on criteria agreed to by both parties in writing. The EMS Oversight Program will verify the date and time of the call with the Daily Report to determine if an exemption is warranted.

No other reasons for late response, such as equipment failure, vehicular accident – regardless of cause – or any other causes within REMSA’s reasonable control, shall justify an exemption from response time requirements.

Sincerely,

Kevin Dick
District Health Officer

DRAFT - DO NOT DISTRIBUTE



Regional Emergency Medical Services Authority

REMSA

Franchise Compliance Report

April 2016



REMSA Accounts Receivable Summary
Fiscal 2016

Month	#Patients	Total Billed	Average Bill	YTD Average	Average Collected
July	3813	\$4,171,875	\$1,094	\$1,094	\$394
August	3767	\$4,133,146	\$1,097	\$1,096	\$394
September	3827	\$4,220,950	\$1,103	\$1,098	\$395
October	3879	\$4,265,879	\$1,100	\$1,099	\$395
November	3667	\$4,033,496	\$1,100	\$1,099	\$396
December	3756	\$4,147,194	\$1,104	\$1,100	\$396
January	3929	\$4,334,292	\$1,103	\$1,100	\$396
February	3779	\$4,173,630	\$1,104	\$1,101	\$396
March	4110	\$4,578,934	\$1,114	\$1,102	\$397
April	3978	\$4,363,776	\$1,097	\$1,102	\$397
Totals	38505	\$42,423,171	\$1,102		

Allowed ground average bill: \$1,098.00
 Monthly average collection rate: 36.00%

Fiscal 2016

Month	Priority 1 System-Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul. 2015	6 mins. 0 secs.	92%	99%
Aug.	6 mins. 10 secs.	92%	95%
Sept.	6 mins. 22 secs.	91%	96%
Oct.	6 mins. 18 secs.	91%	94%
Nov.	6 mins. 19 secs.	92%	96%
Dec.	6 mins. 30 secs.	92%	97%
Jan. 2016	6 mins. 26 secs	92%	96%
Feb.	6 mins. 04 secs.	92%	97%
Mar.	6 mins. 05 secs	92%	96%
Apr.	5 mins. 54 secs	94%	99%
May			
June 2016			

Year to Date: July 2015 through April 2016

Priority 1 Zone A	Priority 1 Zones B,C,D
92%	96%

Average Response Times by Entity				
Month/Year	Priority	Reno	Sparks	Washoe County
July 2015	P-1	5:29	6:02	8:39
	P-2	5:50	6:55	8:31
Aug. 2015	P-1	5:14	5:57	9:08
	P-2	5:55	6:59	8:50
Sept. 2015	P-1	5:21	6:18	9:42
	P-2	6:06	7:01	9:03
Oct. 2015	P-1	5:33	6:04	9:33
	P-2	6:00	6:37	9:33
Nov. 2015	P-1	5:28	6:09	9:16
	P-2	5:51	6:59	9:25
Dec. 2015	P-1	5:39	6:06	9:51
	P-2	6:15	7:03	10:20
Jan. 2016	P-1	5:34	6:09	9:08
	P-2	6:14	6:55	10:20
Feb. 2016	P-1	5:24	5:55	8:48
	P-2	6:02	6:58	9:54
Mar. 2016	P-1	5:19	6:01	8:47
	P-2	5:31	6:37	6:15
Apr. 2016	P-1	5:06	5:53	8:03
	P-2	5:25	6:10	7:45
May 2016	P-1			
	P-2			
June 2016	P-1			
	P-2			

Year to Date: July 2015 through April 2016

Priority	Reno	Sparks	Washoe County
P-1	5:25	6:03	9:06
P-2	5:55	6:49	9:18



GROUND AMBULANCE OPERATIONS REPORT

April 2016

1. OVERALL STATISTICS:

Total Number of System Responses	5980
Total Number of Responses in Which No Transport Resulted	1958
Total Number of ALS System Transports	2875

2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests	2%
Medical	48%
OB	1%
Psychiatric/Behavioral	7%
Transfers	13%
Trauma – MVA	7%
Trauma – Non MVA	19%
Unknown	3%

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: 2875

Total number of above calls receiving QA reviews: 895

Percentage of charts reviewed from the above transports: 31.13%



REMSA OCU Incident Detail Report

Period: 4/01/2016 thru 4/30/2016

CAD Edits & Call Priority Reclassification

Response Area	Orig Zone	Zone	Clock Start	Clock Stop	Stop Clock Unit	Orig Threshold	Threshold	Orig RespTime	Response Time
A-08-IC Reno	Zone A	Zone A	04/05/2016 09:29:03	04/05/2016 09:37:59	303	00:08:59	00:08:59	00:09:02	00:08:56
		Zone A	04/08/2016 19:48:47	04/08/2016 19:53:23	432	00:00:00	00:08:59	00:04:36	00:04:36
A-08-IC Reno	Zone A	Zone A	04/12/2016 15:25:59	04/12/2016 15:34:56	326	00:08:59	00:08:59	00:09:06	00:08:57
A-08-IC Reno	Zone A	Zone A	04/17/2016 16:57:27	04/17/2016 16:58:16	314	00:08:59	00:08:59	-00:05:50	00:00:49
A-08-IC Reno	Zone A	Zone A	04/18/2016 23:05:54	04/18/2016 23:06:34	401	00:08:59	00:08:59	-00:00:01	00:00:40
A-08-IC Reno	Zone A	Zone A	04/25/2016 19:28:29	04/25/2016 19:32:23	431	00:00:00	00:08:59	00:03:54	00:03:54
A-08-IC Reno	Zone A	Zone A	04/28/2016 02:36:02	04/28/2016 02:38:39	438	00:08:59	00:08:59	00:10:27	00:02:37
		Zone B	04/28/2016 09:47:23	04/28/2016 09:59:00	322	00:00:00	00:15:59	00:11:37	00:11:37



COMMUNITY OUTREACH

APRIL

Point of Impact

4/2-5/16	Lifesavers National Conference on Highway Safety Priorities	1 staff
4/12/2016	Safe Kids Washoe County Coalition Meeting	1 staff
4/12/2016	Babies R Us Learning Center class	5 new parents
4/14/2016	UNR Early Head Start Parent Resource Fair	
4/16/2016	Child Car Seat Checkpoint hosted by Champion Chevrolet; 25 cars and 33 seats inspected.	9 volunteers, 3 staff
4/16/2016	Annual Volunteer Meeting and Awards Luncheon in observance of National Volunteer Week	
4/21/2016	Office Installation Appointment	1 car; 2 seats
4/28/2016	Statewide Child Passenger Safety Advisory Board Meeting	
4/29/2016	Office Installation Appointment	1 car; 2 seats

Cribs for Kids

4/1/2016	C4K attends Washoe County Child Death Review meeting.	2 staff
4/5/2016	C4K attends Safe Kids Washoe County Board Meeting.	1 staff
4/5//2016	C4K attends monthly Immunize Nevada Events Committee meeting.	1 staff
4/6/2016	C4K hosts C4K/REMSA booth at the Innovations High school Health Fair.	1 staff
4/7/2016	C4K attends monthly Immunize Nevada Coalition meeting.	1 staff
4/12/2016	C4K attends RENOWN Employee Volunteer Fair.	1 staff
4/13/2016	C4K attends Family Health Festival planning meeting.	1 staff
4//14/2016	C4K attends RSCVA's needs assessment forum.	1 staff
4/14/10'6	C4K hosts booth at UNR Early Head Start Parent Resource Fair.	1 staff
4/15/2016	C4K/REMSA attends Immunize Nevada Silver Syringe Awards Dinner.	2 staff
4/18/2016	C4K hosts monthly Northern Nevada Maternal Child Health Coalition meeting. Community Action Team (CAT) meeting this month in association with FIMR. Project: Go Before You Show Campaign.	1 staff
4/20/2016	C4K attends Fetal Infant Mortality (FIMR).	1 staff
4/21/2016	C4K host a booth for Child Advocacy Center at the CPET Child Maltreatment, Investigation through Prosecution learning exchange.	1 staff
4/23/2016	C4K/REMSA host a Community Event table at the 4th Street Victory Block Party.	2 staff
4/27/2016	C4K attends Community Health Improvement Plan (CHIP) Access to Health Care and Social Services Work Group.	1 staff
4/26/2016	C4K train the trainer in Las Vegas.	1 staff
4/27/2016	C4K attends Family Health Festival planning meeting.	1 staff
4/28/2016	C4K attends Community Health Improvement Plan (CHIP) Access to Health Care and Social Services Work Group.	1 staff

Meetings

3/17/16	CQI Steering Committee	1 staff



Regional Emergency Medical Services Authority

REMSA

EDUCATION AND TRAINING REPORT

APRIL 2016



REMSA Education
 Monthly Course and Student Report
 Month: April 2016

Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
ACLS	4	39	3	33	1	6
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	3	1	3	0	0
ACLS R	18	90	4	35	14	55
ACLS S	6	11	4	4	2	7
AEMT	2	49	2	49		
AEMT T	0	0	0	0		
BLS	76	457	28	162	48	295
BLS I	0	0	0	0	0	0
BLS R	51	199	27	136	24	63
BLS S	22	40	12	12	10	28
CE	4	46	4	46	0	0
EMAPCT	0	0	0	0	0	0
EMPACT I	0	0	0	0	0	0
EMR	0	0	0	0		
EMR R	0	0	0	0		
EMS I	0	0	0	0		
EMT	4	121	4	121		
EMT T	0	0	0	0		
FF CPR	0	0	0	0	0	0
FF CPR FA	1	7	1	7	0	0
FF FA	0	0	0	0	0	0
HS BBP	6	116	5	107	1	9
HS CPR	27	142	3	28	24	114
HS CPR FA	54	408	6	53	48	355
HS CPR FA S	1	2	0	0	1	2
HS CPR PFA	6	36	1	8	5	28
HS PFA S	1	1	1	1	0	0
HS CPR S	0	0	0	0	0	0
HS FA	9	56	0	0	9	56
HS FA S	0	0	0	0	0	0
HS PFA	0	0	0	0	0	0
ITLS	1	4	1	4	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	2	10	2	10	0	0
ITLS S	0	0	0	0	0	0
PALS	4	19	1	9	3	10
PALS I	0	0	0	0	0	0
PALS R	12	55	4	27	8	28
PALS S	4	4	2	2	2	2
PEARS	0	0	0	0	0	0
PM	1	18	1	18		
PM T	0	0	0	0		

Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
Legend						Classes w/ CPR
ACLS	Advanced Cardiac Life Support					239
ACLS EP	Advanced Cardiac Life Support for Experience Providers					
ACLS P	Advanced Cardiac Life Support Prep					
ACLS R	Advanced Cardiac Life Support Recert					CPR Students
ACLS S	Advanced Cardiac Life Support Skills					
ACLS I	Advanced Cardiac Life Support Instructor					
AEMT	Advanced Emergency Medical Technician					1292
AEMT T	Advanced Emergency Medical Technician Transition					
BLS	Basic Life Support					REMSA CPR Classes
BLS I	Basic Life Support Instructor					
BLS R	Basic Life Support Recert					
BLS S	Basic Life Support Skills					79
CE	Continuing Education:					
EMAPCT	Emergency Medical Patients Assessment, Care, & Transport					REMSA CPR Students
EMAPCT I	Emergency Medical Patients Assessment, Care, & Transport Instructor					
EMR	Emergency Medical Responder					
EMR R	Emergency Medical Responder Recert					407
EMS I	Emergency Medical Services Instructor					
EMT	Emergency Medical Technician					
EMT T	Emergency Medical Technician Transition					
FF CPR	Family and Friends CPR					
FF CPR FA	Family and Friends CPR and First Aid					
FF FA	Family and Friends First Aid					
HS BBP	Heartsaver Bloodborne Pathogens					
HS CPR	Heartsaver CPR and AED					
HS CPR FA	Heartsaver CPR, AED, and First Aid					
HS CPR FA S	Heartsaver CPR, AED, and First Aid Skills					
HS CPR PFA	Heartsaver Pediatric CPR, AED, and First Aid					
HS CPR S	Heartsaver CPR and AED Skills					
HS FA	Heartsaver First Aid					
HS FA S	Heartsaver First Aid Skills					
HS PFA	Heartsaver Pediatric First Aid					
HS PFA S	Heartsaver Pediatric First Aid Skills					
ITLS	International Trauma Life Support					
ITLS A	International Trauma Life Support Access					
ITLS I	International Trauma Life Support Instructor					
ITLS P	International Trauma Life Support - Pediatric					
ITLS R	International Trauma Life Support Recert					
ITLS S	International Trauma Life Support Skills					
PALS	Pediatric Advanced Life Support					
PALS I	Pediatric Advanced Life Support Instructor					
PALS R	Pediatric Advanced Life Support Recert					
PALS S	Pediatric Advanced Life Support Skills					
PEARS	Pediatric Emergency Assessment, Recognition, and Stabilization					
PM	Paramedic					
PM T	Paramedic Transition					



Regional Emergency Medical Services Authority

REMSA

INQUIRIES

APRIL 2016

No inquiries for APRIL 2016



Regional Emergency Medical Services Authority

REM SA

CUSTOMER SERVICE

APRIL 2016

REMSA

Reno, NV

Client 7299



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

EMS System Report

April 1, 2016 to April 30, 2016

Your Score

94.21

Number of Your Patients in this Report

155

Number of Patients in this Report

5,896

Number of Transport Services in All EMS DB

116





Executive Summary

This report contains data from **155 REMSA** patients who returned a questionnaire between **04/01/2016** and **04/30/2016**.

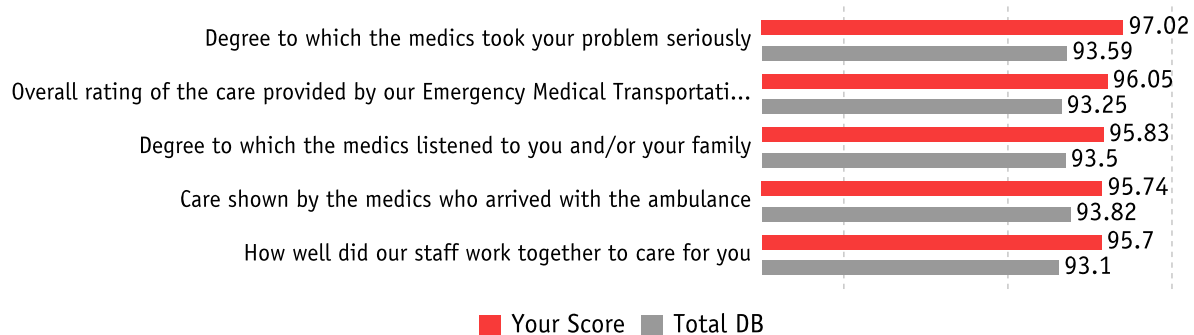
The overall mean score for the standard questions was **94.21**; this is a difference of **2.02** points from the overall EMS database score of **92.19**.

The current score of **94.21** is a change of **0.57** points from last period's score of **93.64**. This was the **22nd** highest overall score for all companies in the database.

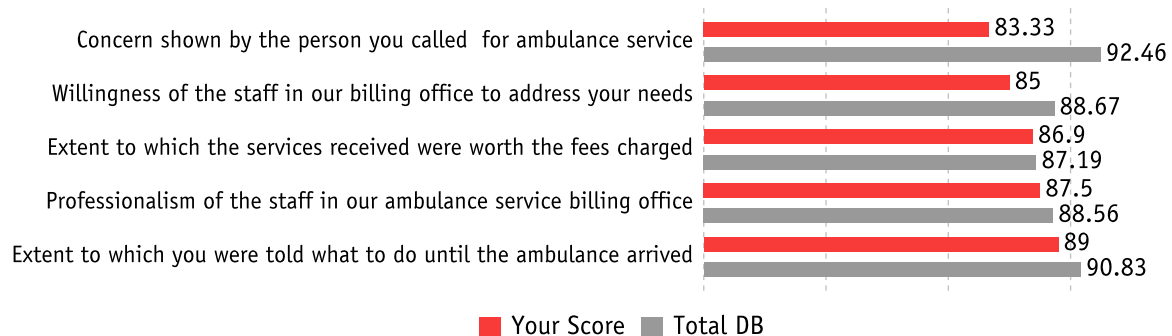
You are ranked **7th** for comparably sized companies in the system.

79.88% of responses to standard questions had a rating of Very Good, the highest rating. **99.18%** of all responses were positive.

5 Highest Scores



5 Lowest Scores

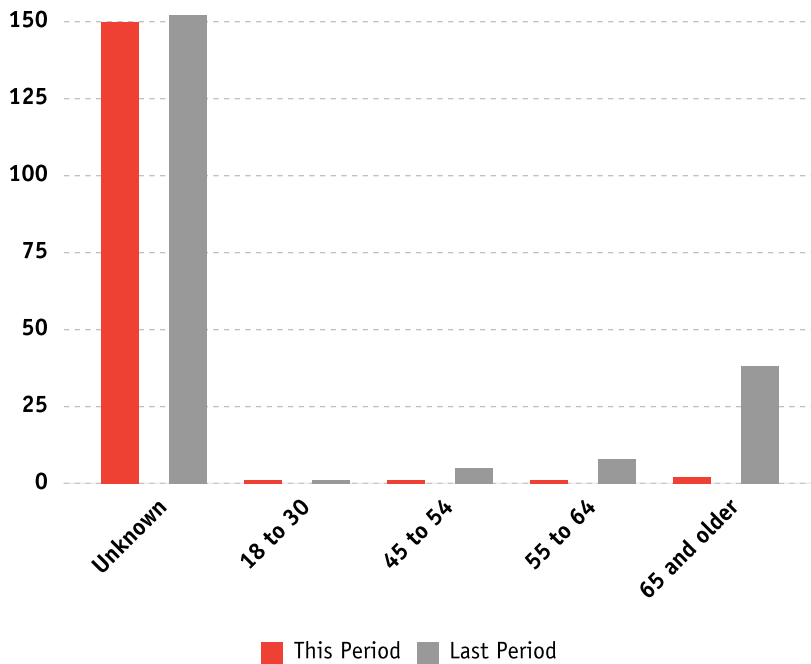




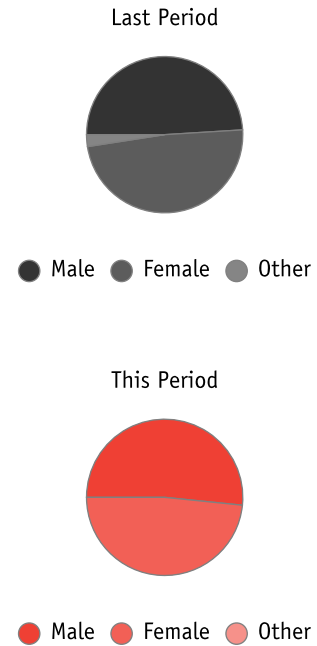
Demographics — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will approximate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

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Unknown	152	74	76	2	150	78	72	0
18 to 30	1	1	0	0	1	0	1	0
45 to 54	5	1	4	0	1	1	0	0
55 to 64	8	5	1	2	1	0	1	0
65 and older	38	19	18	1	2	1	1	0
Total	204	100	99	5	155	80	75	0

Age Ranges



Gender





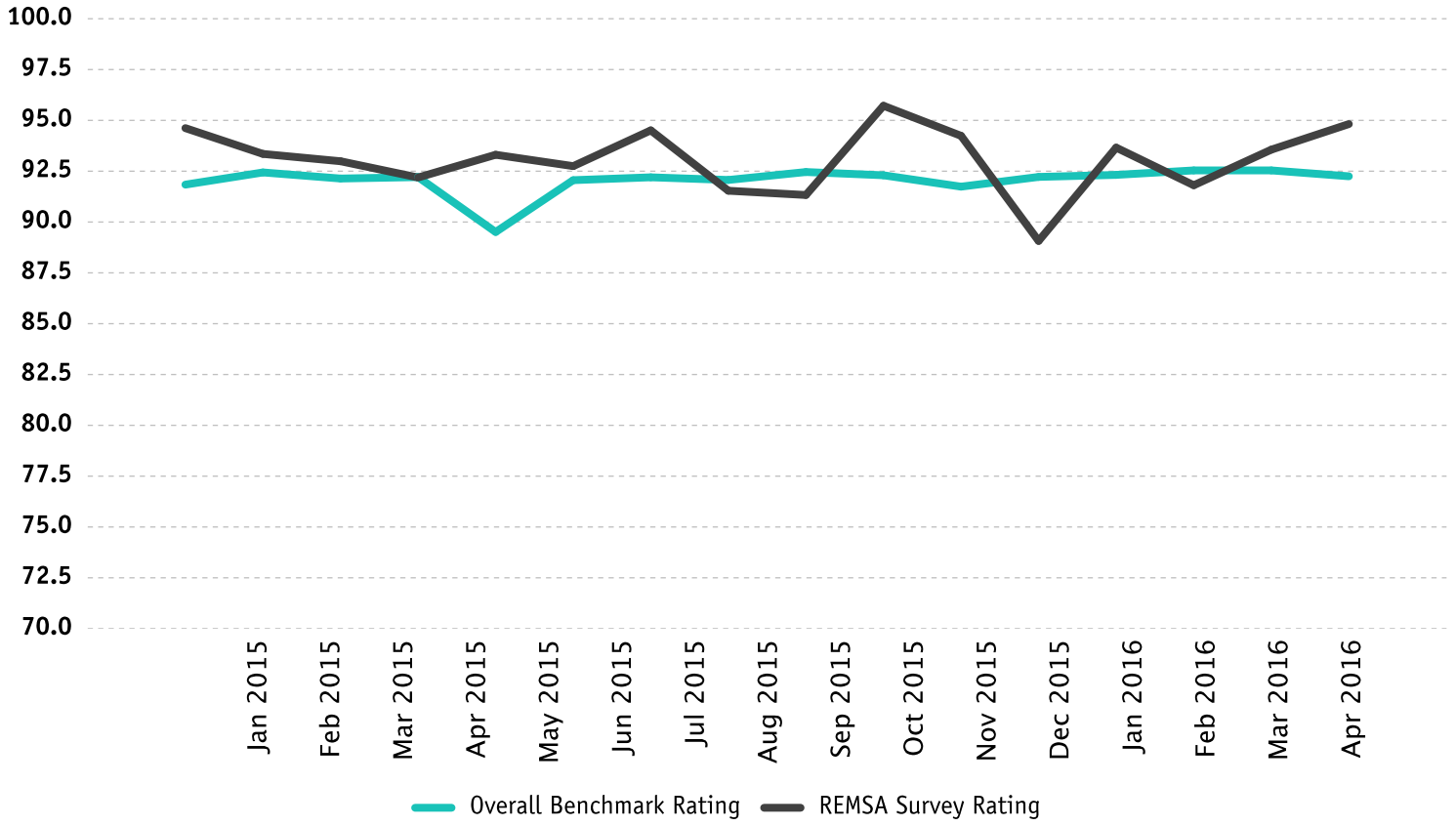
Monthly Breakdown

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.

	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
Helpfulness of the person you called for ambulance service	93.24	93.88	92.26	94.79	91.20	89.56	95.27	90.05	87.91	95.00	93.34	92.44	93.15
Concern shown by the person you called for ambulance service	94.40	93.88	91.25	95.31	91.20	88.98	95.27	91.28	87.15	95.00	92.64	90.76	83.33
Extent to which you were told what to do until the ambulance	92.54	91.30	91.67	93.75	87.52	86.07	96.05	92.13	85.19	91.07	91.29	91.56	89.00
Extent to which the ambulance arrived in a timely manner	94.46	90.18	91.84	96.57	91.81	87.28	95.63	89.56	93.59	94.74	93.53	94.36	94.59
Cleanliness of the ambulance	95.18	92.73	96.11	95.50	94.20	93.14	95.39	95.51	95.59	95.83	94.20	95.38	93.06
Comfort of the ride	91.96	88.21	100.00		94.20	92.67	97.30	94.26	95.71	94.12	93.39	95.56	92.83
Skill of the person driving the ambulance	94.20	92.45	94.15	94.39							95.09		
Care shown by the medics who arrived with the ambulance	92.34	96.94	94.32	95.10	92.81	93.98	97.50	97.56	91.22	95.00	93.11	94.01	95.74
Degree to which the medics took your problem seriously	91.16	96.50	94.77	95.59	93.55	94.44	96.88	96.25	91.67	93.75	92.66	93.79	97.02
Degree to which the medics listened to you and/or your family	90.74	94.50	91.86	96.08	93.44	94.44	98.13	96.88	89.86	93.75	92.21	94.52	95.83
Skill of the medics	93.85	94.39	95.35	95.59	94.41	93.52	96.79	96.88	93.06	93.75	92.38	96.00	93.75
Extent to which the medics kept you informed about your	91.25	92.93	90.63	94.50	90.37	90.87	94.74	94.59	87.50	93.42	90.60	92.13	93.47
Extent to which medics included you in the treatment decisions	90.57	94.23	95.45	93.18	88.52	90.48	94.08	93.78	84.20	93.06	89.59	91.98	93.37
Degree to which the medics relieved your pain or discomfort	88.70	91.11	91.67	93.23	90.47	91.85	93.24	91.43	83.16	90.79	87.45	90.15	92.78
Medics' concern for your privacy	91.12	94.64	93.75	94.15	90.97	92.65	96.15	95.39	85.74	95.00	90.99	95.46	94.07
Extent to which medics cared for you as a person	90.98	95.21	95.83	96.00	91.40	95.67	95.95	95.63	90.28	95.00	92.04	94.16	95.31
Professionalism of the staff in our ambulance service billing	90.91	89.13	85.87	90.15	87.10	81.90	94.44	93.75	86.11	87.50	87.31	88.04	87.50
Willingness of the staff in our billing office to address your	91.18	89.29	86.36	89.84	87.07	82.41	93.75	89.47	87.50	87.50	86.47	85.87	85.00
How well did our staff work together to care for you	92.08	94.27	93.75	94.39	90.81	91.06	94.74	96.34	87.50	96.25	92.36	94.34	95.70
Extent to which our staff eased your entry into the medical	91.83	96.11	90.70	95.41	92.54	91.06	94.74	97.37	90.03	93.75	92.82	92.81	93.75
Appropriateness of Emergency Medical Transportation treatment	92.98	94.32	94.51	96.28	92.24	93.75	94.74	95.39	89.71	96.25	92.60	94.66	93.06
Extent to which the services received were worth the fees	90.78	89.40	86.83	88.64	88.30	87.23	94.29	90.74	80.10	91.67	84.72	88.56	86.90
Overall rating of the care provided by our Emergency Medical	91.38	95.65	92.86	95.59	93.00	93.75	96.71	95.51	88.24	96.25	92.54	94.75	96.05
Likelihood of recommending this ambulance service to others	93.42	94.57	94.23	95.59	92.56	93.00	97.79	94.74	91.67	91.67	92.66	95.06	94.67
Your Master Score	92.19	93.31	92.75	94.51	91.54	91.33	95.72	94.24	89.07	93.66	91.81	93.64	94.21
Your Total Responses	71	58	50	55	61	56	41	47	40	22	376	206	155



Monthly tracking of Overall Survey Score





GROUND AMBULANCE CUSTOMER COMMENTS April 2016

Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
12/05/2015			"How do you put dollar value on your life?"
12/09/2015	"The people were outstanding!!!"		"Excellent!"
12/10/2015		"BRING SWEATS OR OTHER GARMENT TO COVER WITH"	
12/11/2015		"Very good"	
03/08/2016			"They were a pretty good team lifting me on and off the ambulance."
03/08/2016			"Of course it's too expensive, but everything medical is these days. You get the feeling they care."
03/08/2016			"They listened to me and came down the alley, so everything worked out great. It was very good."
03/08/2016	"They didn't have anything strong enough to really relieve my pain, but they gave me something that helped a little."		"They did a great job. They worked really well to bring me down some stairs."
03/09/2016		"Serve coffee?"	
03/09/2016		"Convince the fire department not to come."	
03/09/2016		"Reduce your fees."	"We've called six or seven times. Each time I'm a bit shocked by the fees."
03/09/2016	"They kept me informed and were very comforting."		"You've got the best paramedics I've ever met. Tell the gentlemen and ladies that they did a job well done and I sure did appreciate their professionalism."
03/09/2016			"They did everything they could."
03/09/2016			"They're great people."
03/10/2016			"What they charge for seniors on fixed or limited income is too much. I don't think it's right."
03/10/2016	"They really took care of me. They got me expedited me into the emergency department."		
03/10/2016		"Possibly in the training, put them in extreme pain and	"They had me walk out to the ambulance un aided."

Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
03/10/2016		"One of the medics was grumpy and threw my medicine and hurt my shoulder."	
03/10/2016		"Absolutely nothing."	"They're perfect."
03/10/2016			"Everything was great. I was well pleased."
03/10/2016			"Very good. Very professional. Very soothing."
03/10/2016	"They offered me something for pain and I didn't take it."		"We're on the Silver Saver so they don't charge us anything."
03/10/2016			"Seizure so I don't remember much, but they got me there very quickly."
03/10/2016			"I was very satisfied with the service."
03/11/2016			"Silver Saver"
03/11/2016			"Transfer for one hospital to another without any wrecks."
03/11/2016	"They knew what they were doing"		"The fees always seem high to someone not in the field."
03/12/2016		"Nicer operator from dispatch."	
03/12/2016		"Cheaper"	"Make sure the cost is known"
03/12/2016		"Quicker response time."	
03/13/2016	"Not sure if this was my ride home, but on that day I had a guy named Ryan who was very good. Driver was a woman and she was very good too."		"I've always had good experiences, especially the ride I had recently where they took me home from Renoun. I've had a few rides."
03/13/2016			"People running the very helpful, very polite, very courteous. The ride itself was not pleasant for reasons, but the service was very good."
03/13/2016			"Hard of hearing. I'd like to put very good for everything. It was all very good."
03/13/2016		"They couldn't have been better."	"We buy the saver thing every year."
03/13/2016			
03/13/2016	"Well, your guys don't know how to put an IV in."		
03/13/2016			"You guys did great."
03/13/2016		"Just a little more caring about the person and their ne	
03/14/2016	"Medics didn't believe that the patient was having a heart attack due to the results of the EKG. A doctor later that evening examined the patient and said that he was having a heart attack. Faulty equipment?"		
03/14/2016	"The medic was joking and made him laugh."	"Y'all were perfect."	

Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
03/14/2016		"A little better vehicle. As far as the handling of it: suspension."	
03/14/2016	"Everyone was good."		"Silver Saver"
04/01/2016	"After taking her out the front door and putting her in the ambulance they were there 35-45 minutes before they ever moved, and I didn't like that all all either."	"Long long wait, and they didn't send her to our Hospital which our HMO says we must use. I wouldn't want anyone I know to go there."	"I don't know what your rules and regulations are but it appears to me that as her husband I think I should have a say."
04/01/2016	"Very efficient"		
04/01/2016	"It was too much pain. Not even the hospital could relieve it."		
04/01/2016		"They didn't write down a few of the medications I take, but I take so many of them it was just an accident."	"They were pretty good about letting each other know what they found."
04/01/2016			"They did their job and were pleasant and courteous."
04/01/2016		"Um, bring me popcorn? (Kidding)"	
04/01/2016			"They did a good job from what I can remember."
04/01/2016	"When we got to the hospital they actually took the time to wipe down the hospital bed they were transferring her to."	"The billing office should send the report with it so that the insurance companies or Medicare don't reject the claim so much. You guys would get a lot more revenue. You have to figure out the criteria for rejection and then meet that criteria. especially for the return visits."	"I'm concerned about how you guys are trained for mass casualty situations. I would be interested in taking classes if you needed volunteers. (I have a military family background, so I'm interested in these things) I don't hear anyone addressing that. It would be good to have public information."
04/01/2016		"Maybe ask the person if there's anything they need. I forgot my emergency bag I have packed."	
04/02/2016	"I got good treatment. Everyone was very professional."		
04/02/2016	"The ambulance service was a 10. They were overly friendly."	"Have someone on the nurse line that can speak English in an emergency situation so they can understand me and I can understand them."	
04/05/2016			"Exceptional, overall everything was exceptional"
02/09/2016		"Only if they broke the speed limit. (laugh)"	
02/09/2016		"No sheet in ambulance, just an old blanket. Improve inside of ambulance"	
02/13/2016		"Upset about the price of a short ambulance ride"	
02/15/2016		"Nothing, did a great job. Came very quickly"	
02/15/2016	"Knew he was scared of flying, so gave Ketamine, made it an enjoyable ride."		"Perfect all the way around"
02/15/2016		"No, I can't think of anything"	"No numbers high enough for the compliments he made"
02/15/2016		"I don't believe so, lived here 39 years, had them out several times with no complaints."	"Answered for son, she did not ride with ambulance"

Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
02/15/2016		"Can't think of anything, it was a good experience"	
02/15/2016			"Not sure how to answer, she was beside herself because her husband passed away. Did a good job under the circumstances"



Regional Emergency Medical Services Authority

REMSA

PENALTY FUNDS DISTRIBUTION

APRIL 2016



REMSA 2015-16 PENALTY FUND RECONCILIATION AS OF APRIL 2016

2015-16 Penalty Fund dollars accrued by month

<u>Month</u>	<u>Amount</u>
July 2015	\$6,444.90
August 2015	5,222.22
September 2015	6,004.02
October 2015	7,258.50
November 2015	5,749.50
December 2015	6,440.34
January 2016	5,772.18
February 2016	6,158.58
March 2016	5,776.74
April 2016	4,308.72
Total accrued as of 4/30/2016	\$59,135.70

2015-16 Penalty Fund dollars encumbered by month

<u>Program</u>	<u>Amount</u>	<u>Description</u>	<u>Month Submitted</u>
Child Safety	\$7,727.94	500 Coaches First Aid Kits	March-16
Search And Rescue (SAR)	895.00	Extreme SAR Drysuit	March-16
Search And Rescue (SAR)	229.95	Rapid Rescuer PFD	March-16
Search And Rescue (SAR)	69.95	ATB Wetshoe	March-16
Search And Rescue (SAR)	33.75	Co-Pilot Knife	March-16
Child Safety	8,831.00	100 Graco Portable Cribs	April-16
Total encumbered as of 4/30/2016	\$17,787.59		
Penalty Fund Balance at 4/30/2016	\$41,348.11		

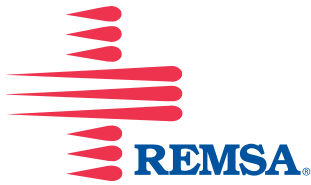


Regional Emergency Medical Services Authority

REMSA

PUBLIC RELATIONS REPORT

APRIL 2016



April 2016 Public Relations Report

District Board of Health

MEDIA COVERAGE

Shortage of Primary Care Doctors Overcrowds Emergency Rooms – KTVN

Brenda Staffan Named One of the Most Influential Women in EMS – Nevada Business Magazine

Calling All Babysitters! – My Active Child (blog)

AEDs vs. DNRs in the Workplace – KOLO

Choosing a Child Care Option Before a Beer Crawl (babysitting class) – KTVN

Inside REMSA's Emergency Dispatch Center – KTVN

Washoe Sees Spike in Emergency Calls – KUNR

Washoe Is Watching Sacramento Fentanyl Crisis Closely – KUNR

REMSA Calls Are Up for April – KTVN

Krys Bart – People on the Move – Reno Gazette-Journal

Emergency Medicine (one of two part series; part two ran in May) – Northern Nevada Business Weekly

Weekly Safety Tips – distributed via Nevada Business Magazine and social media

Food Safety

Child Safety at Home

In Other News:

Public Safety Telecommunications Professionals Week was celebrated internally, as well as with a special feature on Channel 2 and dedicated social media posts.

REMSA gave its community event booth a make-over. It now features a comprehensive, attractive look, reflective of how REMSA serves the community. The booth elements can be used together or separately and adapted for indoor/outdoor events, community outreach programs and health fairs.



Staff Report**Board Meeting Date:** May 26, 2016

TO: District Board of Health

FROM: Kevin Dick, District Health Officer
(775) 328-2416, kdick@washoecounty.us

SUBJECT: **Presentation, Discussion, and Possible Adoption of Washoe County Health District FY17-20 Strategic Plan and Direction to Staff.**

SUMMARY

Presentation, Discussion, and Possible Direction to Staff regarding draft Strategic Plan Recommendations. Take action to adopt the Plan in its current form *or* adopt the Plan with changes as discussed and direct staff to proceed with implementation.

District Health Strategic Objective supported by this item: Strengthen District-wide infrastructure to improve public health, Secure and deploy resources for sustainable impact, Strengthen WCHD as an innovative, high- performing organization

PREVIOUS ACTION

The Washoe County Health District Fundamental Review was presented to the District Board of Health on February 27, 2014. On March 27, 2014 the DBOH approved an implementation plan for the recommendations provided in the Fundamental Review.

One of the recommendations was to undertake an organizational strategic plan to set forth key Health District goals and objectives (FR #19).

OnStrategy was contracted to gather data and work with the Board and management to develop a draft strategic plan for Board approval.

The Board met on April 14, 2016 for a special strategic planning meeting during which the Board agreed upon strategic priorities and important goals for the plan. The Board provided direction for staff to continue to work with OnStrategy to prepare a draft plan based upon the strategic priorities for Board consideration.

FISCAL IMPACT

There is no additional fiscal impact to the FY16 budget should the Board accept the strategic plan as presented.

RECOMMENDATION

Staff recommends the District Board of Health adopt the Plan *or* adopt the Plan with changes and direct staff to proceed with implementation.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to adopt the Plan [*or* adopt the Plan with changes as discussed] and direct staff to proceed with implementation."

WASHOE COUNTY HEALTH DISTRICT FY17-20 STRATEGIC PLAN EXECUTIVE SUMMARY

MISSION STATEMENT

To protect and enhance the well-being and quality of life for all in Washoe County.

VALUES STATEMENT

- **Trustworthiness:** appropriate allocation of resources, spend prudently, stewardship
- **Professionalism:** ethics, education, accountability
- **Partner-Collaborate:** be flexible, adapt, be accessible, be proactive, innovate and create

VISION

A healthy community

STRATEGIC DIRECTION

Leaders in a unified community making measurable improvements in the health of its people and environment

STRATEGIC PRIORITIES

1. **Healthy Lives:** Improve the health of our community by empowering individuals to live healthier lives.
2. **Healthy Environment:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.
3. **Local Culture of Health:** Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.
4. **Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.
5. **Financial Stability:** Enable the Health District to make long-term commitments in areas that will positively impact the community's health by growing reliable sources of income.
6. **Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

STRATEGIC PRIORITIES & FY17-20 GOALS

1. HEALTHY LIVES: Improve the health of our community by empowering individuals to live healthier lives.

FY17-20 Goals:

- 1.1 Reduce the negative health and economic impacts of obesity and chronic disease.
- 1.2 Provide preventive health services that are proven to improve health outcomes in the community.
- 1.3 Improve access to healthcare and social services so people of all means receive the services they need.

2. HEALTHY ENVIRONMENT: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

FY17-20 Goals:

- 2.1 Protect people from negative environmental impacts.
- 2.2 Keep people safe where they live, work, and play.

3. LOCAL CULTURE OF HEALTH: Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.

FY17-20 Goals:

- 3.1 Raise awareness of the Health District and the services it offers within the community.
- 3.2 Work with others to establish policies that positively impact public health.
- 3.3 Inform the community of important health trends by capturing and communicating health data.
- 3.4 Raise awareness of the benefits of a healthy community to build a local culture of health.

4. IMPACTFUL PARTNERSHIPS: Extend our impact by leveraging partnerships to make meaningful progress on health issues.

FY17-20 Goals:

- 4.1 Lend support and accountability to improve K-12 educational outcomes which are strongly associated with public health outcomes.
- 4.2 Support and promote behavioral health.
- 4.3 Improve nutrition by supporting efforts to increase food security.
- 4.4 Enhance the regional EMS system.

5. FINANCIAL STABILITY: Enable the Health District to make long-term commitments in areas that will positively impact the community's health by growing reliable sources of income.

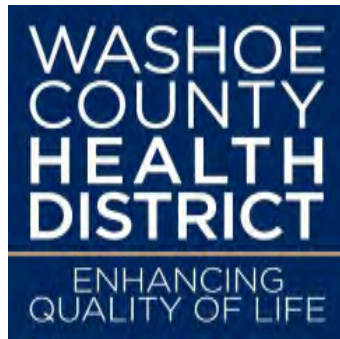
FY17-20 Goals:

- 5.1 Update the Health District's financial model to align with the needs of the community.
- 5.2 Ensure resources are spent where they can have the most impact by identifying opportunities for cost savings.

6. ORGANIZATIONAL CAPACITY: Strengthen our workforce and increase operational capacity to support a growing population.

FY17-20 Goals:

- 6.1 Create a positive and productive work environment.
- 6.2 Focus on continuing to build staff expertise.



**WASHOE COUNTY HEALTH DISTRICT
FY17-20 STRATEGIC PLAN**

Updated as of May 20, 2016

LETTER FROM THE DISTRICT HEALTH OFFICER



Nearly every day I am reminded of the importance and impact of the work done by the Washoe County Health District. Never was this more true than during the creation of this strategic plan. Throughout the process, all staff shared their enthusiasm for the work they do and their desire to make a greater impact on the community they care about.

Perhaps the greatest challenge we faced in the creation of this plan was choosing what to prioritize. We relied heavily on community data in our decision making process but also took into account the voice of staff who interact with those we serve on a daily basis. They are the ones who have the deepest insight into the needs of our community and whose work is impacted most significantly by strategic decisions we made in developing this plan.

They are also the ones who will be most crucial to successfully implementing this strategic plan. It will take a continued commitment to improving our team to be able to accomplish everything we hope to over the next four years. This is an investment that I know will pay off.

Of course, even with unlimited staff and resources, the Health District alone could not achieve all of the health outcomes the community needs. A community's health is a result of many factors and as such, it requires the partnership and collaboration of many individuals, organizations, and agencies to make meaningful improvements. This plan not only outlines what we as the Health District can accomplish alone, but also what we hope to accomplish as a community and the partnerships required to do so.

I am excited to see what the next four years brings to our region. Whatever that is, I am confident that the staff of the Washoe County Health District under the leadership of the District Board of Health will make tremendous strides towards a healthier community.

Kevin Dick
Washoe County District Health Officer

OVERVIEW OF THE PLAN STRUCTURE AND PLANNING PROCESS

Definitions

Mission: What is our core purpose?

Values: How do we behave?

Vision: Where are we going?

Strategic Direction: What does success look like?

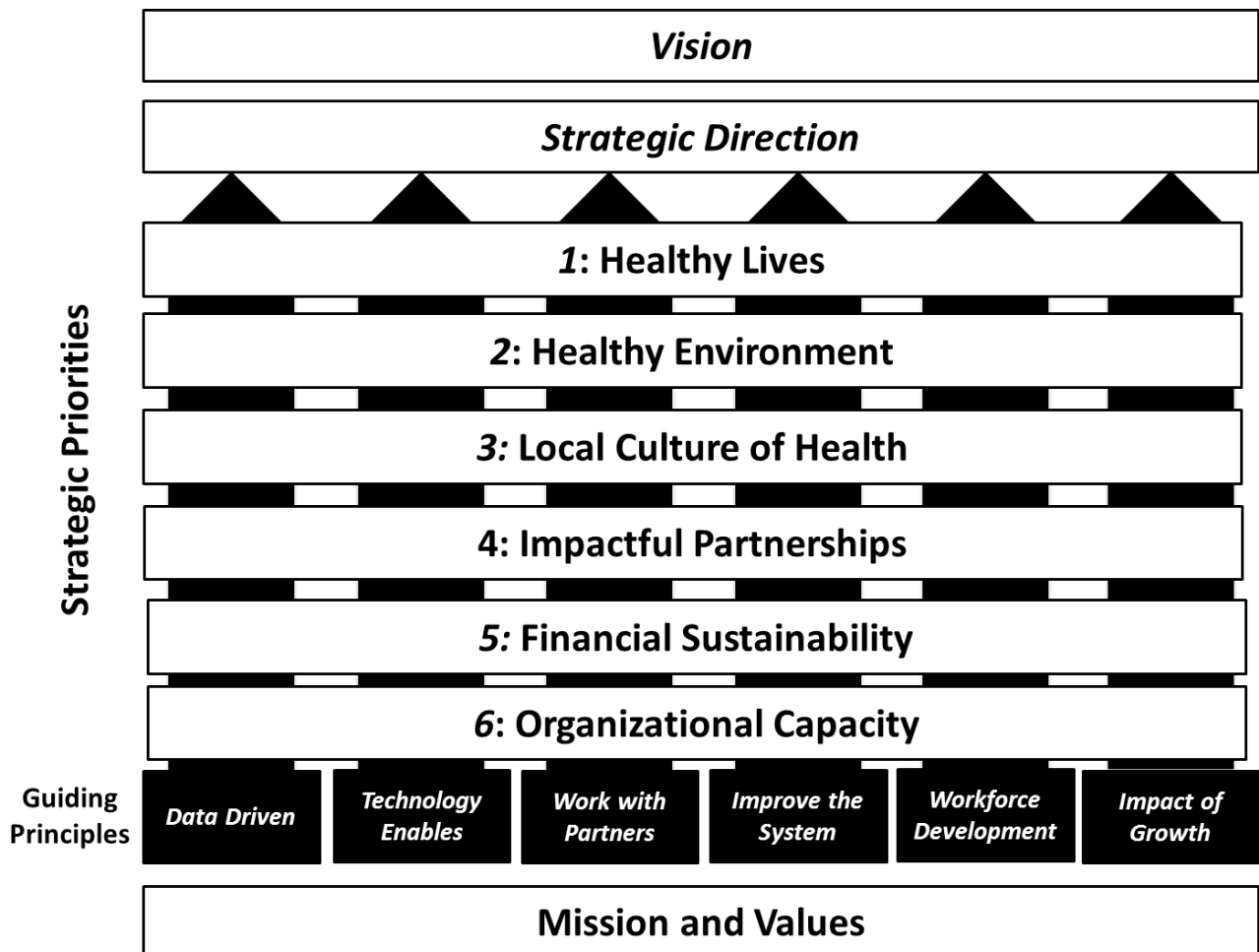
Guiding Principles: What is central to the way we work?

Strategic Priorities: Where must we focus so we succeed?

District Goals and Community Outcomes: What is most important right “now”?

Supporting Divisional Initiatives: Who must do what?

Plan Structure



Planning Process

In December 2015, the Washoe County Health District (WCHD) began a 6-month process to develop its strategic plan. The process engaged multiple stakeholder groups including the District Board of Health (DBOH), all WCHD staff, and external community stakeholders. The process was implemented in 4 distinct phases:

1. **Gain Insights:** This phase was dedicated to gathering all the information the planning participants would need to make informed decisions regarding the future direction of the WCHD. Primary research in the form of interviews with DBOH Members and a survey distributed to all WCHD staff and external stakeholders was combined with existing WCHD and community data to frame and inform the strategic issues facing the WCHD.
2. **Design Strategy:** Using the information gathered in the previous phase, the DBOH, working with the executive team of the WCHD, updated the existing Mission and Strategic Direction and established new strategic priorities for the WCHD. Further, the DBOH identified priorities within each strategic priority that the executive staff turned in to District goals.
3. **Build the Plan:** Building off of the strategic foundation established by the DBOH, executive staff identified measurable community outcomes for each of the District Goals that they will work to improve over the next 3-5 years. To achieve these goals, teams built specific initiatives and action plans to ensure the entire WCHD is coordinating action to implement the strategic plan.
4. **Manage Performance:** In order to maintain alignment around the WCHD's strategic plan and ensure accountability for achieving District Goals, the executive staff agreed to meeting regularly throughout the year to report on performance and modify the plan as necessary to adapt to changes or unforeseen priorities.

COMMUNITY TRENDS

The primary outcome of the Gain Insights phase of the planning process was to understand the issues facing the WCHD that need to be addressed as part of the strategic plan. By gathering the perspective of various stakeholder groups and thoroughly reviewing community data such as that included in the recently completed *Community Health Needs Assessment* many common themes began to emerge.

Social Determinants of Health

Health outcomes for individuals and overall communities are strongly associated with the social characteristics of those individuals and communities. By influencing the factors related to health outcomes, the WCHD hopes to improve the health outcomes for people within the community it serves. One of the most significant areas targeted for improvement is the high rate of chronic disease in the region.

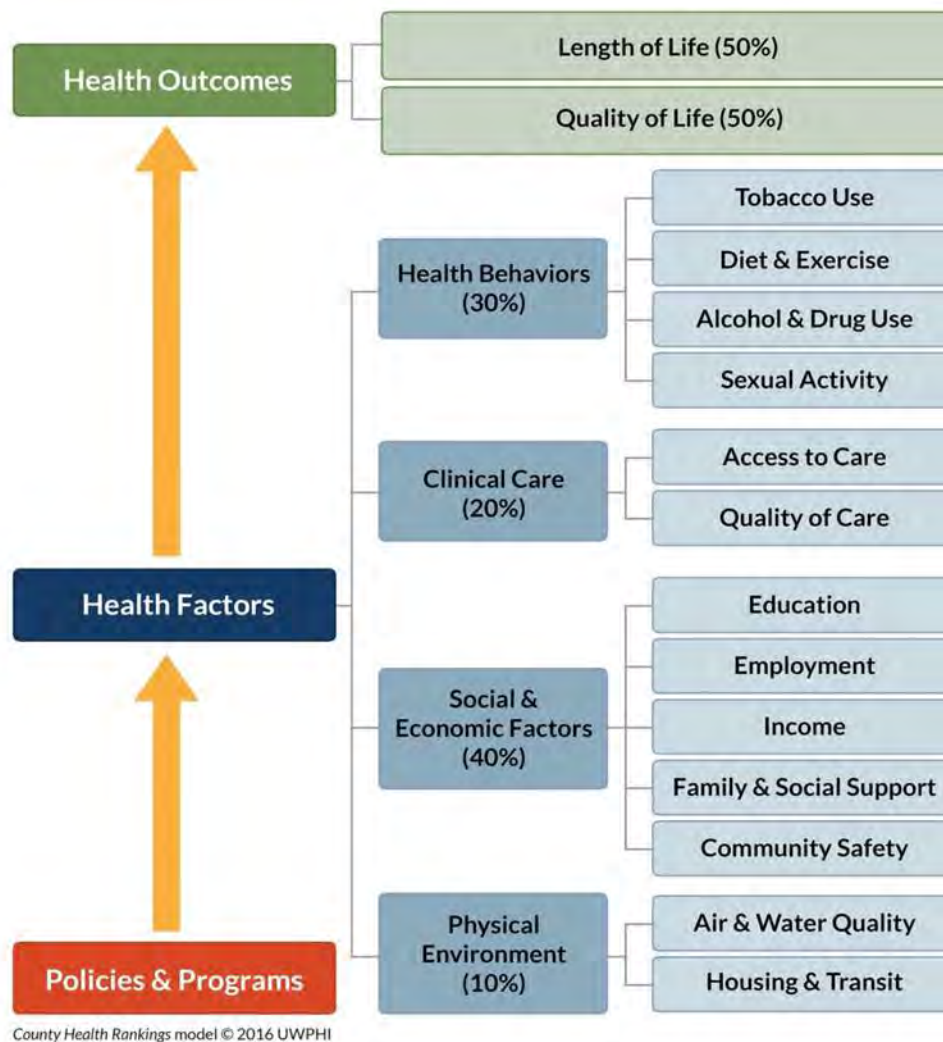


FIGURE 1- UNIVERSITY OF WISCONSIN PUBLIC HEALTH INSTITUTE

Chronic Disease Impacts in Washoe County

Washoe County, like the nation as a whole, is experiencing the extremely high physical and economic costs of chronic disease. The top 3 causes of death in 2012—Heart Disease, Cancer, and Chronic Lower Respiratory Disease—accounted for 68.2% of all deaths in Washoe County and cost the state approximately \$2.8 billion in direct expenditures (2011)—69.6% of the total economic burden to the state. Due to the scale of the impacts of chronic disease on the health and overall quality of life of residents of Washoe County, this is an issue the WCHD must address in its strategic plan.

Heart Disease & Cancer

Washoe County has a higher incidence of death from heart disease, cancer, and chronic lower respiratory disease than Nevada and the United States as a whole.

Obesity

A key contributor to chronic disease, increasing rates of obesity are largely due to lifestyle changes in the way we eat and decreasing amounts of physical activity.

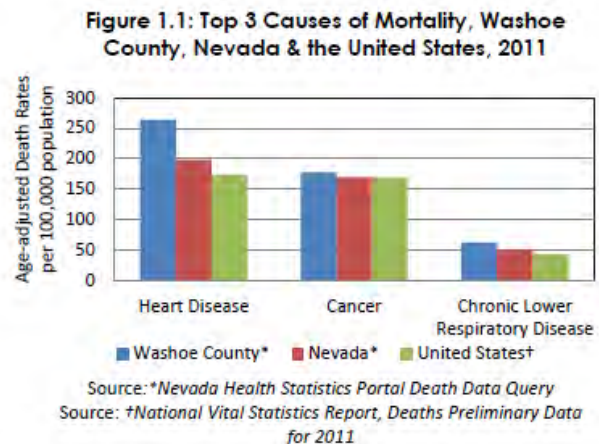


FIGURE 2- COMMUNITY HEALTH NEEDS ASSESSMENT

Health District Strategies

- **Healthy Lives:** Many chronic diseases result from individual behaviors. By encouraging individuals to engage in healthy lifestyle behaviors and ensuring individuals have access to care when they need it, the WCHD hopes to reduce the negative impacts of chronic disease.
- **Local Culture of Health:** Just as the rise in chronic disease is a result of many factors, it will require many different factors to come together to reduce the impact of chronic disease. This can only be achieved through a significant change of attitude within the entire community towards one of acknowledging and acting on the health impacts of the decisions organizations, businesses, and individuals make.
- **Impact through Partnerships:** Combatting chronic disease is not something the WCHD can do alone. Many factors related to chronic disease—access to food and educational attainment for example—will require the collaboration and direct action of partner organizations.

Large Population Growth Expected

The population of Washoe County is growing and recent economic development in the region suggests the growth rate will increase in the future. To maintain service levels the Health District will require increased funding from reliable, long-term funding sources. In addition to an increased demand for services, the WCHD must also monitor and address the impacts of an increasing population on the environment, specifically the region’s air quality.

Population Projections

While there is strong consensus that the region the WCHD serves will grow, there are differing opinions on the timing and specific growth rates. Despite the differences, common themes arise. Specifically, two of the largest demographics the WCHD serves, seniors and Hispanics, are both expected to experience strong growth.

Health District Strategies:

- **Healthy Lives:** Board and staff will be monitoring the growth through service level demands. At this time, the plan does not specifically address an increase as the timing and forecasts are uncertain.
- **Funding Stability:** To prepare for changes in the population, WCHD is seeking to more closely align its funding model with changes in the population it serves as well as seeking additional funding from the State of Nevada for public health.
- **Organizational Capacity:** Resources will always be limited at the WCHD so it must make the most out of what it has. The WCHD’s primary resource is its employees. By building their expertise and ensuring processes are as efficient as possible, the WCHD can mitigate potential increases in service demands.

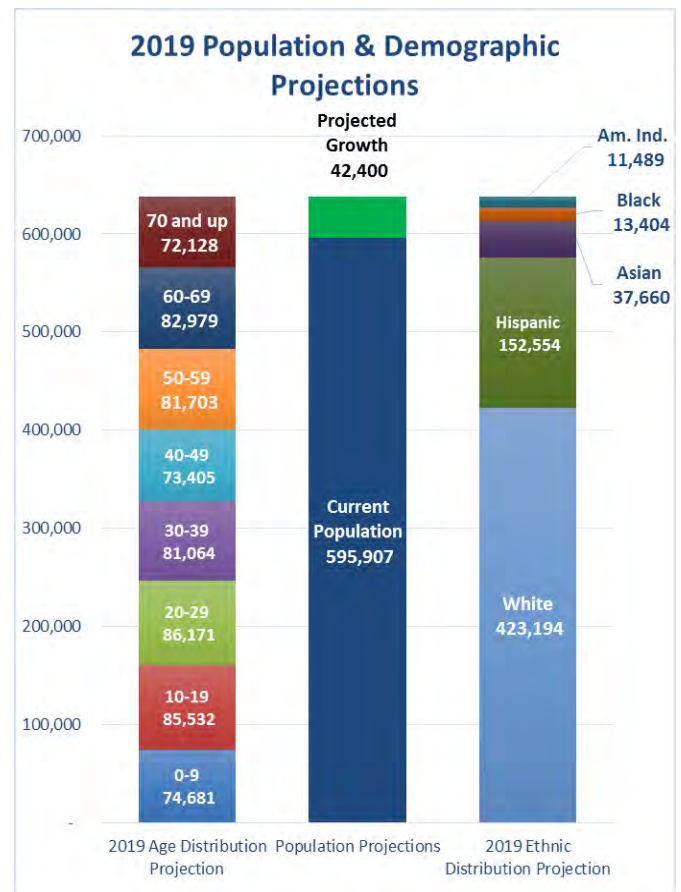


FIGURE 3- ECONIC DEVELOPMENT AUTHORITY OF WESTERN NEVADA

Achieving National Standards

While most people don't think about the health impacts of going outside, drinking a glass of water, or going out to eat, it is the WCHD's duty to ensure the safety of these activities. No immediate threats to public health due to environmental factors were discovered in the assessment of the strategic plan. However the combination of recent upward trends in ozone concentration and more stringent federal standards illustrate one area the WCHD must focus on. Another area of focus for the Health District will be implementation of the uniform national standards of the FDA model food code to protect the community from food-borne illnesses. As measures of progress in improving the health of the community, we will challenge ourselves and the community to achieve the national CDC *Healthy People 2020* goals.

Health District Strategies:

- **Healthy Environment:** Population growth and the new development that comes with it will require increased monitoring of air quality. New monitoring stations and innovative new monitoring technologies will help identify sources of pollution and solutions to help improve the region's air quality.
- **Local Culture of Health:** Nearly everyone impacts the region's air quality in one way or another. Thus, nearly everyone has the power to help improve the region's air quality. It will require a concerted effort by individuals, organizations, and policy makers to come together and recognize their impact on air quality and work to improve it.

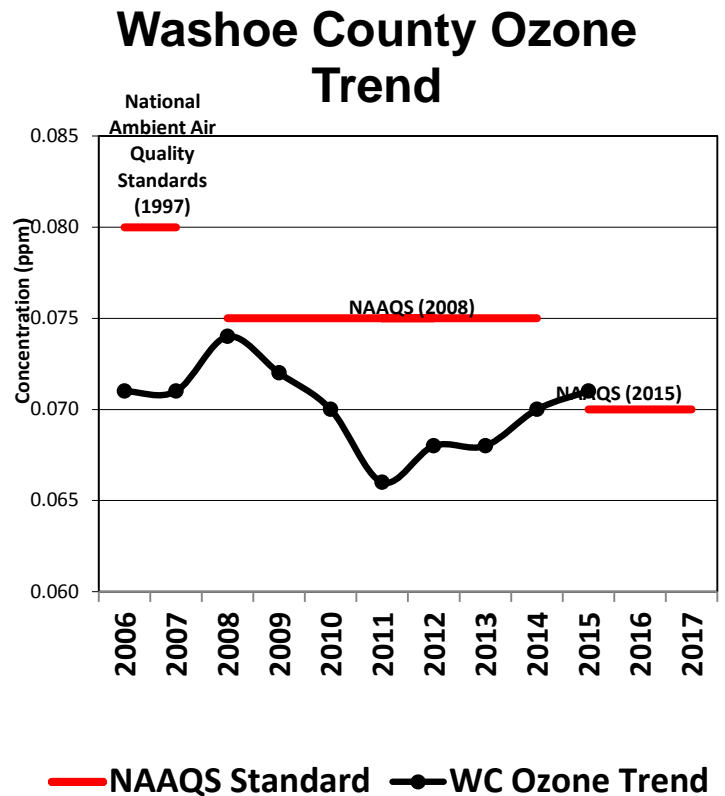


FIGURE 4- WASHOE COUNTY HEALTH DISTRICT

MISSION

To protect and enhance the well-being and quality of life for all in Washoe County

VALUES

- **Trustworthiness:** appropriate allocation of resources, spend prudently, stewardship
- **Professionalism:** ethics, education, accountability
- **Partner-Collaborate:** be flexible, adapt, be accessible, be proactive, innovate and create

VISION

A healthy community

STRATEGIC DIRECTION

Leaders in a unified community making measurable improvements in the health of its people and environment

Success for the WCHD is determined by the overall health of the community it serves. First and foremost, the WCHD wants to make measurable progress on public health and quality of life indicators for the community it serves. While the WCHD can make a meaningful impact on many public health indicators, many of the challenges the community faces can only be overcome by multiple agencies working together. The WCHD can play a leadership role in the coordination of multiple entities and individuals to create a local culture of health.

GUIDING PRINCIPLES: WHAT IS CENTRAL TO THE WAY WE WORK?

- **Being data-driven:** The use of quality data is both a practice we promote externally to policy makers and something that guides our internal decision making.
- **Technology enables:** We embrace new ways of communicating and interacting when they have the potential to enhance our reach, effectiveness, and efficiency.
- **Work through and with partners:** Public health is a community-wide effort. We recognize that we don't have the resources or capabilities to address all of the community's health needs so we engage and collaborate with partners to address major challenges.
- **Improving the system we work within:** We are capable of influencing the environment in which we work. In many areas, it will be necessary to make significant policy changes at the local, state, and national level to affect meaningful change.
- **Impact of growth:** Preparing for and reacting to the anticipated growth of our community is an assumption built in to all of our planning.
- **Developing our workforce:** Everything we do on a daily basis and everything we want to accomplish to move our organization forward requires a quality workforce to execute.

STRATEGIC PRIORITIES

- 1. HEALTHY LIVES: Improve the health of our community by empowering individuals to live healthier lives.** The health of a community depends on the health of the individuals within it. A wide range of factors impact one's health. These factors include individual nutrition and lifestyle choices, socio-economic conditions, and health policy decisions. The aim of the WCHD is to identify and address the most important factors contributing to the health of individuals within the community and implement solutions that allow people to live healthier lives.
- 2. HEALTHY ENVIRONMENT: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.** The external environment we interact with every day—the air we breathe, the water we drink, the buildings we work in—can impact the health of a community. The aim of the WCHD is to monitor and maintain a safe natural and built environment so the community feels confident living, working, and playing anywhere in Washoe County.
- 3. LOCAL CULTURE OF HEALTH: Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.** Many of the decisions community leaders, organizations, and individuals make every day can impact the community's health. However, the community's health is not always a factor in the decision making process. The WCHD's aim is to work with the community to assign greater value to its health and consider health implications in the decisions it makes.
- 4. IMPACTFUL PARTNERSHIPS: Extend our impact by leveraging partnerships to make meaningful progress on health issues.** Many of the issues impacting the health and quality of life within Washoe County do not fall under the WCHD's direct jurisdiction nor can they be addressed by a single organization. To make meaningful progress on these issues requires a community effort. The WCHD will extend its reach by working with key partners to identify and address issues that require community collaboration.
- 5. FINANCIAL STABILITY: Enable the Health District to make long-term commitments in areas that will positively impact the community's health by growing reliable sources on income.** Public health requires an up-front investment. The programs and services the WCHD offers require resources to implement but those programs and services create value for the community over time. When funding is insufficient or unreliable, this limits the positive impact of the WCHD. The WCHD's aim is to have greater control over its finances in order to be able to better predict and control future funding levels.
- 6. ORGANIZATIONAL CAPACITY: Strengthen our workforce and increase operational capacity to support growing population.** As the community grows, the service demands on the WCHD will grow. To maintain and improve levels of service, the WCHD workforce needs to grow along with the community. By investing in the capabilities of the WCHD staff and creating a positive and productive work environment the WCHD will continually improve its ability to serve the community.

**STRATEGIC PRIORITIES, DISTRICT GOALS & COMMUNITY OUTCOMES:
WHAT MUST WE FOCUS ON TO SUCCEED?**

1. HEALTHY LIVES: Improve the health of our community by empowering individuals to live healthier lives.

District Goals & Community Outcomes	Baseline	Targets	
		2018	2020
1.1 Reduce the negative health and economic impacts of obesity and chronic disease.			
% of overweight and obese adolescents	34.6% (2015)	34%	33%
% of obese adults	21.8% (2015)	21%	20%
Prevalence of diabetes	7.1% (2013)	7.1%	7%
Coronary heart disease mortality rate (per 100,000)	226.6 (2012)	224	222
% ever diagnosed with coronary heart disease	3.7% (2013)	3.6%	3.5%
Cancer mortality rate (per 100,000)	174.5 (2012)	172.5	170.5
Chronic obstructive pulmonary disease mortality rate (per 100,000)	51 (2012)	50	49
% of adolescents getting recommended physical activity	27% (2015)	27.5%	28%
% of adults getting recommended physical activity (males/females)	26%/19.7% (2011)	26.5%/20%	27%/20.4%
% of adults who are current smokers	15% (2014)	14%	13%
% of youth who currently smoke cigarettes	10.3% (2015)	9%	8%
% of youth consuming fruit or fruit juice three or more times a day	19.6% (2015)	20%	20.5%
% of youth consuming vegetables three or more times a day	14.6% (2015)	15%	15.5%
1.2 Promote preventative health services that are proven to improve health outcomes in the community.			
Teen birth rates (per 100,000)	26.9 (2013)	25.6	24.2
Chlamydia incidence rate (per 100,000)	401 (2014)	389	381
Gonorrhea incidence rate (per 100,000)	112 (2014)	109	106
Syphilis incidence rate, primary & secondary (per 100,000)	8.23 (2014)	7.98	7.82
HIV rate (per 100,000)	9.4 (2014)	9.12	8.93
AIDS rate (per 100,000)	4.8 (2014)	4.66	4.56
% of newly reported hepatitis C cases with confirmatory test results	53% (2015)	60%	70%
Child immunization rates	75.5% (2016)	78%	80%
Flu vaccination rates	24% (2016)	25%	27%
# of people utilizing WIC	9,568 (2016)	9,855	10,046

1.3 Improve access to health care so people of all means receive the health services they need.

% of population with health insurance	79.4% (2014)	83.3%	87.3%
% of Washoe County residents with a usual primary care provider	68.1% (2014)	71.5%	83.9%
# of family health festivals	2 (2015)	6	8

2. HEALTHY ENVIRONMENT: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

District Goals & Community Outcomes	Baseline	Targets	
		2018	2020
2.1 Protect people from negative environmental impacts.			
Ozone concentration (parts per billion) - Design value, 3-year average number	71 (2015)	70	68
Air quality index - % good and moderate days	356 Days (2013-2015)	358 Days	360 days
Waste generation - Tons per year/per capita	1,432 tons/ 2,884 pounds (2015)	1,420 tons/ 2,840 pounds	1,392 tons/ 2,783 pounds
Recycling rates	31.5% (2015)	35%	35%
# of exercises to prepare and respond to potential impacts due to drought, climate change, and natural disasters	12 (2015)	10	10
2.2 Keep people safe where they live, work, and play.			
% of risk-based food inspections	0 (2015)	100%	100%
Food inspection pass rate - clean pass	-	Tbd	Tbd
% of foodborne illness risk factors in food establishments	-	Tbd	Tbd

3. LOCAL CULTURE OF HEALTH: Lead a transformation in our community’s awareness, understanding, and appreciation of health resulting in direct action.

District Goals & Community Outcomes	Baseline	Targets	
		2018	2020
3.1 Raise awareness of the Health District and the services it offers within the community.			
# of traditional media interviews and press releases	221 (2015)	250	275
# of social media posts	343 (2015)	500	700
# of impressions from advertising campaigns	12.6M (2015)	13.8M	14.0M
% of permits applied for online	-	50%	90%
3.2 Work with others to establish policies that positively impact public health.			
Number of policies established or improved that positively impact public health. Examples might potentially include: <ul style="list-style-type: none"> • Taxation of e-nicotine products • Vaping in the Clean Indoor Air Act • Access to behavioral health services • Height and weight measurements in schools • Expansion of wrap-around service models 	-	2	5
3.3 Inform the community of important health trends by capturing and communicating health data.			
# of community public health advisories issued	60 (2015)	66	72
Average weekly unique visitors to the Health District website	5,374 (2015)	5,911	6,502
# of community health data reports published/promoted. For example: <ul style="list-style-type: none"> • Community Health Needs Assessment • County Health Rankings • Air Quality Trends • Communicable diseases annual report • Foodborne illness risk factors • Antibioqram report 	4 (2015)	5	5
3.4 Raise awareness of the benefits of a healthy community to build a local culture of health.			
# of supporting initiatives undertaken	3	4	5

4. IMPACTFUL PARTNERSHIPS: Extend our impact by leveraging partnerships to make meaningful progress on health issues.

District Goals & Community Outcomes	Baseline	Targets	
		2018	2020
4.1 Lend support and accountability to improve K-12 educational outcomes which are strongly linked with public health outcomes.			
Duration of GI outbreaks in schools	44 days (2015)	40 days	36 days
% of Washoe County students who graduate high school	75% (2015)	76.9%	78.8%
% of WCSD graduates requiring remedial math courses through TMCC	77% (2013)	73.2%	69.3%
% of WCSD graduates requiring remedial English courses through TMCC	50% (2013)	47.5%	45%
% of WCSD graduates requiring remedial math courses through UNR	36% (2013)	34.2%	32.4%
% of WCSD graduates requiring remedial English courses through UNR	14% (2013)	13.3%	12.6%
4.2 Support and promote behavioral health.			
% of Washoe County high school student who attempt suicide	11.7% (2015)	11.1%	10.53%
% of Washoe County high school students who ever took a prescription drug without a doctor's prescription	18.3% (2015)	17.4%	16.5%
% of WC high school students who were offered, sold, or given an illegal drug by someone on school property	27.9% (2015)	26.5%	25.1%
Rate of K-12 Washoe County School District bullying incidents	-	-10%	-20%
% of Washoe County high school students who currently drink alcohol	35.5% (2015)	34.7%	32.9%
4.3 Improve nutrition by supporting efforts to increase food security and access.			
% of food insecure children	27% (2012)	25.7%	24.3%
% of food insecure people	15% (2012)	14.25%	13.5%
% of food insecure eligible for Supplemental Nutrition Assistance Program (SNAP) enrollment	31% (2012)	40%	50%
4.4 Enhance the regional EMS system.			
Implementation of single patient record for pre-hospital care	-	100%	100%
Median EMS regional response times (initial contact to first arriving unit in min:sec)	6:05 (Q1, 2016)	6:00	6:00

Coordinated communications amongst EMS partners	REMSA ready for CAD-CAD (Computer Aided Dispatch) interface	CAD/AVL (Automatic Vehicle Locator) Complete	P25 radio migration 80% complete
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5. FINANCIAL STABILITY: Enable the Health District to make long-term commitments in areas that will positively impact the community’s health by growing reliable sources on income.

District Goals & Community Outcomes	Baseline	Targets	
		FY18	FY20
5.1 Update the WCHD’s financial model to align with the needs of the community.			
Increased State funding support	1.2% (FY15)	1.3%	1.5%
Budget per capita (442,000 population)	\$47.50 (FY15)	\$49.88	\$52.25
5.2 Ensure resources are spent where they can have the most impact by identifying opportunities for cost savings.			
Total cost savings (in dollars) QI projects	-	tbd	tbd
Utilization of interns and volunteers (hours/FTEs)	12,636/6.1 (FY15)	13,676/6.6	14,716/7.1

6. ORGANIZATIONAL CAPACITY: Strengthen our workforce and increase operational capacity to support growing population.

District Goals & Health District Outcomes	Baseline	Targets	
		2018	2020
6.1 Create a positive and productive work environment.			
Employee engagement score	18.9% (FY16)	25%	30%
# of facility enhancements implemented (cumulative)	2 (FY16)	5	8
# of security enhancements implemented	0 (FY16)	1	2
# of QI projects implemented in last 12 months	8 (FY16)	10	12
6.2 Focus on continuing to build staff expertise.			
% Implementation of the Workforce Development Plan	-	50%	100%

AIR QUALITY MANAGEMENT DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: May 26, 2016

DATE: May 13, 2016
TO: District Board of Health
FROM: Charlene Albee, Director
775-784-7211, calbee@washoecounty.us
SUBJECT: Program Update, Divisional Update, Program Reports

1. Program Update

a. Ozone Advance Resolutions



Efforts by AQMD staff during the month of April resulted in significant progress being made towards the regional adoption of the Ozone Advance Program. Staff reports and resolutions were presented to the Reno City Council, Sparks City Council, and the Board of County Commissioners between April 11th and 13th. Each of the elected bodies unanimously adopted the resolutions which provide direction to their staff to encourage implementation of control measures whenever possible. As Ozone Advance is a voluntary program, implementation does require the support of partner organizations in order to achieve measureable emission reductions.

The adopted resolutions, from the District Board of Health and the respective elected bodies, now provide a tool for planning organizations to point to in order to begin to influence the built environment. The City of Reno actually adopted the Ozone Advance Program into their Sustainability Plan making it one of the building blocks as they rapidly work towards becoming the next “Green” city of the West. Sustainability efforts provide a co-benefit by not only reducing impacts to the environment but also improve the quality of life of the residents.

The next round of presentations towards the possible adoption of Ozone Advance Resolutions will be to the Regional Planning Governing Board on June 9th and the Regional Transportation Commission (RTC) on June 17th.

b. Ozone Emission Reduction Opportunity

In preparation for the 2016 ozone season (May through September), Josh Restori, Air Quality Specialist II in the AQMD Enforcement Section, completed the required training and certification to be able to operate a FLIR camera. The FLIR camera uses infrared thermal imaging technology to visibly identify VOC (volatile organic compound) emissions in the field. Following the completion of the certification, arrangements were made with EPA Region IX staff to bring a FLIR camera to Washoe County and provide hands-on training. Over the course of three days, AQMD and Region IX staff arranged inspections at the largest facilities including RR Donnelley & Sons, the Sparks Tank Farm, and the Steamboat Geothermal facility. Overall, the facilities were exceptionally well maintained; however, a few small leaks were detected. This proved to be a testament to the effectiveness of our current permitting and enforcement programs.

Additional inspections were also conducted at a few gas stations where excess emissions were detected. The pictures below provide examples of the documentation of excess emissions from an underground gasoline storage tank.





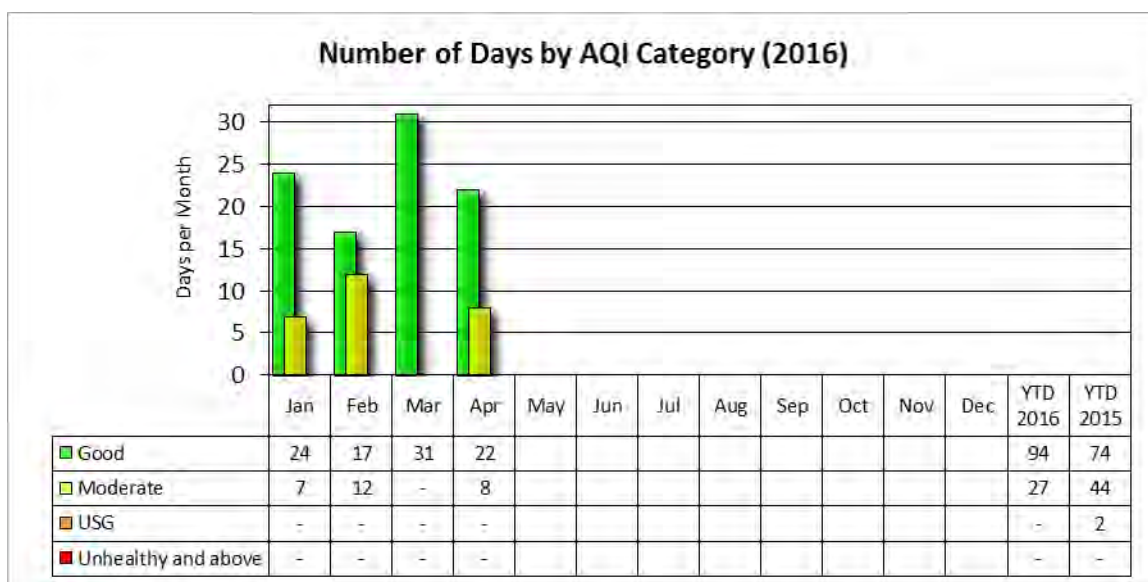
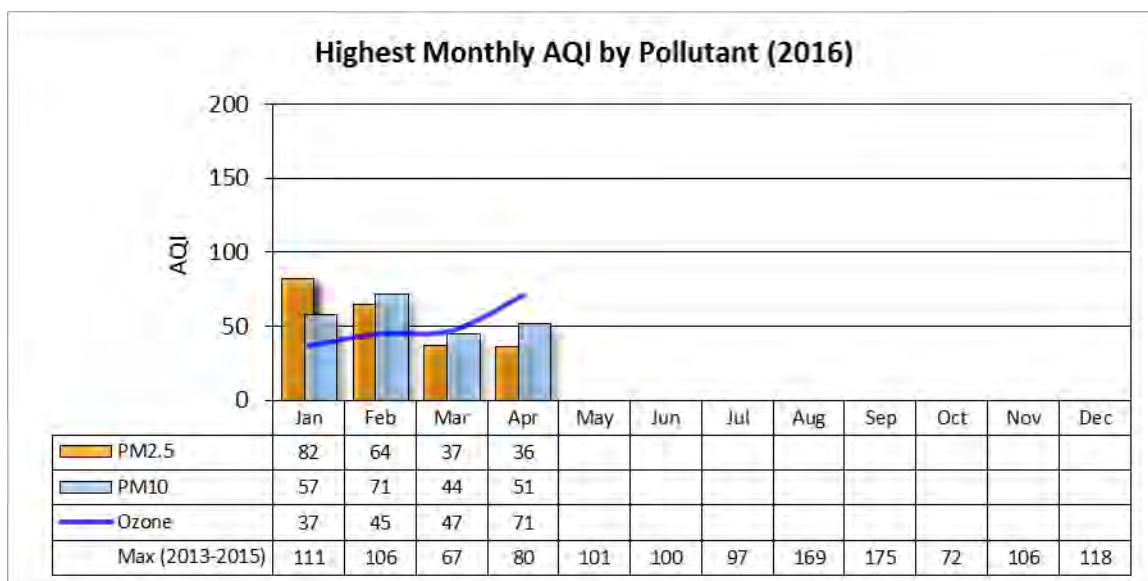
The FLIR camera provides a qualitative identification which can then be quantified through the use of a PID (photo ionization detection) instrument to calculate the actual emissions. The control of VOC emissions is a critical component in the pursuit of attaining the new ozone standard.

Ultimately, the AQMD would like to purchase a camera but currently the \$85,000 price tag is cost prohibitive. The hope is to be able to use grant funds to purchase the camera in the near future. The return on this investment would be the reduction of excess emissions which supports the AQMD efforts to *Keep it Clean* for a healthy community.

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 April. 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 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 April

In April, the American Lung Association (ALA) released their “State of the Air 2016” report. This is ALA’s annual report card on the nation’s air quality. Washoe County received “F” grades for ozone and PM2.5 pollution. These grades were based on air pollution levels from 2012-2014, which included many wildfires such as the Rim, American, and King Fires. The ALA includes all monitored air quality data without consideration being given for data associated with exceptional events, or outside of the control of the local AQMD, as provided for by the Clean Air Act. Although wildfire smoke impacts are exempt from any Clean Air Act requirements, the AQMD’s primary focus during these episodes is to provide near-real time air quality information to the public to assist in making the best decisions about potential health impacts from breathing smoke. In 2015, AQMD developed the “Be Smoke Smart” campaign to meet the community’s need during wildfire season. Be Smoke Smart can be accessed from the AQMD homepage (OurCleanAir.com) and answers four important questions during wildfire smoke episodes: 1) Where is the fire?, 2) Where is the smoke going to be?, 3) What is the current air quality?, and 4) What should I do to protect myself?



The primary sources of ozone pollution in the Truckee Meadows are motor vehicles such as car, trucks, and off-road equipment. We can all do our part to help make the



Truckee Meadows a nOzone. One simple habit like combining errands can reduce vehicle trips and reduce air pollution. Carpooling just two days per month saves ten percent

on your commuting expenses to work or school. As our community grows, we must ensure that we incorporate sustainable features such as complete streets and complete neighborhoods into our plans to maintain and improve our quality of life.

Daniel K. Inouye
Chief, Monitoring and Planning

b. Permitting & Enforcement

Type of Permit	2016		2015	
	April	YTD	April	Annual Total
Renewal of Existing Air Permits	128	431	125	1297
New Authorities to Construct	8	30	12	99
Dust Control Permits	3 (9 acres)	53 (769 acres)	16 (351 acres)	151 (2129 acres)
Wood Stove (WS) Certificates	50	134	36	391
WS Dealers Affidavit of Sale	7 (6 replacements)	28 (20 replacements)	8 (6 replacements)	135 (85 replacements)
WS Notice of Exemptions	770 (11 stoves removed)	2522 (24 stoves removed)	752 (2 stoves removed)	7490 (50 stoves removed)
Asbestos Assessments	120	365	96	1077
Asbestos Demo and Removal (NESHAP)	23	93	36	150

Staff reviewed forty-eight (48) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

- To reduce Ozone precursors the permitting and enforcement staff reassessed 86 gas stations to maximize their vapor recovery system efficiency.

Staff conducted fifty (50) stationary source inspections in April 2016. Staff also conducted inspections on asbestos removal and construction/dust projects.

COMPLAINTS	2016		2015	
	April	YTD	April	Annual Total
Asbestos	0	13	3	25
Burning	0	5	0	8
Construction Dust	5	6	6	32
Dust Control Permit	0	6	0	6
General Dust	6	22	1	48
Diesel Idling	1	3	0	3
Odor	7	11	1	30
Spray Painting	0	1	1	8
Permit to Operate	0	2	1	12
Woodstove	0	1	1	13
TOTAL	19	70	14	185
NOV's	April	YTD	April	Annual Total
Warnings	0	10	1	24
Citations	0	5	2	8
TOTAL	0	15	3	32

*Discrepancies in totals between monthly reports can occur due to data entry delays.

Mike Wolf
 Chief, Permitting and Enforcement

DD	SK	___
DHO	___	___

**Community & Clinical Health Services
Director Staff Report
Board Meeting Date: May 26, 2016**

DATE: May 13, 2016
TO: District Board of Health
FROM: Steve Kutz, RN, MPH
 775-328-6159; skutz@washoecounty.us
SUBJECT: Program Report – Teen Pregnancy Prevention Month; Divisional Update – Patagonia Health; Program Reports

1. Program Report – May is National Teen Pregnancy Prevention Month

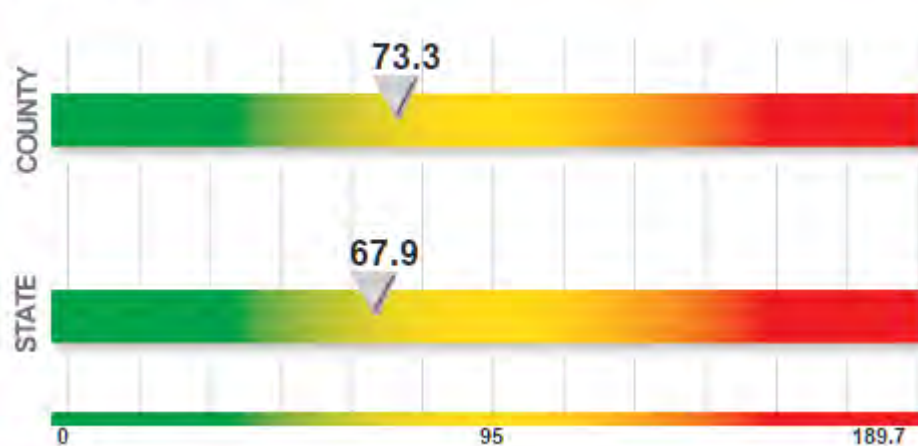


The National Campaign to Prevent Teen and Unintended Pregnancy indicates that Nevada’s teen pregnancy rate has declined 62% since 1991 (according to 2014 data). There have been impressive declines in all 50 states and among all racial/ethnic groups. Nevada is currently ranked 37th nationally for teen birth rates with 50th being the worst. The graph below comes from the Nevada State Public and Behavioral Health’s Informatics and Epidemiology Program which demonstrates the teen birth rate for females aged 15-19 per 1,000 live births for Washoe County and Nevada State.

Teen Birth Rates 15-19 Years Old per 1,000 Live Births – Nevada and Washoe County

Measurement Period: 2014

Value: 73.3



According to health officials, the majority of teens in Nevada are engaging in safe sex behavior. In 2013, the percent of high school students in Nevada that reported having had sexual intercourse was 43.8%. Of the surveyed sexually active high school students, 84% reported using a method of contraception the last time they had sexual intercourse. As the graphic below states, it is clear that contraception saves our community money.



Source: Guttmacher Institute

Washoe County Health District's Sexual Health Program is now on social media. You can "like" our [Sexual Health Program – Washoe County Health District](#) Facebook page or follow us on Twitter at [Sexual Health \(@SexualHealthWC\)](#) for information on sexual health and wellness. These pages will target teen pregnancy prevention throughout the month of May.

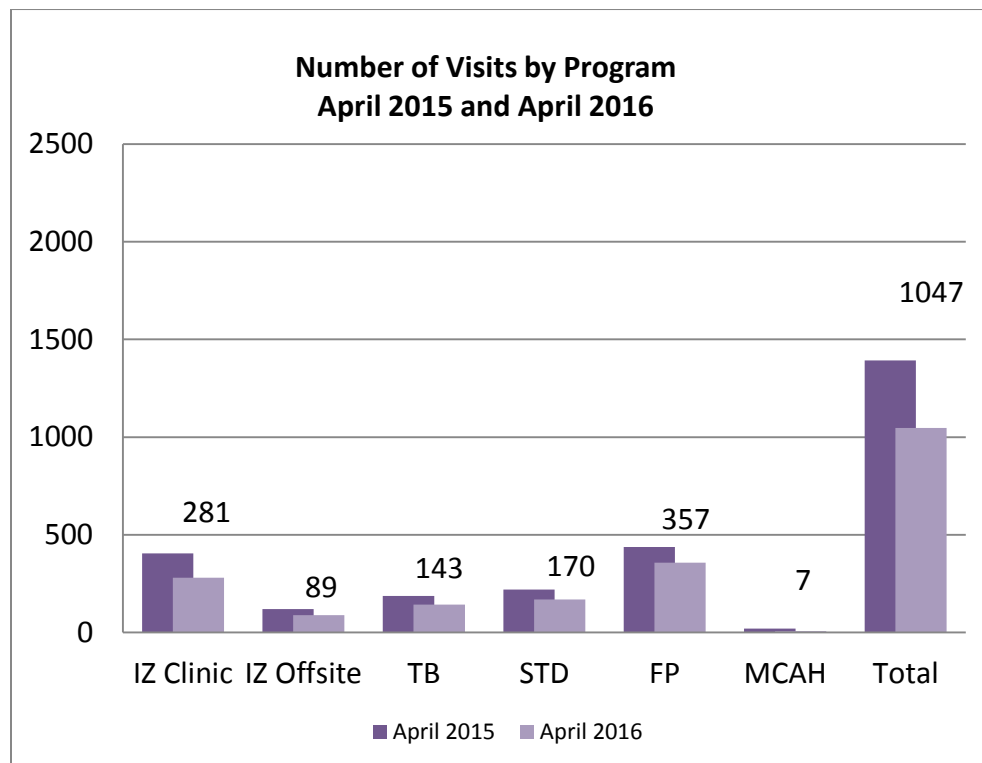
An interactive online quiz, which will be promoted through social media, is available for teens that will give them the chance to better predict sexually high risk situations that may arise in the future. This allows teens time to consider options in advance of unexpected circumstances thus encouraging them to be better prepared.

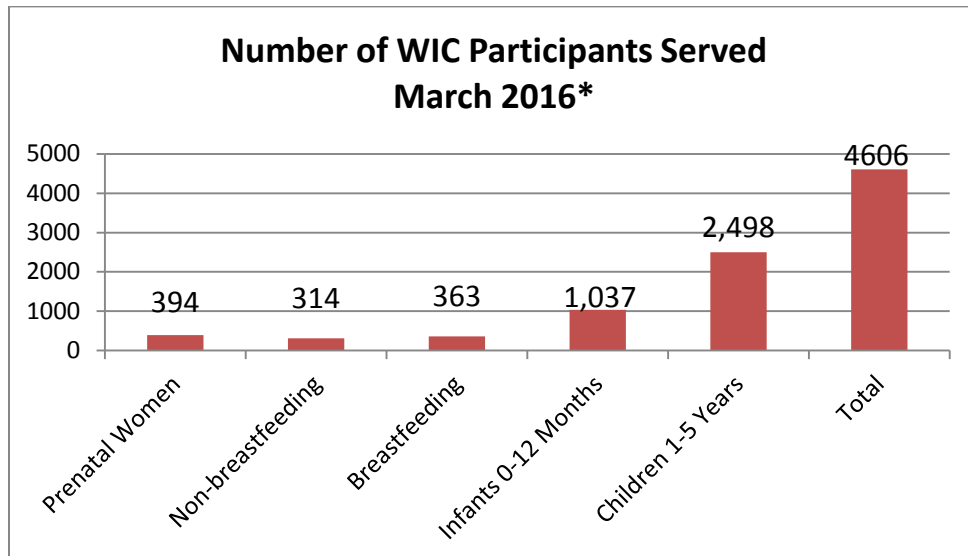
2. Divisional Update –

a. Patagonia Health

CCHS management and staff spent five days in April receiving training on the various aspects of our new Electronic Health Record (EHR), Patagonia Health. As with our initial assessment of the EHR, the comprehensive system is easy to use, provides data and reports without delay, and has a built in insurance clearinghouse that quickly verifies client eligibility, assesses and "scrubs" claims to ensure accuracy, which in turn translates into better reimbursement. CCHS is scheduled to go live with Patagonia at the end of May, with Patagonia staff onsite to aid in the launch.

b. 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.

3. Program Reports – Outcomes and Activities

- a. **Sexual Health** – Staff participated in a program site monitoring visit with the Office Public Health Informatics and Epidemiology on May 3, 2016.

Staff presented their recent quality improvement project titled “Time Busters” at the Division Director and Supervisor meeting on May 4, 2016. The purpose of the project was to implement a more flexible schedule that would allow for better time management of clinic staff and improve client satisfaction. Outcomes of this project included increasing the number of appointments available by 15 per week, which increased the total number of STD clinic visits for the year by 386.

- b. **Immunizations** – A total of 89 clients received 168 vaccinations in partnership with the Kids to Seniors Korner program at 10 different locations. Catholic Charities of Northern Nevada leadership staff are conducting a review of the Kids to Seniors Korner program to determine the best practices for achieving broader outreach-oriented outcomes. During this review period, outreach activities have been significantly reduced.

On April 28, 2016, staff provided a flu vaccine administration certification training for 15 local firefighter EMTs in partnership with EPHP.

- c. **Tuberculosis Prevention and Control Program** – Staff welcomes Dr. Charles Krasner as the new Medical Consultant for the TB clinic. He assumed this position April 1, 2016, taking over from Pulmonary Medicine Associates.

Staff attended the California Tuberculosis Controller's Association Conference in April. Staff participated in a program site monitoring visit with the Office Public Health Informatics and Epidemiology on May 3, 2016.

Staff conducted training at the Reno/Sparks Gospel Mission on May 19, 2016. This training provided shelter staff with education about Tuberculosis as well as an updated screening questionnaire and cough log for their residents.

- d. **Family Planning/Teen Health Mall** – Staff will be meeting with Family Medicine Center to finalize a process for colposcopy referral for clients in need of this service.

Staff has been working with the Jan Evan's Juvenile Detention Program to provide young women with IUDs or Nexplanon, if they desire a Long Acting Reversible (LARC) method of birth control.

- e. **Chronic Disease Prevention Program (CDPP)** – Staff assisted with the planning of successful local activities for National Public Health Week (April 14-20) that included the collection of over 350 pounds of food at eight different locations for the Food Bank of Northern Nevada; a blood drive with 19 participants that collected 17 lifesaving products for our community; three free showings of films focusing on social justice and public health; and a public health quiz with 57 people participating.

Staff has been working with the Washoe County School District (WCSD) as Chair of their Student Wellness Advisory Board on a wellness policy. In April, the WCSD adopted the Student Wellness Administration Regulation after extensive work by the committee; review by the Board of Trustees, administration and the public; and final approval by the Superintendent. This regulation includes aspects of nutrition and physical activity, including guidelines for foods that are sold or given away to students during the school day, and requirements that schools provide the opportunity for a minimum of 30 minutes of physical activity each day. This policy will impact approximately 65,000 WCSD students.

Staff are actively working on the Wolfpack Coaches Challenge program, a partnership

with the Health District, Washoe County School District and Wolfpack Athletics to encourage physical activity and healthy eating in elementary school students. Planning has begun, partnerships have formed and the program will kick off in the 2016-2017 school year.

Staff completed an evaluation of multi-unit housing properties that they have worked with to become smoke free (SF). Key results show that after a SF policy has passed, residents notice less cigarette smoke (29.4%) and feel healthier (17.2%). Residents also report that after a SF policy has passed they smoke less (9.1%) or tried to quit smoking (7.1%). Overall, only 6.4% of residents reported not being in favor of their apartment's SF policy.

Staff attended a Government Social Media Conference and gained skills and ideas on how to better promote and educate using social media tools and platforms.

- f. **Maternal, Child and Adolescent Health (MCAH)** – Fetal Infant Mortality Review (FIMR) staff has reviewed 30 cases and abstracted data on 17 cases since January 1, 2016. Staff will be presenting on FIMR for Public Health Professionals through the Nevada Public Health Training Center on May 10, 2016. Staff will also be speaking about FIMR at the Saint Mary's Pregnancy Loss group on May 11, 2016.
- g. **Women, Infants and Children (WIC)** – The Health District WIC program is working with the State WIC office in the contract reassignment of the Electronic Benefits Transfer (EBT) from JP Morgan to Fidelity Information System (FIS). This transfer to FIS will not affect the daily operations of card issuance. Participants will still be able to use their JPM card after the switch over as all data will be transferred. Nevada WIC's go live date is scheduled for May 16, 2016. All staff attended a webinar training to help with this changeover.

WIC offices are required to offer Voter registration to clients and are required to complete semi-annual web based training. All WIC staff attended an additional training on Voter Registration provided by the State WIC Office on May 11, 2016.

This month WIC will participate at the Family Health Festival and the Baby Expo Family Health fair outreaches. The Community Health Nutritionist's will be attending the TMCC advisory board meeting regarding the education curriculum for future nutrition and dietetic students.

DD	BS	___
DHO	___	___

Staff Report
Board Meeting Date: May 26, 2016

DATE: May 13, 2016
TO: District Board of Health
FROM: Robert O. Sack, Division Director, Environmental Health Services (EHS)
775-328-2644; bsack@washoecounty.us
SUBJECT: EHS Division and Program Updates - Food, Land Development, Vector-Borne Disease, Waste Management and EHS Inspections / Permits / Plan Review.

DIVISION UPDATE

- EHS staff has been actively training new staff, including four Environmental Health Specialist Trainees and one Public Service Intern, in the completion of pool and spa inspections in anticipation of seasonal pool and spa opening inspection requests. The Division expects to receive opening requests for most seasonal pools during the month of May.
- EHS staff continues to work with the new owner of the Former Ponderosa Lodge on East Fourth Street with the complete rebuild of the weekly motel. Last month an additional 12 rooms were inspected and approved. These rooms were completely rebuilt with all new electrical, plumbing, fixtures, flooring and furniture.

PROGRAM UPDATES

Food

- Four staff members attended an FDA hosted training course on the FDA Food Code and the public health rationale for the Code provisions and methods for corrective actions. Completion of continued food safety education courses meets the criteria of Standard 2 – Trained Regulatory Staff
- Three staff members completed their field standardization training using FDA Standardization Procedures. The standardization procedures evaluate the inspectors ability to apply knowledge and skills obtained from the training curriculum and reinforces a risk based inspection approach that focuses on factors that contribute to foodborne illness. Field Standardization of staff conducting food establishment inspections meets the criteria of Standard 2 – Trained Regulatory Staff
- Staff from three workgroups continue to work on the implementation of a new food inspection form that will emphasize a risk based inspection approach by identifying the status of each foodborne illness risk factor and intervention needed. Implementation of this project meets the criteria of Standard 3 – Inspection Program Based on HACCP Principles, Standard 7 – Industry and Community Relations, and Standard 9 – Program Assessment
- **Special Events:**

- Special Event season officially started with the Earth Day celebration at Idlewild Park on April 24 and has been followed up by Cinco de Mayo, Big Chef Big Gala, and the Reno River Festival most recently which took place May 7-8 at Wingfield Park. Over 100 temporary food establishment inspections were performed during April 2016, which is an increase from approximately 80 inspections performed during April 2014 and 2015, respectively. A total of 11 staff members participated in conducting inspections for the increasing number of temporary food permits.

Land Development

- EHS staff attended and participated on the panel at the Incline Village Community Forum at the request of the Washoe County Community Services Department on May 3, answering a variety of questions related to development, the Underground Storage Tank Program and vector concerns.
- The majority of TMWA plans received in the past month have needed corrections. They have not been including the needed detail for when water lines and sewer lines cross. This has caused plan approval to be delayed.
- Verdi industrial area has had a lot of interest in locating new development inside it. The main water system in the area has not demonstrated that it can actually provide all the water needed for both fire flow and drinking water needs. Until they do so we are not going to be able to approve plans for new uses and businesses. We are working closely with the County, and Truckee Meadows Fire Protection District on this.
- The Safe Drinking Water Act program is working on training new staff. This is resulting in a backlog of work that we will have to catch back up later in the year.
- Four small water systems failed to provide updated sampling plans for water monitoring and compliance per the updated Federal Revised Total Coliform Rule which took effect on April 1, 2016, after a year plus implementation period.

UST/LUST Program

- Since EHS has seen a reduction in staffing and new staff is still being trained, the program is operating on minimal staffing to meet the Interlocal Agreement deliverables per the contract. This has led to the possibility of not completely spending down the contract award for the first time in years. Furthermore, large construction projects have applied for permits but the work has yet to commence, thereby the local funding collected for the time these inspection activities will take may not be utilized during this fiscal year and the funding will be rolled up to the WCHD's fund at the end of June.

Vector-Borne Diseases

- Staff and the Public Health Interns have begun the pre-survey inspections in several of the City of Reno and Washoe County Parks to determine the number of fleas per animal prior to the Program's dusting all parks in the Truckee Meadows Community preceding Memorial Day weekend. After parks are dusted to kill the fleas on ground squirrels, a post survey is initiated to determine the success of the dusting program, while not injuring the animals. By providing this control, people are prevented from being bitten by fleas that carries the plague bacterium and more importantly keeps the parks open for the community to enjoy during the summer months.
- Staff and the Public Health Interns will also begin earlier than normal inspections and treatment of catch basins as this infrastructure is currently colonized with mosquito larvae. Warmer temperatures this spring has caused the emergence of these adult mosquitoes. Along these lines,

next week staff will begin trapping adult mosquitoes for disease surveillance including the new methods to detect the adult mosquitoes that transmit the Zika virus.

- Staff this past week gave a power point presentation on the Zika virus to the Northern Nevada Emergency Managers Association meeting.
- Development in the Truckee Meadows Community continues on its fast pace whether it is single family homes, multi-family homes and/or large commercial projects. Staff has reviewed ten building plans through May 12.
- A helicopter application of larvacide to large acreages of water in the Truckee Meadows to suppress the emergence of adult mosquitoes is scheduled for June 2. If you reside by or when outside in close proximity to sizeable bodies of water and/or wetlands in the early mornings and evenings, wear long sleeve shirts, pants and apply repellent.

Waste Management

- Staff in the waste management program is assisting various new Registered Environmental Health Specialist (REHS) trainees in investigating citizen complaints while seeing an increase in routine permitting and compliance.
- Staff is working diligently on updating the Solid Waste Management Authority’s Solid Waste Management Plan to meet the five year cycle deadline of fall 2016.

EHS 2016 Inspections / Permits / Plan Review

	JAN 2016	FEB 2016	MAR 2016	APR 2016	Yrly Avg
Child Care	8	6	7	5	7
Complaints	103	68	103	93	92
Food	217	317	454	369	339
General*	38	73	125	137	93
Developmental Review Numbers	20	26	27	34	27
Plan Review (Commercial/Residential Food/Pool/Spa/etc)	11	9	6	12	10
Plan Review (Residential Septic/Well)	54	35	63	76	57
Residential Septic/Well Inspections	58	67	94	110	82
Temporary Food/Special Events	24	26	45	106	50
Well Permits	11	7	20	20	15
Waste Management	19	29	16	16	20
TOTAL	563	663	960	978	791

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

**EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS
DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: May 26, 2016**

DATE: May 13, 2016
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

Communicable Disease (CD) –

Influenza Surveillance – For the week ending May 7, 2016 (CDC Week 18) 12 participating sentinel providers reported a total of 89 patients with influenza-like-illness (ILI). The percentage of persons seen with ILI by the 12 providers was 1.4% (89/6530) which is below the regional baseline of 2.6%. During the previous week (CDC Week 17), the percentage of visits to U.S. sentinel providers due to ILI was 1.8%. This percentage is below the national baseline of 2.1%. On a regional level, the percentage of outpatient visits for ILI ranged from 0.7% to 3.0%.

Ten death certificates were received for week 17 listing pneumonia (P) or influenza (I) as a factor contributing to the cause of death. The total number of deaths submitted for week 17 was 103. This reflects a P&I ratio of 9.7% which is above the epidemic threshold set by CDC for week 17 at 6.9%. The national P&I ratio for week 17 was below the epidemic threshold at 6.8%. The total P&I deaths registered to date in Washoe County for the 2015-2016 influenza surveillance season is 232. This reflects an overall P&I ratio of 8.5% (232/2716).

Outbreaks – Since the last board meeting, there have been two Hand Foot & Mouth Disease (HFMD) outbreaks in two child care facilities and one GI illness outbreak in an elementary school associated with an event in one classroom. Three of these outbreaks are still active as of May 11, 2016.

Zika Virus Disease Evaluation and Testing – As of May 11, 2016, 13 individuals have been referred by local healthcare providers for an evaluation of possible Zika virus infection. Of these 13 individuals, nine were pregnant women with travel histories to areas with ongoing Zika transmission and four were non-pregnant symptomatic persons with travel histories to areas with ongoing Zika transmission. One of four symptomatic persons had a laboratory confirmed Zika virus test. The case was a female adult, not pregnant and recovered within a week. Seven of nine pregnant women had negative serology result and two are pending at CDC as of May 11, 2016.



In honor of Hepatitis Awareness Month the CD Program is devoting two issues of the Epi-News to hepatitis-related concerns. The first issue was released on May 13 and focused on prevention of perinatal hepatitis B transmission. The issue reminds healthcare providers about the importance of screening patients for hepatitis. Hepatitis B screening is mandatory for all pregnant women and those who are positive for hepatitis B surface antigen must be reported to the Health District. The goal is to prevent perinatal transmission of hepatitis B by assuring timely and appropriate post-exposure prophylaxis for infants born to women who are hepatitis B surface antigen positive.

A second Epi-News issue will be released later in May and will be devoted to hepatitis C.

An infographic with a dark green header containing the title 'HEPATITIS C: Why people born 1945-1965 should get tested'. Below the header are four sections, each with an icon in a circle on the left and text on the right. The icons are: 1. '5X MORE LIKELY' (text in a circle), 2. '75%' (text in a circle), 3. A liver with a downward arrow (liver icon), and 4. 'Rx' (prescription symbol in a circle).

HEPATITIS C:
Why people born 1945-1965 should get tested

5X MORE LIKELY
People born from 1945-1965 are 5x more likely to have Hepatitis C.
While anyone can get Hepatitis C, people born during these years are five times more likely to have Hepatitis C than other adults. That's why CDC recommends everyone born from 1945-1965 get tested for Hepatitis C.

75%
75% of people with Hepatitis C were born from 1945-1965
Of the more than 3 million people living with Hepatitis C, 3 out of every 4 were born from 1945-1965.

Liver icon
Hepatitis C can cause liver damage and liver failure.
Over time, chronic Hepatitis C can cause serious health problems including liver damage, cirrhosis, liver cancer and even death. In fact, Hepatitis C is a leading cause of liver cancer and the #1 cause of liver transplants.

Rx
Many people can get lifesaving care and treatment.
Knowing you have Hepatitis C can help you make important decisions about your health. Successful treatments can eliminate the virus from the body and prevent liver damage, cirrhosis, and even liver cancer.

Public Health Preparedness (PHP)

General

- Staff are nearing the completion of Washoe County Isolation and Quarantine Bench Book and Plan. The bench book and plan will be tested through a tabletop exercise on June 17th.

- The Medical Reserve Corps (MRC) volunteer program participated in the Senior Spectrum Magazine's Health Fair that was held in cooperation with Baldini's Casino on May 3rd. MRC licensed medical volunteers provided free blood pressure screening examinations and distributed emergency preparedness and public health educational information. The event was well attended by seniors and many other community organizations and agencies that provide services to senior residents in Washoe County and Northern Nevada.

- The Public Health Preparedness Emergency Response Coordinator:
 - Facilitated the purchase of PPE as approved by the DBOH on April 28, 2016.

 - Continued data gathering and analysis for the Regional Pharmaceutical Resources Project, and completed a draft of the plan.

 - Conducted two influenza vaccination training courses for fire personnel. There were a total of 14 participants representing Reno Fire Department, Sparks Fire Department and Truckee Meadows Fire Protection district.

 - Coordinated a formal signing ceremony between the Reno Sparks Indian Colony and the Health District to take place on June 1, 2016. This ceremony is to sign a Point of Dispensing agreement.

Healthcare Preparedness

The Public Health Emergency Response Coordinator for Healthcare:

- A tabletop exercise to assess the implementation of the Washoe County Disaster Behavioral Health Annex will take place on May 18th at the Regional Emergency Operations Center. Participants will include: American Red Cross, Crisis Call Center, Washoe County Social Services, Washoe County Emergency Management, regional hospitals, Inter-Hospital Coordinating Council, behavioral health professionals, Medical Reserve Corps, Washoe County School District.

- Participated in the Statewide Medical Surge Plan Finalization Meeting.

- Participated in the Crisis Standards of Care Advisory Committee Meeting. The focus of the meeting was public engagement in rural Nevada and Spanish translation/interpretation.

- Conducted another ten assessments of skilled nursing, memory care, assisted living and independent living facilities to enhance alternate care site planning, continuity of operations planning and increase relationships among healthcare partners.
- Facilitated the Final Planning Meeting for Operation Unicorn, the full-scale infectious disease exercise scheduled for June 9th. In preparation for Operation Unicorn, exercise evaluator and WebEOC trainings are scheduled for May 20th.
- Assisted in the facilitation of a tabletop exercise at Arbors Memory Care on May 3, 2016.

Emergency Medical Services (EMS) –

The EMS Coordinator completed a 4-hour REMSA Dispatch Sit-Along on April 20, 2016 that allowed for a more in-depth understanding of EMD and current REMSA dispatch processes.

The EMS Coordinator assisted in the facilitation of a tabletop exercise at Arbors Memory Care on May 3, 2016. During this exercise Arbor's staff identified possible challenges if a disaster occurred that impacted their facility. Health District staff also provided an overview of the countywide disaster plans, focusing on the Mutual Aid Evacuation Annex (MAEA).

The EMS Coordinator participated in the Statewide Medical Surge Working Group plan finalization meeting on May 9, 2016. The final version of the Nevada Statewide Medical Surge Plan will be tested during a tabletop exercise on May 13, 2016. Additionally, the regional annexes to the statewide plan, which were developed during this revision process, will also be exercised during a tabletop scheduled for June 16, 2016.

EMS staff facilitated a regional data meeting to discuss the quarterly data reports. The subcommittee identified the issue that has contributed to inconsistency within the data reports. A solution has been proposed to the Fire Chiefs for their consideration and decision.

EMS staff was requested to participate, along with a members of the Epi and PHP Team and the District Health Officer, in the Opioid crisis response team. This team met to discuss the potential fallout from the arrests of Dr. Rand and the impact to the citizens in Washoe County. Staff participated in the break out groups and have continued to stay apprised of the situation through email correspondence.

**REMSA Percentage of Compliant Responses
 FY 2015 -2016**

Month	Zone A	Zone B	Zone C	Zone D	Zones B, C and D	All Zones
July 2015	92%	99%	100%	100%	99%	92%
August 2015	92%	95%	94%	100%	95%	92%
September 2015	91%	96%	97%	100%	96%	92%
October 2015	91%	95%	92%	100%	94%	92%
November 2015*	92%	96%	97%	100%	96%	92%
December 2015*	92%	97%	97%	100%	97%	92%
January 2016*	92%	95%	97%	100%	96%	92%
February 2016*	92%	96%	96%	100%	96%	93%
March 2016*	92%	98%	96%	100%	97%	92%
April 2016*	94%	99%	100%	100%	99%	94%
YTD	92%	96%	97%	100%	97%	92%

* Compliance calculations include exemptions.

REMSA 90th Percentile Responses

Month	Zone A 8:59	Zone B 15:59	Zone C 20:59	Zone D 30:59
July 2015	8:34	13:18	17:00	N/A*
August 2015	8:32	12:46	19:51	N/A*
September 2015	8:53	13:06	18:23	18:22
October 2015	8:39	14:24	19:14	N/A*
November 2015	8:37	14:03	18:11	N/A*
December 2015	8:42	12:31	17:39	N/A*
January 2016	8:48	14:50	18:36	N/A*
February 2016	8:34	13:05	17:52	N/A*
March 2016	8:42	12:19	17:26	N/A*
April 2016	8:11	11:45	17:14	N/A*

*There were 5 or less calls per month in Zone D, therefore a statistically meaningful 90th percentile analysis cannot be conducted. However, no calls in Zone D exceeded the 30:59 time requirement.

Performance with NFPA Standards – April 2016

The EMS Oversight Program is going to continue to measure partner responses against the National Fire Protection Agency established standards. Performance measures will be explored in the Quarterly EMS Report. However, per the request of Board members, the ambulance assignment performance measure is included below. While “Clock Start” is not an NFPA standard, it impacts the ability for an ambulance to be assigned if the dispatcher is unable to obtain the appropriate information.



	Total and % of Calls for Month		Number and % of calls with Clock start within 60 seconds		Number and % of calls with Clock Start within 90 seconds		Number and % of calls with Clock start within 120 seconds		Number and % of calls with Clock Start over 121 seconds	
All calls	5263	100.0%	4775	90.7%	5145	97.8%	5229	99.4%	34	0.6%
Priority 1	2123	40.3%	1916	90.2%	2071	97.6%	2108	99.3%	15	0.7%
Priority 2	2067	39.3%	1897	91.8%	2025	98.0%	2053	99.3%	14	0.7%
Priority 3	954	18.1%	856	89.7%	930	97.5%	949	99.5%	5	0.5%
Priority 9	119	2.3%	106	89.1%	119	100.0%	119	100.0%	0	0.0%

The chart above shows the time lapse between the call being answered in the REMSA Dispatch center and the “clock start” variable, used for compliance. The clock starts when the citizen answers three pieces of information: address phone number and citizen identified chief compliant.

	Total and % of Calls for Month*		Number and % of calls with Assignment within 90 seconds		Number and % of calls with Assignment within 120 seconds		Number and % of calls with Assignment over 120 seconds	
All calls	5262	100.0%	5135	97.6%	5197	98.8%	65	1.2%
Priority 1	2122	40.3%	2081	98.1%	2107	99.3%	15	0.7%
Priority 2	2067	39.3%	2002	96.9%	2028	98.1%	39	1.9%
Priority 3	954	18.1%	935	98.0%	943	98.8%	11	1.2%
Priority 9	119	2.3%	117	98.3%	119	100.0%	0	0.0%

* 1 call was missing ambulance assignment time during April, 2016

This chart shows the time lapse between the call being answered in the REMSA Dispatch center and an ambulance being assigned to the call.

NFPA Standard:

Assignment Made within 90 seconds - 90% standard

Assignment Made within 120 seconds - 99% standard

Assignment over 120 seconds

**District Health Officer Staff Report
Board Meeting Date: May 26, 2016**

TO: District Board of Health

FROM: Kevin Dick, District Health Officer
(775) 328-2416, kdick@washoecounty.us

SUBJECT: District Health Officer Report – Budget, Opioid Situation, Strategic Plan, Community Health Improvement Plan, Truckee Meadows Healthy Communities (TMHC), Quality Improvement, Other Events and Activities and Health District Media Contacts

Budget

The Board of County Commissioners finalized the Fiscal Year 2016-17 Washoe County budget at their May 17, 2016 meeting. The Health District’s budget was adjusted to include anticipated group insurance and COLA cost which are within the capacity of the budget to cover due to projections of an increased beginning fund balance. All the above-base requests for the Health District were included.

The budget outlook continues to improve. Projections indicate revenues will exceed expenditures again this fiscal year. That will positively impact ending fund balance into the future.

Opioid Situation

The impacts of opioid abuse in the community were brought to stark reality with law enforcement action taken against an alleged “pill mill” involving a physician and other distributors. The Health District participated in several meetings at the EOC to discuss and coordinate on a community response with a number of other healthcare, social service and law enforcement entities. Information on accessing medical and new primary physician services as well as substance abuse treatment resources were posted on the website. The Health District coordinated with the Division of Public and Behavioral Health and Nevada State Medical Association regarding substance abuse treatment center services and capacity available. The Health District will continue to work with the community partners to expand outreach and awareness of this public health issue.

Strategic Plan

The ODHO, Division Directors, and Supervisors have continued to work with OnStrategy to develop the Strategic Plan around the priorities and goals identified during the DBOH Strategic Planning Meeting. The draft plan is being presented for potential approval during the May 26 DBOH meeting.

Community Health Improvement Plan (CHIP)

CHIP Workgroups are moving forward with prioritizing CHIP goals and objectives and implementation of strategies. An update of each workgroup is listed below:

The **CHIP Access to Healthcare and Social Services Workgroup's** current priority is Objective 1.3 of the CHIP: By December 31, 2018, increase the percentage of Washoe County residents who have a usual primary care provider.

During the April 2016 meeting, the workgroup identified a large number of barriers relating to Washoe County residents needing greater access to usual/primary care providers. Of the many barriers identified, the Workgroup has chosen to focus in on the following three related barriers:

- Lack of health insurance
- Difficulties finding affordable insurance
- Insurance not accepted by all

The Workgroup then brainstormed solutions to address these barriers, and will further address which solutions can be most effective when operationalized at the May workgroup meeting.

The **CHIP Food Security Workgroup's** current priority is Objective 8.5 of the CHIP: By December 31, 2016, develop a Washoe County Community Garden Plan to identify goals, objectives, and strategies for Community Gardens in low-income communities.

The Workgroup has researched what is currently occurring in Washoe County related to school and community gardens and who the key players are. Workgroup members continue to work on identification of barriers to the community/school garden process.

The next step is to determine feasibility of community/school gardens in Washoe County. In the short term, the Workgroup will be participating in the Family Healthy Festival on May 25th to provide: gardening instructions, free herbs and vegetables, fresh food education, recipes, and cooking demonstrations in an effort to raise awareness and provide education related to fresh produce.

The **CHIP Education Workgroup** has chosen to prioritize strategies around youth behavioral health issues, specifically those issues related to bullying, depression, and suicide, as the JTNN coalition is focused heavily on substance abuse issues.

Truckee Meadows Healthy Communities (TMHC)

During the TMHC Steering Committee meeting on May 4 the group discussed plans for securing staff support for the initiative. Updates from the subcommittees were also provided. A strategic planning meeting for TMHC will occur sometime in June.

On May 13, Sara Dinga and I participated in a strategic planning meeting for the Collaborating for Clients (C4C) Long Range Planning Arnold Foundation grant funded TMHC project. The meeting discussion focused on Results Based Accountability approaches for the four pillars of Food Security, Employment, Housing, and Health in the 89502 zip code area.

Collaborative efforts are underway to prepare for a Family Health Festival at Miguel Ribeiro Park scheduled for May 25.

Quality Improvement

The Q-Team continues to meet monthly. The first staff report out occurred on May 4th during the first 30 minutes of the Division Director/Supervisor meeting. Air Quality Management staff,

Subject: District Health Officer Report

Date: May 26, 2016

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Environmental Health Services staff, and Community and Clinical Health Services staff all reported on QI projects within their Divisions. The reports were provided by frontline staff involved in the projects. The report out was a success, and evaluation results from the Division Directors and Supervisors were very positive. Comments from DDs and Sups included:

Strengths:

- “Loved the report outs!”
- “It gives staff the opportunity to talk about what they are working on.” It provides the opportunity for all management to have a better idea of what the other divisions are working on.”
- “It was worth the time.”
- “Re-enforces that we are establishing a QI culture – word will get out, especially from those who had to do a report out.”
- “Provided ideas for future QI projects.”

Areas for Improvement:

- “Report times seemed reasonable, so increase target time frame.”
- “We are emphasizing the importance of QI and a QI culture – giving staff a few extra minutes of our time to hear what they are doing is the least we can do to show support and emphasize the importance.”
- “Have no more than two presentations per DD/Sup mtg.”
- “More info on the QI process and tools used. What happened with check and act?”

Other Events and Activities

Attended a Regional Opioid Meeting at REOC on May 2 and 12.

Chaired a TMHC 89502 Planning Subcommittee meeting on May 3.

Participated in the Nevada Health Authorities Call on May 5.

Met with Steve Kutz and with Amber Howell and Jeanne Marsh of Social Services to discuss infant sleep fatalities and other social service/public health issues such as prescription drug abuse on May 10.

Joined and participated in the first meeting of the Children’s Health Initiative Advisory Board on May 16.

Participated in the Mayoral Challenge Bike Ride May 19.

Attended the REMSA EMS Week Event May 19.

Participated in an NPHA Policy Advocacy teleconference May 20.

Participated in a meeting exploring the potential benefits of a working relationship between TMHC and Washoe County Libraries May 24.

Met with Manager Slaughter on May 6.

I met with the Division Directors and Supervisors on May 4 and with the Division Directors on May 18. I meet regularly with the Division Directors and ODHO staff on an individual basis.

Health District Media Contacts: April 2016

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
4/26/2106	KOLO CH8 - ABC Reno	Joe Harrington	The Road Ahead features Bike Week - Hunter
4/22/2016	Reno Gazette-Journal	Anjeanette Damon	American Lung Assoc. Air Quality Report Card - Inouye
4/21/2016	KOLO CH8 - ABC Reno	Colin Lygren	American Lung Assoc. Air Quality Report Card - Dick
4/20/2016	KTVN CH2- CBS Reno	Arianna Bennett	Facer the State County Health Rankings - Dick
4/19/2016	KRNV CH4 - NBC Reno	Alex Cannito	American Lung Assoc. Air Quality Report Card - Inouye
4/11/2016	Reno Gazette-Journal	Yvonne Beasley	Zika - Todd
4/11/2016	Las Vegas Review Journal	Pashtana Usufzy	Zika - Todd
4/11/2016	KUNR 88.7 FM - PBS Reno	Ahn Gray	Zika - Todd
4/11/2016	KKOH Radio 780AM - CNN Reno	Daniella Zannino	Zika - Todd
4/11/2016	UNIVISION	Lilliana Salgado	Zika - Todd
4/11/2016	KRNV CH4 - NBC Reno	Emily Pacillo	Zika - Todd
4/11/2016	KOLO CH8 - ABC Reno	Jennifer Carruthers	Zika - Todd
4/11/2016	KTVN CH2- CBS Reno	Gene Vance	Zika - Todd
4/11/2016	KUNR 88.7 FM - PBS Reno	Ahn Gray	E-cigarettes/vaping - Seals
4/8/2016	KTVN CH2- CBS Reno	Erin Breen	Mosquito Surveillance - Jeppson/Ulibarri

Press Releases/Media Advisories/Editorials/Talking Points

4/21/2016	DBOH meetings televised	Ulibarri
4/11/2016	First Zika Positive Case	Ulibarri

Social Media Postings

Facebook Ulibarri/Schnieder/Barkc 66
Howell

Twitter Schnieder/Howell 46

Fundamental Review Recommendation Status

Legend:

May 26, 2016

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

	1	Place WIC organizationally where it is most closely aligned with similar functions
	a.	WIC moved to CCHS effective January 21, 2014
	2	Develop a DBOH orientation manual and program
	a.	Completed August 2014
	3	Strengthen customer focus, exploring the potential for user groups to share consumer viewpoints
	a.	Land development user group established, meeting regularly. Incorporates food and retail assoc.
	4	Critically examine clinic appointment scheduling from a patient access perspective
	a.	Staffing IZ five days a week, accept IZ walk ins on a limited basis
	b.	Extended IZ hours established.
	c.	Vital Statistics staffed five days a week
	d.	Interactive Voice Response software options being explored
	5	Update fee schedules and billing processes for all clinical and environmental services
	a.	Third-party billing service terminated 12/31/15. Immunize Nevada under contract to improve billing.
	b.	Adopted new fees for services not previously charged for. Effective 7/1/15
	c.	Fee revisions approved for EHS and AQM December 2015. Effective 7/1/16 (50%) and 7/1/17 (100%)
	d.	CCHS services reviewed, new fees adopted October 22, 2015

Fundamental Review Recommendation Status

	6	Explore tiered level of services for Environmental Health programs and inspections
	a.	Consider the desire & support for this type of tiered structure and this item within the larger context
	7	Participate in the business process analysis across all building permitting in the county
	a.	ILA and contract with Accela signed. Implementation proceeding but extended due to change order
	8	Develop infrastructure to support the District Health Officer
	a.	Program Coordinator position aproved in FY 17 budget - approved by BCC May 17
	9	Implement time coding for employees
	a.	Time coding has been implemented. Adjustments continue.
	10	Perform cost analysis of all programs
	a.	Completed and accepted by Board December 2015
	11	Perform assessment of needed administrative and fiscal staffing to increase efficiencies
	a.	AA1 position approved in FY 17 CCHS budget - approved by BCC May 17
	12	Demonstrate a concerted effort among all parties to address tensions regarding overhead/direct costs
	a.	The District is maintaining a positive and productive working relationship with the County Manager & budget ofc
	13	Align programs and services with public demand
	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
	i.	FTEs shifted within EHS, within CCHS, and from EHS to CCHS to align with public demand
	14	Conduct a CHA in concert with current partner organizations
	a.	Second CHA will begin January 2017
	15	Develop metrics for organizational success and improved community health
	a.	In FY16, continue to identify metrics that help to manage programs and resources and tell our story
	16	Continue current collaborative action plan to resolve REMSA oversight issues
	a.	Franchise Agreement approved, Regional EMS Oversight Program and Advisory Board established.
	17	Maintain current levels of local and state financial support
	a.	Past action on this recommendation is captured under Recommendation 12 above
	b.	Advocate sustaining or enhancing funding through State agencies
	18	Conduct a governance assessment utilizing NALBOH criteria
	a.	Completed 1/16/14. Repeat in 2018 per approved Significant Board Activities schedule
	19	Undertake an organizational strategic plan to set forth key Health District goals and objectives
	a.	Information gathered, Special DBOH meeting held, plan to DBOH for adoption May 26.
	20	Implement a performance management system
	a.	Use results of program cost analysis, performance metrics and SP to develop & implement performance mgmt. syst

Fundamental Review Recommendation Status

	21	Consider alternative governance structures
	a.	This is not a recommendation for staff action
	22	Take a greater leadership role to enhance the strong current State/Local collaboration
	a.	District provided testimony on bills during the 2015 Legislative session and assisted in changing regulations
	b.	Working collaboratively with NDPBH and SNHD regarding 2017 Legislative session priorities
	23	Develop an organizational culture to support quality by taking visible leadership steps
	a.	QTeam established, all-staff training completed 9/15/15, FY 16 QI Plan finalized, DBOH briefed Jan. 2016
	24	Seek Public Health Accreditation Board accreditation
	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